

# Quality Account 2021-22



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## Chief Executive's Statement on Quality

***Welcome to our Fourteenth Quality Account.***

*Our mission at Kent and Medway Partnership NHS Trust is simple; to provide Brilliant Care Through Brilliant People.*

*Our annual Quality Account sets out each year, the targets we had set ourselves in the previous year, and how we did.*

*The report includes sections on;*

- *Our approach to quality improvement*
- *Our performance against 2021-22 quality priorities*
- *Our priorities for 2022-23*
- *A selection of our most notable awards and achievements in the year*

*As a partnership organisation we value and celebrate the difference that diversity brings.*

*We are grateful to our staff, service users and patients and their loved ones and carers. We are grateful too to our commissioners, GPs, Healthwatch and other stakeholders who have supported and worked with us in our quality plan.*

*We hope you find this report both helpful and interesting and as always, we welcome your feedback you'll find our contact details on the back page.*

*This is an important document. It carries the same weight as our annual financial accounts. We are therefore careful to ensure that all information and data presented is accurate and provides a fair and balanced reflection of our performance this year. Overseen by our Board, my Executive Management Team has sought to take all reasonable steps exercising 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 A further makes it clear that we have met the requirements for preparing this account.*

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

Helen Greatorex, Chief Executive Officer



## Statement from the Chief Nurse

*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 2021-22.*

*As a new member of the executive team, I am delighted to introduce the quality account for 2021-22 for KMPT.*

*The work represented here characterises the range of commitment and ambition to deliver brilliant care in KMPT. Having recently joined the organisation, I have noticed that those I have spoken with often portray humility whenever they are asked to describe their work and achievements. This often leads to conversations about what might make things even better. I would characterise this as a restless desire to continuously keep improving and to be active partners in this. This gives great cause for optimism for the year ahead and speaks to honesty and compassion throughout the organisation. I feel very fortunate to have joined such a great team.*

*There are some really notable achievements to mention. The work on reducing restrictive practice has managed to achieve some great results – this is particularly so when constraint and restriction have been such prominent features of managing Covid19. It is a testimony to all the staff and service users involved in this work. The Central Investigation Team in Patient Safety have made a really positive impact in disseminating learning from when things go wrong but also in ensuring that service users, families and carers are central to their work, every day. There are many more such examples of brilliance at work.*

*As the major impacts of the pandemic and associated restrictions abates; it is a good time to reflect on all that has been achieved in such trying times. The pandemic has repeatedly shown us that where there are underlying issues or problems in groups within our society related to health and wellbeing that these will be laid bare and, in some cases, amplified by it.*

*This directs us to rethink how we provide services for our population – so it is an exciting time to be embarking on work to redesign how we deliver community mental healthcare across Kent and Medway.*

*The quality account priorities for 2022-2023 are keystone areas that will help establish both the capability and the basis for future improvements. These are shown on page 36 below.*

*This account represents some of the great quality work of the staff in this organisation. There is much more that goes on every day that is largely hidden or taken for granted. To all those staff, I thank you and look forward to bringing some of that work into light over the year ahead.*

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

Andy Cruickshank, Chief Nurse

## Our Approach to Quality Improvement (QI)

KMPT's 2020-23 strategy includes our ambition with regards to quality improvement and a continuous quality improvement culture. It is aligned with KMPT's Just and Learning Culture and sets out how we will drive up quality improvement activity in KMPT. By demonstrating that we are a listening and learning organisation, empowering our staff to drive improvement and rebalancing quality assurance and quality control, we aim to ensure that patients and carers are at the heart of what we do.

We have one simple mission, to deliver brilliant care through brilliant people.

In 2021-22, our strategy focused on the following objectives:

### Quality

- To consistently deliver outcomes that matter to people through outstanding quality of care that is underpinned by a mature approach to quality improvement.

### Using our expertise to lead and partner

- To partner effectively with other organisations in Kent and Medway to design and improve innovative primary and community care models for mental health, learning disability and substance misuse.

### Integration

- To support the integration of mental and physical health service across Kent and Medway to deliver seamless care for our service users and carers and support delivery of the NHS Long Term Plan.

Towards the end of the year we reviewed how we can best deliver our mission, while responding to the challenges and opportunities ahead and continually meeting the needs of our people and service users.

From 1 May 2022, we have three new strategic priorities which will ensure we make KMPT even better for our people to work for and even better for our service users to receive high quality care.

For 2022-23 our focus will be on:

- People by improving employee recruitment, retention and wellbeing
- Partnerships by building partnerships with a purpose to improve key pathways of care
- Quality by accelerating an empowered culture to improve the quality of services

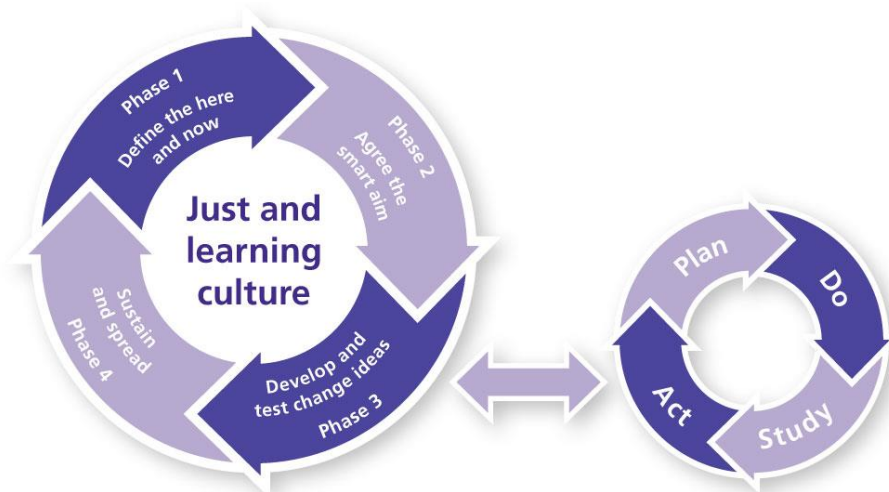
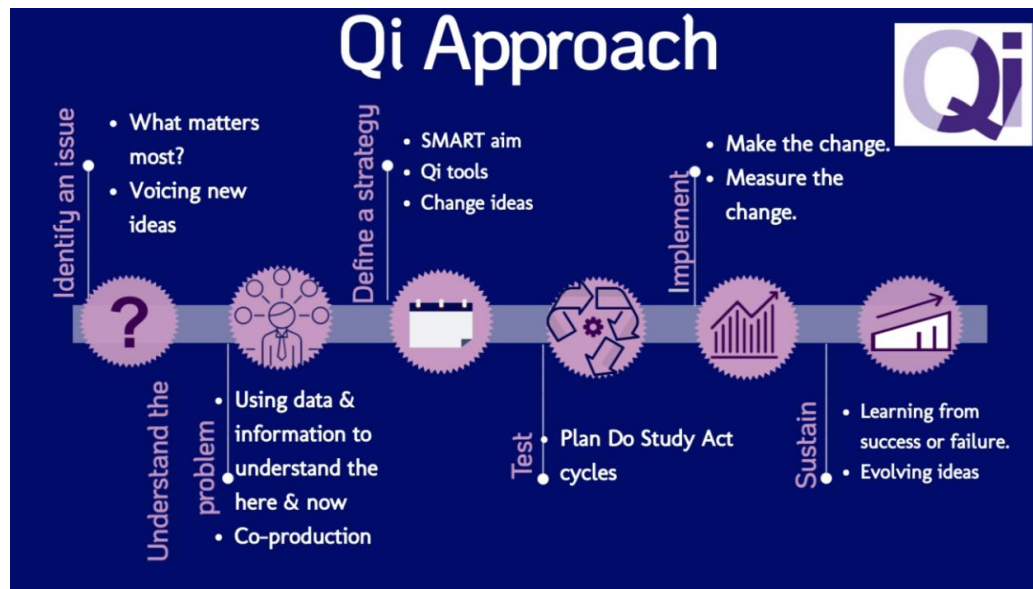
We are committed to providing the highest quality of care and embracing feedback and engagement from our service users and their loved ones to help us continuously improve.

Our aspiration is that everyone across KMPT is empowered to improve the quality of our services by looking at what's currently working well and what could be done differently. To achieve this, we use a method called Quality Improvement (Qi).

Over the last year we have been growing our Qi capabilities and building a culture of continuous improvement by encouraging our people to create and find ways to improve what we do. This includes encouraging people at all levels in the organisation and across all roles to think differently and be innovative.

The KMPT QI approach has been developed and informed by a comprehensive literature review of best practice ensuring it is a practical approach that meets the needs of our service users, carers, staff, KMPT and local system. It has been strengthened and refined to include supporting tools and frameworks plus accessible infographics to present the QI approach in a way that is easily understandable to a wide audience.

