

Quality Accounts

2022-2023



Contents

Part one

Chief Executive's Statement on Quality	4
Statement from the Chief Nurse	5

Part two

Our Approach to Quality Improvement (Qi)	8
Quality Improvement Successes to Celebrate	9
Quality Priorities 2023/24	12
Statements Relating to the Quality of Services - Our Services	13
Performance against Mandatory Quality Indicators	14
Clinical Audit	15
Commissioning for Quality and Innovation (CQUIN)	18
Registration and Regulation	19
Quality networks and accreditation schemes	20
Research and Innovation at KMPT	21
Data Quality	25
Information Governance	26

Part three

Review of Quality Performance – achieving our 2021-22 priorities	29
Improving the safety for the people we care for (Patient Safety Quality Improvements) ...	32
Improving the experience of the people we care for (Patient Experience)	34
Improving Clinical Effectiveness	39
Medical workforce recruitment and retention	39
Sustain improvements in the timely completion of Duty of Candour	41
Equality and Diversity	42
Freedom to Speak Up (FTSU)	52
Reporting of Deaths	55

Part four

Appendix A: Directors' Statement	58
--	----

Part one



Chief Executive's Statement



Our simple mission at Kent and Medway NHS and Social Care Partnership Trust (KMPT) is to deliver brilliant care through brilliant people. Putting people at the heart of what we do and ensuring that we deliver consistently high-quality care and treatment is what drives us all. Measuring and reviewing how we are doing is essential in sustaining high quality care and our annual Quality Accounts enable us to do that from one year to the next.

This report, published annually, captures just that. It builds on our 2022-23 annual report and account, and specifically focuses on patient safety, effectiveness of care and patient feedback.

In this report you will find:

- Our approach to quality improvement (Qi)
- Our performance against our 2022 - 2023 priorities
- Our priorities for 2023 – 2024
- A selection of our most notable achievements throughout the year

We are grateful to our KMPT colleagues for their unwavering commitment in these continuing challenges times; to our partners for their ongoing collaboration and support; and to our service users and their loved ones for their openness and willingness to share their experiences and feedback. Without their voices we cannot improve the quality of care we deliver.

We have taken great care to ensure the accuracy and impartiality of the information presented. Providing a comprehensive and balanced reflection of our performance this year. With guidance from our board, my executive management team has taken all the necessary measures to ensure the accuracy of the reported data. The trust has examined all the available data on the quality of care in all the NHS services it provides.

To my knowledge the information in this document is accurate. The director's statement at appendix A further makes it clear that we have met the requirements for preparing this account.

We hope you find this report both helpful and interesting and, as always, we welcome your feedback.

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

Helen Greatorex

Chief Executive

Purpose of the Quality Account

Quality Accounts are reports to the public from providers of NHS healthcare service about the quality and standard of services they provide. Every acute NHS Trust is required by the Government to publish a Quality account annually. They are an important way for trusts to show improvements in the services they deliver to local communities. The quality of services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Statement from the Chief Nurse



I am delighted to introduce the quality account for 2022-23 for KMPT. The work represented here characterises the range of commitment and ambition to deliver brilliant care in KMPT.

This report is reflective of a period of great change and development us, as we gradually moved away from the stringent controls of the pandemic in the previous 2 years, and began to establish new foundations for the years ahead. Some of that work is reflected in this account and highlights the direction of the Trust. Throughout the pandemic, as with all NHS organisations, our teams had to adapt to manage care in a context unlike any of us had ever experienced. Whilst there are myriad examples of great practice, care and compassion across all our services, it is fair to say that these times stretched our resources and highlighted where we need to develop for the future, with greater connection to our communities and their needs.

Highlights in this report include the work on patient safety, the development of our Quality Improvement capability and our continued work on improving the physical health of those with mental illness. Although all of the above include some great improvements, they also mark a point of embarkation – because complex, dynamic issues such as these are never truly resolved and we have to find new ways of engaging and working to continually improve them. What we have learned through the past year informs our next steps in this continuing process.

The new 3-year Trust Strategy illustrates our commitment to addressing some the core quality issues that affect the people we serve. It is structured around 3 Ps:

- The people we care for
- The people who work for us
- The partners we work with

Building on some of the work in this report, the strategy is focussed on improving outcomes for those we serve and improving the experience of working in KMPT – and becoming a more integrated part of the fabric of our communities. It is a really exciting time of growth and development. I am thrilled to be part of it.

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 dark blue ink, appearing to read 'A. Cruickshank'. The signature is stylized and fluid.

Andy Cruickshank

Chief Nurse

Our mission is what we set out to do every day - we deliver brilliant care through brilliant people

Our vision
is where we want to be in the future

To provide outstanding care and to work in partnership to deliver this in the right place, for every service user, every time.

**WE WILL ACHIEVE THIS VISION THROUGH...
OUR STRATEGIC AMBITIONS**
(also known as the three Ps)



We deliver outstanding, person-centred care that is safe, high quality and easy to access.



We are a great place to work and have engaged and capable staff living our values.



We lead in partnership to deliver the right care and to reduce health inequalities in our communities.

**WHICH ARE SUPPORTED BY...
OUR STRATEGIC ENABLERS**

- ✦ We use technology, data and knowledge to transform patient care and our productivity.
- ✦ We are efficient, sustainable, transformational and make the most of every resource.
- ✦ We create environments that benefit our service users and people.



**ALL OF THIS IS UNDERPINNED BY...
OUR CORE VALUES**



Part two



Our approach to Quality Improvement (Qi)

KMPT's Quality Improvement Strategy 2020-2025 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 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.

In 2022-23, our strategy focused on the following objectives:

People

Improving employee recruitment, retention and wellbeing

Partnerships

Building partnerships with a purpose to improve key pathways of care

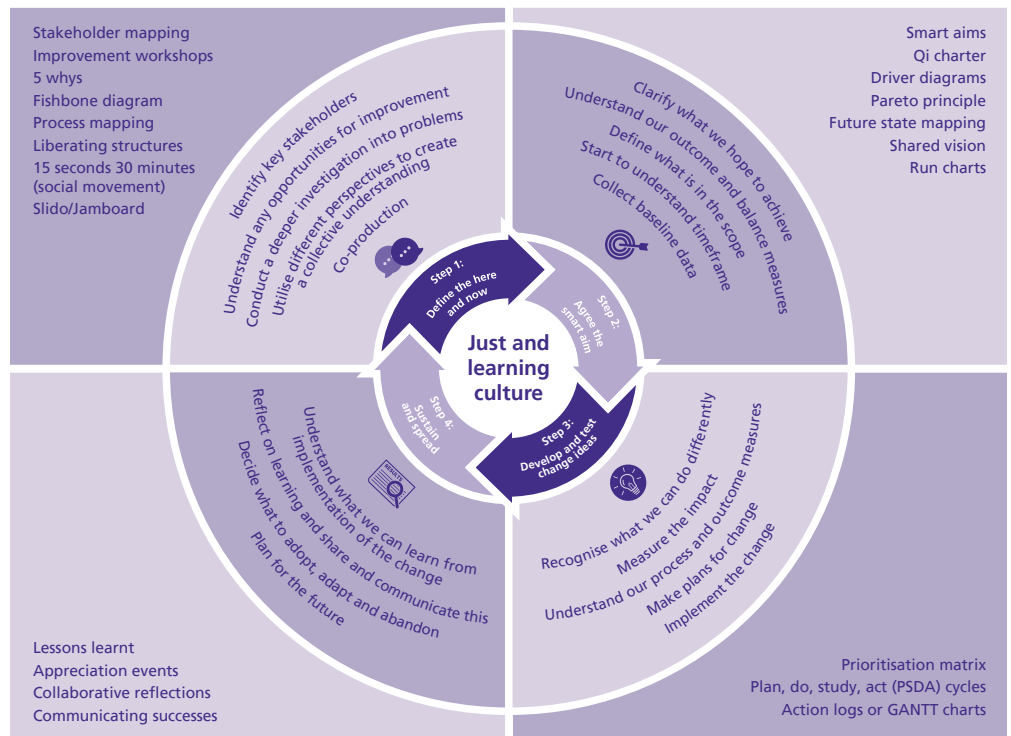
Quality

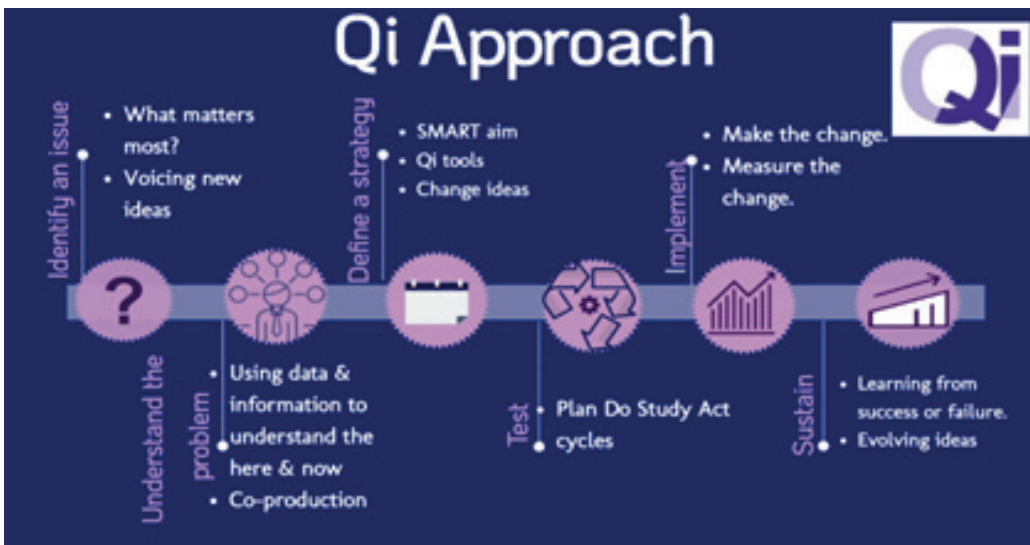
Developing a Qi culture to empower our staff and service users

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 continued 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 model for improvement methodology to identify, develop and deliver QI projects.

KMPT Qi approach





During 2022-23, we have been developing and evolving 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 and empowering all staff across the organisation to think differently and be innovative.

The QI team is now embedded and established and the team is working in collaboration with colleagues from the Clinical Audit, and Research & Innovation Teams. The QI Team also works closely with the Partnership and Transformation Team, Medical Education, as well as clinical and operational leads from across the directorates.

The QI team is continuing to provide support for a number of QI projects as well as maintaining engagement with teams, and developing new improvement ideas and tests of change.

The QI team has been working closely with the Communications Team to provide project success stories, QI team activity for example vlogs, staff QI journeys, project fringe events, and the promotion of QI to different frontline staff and the wider public.

The QI team has successfully established an active Twitter account with a growing following and regular championing of QI content.

The QI i-connect pages provide a space for KMPT staff to access relevant information, and we are continuously working on innovative ways to promote QI. This includes a QI newsletter and an upcoming QI toolkit page.