The QI team has been established and a Clinical Director lead for QI has been recruited. This QI team are working in in collaboration with wider Improvement and Transformation colleagues, clinical and operational leads from across the services. The QI team are currently supporting a number of QI projects as well as maintaining engagement with teams, new improvement ideas and tests of change.



The QI team has successfully established an active twitter account with growing followership and regular championing of QI content. The QI i-connect pages provide a space for KMPT staff to access relevant information and a new FutureNHS platform has now been set up. The FutureNHS space is a place to host extra QI content including tools, training information and news and can be accessed by NHS staff through setting up a simple account. This will be a great way for KMPT staff to supplement i-connect and access more about QI but also for system and wider NHS partners to engage with our QI work.

## Quality Improvement Successes to Celebrate

The QI Teams key achievements include:

- Completing 25 Qi projects and sharing this learning across the organisation, as well as at our public board
- Developing and delivering bitesize training modules to over 350 staff
- Launching and running a series of Qi awareness events which have been attended by 800 staff to date
- Delivering a 'Leading the way' training programme for our 100 senior leaders
- We won the Best Presentation on Wellbeing at the Cambridge Health Leaders Awards 2022 for our Qi project on reducing violence in acute wards

Three examples of the quality improvements projects that are making a difference to patient care are:

### Reducing violence and restrictive practices within acute inpatient units

The aim was to reduce the number of Datix incidents related to violence and aggression from 4th January 2021 for 3 months on Amberwood, Chartwell and Fern inpatient wards by 50% on a ward by ward basis and in total.

The impact of this project was monitored between October 2021 to January 2022, a year after the initial data was collected. The aim of the project was to reduce violence and restrictive practices by 50 per cent after a 3-month period. The final result was a reduction of 56 per cent.

Good practice across KMPT and national award recognition - Due to the huge success of the pilot we are now looking to implement these changes across all of our acute care units. We also received recognition at the Cambridge Health Leaders Awards 2022 for this project, winning Best Presentation on Wellbeing.

### Safety pods

In 2021 KMPT introduced the use of safety pods across 6 of its inpatient wards to help improve the health and wellbeing of patients whilst reducing any risk of injury and trauma during any physical intervention.

The safety pods are perfectly shaped to provide the right neck and head support for people. Plus, their ergonomic design responds to a person's natural body shape to allow the best seating position for them, thereby reducing the risk of harm. The response has been fantastic and both staff and patients have expressed how much they have improved the therapeutic environment and care.

"Patients have already commented they like the safety pods in the lounge and calming room. It's good to chill whilst watching TV. I believe the safety pods will support a reduction in injuries for all during a restraint." Cheryl Lee, matron.

"At the core of what we do is to support services in reducing the use of restrictive practices by offering safer alternatives. Safety pods will increase safety to those we support, and our staff: as well as improving dignity to all." Dale Tinkler, promoting safe services tutor.

"We know there is a lot of evidential research that shows the safety and therapeutic benefits of using safety pods. We are continuously working on improving our patient experience and enhancing safety, therefore, we are delighted to have this new

addition to in the acute care group to help us achieve this.” Sharon Walcott, interim head of service.

“We are excited to use the Safety pods on Bluebell ward as we see it as a less restrictive option for delivering innovative patient centred care. We are sure that these pods will be able to support vulnerable patients and can be used as a more therapeutic way of helping them in times of distress. We are sure that staff will also find these pods useful in helping to maintain those therapeutic relationships with patients and broaden our de-escalation options.” Ollie Webb, inpatient senior practitioner on Bluebell ward.

### **Capacity to consent**

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over. NHS mental health trusts are required by law to report on compliance with recording of MCA. We noted through our system of checks that recording was not always happening due to workload pressures among doctors. In response, we engaged in a Qi project to support staff and ensure we are compliant with our requirements.

Four ideas were chosen to take forward, which included:

- Launching new e-learning essential training for ‘Mental Capacity Assessment Recording: Consent to Treatment’ package on our learning and development microsite i-learn
- Supporting the e-learning with practical workshops
- Engaging with the consultant body
- Amending the process to involve our administration team, and to submit a data request to produce an auto-populating form for our electronic patient records system

Due to the interdependency of these ideas and their ability to be owned by different members of the group they were all progressed simultaneously using the Plan, Do, Study, Act (PDSA) cycles model.

We will be introducing a new data review process to monitor improvement and gather richer data. We also plan to roll out a second stage of the project which will involve looking at the forms we use to record compliance in our electronic patient record system. Using PDSA cycles enables you to test out changes on a small scale, building on the learning from these test cycles in a structured way before wholesale implementation. This gives stakeholders the opportunity to see if the proposed change will succeed and is a powerful tool for learning from ideas that do and don’t work. This way, the process of change is safer and less disruptive for patients and staff.

A significant improvement has been seen in the reported data and six months after the changes were implemented this improvement has been sustained.

## **Review of Quality Performance: Achieving our 2021-22 priorities**

For 2021-22 the trust set three priorities for improvement; divided into the three areas that constitute quality, these are **patient safety**, **patient experience** and **clinical effectiveness**. We have made significant progress in all three areas.



## Patient safety – Violence and Aggression

### We wanted to

- Reduce incidents of restraints, incidents of assaults/violence and number of seclusions
- increase reported staff confidence and sense of safety in managing aggressive incidents

### We have demonstrated improvement by

- ✓ At the end of March 2022, 60% of staff had been trained. A different approach was used from Q3 by adapting and changing training models: sharing knowledge in teams, training by matrons, Promoting Safer Services (PSS) Champions, managers in addition to the PSS team.
- ✓ Qualitative data showed that staff confidence in relation to violence and aggression had improved and quantitative data showed overall reduction in reported incidents; Restraints 25% reduction; Assaults against staff 28% reduction; Seclusions: 29% reduction; Inappropriate behaviour against staff: 20% reduction.

## Patient experience – Care Planning

### We wanted to

- Ensure service users are part of planning their care and support, they understand what we want to achieve together and who is responsible.
- Produce a care plan with the service user that demonstrates an understanding of their key needs
- Ensure that care plans are consistent regardless of the care group, pathway, professional(s) or multiagency involvement and be written in an accessible manner.
- Make care plans more meaningful.

*This project has been on hold since February 2022 awaiting Trust wide strategy in response to the national transformational framework moving away from the CPA approach. It is anticipated that the Project group will steer the changes within the system to ensure it is not overwhelmed and guarantee assurance during transformation. This will be part of a Quality Priority for 2022-23.*

### We have demonstrated some improvement by

- ✓ The Integrated Quality and Performance Report (IQPR) showed that the percentage of valid care plans was increasing and Care Plan Clinical Quality (CLiQ) checks were improving throughout the year.

## Clinical Effectiveness – Clinical Outcomes

### We wanted to

- providing meaningful measures of effectiveness and taking account of both clinical and patient reported outcomes (CROM and PROM), use these measures to lead to service improvements.

### We have demonstrated improvement by

- ✓ The Trust achieved the set target of 90% training by the end of Q4. A Care Group average of 91% was achieved.
- ✓ Clinician Reported Outcome Measures (CROM) compliance had increased to 78.5% and Patient Reported Outcome Measures (PROM) compliance was 38.5% for inpatients by the end of March 2022.

## 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 £231m in 2021-22 and the income generated by the NHS services reviewed in 2021-22 represents 100 per cent of the total income generated from the provision of NHS services by the trust for 2021-22.

KMPT has approximately 3,600 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. Information available from NHS Digital has been impacted by COVID requirements.

National Quality Indicator	KMPT 2020-21	KMPT 2021-22	National Average	Highest Trust Performance	Lowest Trust Performance
CPA 7 day follow up	98.3%	93.8%	No data available		
Crisis Resolution Home Treatment (CRHT) gatekeeping	100%	100%	NHS England have retired this collection from 2021-22		
% Of Patients With Valid CPA Care Plan	82.0%	89.3%	Data no longer included in MHDS		
28 day readmission (all over 15 years of age)	5.2%	7.7%	Data not available		
Staff recommending the trust as a place for family or friends to receive treatment	64%	59%	64.9%	82.4%	45.0%
Patient experience of community mental health services	6.7	6.8	6.8	7.5	5.9
Rate of Patient Safety incidents reported within the trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death	1.1% (98)	0.7%(86)	1.0%	2.2% (185)	0.2% (15)
			Awaiting Annual Publication – data above relates to NRLS data 12 months Oct 20 – Sept 21		

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

The corporate Patient Safety Team took over learning events from Serious Incidents (SI) in November 2021 and the first event was held in April 2022, to enhance learning Trust-wide.

There are various methods for sharing learning from incidents, all of which have been noted as good practice by Care Quality Commission. The Trust processes for sharing learning are as follows:

- Trust wide Learning Notes following an issue that has a strategic impact and disseminated through quality governance meetings and tested during peer reviews;
- Screen savers with key messages;
- Feedback on immediate learning following 72 hour Serious Incident reports;
- Learning events that are themed and covering patient safety, safeguarding, inquests/claims, complaints;
- Shared Trust wide at learning from experience group;
- Care groups themed reports from incidents;
- Team, service, care group feedback from root cause analysis investigations;
- Themed reports and deep dives which are monitored to ensure non-recurrence;
- Patient Safety action plan meeting (this is joint working between care groups and Central Investigation Team/Patient Safety investigations to develop stronger actions);
- Feedback from families following root cause analysis investigations;
- Joint working with organisational development (looking at fairer culture);
- Shared learning at Communities of Practice (with other providers) and
- Attendance at SI and Mortality Panel by clinical staff to help clinicians see how incidents could be prevented.

Shared learning across organisations 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. Work has progressed on improving working across organisations when investigating.

The substantive central investigation team has been in place for 18 months and has successfully led the majority of serious incidents across the organisation. There have been no breaches with the national requirements (Serious incident Framework) since the team went live and timely provision of feedback to patients and families has improved significantly. This team's close working with care groups and specialists across the Trust has improved the development and quality of robust actions to address the areas of learning. This has also resulted in Trust wide action plans being developed.

The latest CQC inspection highlighted the improvements to investigating and learning from serious incidents made since the creation of the central investigation team highlighting 'reports were of a consistent, good quality with the involvement of carers and families within the investigation process'.

## 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.

Structured Judgement Review (SJR) was implemented in the Trust in 2020. Reviews where the criteria for SJR are met continue to be undertaken by trained staff, which are then fed back to the care group leads and treating teams for discussion.

Work is ongoing to further implement and improve the SJR Process, including organising training for medics and patient safety colleagues. This will allow reviews to be completed in a timely manner and will contribute to a more robust system approach for learning from SJRs to be put in place.

Over the past financial year (April 2021 to March 2022) there have been three incidents where the decision has been made to Strategic Executive Information System (STEIS) report, following concerns identified through the Structured Judgement Review process. Two cases found issues relating to physical health monitoring and treatment which led to harm but not necessarily contributed to the patient's death.

The current Datix system has been adapted to enable to us to capture themes from each SJR, which will in turn feed into a themed review into Structured Judgement Review, to be completed by the end of 2022.

KMPT is continuing to engage with the Learning Disabilities Review (LeDeR) process, now managed by NHS England, by referring all learning disability and autism deaths for review. The mortality review manager has a good working relationship with the LeDeR reviewers and provides relevant information to them when required.

Additionally, KMPT are working with LeDeR to improve communication with families. This includes contacting families directly to inform them of the LeDeR process and passing contact details to LeDeR for them to make contact. This is working well so far and compliance is monitored via the Duty of Candour Panel, held weekly.

KMPT is continuing to participate in a study for The National Confidential Inquiry into Suicide and Homicide (NCiSH), by providing real time data for patients who have died from suspected or confirmed suicide. The information provided is in the form of a questionnaire and will help to understand the rates of suicide nationally during the COVID-19 pandemic and beyond. The study has been extended until 2024 and KMPT will continue to participate in this.

KMPT are preparing for the roll out of the medical examiner (ME) into Mental Health Trusts. The mortality review manager is working with the Medway ME office in arranging a county wide meeting, to ensure a streamlined approach across all ME offices in Kent. Progress of the development will be fed into the quarterly mortality report and relevant Board meetings.

A stand-alone Medical Examiner report was produced and disseminated in April 2022, detailing the anticipated projection for KMPT. Essentially, the guidance for KMPT thus far is as follows where it is considered likely that the patient deaths that will need to be referred to the ME, will be patients who have died on a mental health ward, and/or where the KMPT doctor is completing the death certificate.

Good practice identified:

- Evidence of comprehensive assessments and follow up by the community teams
- Evidence of joint working with external agencies
- Evidence of mental capacity being considered
- Smooth transition into services and transfer of care
- Evidence of consideration of the need for alcohol support services and encouragement provided to patients
- Good physical health monitoring on a mental health ward

Areas for improvement identified:

- A group of cases identified missed opportunities to complete physical health checks in the community. This included requesting an ECG for patients on an antipsychotic medication
- Lack of joint working with external agencies (e.g social care)
- Inconsistent documentation in health care records
- Lack of documented plan for patients, including a gap in contact (response to staff sickness/changes)
- Other incidents not always logged onto Datix

## Mortality 2021-2022

The Trust reports information on deaths bi-monthly to its Quality Committee. Every patient death is reviewed.

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 mortality cases is:

- Improved active review process for patients;
- Changes made to the Urgent Mental Health Helpline;
- Improvement of therapeutic observations;
- Improvement around physical health observations and medical emergencies (using simulation training);
- Use of Situation Background Assessment Recommendation (SBAR) forms when dealing with medical emergencies and
- Communication with primary care in regards to physical health.

	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total 2021-22	
	All Deaths	STEIS reported	All Deaths	STEIS reported	All Deaths	STEIS reported	All Deaths	STEIS reported	All Deaths	STEIS reported
Trust total	306	17	325	22	361	15	354	19	1346	73
Acute Care Group	3	1	2	0	5	3	4	2	14	6
Community Recovery	75	13	79	15	75	10	83	13	312	51
Forensic	21	0	18	1	18	0	27	0	84	1
Older Adults	207	3	226	6	263	2	240	4	936	15

## Medical workforce recruitment and retention

A Medical Staffing Improvement Plan was put into place in 2020-21. The elements of the plan included recruitment and retention, medical appraisal, job planning and revalidation following the implementation of an electronic medical staffing package, SARD.

Achievements in the year have been permanent Consultant recruitment campaign, Permanent Consultant – hard to recruit role, International Recruitment business case and Specialty and Associate Specialist (SAS) Doctor Reform.

However there are ongoing areas of concern in on-going permanent Consultant and Specialty Doctor vacancies, agency Doctor rates and availability and changes to GP trainee programme.

KMPT has successfully participated in the NHS National Returners scheme and Medical recruitment interviews are currently taking place via video link for all grades, including Junior Doctors, Specialty Doctors and Consultants. These were actions in response to COVID but are likely to continue post pandemic.

### **Doctors Rota gaps and improvement plan**

KMPT provides high quality training to all trainees which is evident in the annual GMC survey where KMPT features in the top quartile.

We have a robust system in place to ensure rational recruitment processes are run smoothly. All our clinical and educational supervisors received adequate training for their roles which is monitored by the Medical Education Department. We have an efficient medical staffing team with dedicated staff for trainee support.

There have been relatively few exception reports. These have been managed promptly with the trainees either receiving time off in-lieu or being paid the extra hours of work. Junior Doctor Forum will discuss how to dispense of levied fines in the March 2022 meeting.

During the August 2020 to July 2021 period, none of the trainee work schedules have required review. At their induction, junior doctors are encouraged to review their work schedules with their clinical supervisors. Through the COVID pandemic the trainees were included in the wellbeing initiatives in the organisation and were supported directly by the Executive Medical Director via fortnightly meetings which now continue as quarterly meetings with the trainees.

### **Actions taken to resolve issues**

- Medical staffing have increased staffing capacity by employing an additional member of staff to manage trainee rotas and rational recruitment, in addition to implemented systems to reduce rota gaps.
- The trainee rota is agreed with the trainee representative and medical staffing at the Junior Doctor Forum meeting and representatives at Junior Doctors Forum. This is subject to a yearly review in March of each year.
- Controls are in place regarding the number of doctors allowed to booked annual leave at any one time on each rota, this is monitored and will continue to be discussed at the Junior Doctor forum.
- A temporary increase in locum pay to £45/hour has been implemented to match the neighbouring Trusts rates. This is going to the next Local Negotiating Committee (LNC) meeting for approval as a permanent measure.
- Medical Staffing drafted a Step-Down policy designed to minimize delays in finding doctors at short notice. This is due for review at next LNC.
- Since 2019, all KMPT trainees have time allocated in their job plans to complete non-clinical training responsibilities, including e-portfolio, e-learning, Quality Improvement, research and audits, courses and induction.
- An email reminder has been sent to all trainees by the Guardian of Safe Working Hours through Medical Education in November 2021.

## Clinical audit and quality improvement activities 2021-2022

Clinical audit is used to evaluate whether standards of care are of a high quality. Where improvement is required, actions are identified, implemented and monitored. The next section describes this in greater detail.

Between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022 Kent and Medway NHS and Social Care Partnership Trust was actively involved in 6 of a possible 6 national clinical audits, 1 mortality review, 5 Prescribing Observatory for Mental Health (POMH-UK) quality improvement (QI) programme projects and 5 national confidential enquiries. All these projects were relevant to services provided by the Trust and are detailed in the table below.