The QI team recently held a very successful conference in collaboration with the CASE and Research and Innovation team entitled "Shining a spotlight on excellence" which featured workshops, key speakers, and a QI information stall. It was attended by over 150 members of frontline staff and was received very well.

We are also presenting QI success stories at every public board meeting.

Quality Improvement successes to celebrate

The Qi teams key achievements include:



All areas of the account priority successfully delivered for 2022/23



35 further Qi projects live in the organisation carrying into 2023/24



Qi projects presented at all public boards this year up to and including May 2023



Qi team expansion to headcount of 14 completed with work underway to align with the new directorate structure and support in the delivery of our 2023/24 priorities



20 Qi projects completed



The first cohort of Qi Pioneers have successfully graduated



10 posters or presentations of completed projects accepted at conferences



The first Qi conference at KMPT, "Shining a spotlight on excellence", was successfully held in June 2023.

No items of concern

Examples of Qi projects:

- Start every Public Board meeting with an example of a Qi in practice

Qi project teams have presented completed projects at all public boards during 2022-23. Increased inter-departmental working with the Clinical Audit & Service Evaluation (CASE) team resulted in 2 projects being presented to the Board in July 2022. Additionally, a Qi stand was prepared and delivered at the Trusts Annual General Meeting (AGM) and content provided for the Trusts Annual Report.

A forward planner and pipeline of projects is being developed for future board project presentations continuing into 2023/24.

- Deliver 20 Quality Improvement (Qi) projects

During 2022-23, 20 Qi projects have been completed enabling staff to deliver and implement improvements across the organisation, including:

- Improving patient and staff safety and experiences during restraints
- Improving the physical health observations completion process
- National Sexual Safety Collaborative improvement project
- Improving junior doctor induction information
- Improving blood glucose monitoring
- Improving the appointment booking process in Maidstone CMHT
- Improving patient care plans
- Ruby ward EDN improvement project
- Improving the quality of signposting letters
- Improving PREM response rate within the Specialist Equipment Services
- Improving Forensic Inpatients mealtime experiences
- Improving screening and standardising interventions for patients with above normal body mass index (BMI) admitted to a male psychiatric intensive care unit
- Improving outcomes of referrals from prison to the male psychiatric intensive care unit
- High intensity user Quality Improvement project
- Improving a psychiatry teaching programme for junior doctors on placement in a mental health trust
- Improving the procedure for monitoring Clozapine in MHL
- Antipsychotics prescribing out of licence in MHL patients
- Promoting physical health and wellbeing through accessible information
- Early Intervention in Psychosis service physical health monitoring process improvement
- Rehab therapeutic observations process improvement.