Project Title	Type	Project stage
<b>Child Health Clinical Outcome Review Programme</b> Transition from child to adult health services	National confidential enquiry	Awaiting report
<b>Falls and Fragility Fractures Audit Programme (FFFAP)</b> National audit of inpatient falls continuous audit National audit of inpatient falls facilities audit 2021 National audit of inpatient falls facilities audit 2022	National clinical audit National clinical audit National clinical audit	Continuous Complete Awaiting report
<b>Learning Disability Mortality Review Programme (LeDeR)</b>	Mortality review	Continuous
<b>Maternal, Newborn and Infant Clinical Outcome Review Programme</b> Maternal mortality surveillance and confidential enquiry	National confidential enquiry	Continuous
<b>Medical and Surgical Clinical Outcome Review Programme</b> Physical Health in Mental Health Hospitals	National confidential enquiry	Report due Jul 22
<b>Mental Health Clinical Outcome Review Programme –</b> National Confidential Inquiry into Suicide and Homicide by People with Mental Illness title amended to National Confidential Inquiry into Suicide and Safety in Mental Health	National confidential enquiry	Continuous
<b>National Audit of Dementia (NAD)</b> Spotlight audit in memory services	National clinical audit	Report due Aug 22
<b>National Clinical Audit of Psychosis re-audit</b> Early Interventions in Psychosis	National clinical audit	Report due summer 22
<b>National Clinical Audit of Psychosis</b> Spotlight on employment and physical health	National clinical audit	Complete
<b>National Confidential Enquiry into Patient Outcome and Death (NCEPOD)</b> Transition from child to adult health services	National confidential enquiry	Report due Mar 23
<b>Prescribing Observatory for Mental Health (POMH-UK)</b> – POMH-UK Topic 14c Alcohol detoxification POMH-UK Topic 18b Use of clozapine POMH-UK Topic 19b Prescribing for Depression in Adult Mental Health POMH-UK Topic 1h and 3e Prescribing high dose and combined antipsychotics 429/21 POMH-UK Topic 21a Use of Melatonin	QI programme QI programme QI programme  QI programme QI programme	Action planning Complete Waiting for report  Data collection Planning



Therefore during this reporting period the Trust participated in 17/17 (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.

Listed below are individual national projects KMPT participated in, for which **data collection** was completed during 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022. Number of cases submitted and where appropriate number of cases required to be submitted are also given.

Project Name	No of cases required to be submitted	Cases submitted (%)
<b>Falls and Fragility Fractures Audit Programme (FFAP)</b>		
National audit of inpatient falls continuous audit	0	N/A
National audit of inpatient falls facilities audit 2021	0	N/A
National audit of inpatient falls facilities audit 2022	0	N/A
Learning Disability Mortality Review Programme (LeDeR)	19	19 (100%)
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Safety in Mental Health	41	32 (78%)
(352/20) National Clinical Audit of Psychosis (NCAP) 2020/21 Spotlight on physical health & employment	100	55 (55%)
(424/21) National Clinical Audit of Psychosis 2021/22 re-audit	157	157 (100%)
(409/21) NCEPOD Transition from child to adult health services study	1	1 (100%)
414/21 National Audit of Dementia (NAD) (Consists case note audit and organisational audit over 10 memory services)	Case note audit 20/memory service Organisational audit 1/memory service	Case note audit 200 (100%) Organisational audit 10 (100%)
348/20 POMH-UK Topic 14c Alcohol detoxification	N/A	5 (100%)
347/20 POMH-UK Topic 18b Use of clozapine	N/A	35/36 (97%)
426/21 POMH-UK Topic 19b Prescribing for Depression in Adult Mental Health	N/A	28/28 (100%)
422/21 POMH-UK Topic 1h and 3e Prescribing high dose and combined antipsychotics	N/A	45/45 (100%)

The reports of 6 national clinical audits and quality improvement activities were reviewed by the trust between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022.

### Local Clinical Audit and Quality Improvement Activities

The reports of 51 Trustwide and local clinical audits and service evaluation projects were reviewed by the trust between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022.

The learning points and action taken from all national clinical audit projects and quality improvement activities reported during 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 were included within the Clinical Audit and Service Evaluation Group Snap Shot Review and will be included in the Kent and Medway NHS and Social Care Partnership Trust Annual Clinical Audit and Service Evaluation Projects Report 2021 - 2022, please email

[kmpt.clinicalaudit@nhs.net](mailto:kmpt.clinicalaudit@nhs.net) for further details.

## Quality Networks and Accreditation Schemes

The Royal College 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 2021 - 2022:



Brookfield Centre is participating



1. **Ashford** Memory Service: Accredited until July 2023
2. **Canterbury** Memory Service: Seeking accreditation.
3. **Dartford, Gravesham and Swanley** Memory Service: Accredited until July 2024
4. **Dover/Deal** Memory Service: Accredited until early 2023
5. **Medway** Memory Service: Accredited until July 2024
6. **Shepway** Memory Service: Accredited until November 2022
7. **Swale** Memory Service: Accredited until April 2023
8. **Thanet** Memory Service: Accredited until April 2024
9. **Maidstone** Memory Service: Seeking accreditation.



ECT Suite Maidstone is accredited



Brenchley Unit is accredited



Medium secure service is accredited

Low secure service is accredited



Kent and Medway Mother and Infant Mental Health Service is accredited.  
accreditation

## Research & Innovation in KMPT

NHS organisations that carry out research routinely and regularly offer better care, and greater choice, to patients and service users. Research activity means patients and service users have access to the latest, innovative treatments. Staff benefit too, as they learn new skills that give them better career opportunities and promotion prospects, and they can apply for funding to test their own ideas for new methods of care and new ways of organising services.

In the last year we have been investing in our research and innovation capabilities and have ambitious plans for the year ahead. Our new director of research and innovation is also jointly positioned within the Kent and Medway Medical School which bolsters our collaborative academia relationships.

We recruited a total of 1222 participants to 29 portfolio studies covering areas such as perinatal mental health, dementia, depression and anxiety, psychosis, open dialogue, bipolar, intellectual disability and COVID-19. We are now ranked 13 out of 49 mental health trusts for our recruitment numbers which is our highest position to date. In support of our partnership project to improve perinatal mental illnesses (PATH) we launched our first sponsored study to explore the stigma of perinatal mental health and to inform our approach, with 669 people taking part.

*Table 1. Overview of KMPT research activity since 2016.*

Year	No of NIHR studies recruited to	No of NIHR Participants / target	Position out of all MH Trusts / MH trusts	Position out of all KSS Trusts	Number of Commercial Studies Open	No of Active Non-Portfolio Studies
<b>2021 to 22</b>	<b>29</b>	<b>1222/ 1259</b>	<b>13/49</b>	<b>11/21</b>	<b>3</b>	<b>11</b>
2020 to 21	27	1124 / 377	21 / 52	12/21	2	11
2019 to 20	38	716 / 557	24 / 50		2	5
2018 to 19	32	1002/677	27/49		1	13
2017 to 18	33	1095/879	23/49		1	14
2016 to 17	17	887 /410	17/49		1	tbc

### KMPT Led Research

KMPT has so far sponsored two Perinatal Mental Research studies (PATH)

*Table 2. KMPT Sponsored Research Studies between 1st April 2021 to 31st March 2022*

Project Short title	Project scope	Chief Investigator	Principal Investigator	Date open	Planned closing date	Recruitment actual / target	Project status
PATH Multimedia Campaign (PATHMC)	Multi-centre	Sarah Dickens	Bosky Nair	01/10/2020	31/03/2022	669 / 310	Closed
PATH Online Resources (PATHOR)	Multi-centre	Bosky Nair	Bonita King	29/10/2021	30/06/2022	450 / 430	Open

## Active Non-Portfolio Research Studies

The Research & Innovation Department also support staff and students to carry out their own smaller scale research. These studies are termed non-Portfolio because they are either ineligible or have not applied for NIHR Portfolio inclusion and support. This means that for these studies we are not measured nationally on the time it takes us to set up and deliver the research. This year we supported 11 of these studies which includes the set-up and opening of 5 new non-portfolio studies during this time.

Our research and innovation team has been involved in a new and exciting collaboration with the Royal Literary Fund (RLF) to offer writing support to our clinical staff through a series of free online workshops. The RLF funds professional writers to work in universities, with businesses and charities, and more recently with NHS trusts like ours to develop people's approach and types of writing. This has supported the development of our people and also improved the quality of publications we have had published in peer review journals. We plan to continue this collaboration over the coming year. Our Clinical Research Practitioners led a national Twitter takeover of the National Institute for Health and Care Research (NIHR) twitter handle to showcase their newly accredited role, which was a first for both KMPT and NIHR. We achieved 24,000 impressions and there were 149 mentions of #CRPractitioner on the day. Our work of the coming year will support our ambitions to: increase the number of research studies we carry out; boost our research grant income; bolster collaborative relationships with our neighbouring universities, and with Kent and Medway Medical School; encourage more people who work in, and more people who use, our services, to get involved in research projects; increase the number of service users from ethnic minority backgrounds to take part in research projects; increase partnerships; and ensure our research is used to improve patient care.