Several additional improvement workshops have facilitated cultural transformation within the Organisation. A total of 10 completed projects were selected for presentation at both national and international conferences through posters or oral presentations. Furthermore, the Organisation has actively participated in three national Quality Improvement (QI) collaboratives: The National Sexual Safety Collaborative, National Patient Safety Improvement Programme, and the Demand, Capacity, and Flow Collaborative.

The QI team consistently supports an increasing number of projects throughout the Organisation, with a specific focus on ensuring the implementation of rigorous measurement approaches for assessing outcomes. Currently, there are 35 ongoing projects that are actively being pursued.

Moreover, the QI team is establishing stronger connections with the Medical Education team. This includes providing support for a newly designated “QI lead” role, which aims to assist King’s & KMMS students in executing robust and high-quality improvement projects.

In 2022-23, the QI team worked to provide training to colleagues through QI bitesize modules. We also provided training to various staff groups, including junior doctors.

In 2023/24 the QI team has planned to provide bitesize and other bespoke training to other staff groups.

In 2023-24, we will be using a new project platform called GATHER to ensure reporting of all QI projects, including registration and monitoring their progress.

Quality Priorities 2023/24

For 2023-24, 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 key stakeholders such as our commissioners.
- Identified risks to quality, which includes feedback such as complaints and learning from serious incident investigations.
- STP/ICS, CQUIN and National priorities.

Who has been involved in setting our 2023-24 priorities?

During 2022-23 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 Board has continued to receive presentations from service users and carers throughout 2022-23. 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 Quality Priorities selected are:

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.

Suicide prevention

Suicide is a tragic outcome which causes devastating and permanent impacts on families, friends and broader communities. The Trust are currently developing an updated Suicide Prevention Strategy for 2023-2026. The strategy has identified aims to focus on a just and learning culture, partnership working, and to provide compassionate and timely support to those affected by suicide.

Reducing violence and aggression

We want to continue to reduce incidents of restraints, incidents of assaults/violence and number of seclusions and increase reported staff confidence and sense of safety in managing aggressive incidents

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.

KMPT has approximately 3,600 employees.

The key highlights on our income for 2022-23 are:

- Our total income for 2022-23 was £259m.
- £241m related to patient care activities
- £18m was other operating income
- All income was generated through our operations as an NHS Trust.

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 set of core indicators which is published by NHS England. 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.

The Single Oversight Framework (SOF) sets out how NHS England (NHSE) oversees Integrated Care Boards (ICB) and NHS trusts, using one consistent approach.

NHSE monitor providers' performance under each of these themes and consider whether they require support to meet the standards required in each area. Individual trusts are segmented into four categories according to the level of support each trust needs.

KMPT's current segmentation is 2. A breakdown of measures reported against the Single Oversight Framework is shown below.

Ref	Measure	Target	2022/23
001a.E	Care Programme Approach (CPA) Follow-up - Proportion of discharges from hospital followed up within seven days	95%	96.9%
001b.E	CPA patients receiving follow-up within 72 hours of discharge		84.2%
005.E	Inappropriate out-of-area placements for adult mental health services		2137 (bed days)
001.R	People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral	60%	70.7%
004.E	Data Quality Maturity Index (DQMI) - MHSDS Dataset Score	95%	95.3%
001.S	Occurrence of any never event	0	1
001.W-W	Staff sickness - overall	4.0%	6.1%
002.C	Mental health scores from friends and family test - % positive		84.2%

Clinical Audit 2022/23

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 April 2022 and 31 March 2023 Kent and Medway NHS and Social Care Partnership Trust was actively involved in 3 of a possible 3 national clinical audits, 1 mortality review, 4 Prescribing Observatory for Mental Health (POMH-UK) quality improvement (QI) programme projects and 6 national confidential enquiries. All of these projects were relevant to services provided by the Trust and are detailed in the table below.

Therefore, during this reporting period, the Trust participated in **15/15 (100%)** of the national clinical audit and national confidential enquiries listed on the Quality Account list published by Healthcare Quality Improvement Partnership (HQIP), which the Trust was eligible to participate in.