We supported eight research publications in peer reviewed journals. This included:

- Ethics and Management of cannabis use in pregnancy by Towobola, Towobola, Nair & Makwana, in BJPsych Bulletin
- Developing trauma-informed care: using psychodynamic concepts to help staff respond
- to the attachment needs of survivors of trauma by Rye, Anderson & Pickard, in Advances in Mental Health and Intellectual Disabilities
- Peer supported Open Dialogue in the National Health Service: implementing and evaluating a new approach to Mental Health Care by Kinane, Osborne, Ishaq, Coleman & MacInnes, in BMC Psychiatry
- New project to support parents experiencing perinatal mental illnesses by Nair, in General Practice Nursing
- Epilepsy related multimorbidity, polypharmacy and risks in adults with intellectual disabilities: a national study by Sun et al (Mogbeyiteren Eyeoyibo), in Journal of Neurology
- Innovative Staffing Solutions to Nursing Shortages in Acute Mental Health Inpatient Wards by Ma, Kritsimali, Olby-Clements, Boyd & Demirbasa, in Issues in Mental Health Nursing
- Lost voices part 1: A narrative case study of two young men with learning disabilities
- disclosing experiences of sexual, emotional and physical abuse by Digman, in British Journal of Learning Disabilities
- Lost voices part 2: Modifying psychological therapies for two young men with complex
- learning disabilities following alleged sexual and physical abuse: A case study in trauma recovery by Digman, in British Journal of Learning Disabilities

## **Innovation fund**

Our innovation fund was launched in November 2021 to encourage staff to look at innovative small-scale projects that can help improve patient care, health and wellbeing or productivity. Approved projects can receive up to £5,000 to support their innovation. Since launching, we have received 46 bids from teams across the organisation and 10 projects have been awarded funding.

As well as leading to positive benefits for our service users and people, the fund has also helped empower our people to think differently about how a small change in their service area can make a huge difference and take ownership for quality improvement. The total fund is £50,000 per year.

### **Sensory room**

A sensory room at Littlebrook Hospital in Dartford is being developed to help reduce the number of incidents of violence and aggression on Pinewood (a male acute inpatient ward) by introducing a space where patients can interact with therapeutic and sensory stimulus. The room is being equipped with a variety of equipment including a laser sky projector, floor and wall mats and ROMPA rainbow-coloured bumpas.

### **Self-option box**

Similar to calm down boxes, patients on Walmer ward can create self-option boxes where they pick a number of sensory items that are meaningful to them. Options include a range of sensory items to help them throughout stay, particularly in moments of heightened stress or challenging times. The boxes are entirely personal to the them and may include items that help with distraction and focus on wellbeing.

### **My mum's poorly brain**

Amy, a peer support worker, at Rosewood Mother and Baby Unit (MBU) in Dartford authored and illustrated a short picture book, My mum's poorly brain, to help mothers being cared for talk to their older children about how they are feeling. The book explains in simple language how mum's brain might be feeling, what help she might need and the type of health care professionals that could help mum feel better. The overarching message is that no matter how poorly mum's brain might be, she still loves her children. 250 copies have been produced and are being used to support families in our care. We also plan to share this with other trusts who provide an MBU service.

We have continued to increase research activity in KMPT and are looking forward to an exciting year ahead as we are joined by a new Director of Research & Innovation who will lead on refreshing and implementing our Research Strategy

## **Mental Health Investment Standard**

An additional investment of £7.9m has been made into mental health services provided by KMPT, aligned with the national long-term mental health implementation plan. This has been monitored both in terms of spend against investment, and benefits realised, with government targets for investment realised.

This year we have approved a total of 12 business cases including:

- Increased resource in safeguarding
- International recruitment of nurses
- Trainee Nursing Associate roles
- Dementia Crisis service
- Digital Devices replacement programme
- Development of KMPT charity

- Personal safety devices for clinical staff
- Criminal Justice and Liaison Diversion Service “Reconnect” service

These investments allow us to continue enhancing the services we provide for our population, and support the recruitment, retention and development

## **Commissioning for Quality and Innovation (CQUIN)**

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care, the schemes support the ambitions outlined in NHS Plan and link directly to the NHS Mandate. The CQUIN programme is designed and agreed with Commissioners and NHSE to direct efforts to support and to incentivise quality improvement for KMPT patients. In previous years, a proportion of the trust’s income was conditional on achieving quality improvement and innovation goals agreed between the Trust and the Commissioners through the Commissioning for Quality and Innovation (CQUIN) payment framework. CQUIN payments would make up approximately 1.25% of the Trust contract with commissioners and NHS England.

The Trust was informed in April 2021 that CQUINs were paused until the end of October 2021, due to the continuing Covid-19 pandemic. There was further communication received in October 2021, which explained the decision to postpone the CQUINs for the rest of the 2021/22 year. This meant that providers were not required to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data whilst being focused on the pandemic work. An allowance of CQUIN was built into nationally set payments for Trusts for the year.

CQUINs for 2022/23 were published in January 2022 and these are the same CQUINs as developed for 2020/21 year.

Local quality improvement priorities and progress in achieving them have been discussed 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 use of the CQUIN framework indicates that KMPT has been actively engaged in quality improvements with commissioners.

## **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 two unannounced focused inspections to the community mental health teams (CMHTs) for working age adults and the acute and psychiatric intensive care unit (PICU) wards which was undertaken in 2020, a further unannounced focussed inspection was undertaken in June 2021 to the acute and psychiatric intensive care unit (PICU) wards at the Little brook Hospital site in Dartford. As concerns relating to the safety and quality of the services continued to be received about this site, the CQC conducted this follow-up inspection. This inspection identified the following areas for improvement:

<b>Acute wards and PICU inspection (Littlebrook Hospital)</b>	
<b>Must do</b>	<b>Should do</b>
The trust must ensure that all patients are able to lock their bedroom doors in order to keep their belongings safe and can access the patient lounges when they wish to. The trust must ensure that other maintenance issues are addressed in a timely manner (Regulation 15).	The service should ensure that information for patients is accessible on the ward.
The trust must ensure that staff are able to identify blanket restrictions and take action to ensure that the least restrictive practice is always used. The trust must have a system to record and review blanket restrictions affecting patients on the wards (Regulation 17).	
The service must ensure that all agency staff are inducted into the service and that the service documents this accurately (Regulation 18).	

The above areas for improvement were added to the existing quality improvement plan (QIP) for implementation and progress made was monitored on a quarterly basis throughout 2021/22. The CMHT QIP (developed in 2020 following the focussed inspection) also continued to be monitored throughout 2021/22.

In October and November 2021, KMPT received a core service inspection with well-led review. The core services/wards visited included:

- Acute wards and PICU wards – The wards on the St Martins Hospital site; Bluebell, Fern, Foxglove, the wards at Priority House; Boughton, Chartwell and Upnor and Willow suite (PICU) at Little brook Hospital were inspected.
- Forensic secure wards – This included the 4 wards at the TGU; Penshurst, Groombridge, Emmetts and Walmer and the Allington Centre in Dartford.
- Wards for older people with mental health problems – All 6 older adult wards were visited as follows; Ruby, Jasmine, The Orchards, Heather, Sevenscore and Woodchurch.

Following the core service review, an announced well-led review took place at the Trust Headquarters over a 2-day period. This involved conducting a number of interviews and focus groups either in person or via Lifesize, reviewing some key documentation such as the fit and proper person information and a sample of SIs and complaints and observation of a Trust Board Meeting.

The trust maintained its 'good' overall rating with the effective domain moving from a good to outstanding and the safe domain moving from a good to a requires improvement. The core services inspected also received the following ratings:

- Acute and PICU wards – the rating for this core service moved from a requires improvement to a good overall. For this core service, improvements were made in the effective and well-led domains with both of this moving from a requires improvement to a good.
- Forensic secure wards – the rating for this core service moved from an outstanding to a good overall. For this core service, the caring and well-led domains moved from an outstanding to a good. This was due to ongoing estates and maintenance issues and how these were monitored and escalated. There was also an issue identified in relation to ligature risks with the admission criteria for one ward needing to be reviewed and updated.
- Wards for older people with mental health problems – the rating for this core service stayed the same, remaining as good overall. The safe domain moved from a good to a requires improvement as there were issues identified on Jasmine Ward relating to

the adherence of the therapeutic observations policy and issues identified with the flooring and ward environment.

A total of 24 recommendations were made for improvement and of these 7 were must do actions (those that are linked to the regulations set out in the Health and Social Care Act) and 17 were should do actions. These are as follows:

Applicable to	Must do actions	Should do actions
Trustwide	<ol style="list-style-type: none"> <li>1. The trust must have an effective estates and facilities response to repairs and maintenance concerns in patient areas, and must ensure that these are addressed in a timely way once identified by staff or patients in these areas.</li> </ol>	<ol style="list-style-type: none"> <li>1. The trust should ensure there is sufficient management oversight and project management resources available to deliver its capital projects. This includes financial and senior leadership oversight to ensure that slippage in planned costs is kept to a minimum.</li> <li>2. The trust should ensure that there is sufficient monitoring of outsourced functions, such as maintenance and food provision, and review contract performance informed by the feedback from patients and frontline staff.</li> <li>3. The trust should actively encourage staff to speak up, and have appropriate means to support this, including the implementation of the new Freedom to Speak UP provision for staff in 2022. This includes ensuring there is an open and transparent culture in which staff can raise their concerns to senior leaders without fear of retribution and reprisal.</li> <li>4. The trust should consider a more ambitious target and more concentrated focus to improve WRES outcomes and reduce the frequency of BAME staff experiencing bullying and harassment from patients, carers and the public.</li> </ol>
Acute and PICU wards	<ol style="list-style-type: none"> <li>1. The trust must ensure that the outstanding maintenance issues on Fern ward, such as the overflowing drain and communal showers, are rectified in a timely way.</li> <li>2. The trust must ensure that all patients on Fern ward are able to lock their bedroom doors in order to keep their belongings safe.</li> </ol>	<ol style="list-style-type: none"> <li>1. The trust should ensure that the patient monies protocol is being followed on Fern ward.</li> <li>2. The trust should consider how maintenance issues are recorded and monitored on the wards at St Martin's, to ensure outstanding actions are completed.</li> <li>3. The Trust should ensure that patients receive updated copies of their care plans.</li> <li>4. The trust should ensure that all outstanding face to face training such as CPR and AED Practical, immediate</li> </ol>



Applicable to	Must do actions	Should do actions
		life support, moving and handling patient and physical interventions are completed in line with trust policy.
Forensic secure wards	None identified.	<ol style="list-style-type: none"> <li>1. The trust should ensure that the programme for the replacement of vision panels in doors is accelerated.</li> <li>2. The trust should ensure that it makes explicit in its admission criteria for Emmetts ward that the ligature risks on the ward are managed by the individual risks of the patient group and that the ward is suitable to have high levels of managed ligature risk.</li> <li>3. The trust should consider how it improves its response times for localised maintenance works.</li> <li>4. The trust should resolve the issue with the quality of patient food and the impact the regeneration of food on the ward has on clinical staff's time.</li> </ol>
Wards for older people with mental health problems	<ol style="list-style-type: none"> <li>1. The trust must ensure intermittent observations are being carried out in accordance with trust policy on Jasmine ward.</li> <li>2. The trust must move forward urgently to implement its plan to replace the flooring on Jasmine ward to ensure patients are safe.</li> <li>3. The trust must ensure all patients have routine access to hot water to make hot drinks on all wards, who are risk assessed as safe to do so.</li> <li>4. The trust must have a plan to address all the issues identified on Jasmine ward, including ward environment, activities and involvement of patients and carers in care plans, with appropriate oversight and leadership at ward level.</li> </ol>	<ol style="list-style-type: none"> <li>1. The trust should ensure improvements are made to the general ward environments on Sevenscore, Jasmine, Woodchurch wards to ensure they are decorated to a good standard and fit for purpose.</li> <li>2. The trust should ensure the ramps in the outdoor spaces on Heather ward and Woodchurch ward are repaired and have appropriate safety markings.</li> <li>3. The trust should ensure patients on Ruby ward can routinely access fresh air and healthy snacks.</li> <li>4. The trust should ensure they review the blanket restrictions in place on several wards regarding patients holding keys to their bedroom doors.</li> <li>5. The trust should ensure that all patients who require physiotherapy and individual psychological therapies receive these in a timely way.</li> </ol>

Four QIPs were developed; one for each domain and one for the trustwide actions and progress is being monitored on a quarterly basis.

In addition to the areas for improvement, the CQC also identified the following as areas of outstanding practice during the inspection:

- Trust - As part of its participation and involvement strategy, the trust was implementing a new engagement panel and engagement council for the users of the trust services to be more fully engaged and broaden the scope of patients' representation.
- Acute and PICU wards - The service was part of the armed forces network and had recently completed a piece of work around the things to consider if a veteran was in mental health settings.
- Forensic secure wards - The low secure services were piloting the implementation of the anti-racism strategy. A number of working groups were set up to lead in different areas including; embedding a culture which promotes equality, developing a patient group to explore the impact of racism and look at ways of being anti-racist allies, improve staff support procedures following incidents of racism, including closer working with the police and develop restorative practices to build connections and respond to racism.
- Wards for older people with mental health problems - Staff used several occupational therapy interventions that were innovative tools designed to improve the quality of life, care and treatment for patients living with dementia. They included doll therapy, where lifelike dolls or soft toy animals were used to promote feelings of relaxation and pleasure to help people who are withdrawn, distressed or anxious.

The CQC also obtained positive feedback from patients who were using the services at the time of the inspection as detailed below:

- 'Patients told us that staff treated them with compassion and kindness. They said that staff respected patients' privacy and dignity.'
- 'Patients said staff were attentive, non-judgemental and caring.'
- 'Patients also reported staff provided help, emotional support and advice when they needed it.'
- 'Patients said staff treated them well and were responsive to their needs.'



Last rated  
24 February 2022

## Kent and Medway NHS and Social Care Partnership Trust



### Are services

Safe?	Requires improvement
Effective?	Outstanding
Caring?	Outstanding
Responsive?	Good
Well led?	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at [www.cqc.org.uk/provider/RXY](http://www.cqc.org.uk/provider/RXY). We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder)

## 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 Chief Nurse 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.

During 2020-21, there was a review of other mental health trust's processes, practices and policies in relation to Duty of Candour. This focussed 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 was also reviewed in line with this.

A trust-wide action was put in place to support staff in the Duty of Candour process, and improve communication with families. A Panel to support monitoring has been set up and has helped greatly to improve timely compliance. The Duty of Candour sections on Datix were further improved to demonstrate compliance, following the audit.

144 cases of Duty of Candour took place between September 2021 and March 2022. We are open and honest with patients/families if we consider there is a potential for harm as well as when we know harm occurred. 98% of all cases had verbal Duty of Candour completed, and 98% had an initial Duty of Candour letter sent to the patient/family or there were appropriate mitigating circumstances. In regards to initial verbal Duty of Candour, 73% of these cases were completed within ten days. 100% of the Central Investigation Team's feedback to patients/families was completed within national timeframes or had appropriate mitigating circumstances (e.g. police asked information not to be shared immediately).

## Data Quality

During 2021-22 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 (*January 2022 MHSDS Provisional*):

- 100% for MHS-DQM01 NHS Number
- 100% for MHS-DQM06 General Medical Practice Code (Patient Registration)

Trusts' data quality is now measured using the Data Quality Maturity Index (DQMI) – MHSDS Dataset Score. The Trust reports on this monthly in the IQPR and scored 95.3% against the 95% in March 2022.

## **Information Governance**

The Trust has adopted a number of increasingly more secure electronic methods of communication and remote working, enabling all services to continue to interact and support our patients, partners and the public during these unprecedented times. The Trust has worked alongside its partners to implement shared care records, ensuring that the correct information is in the correct place at the correct time. In line with NHS Digital guidance on Data Security and Protection Incidents, it is necessary for all NHS Trusts to report any incidents of Data Security and Data Protection breaches on the DSPT and also in their respective annual reports. The Trust had 16 Data Security and Protection incidents as defined the NHS Digital guidance. These incidents were reported to NHS Digital on the DSPT and automatically reported via the DSPT to the Information Commissioners' Office (ICO). Of these incidents, five related to the unavailability of information, seven were incidents of information disclosed in error, and four related to inappropriate access to information. All incidents were thoroughly investigated internally, and by the ICO, and all required actions taken and lessons learnt by the Trust have been completed. These incidents have informed risk improvements to the organisation's information risk management process and enabled process changes surrounding storage of, and access to personal data.

## **Information Security and Governance**

The Executive Director of Finance and Performance is the Senior Information Risk Owner (SIRO) of the organisation, providing information risk management expertise at Board level. The SIRO oversees the consistent implementation of the information risk assessment process by Information Asset Owners, as described in the relevant organisation policies and procedures. Additionally, the SIRO acts as chair to the Trust-Wide Information Governance Group which is attended by the Caldicott Guardian and Data Protection Officer, as well as clinical and operational representatives.

The Data Security and Protection Toolkit and Information Risk Register are key enablers to embedding good practice, as well as identifying and managing key information risks. As a result, the Information Governance Department have put into place a range of appropriate policies, procedures and management arrangements to provide a robust framework for Information Governance in accordance with the NHS Digital requirements. The Trust continuously reviews its systems and procedures for the confidentiality, integrity and security of personal and confidential data, and always works towards reducing data security incidents. As a result of investigations into incidents and reviews of IG, Data Security & Records Management by the Information Governance Group, measures are taken to ensure the procedures and policies on Information Governance and Data Security are updated to enable compliance.

Additionally, the Trust has systems and processes in place to govern access to confidential data and to ensure guidance and standards are followed when staff are using or accessing confidential data. The Trust monitors its IG and Data Security risks through the Information Governance Group.

The Trust commissions internal auditors TIAA to undertake annual audits of the evidence collated for its yearly on-line submission of evidence for the Data Security and Protection Toolkit (DSPT).

The Trust achieved an overall “high” confidence level and substantial assurance from TIAA for this year’s audit of the 2021/22 DSPT evidence.

## Clinical Coding Audit

The Trust was not subject to a payment by result clinical coding audit in 2021 - 2022. 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 2021-2022	% Correct 2019-2020
Primary Diagnosis	50	47	94%	98%
Secondary Diagnosis	482	454	94.19%	90.27%

Overall the Trust has achieved the mandatory Data Security and Protection Toolkit target for 2021-2022

At 94% accuracy, the Trust has achieved an excellent result in primary diagnosis coding, surpassing the upper threshold Standards Exceeded Data Security Standard 1 target (90%) by 4%. Secondary diagnosis coding accuracy at 94.19% is equally exemplary, outperforming by 14.19% the Standards Exceeded (80%) requirement for a mental health trust

Whilst primary diagnosis coding accuracy is 4% lower than that achieved in 2020, following the exclusion of the 4% non-coder errors, accrued due to an incorrect ICD10 code documented on the discharge summary, the adjusted coder accuracy rate is 98%. This is comparable with the 2020 audit results.

At 94.19% secondary diagnosis coding accuracy has increased by 3.92% when compared with last year’s audit. There is, once again, a significant growth in the number of secondary diagnoses year on year with a total of 482 in this audit, compared with 339 recorded in 2020-2021. This increase is indicative of a further enhancement in the complexity of casemix, with the potential attendant impact on coder resource.

Of the 20 irrelevant secondary diagnosis codes, 12(605) pertain to the assignment of codes from ICD-10 *Chapter V Mental and behavioural disorders* in addition to the current psychiatric disorder, routinely occurring when these conditions are recorded in the current spell as a historic diagnosis

Of the 31 spells audited, the Electronic Discharge Notification (EDN) is available within 5 working days of discharge in 12 (39%) cases. A further 12 (39%) are available within 6-10 working days, with the remaining 7 available in excess of 10 working days. This equates to a significant improvement in the timeliness of discharge

Improvements in the clinical recording on the discharge summary of medical comorbidities and current physical ailments that require investigation, monitoring and treatment during the admission are apparent in the audit sample. Augmented detail in the discharge documentation has contributed to the excellent levels of coding accuracy demonstrated in these audit results

## Improving Data Quality

The Trust's data quality improvement plan is contained within the KMPT Informatics Strategy which was approved in 2020.

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 Informatics 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 2021-2022

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

Equality, diversity and inclusion have been at the forefront of KMPT's response in recovery from Covid-19 and its impacts across the organisation. KMPT has reviewed and published an annual equality report and contributed this information to the CQC inspection in December 2021. This report provides details of our workforce and service delivery activities. Workforce equality activities are reported to the Equality & Diversity Steering Group (EDSG), the Workforce and Organisational Development Committee and the Board.

### Workforce Race Equality Standard (WRES)

#### Items of excellence

Our representation of black, Asian and minority ethnic staff continues to be above that of the South East and nationally, this is also demonstrated within the make-up of our Board.

#### Significant improvements in matters that were previously an area of concern

National data shows that white staff continue to be shortlisted for interview over black, Asian and minority ethnic staff – we have improved our overall position year on year, to above the national average

There have been some significant improvements in the areas of bullying and harassment faced by black, Asian and minority ethnic staff taken from scores within the most recent NHS staff survey.

This will form part of our submission for this year's WRES (WRES 2022).

- KMPT aimed to reduce the percentage of black Asian and minority ethnic staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in the WRES action plan 2020-2022 from 44.3% - 34.3%. The data presented shows the staff survey result for last year and shows a modest reduction to 42.9% as shown in the Equality Annual report 2020-2021. The latest staff survey figures show that this ambitious target was nearly met reducing to 35.4%.
- KMPT aimed to reduce the percentage of black Asian and minority ethnic staff experiencing harassment, bullying or abuse from staff in the last 12 months from 25.5% - 17.5%. The data presented shows the staff survey result for last year and shows a modest reduction to 23.4% as shown in the Equality Annual report 2020-2021. The latest staff survey figures show that this ambitious target was nearly met reducing to 18% meaning KMPT are nearly 5% lower than benchmark organisations who have an average of 22.9%

### **Items of concern and hot spots**

The key concern from our most recent data is that there is an increase in the likelihood of black, Asian and minority ethnic staff being taken through a formal disciplinary process. We are one of the ten poorest performing Trust's in the country.

We need to continue to develop career pathways and a talent pool to ensure black, Asian and minority ethnic staff have opportunities for progression from band 3 and band 7.

### **Staff Networks**

The Black, Asian, Minority Ethnic staff Network continues to be strong in membership representation (now over 160 members). The Executive Director of Partnerships and Strategy / Deputy Chief Executive is the network Executive Lead and the network has a Chair, Vice Chair, and Secretary. 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 and allies. The network supported the delivery of a Black History month virtual conference and a 'Power of me' event in October 2021 that was attended by over 200 staff across Kent and Medway.

### **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 second year report and associated action plan are published on KMPT's website and are monitored through the Equality and Diversity Steering Group.

### **DAWN (Disability and wellness network)**

KMPT is in the top 5% of Trusts for employees declaring a disability, however the declarations are only 6.84% of workforce who describe themselves as having a disability with 17.9% of staff not declaring whether they have a disability or not. This 'not declared' rate has increased over the last year and the EDI team have produced a video to show staff how they can update their personal details on ESR to try and reduce the numbers of 'not declared'. The DAWN (Disability and Wellness network) is established and has the Chief Operating Officer as the Executive Lead. The Network continues to maintain good attendance since being fully virtual and staff have found meetings easier to attend. Achievements of the following objectives in 2021 were:

- The introduction of Deaf Awareness Training free for all KMPT staff.
- Continuation of Disability Awareness Training
- The review of the Staff Work and Wellness Passport

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

Around 3% 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 the Network, and has an established Chair. There is a strong online membership for this network. The network has achieved the following objectives:

- Supporting employees attending LGBTQ+ Forum (Manager's awareness) to take the online forum and convert to physical attendance at network forum meetings.
- LGBTQ History Month (Feb 2022) was celebrated with an online conference that was attended by over 40 staff. KMPT were the only Trust in Kent and Medway to do a dedicated event to LGBTQ History Month.
- The network Chair produced a video on the history of the Pride flag and this is available to all on the intranet. It was also shared with Kent and Medway colleagues.
- The EDI team attended a socially distance Pride event in June 2021 and joined other NHS Trusts in the Canterbury parade and had a stand at the main park in June 2022.

## **Religion & Belief**

### **Faith Forum**

There has been a decrease in staff declaring a religion or belief. The Chaplaincy Team continue to promote the Faith Network to encourage 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 current Executive Lead is the Director of Medical Staffing. The Forum continue to promote virtual events throughout the pandemic and continue to support staff and patients by holding on line services.

## **Reporting on Gender pay Gap**

KMPT, as is typical of the NHS, has a higher proportion of females to males in its workforce – of the 3115 staff counted (March 2021) as part of the gender pay gap reporting, 74.13% were female compared to 25.97% male.

### **Average gender pay gap as a mean average**

The mean gender pay gap is the difference between the average hourly earnings of males and females.

	<b>Male (AfC)</b>	<b>Female (AfC)</b>	<b>% Difference</b>
Mean hourly rate	£20.30	£16.90	<b>16.6%</b>
	<b>Male (Medical)</b>	<b>Female (Medical)</b>	<b>% Difference</b>
	£43.94	£38.46	<b>13.3%</b>

### **Average gender pay gap as a median average**

The median is based on the hourly rate that is in the middle figure when lined up from lowest to highest (if an odd number) or the mean of the 2 hourly rates in the middle when lined up from lowest to highest (if an even number).

	<b>Male (AfC)</b>	<b>Female (AfC)</b>	<b>% Difference</b>
Median hourly rate	£17.00	£14.60	<b>13.6%</b>
	<b>Male (Medical)</b>	<b>Female (Medical)</b>	<b>% Difference</b>
	£45	£35.62	<b>20.8%</b>



### Proportion of males and females when divided into four groups ordered from lowest to highest pay

The highest concentration of males is in the Upper quartile, whereas this is where the lowest concentration of female staff sits. We can see that this disproportionately high number of males in the Upper Quartile is affecting where the median gap is as equity across the board would mean an equal split across all quartiles.

	Male	Female
Lower (Q1)	19.4%	80.6%
Lower middle (Q2)	26.2%	73.8%
Upper middle (Q3)	23.2%	76.8%
Upper (Q4)	34.0%	66.0%

### Mandatory Training on Equality and Diversity

Equality and Diversity training forms part of the essential training for your role and is an electronic course that all new starters must complete. The compliance target for EDI training is 90%:

Course	% Target to Achieve	Overall Trust	Change since last update (2021)	Support Services	Forensic & Specialist	Older Adult	Community Recovery	Acute
Equality and Diversity	90%	96%	↔	95%	98%	96%	98%	94%

Equality and Diversity is included in KMPT staff induction and the managers induction. Both of these courses were reviewed and updated in the last 12 months. They cover:

- Policies/ Legislation
- Training and development
- Staff Networks
- Freedom to speak up Guardian and Ambassadors
- Workforce Race Equality Standard/Disability Equality Standard
- Workplace Reasonable Adjustments
- Translation and interpreting
- Where to get further support

The feedback shows that nearly 95% of staff rate the training as good or excellent. A video version of the training has been developed as a failsafe to ensure training is delivered even if the EDI team are unavailable.

### Other Training on Equality, Diversity and Inclusion

Staff Induction/ Manager's Induction

Consultant Psychiatrists CPD programme EDI session

Equality Impact Assessment Training workshop

Sexual Orientation and Gender Identity (SOGI) Training

Deaf Awareness Training

Disability Awareness Training

Active Ally workshops

**Equality Impact Analysis** – all KMPT business and policies undergo equality impact analysis as a means of achieving fairness, transparency and complying with the Equality Act 2010. The form was revised in 2021 to be explicit about the inclusion of the Gypsy Traveller Community. The Diversity and Inclusion Manager has supported other NHS Trusts in Kent and Medway with their understanding and process of equality impact analysis, including 1:1 session with teams in other Trusts. The eLearning course on iLearn

was also reviewed and updated and has been shared with all Kent NHS trusts to use as they did not have anything in place.

**Partnership Work with local Equality & Diversity Leads & others** - The EDI manager has been working with the Integrated Care System of Kent and Medway to develop and/or procure system wide training initiatives on

### **Inclusive Leadership**

- Continue to present twice per year, equality & diversity activities for employees to Workforce and OD Committee
- Board now plays a key role in diversity & Inclusion work and has received updates on its actions in aiming to become an anti-racist organisation.
- 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 planned new intranet and website.
- Publicise the networks and initiatives Trust wide;
- A representative from the Communications Team attends EDSG meetings and the EDI support communications with the Team and the Staff Networks
- The EDI Team have set up quarterly meeting with Network Chairs to discuss and promote activities and events.

### **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. A new EDI Practitioner patient lead role has been approved and the EDI manager is waiting to fill this role.

### **Improving Equality Data**

The Associate Medical Director has been working with teams to increase their collection of equality related patient data. There has already been an improvement in the recording of this information. The EDI team have supported the Assistant Director of ICP Development with the delivery of Health Inequalities Workshops with various teams across KMPT, some of the teams have set themselves actions to improve their data collection following these workshops.

### **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 receives a quarterly report on the usage of this contract.

KMPT also has a contract in place on interpretation and translation services for different languages provided by OnCall. KMPT receives a detailed monthly report from OnCall and with information on the number of requests for languages and any requests that have not been fulfilled and the reason. 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.

## Freedom to Speak Up

Since March 2019 the Trust has had the support of a full-time Freedom to Speak Up Guardian. The Guardian role will be provided by an external provider from 6<sup>th</sup> June 2022. The Trust has established a network of Freedom to Speak Up Ambassadors which 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. All FTSU contacts were responded to during the year. Themes were varied and often overlapped with HR issues but the most common were attitudes and behaviours and policies, processes and procedures. As a result of contacts, changes were made to support staff following Serious Incidents, logistical problems Liaison Psychiatry teams and acute trusts resolved and lessons learned in relation to the value of communications and managers supporting one another to enable them to have difficult conversations with patients and their families.

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 in a wide range of ways and staff members can raise their concerns anonymously if they wish.

To support the development of our Just and Learning culture, the Freedom to Speak Up Guardian role is explained during staff induction and new managers' training. 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.

Freedom to Speak is an important part of the control framework within the Trust. A Freedom to Speak Up Guardian is in place with a network of diverse Ambassadors to encourage open and honest relationships as part of the Trust's Just and Learning Culture. There were 101 contacts during the year (this includes all contacts including the green button) and as a result of contacts, changes were made to support staff following Serious Incidents, lessons learned in relation to the value of communications and managers supporting one another to enable them to have difficult conversations with patients and their families.

## Our 2022-23 Priorities

For 2022-23 the trust has again set three priorities for improvement based on the three areas that constitute quality, these are **patient safety**, **patient experience** and **clinical effectiveness**.

### Our priorities have been developed and chosen based on:

- What is important to people who access our services, people who deliver our services and stakeholders such as commissioners.
- The Trust strategic priorities which have been underpinned by learning from transformational impact of the pandemic
- Identified risks to quality, which includes feedback such as complaints and learning from investigations into serious incidents.
- STP/ICS, CQUIN and National priorities.

### Who has been involved in setting our 2022-23 priorities?

During 2021-22 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 Trust has established a new Engagement Council which it hopes will be fully engaged in setting of quality priorities for the Trust from now on.

The establishment of the Engagement Council has drawn on national experience such as the National Survivor User Network's (NSUN) National Involvement Standards which were co-produced with mental health service users and carers and have been adopted by numerous NHS Trusts and third sector organisations.

The strategy sets out the Trust's commitment to:

- Increasing the numbers of service users involved in Trust business
- Developing training and support for service user and carer representatives
- Improve communication between the Trust and service users and carers using a variety of media

The Trust Board has continued to receive presentations from service users and carers throughout 2021-22. 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 organisation, 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 three Priorities selected are:

#### 1. Patient Safety

The Patient Safety Strategy was published in July 2019 ([https://www.england.nhs.uk/wp-content/uploads/2020/08/190708\\_Patient\\_Safety\\_Strategy\\_for\\_website\\_v4.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/08/190708_Patient_Safety_Strategy_for_website_v4.pdf)). There

are 3 core elements to this strategy that we must learn how to use as an organisation; which build on the work of the Trust's Patient Safety Team.

These are:

- improving understanding of safety by drawing intelligence from multiple sources of patient safety information **(Insight)**.
- equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system **(Involvement)**
- designing and supporting programmes that deliver effective and sustainable change in the most important areas **(Improvement)**.

An education programme for staff forms a core element of this (the Patient Safety Syllabus) and the development of new ways of learning together to improve safety.

We will measure numbers of staff are trained at Level 1 of the syllabus.

We will identify, train and develop a cohort of Patient Safety Partners from our service user and carer groups.

We will use Quality Improvement to ensure that changes result in improvement as a result of Serious Incident Reviews.

## 2. Physical Health

Physical health of those who have serious mental illness (SMI) is generally poorer than the rest of the community – which can result in early death or a poorer quality of life. Screening and monitoring alone may not necessarily improve this but does form the basis of our understanding about when and how to intervene. As we move to a place-based approach to the provision of mental healthcare; both improved monitoring and improved understanding of what is available to help those with SMI in our communities is vital.

We will develop more effective approaches to physical health monitoring of those with SMI in our services and communities.

We will develop relationships with service users, carers and partner organisations to further enhance what can be offered and how to help those with SMI and physical health needs.

## 3. Quality Improvement

This year we will launch the QI Pioneers programme to deliver in depth QI training, creating 36 QI pioneers across all areas in the organisation. Pioneers will have the expertise to deliver their own QI projects, as well as provide local support to colleagues. We will refresh and relaunch the QI bitesize training modules to ensure accessible QI training is available for all KMPT staff. We will engage with and provide targeted QI training to key leaders in the organisation to enable them in empowering teams and sponsoring QI. We will increase the number of completed projects with shared learning across the organisation, growing capability through QI in action, identifying opportunities to undertake improvements and celebrate success by raising the profile of QI in KMPT at a national level.

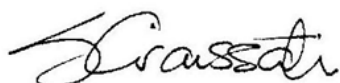
## Appendix A: Directors' statement

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 2021 to March 2022
  - papers relating to quality reported to the board over the period April 2021 to March 2022
  - the 2021 national patient survey
  - the 2021 national staff survey
  - the Head of Internal Audit's opinion of the Trust's control environment dated 16 May 2022
- 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  
Trust Chair

## 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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Tel: 01622 724100 e-mail: [kmpt.communications@nhs.net](mailto:kmpt.communications@nhs.net)

This report can be downloaded as a PDF from [www.kmpt.nhs.uk](http://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 ਪੁੱਛਾਰ ਦੀ ਜਾਣਕਾਰੀ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਤੁਹਾਡੀ ਪਸੰਦ ਦੀ ਬੋਲੀ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਦਾ ਪ੍ਰਬੰਧ ਕਰਨ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਕਰਮਚਾਰੀਆਂ ਨੂੰ ਪੁੱਛੋ।

Turkish

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