Project title	Type	Project stage
Falls and Fragility Fractures Audit Programme (FFFAP) 171/18 National audit of inpatient falls continuous audit National audit of inpatient falls facilities audit 2022	National clinical audit National clinical audit	Continuous Report reviewed
Learning Disability Mortality Review Programme (LeDeR)	Mortality review	Continuous
Maternal, New-born and Infant Clinical Outcome Review Programme Maternal mortality surveillance and confidential enquiry	National confidential enquiry	Continuous
Medical and Surgical Clinical Outcome Review Programme Physical Health in Mental Health Hospitals	National confidential enquiry	Complete
Mental Health Clinical Outcome Review Programme Real-time surveillance of patient suicide	National confidential enquiry	Continuous
Mental Health Clinical Outcome Review Programme 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
Mental Health Clinical Outcome Review Programme Suicide by middle-aged men	National confidential enquiry	Continuous

Continued on next page ►

Project title	Type	Project stage
414/21 National Audit of Dementia (NAD) Spotlight audit in memory services	National clinical audit	Complete
424/21 National Clinical Audit of Psychosis re-audit Early Interventions in Psychosis	National clinical audit	Complete
607/23 National Clinical Audit of Psychosis re-audit Early Interventions in Psychosis	National clinical audit	Data collection & entry Feb/Mar 2023
409/21 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Transition from child to adult health services	National confidential enquiry	Report due Jun 23
Prescribing Observatory for Mental Health (POMH-UK) 426/21 POMH-UK Topic 19b Prescribing for Depression in Adult Mental Health 422/21 Topic 1h and 3e Prescribing high dose and combined antipsychotics Topic 21a Use of Melatonin Topic 20b: Valproate prescribing in adult mental health services Topic 7g: Monitoring of patients prescribed lithium	QI programme QI programme QI programme QI programme QI programme	Complete Complete Action planning Report due May 23 Data collection
British Thoracic Society Smoking Cessation Audit - Maternity and Mental Health Services	National clinical audit	Included in HQIP QA list but did not commence during this year.

Listed below are individual national projects KMPT participated in, for which **data collection** was undertaken during 1 April 2022 to 31 March 2023. Number of cases submitted and where appropriate number of cases required to be submitted are also given.

Project title	No of cases required to be submitted	Cases submitted (%)
Falls and Fragility Fractures Audit Programme (FFFAP) 171/18 National audit of inpatient falls continuous audit National audit of inpatient falls facilities audit 2022	0 0	N/A N/A
Learning Disability Mortality Review Programme (LeDeR)	19	100% (19)
Mental Health Clinical Outcome Review Programme National Confidential Inquiry into Suicide and Safety in Mental Health	86	69% (59 pts)

Continued on next page ►

Project title	No of cases required to be submitted	Cases submitted (%)
(607/23) National Clinical Audit of Psychosis re-audit	167	100% (167)
(409/21) NCEPOD Transition from child to adult health services study	No data collection during period	N/A
(414/21) National Audit of Dementia (NAD) (Consists case note audit and organisational audit over 10 memory services)	Up to 50 per service	100% (230 pt. cases, 10 Organisational)
(426/21) POMH-UK Topic 19b Prescribing for Depression in Adult Mental Health	No data collection during period	N/A
(422/21) POMH-UK Topic 1h and 3e Prescribing high dose and combined antipsychotics	N/A	113
(593/22) POMH-UK Topic 7g Monitoring of patients prescribed lithium	N/A	17

In some projects the number of cases which were eligible for submission was restricted due to patient consent and the national data opt out scheme.

The reports of 14 national clinical audits and quality improvement activities were reviewed by the trust between 1 April 2022 and 31 March 2023.

Local Clinical Audit and Quality Improvement Activities

The reports of 56 Trust wide and local clinical audits and service evaluation projects were reviewed by the trust between 1 April 2022 and 31 March 2023.

The learning points and action taken from all national clinical audit projects and quality improvement activities reported during 1 April 2022 to 31 March 2023 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 2022 - 2023, please email kmpt.clinicalaudit@nhs.net for further details.

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 the NHS Plan and link directly to the NHS Mandate.

The CQUIN programme is designed and agreed with Commissioners and NHS England (NHSE) to direct efforts to support and to incentivise quality improvement for KMPT patients.

Following the decision to postpone CQUINs in 2021/2022 by NHS England, the same CQUINs for 2022/23 were published in January 2022. For mental health providers these were:

CQUIN indicators 2022/23		Target	KMPT reported position for 2022/23
1	Cirrhosis tests for alcohol dependant patients	To achieve 35% of patients admitted to the ward with primary or secondary diagnosis of alcohol dependance having a test for Cirrhosis referral	100%
2	Staff flu vaccinations	To achieve 90% of frontline staff vaccinated	61%
3	Routine outcome monitoring in CYP and Perinatal Mental Health Community Services (PMHCS)	To achieve 40% of children and young people and women in the perinatal period having their outcomes measured at least twice	Rosewood MBU: 67% with 2+ HONOS 83% with 2+ Core 10
4	Routine outcome monitoring in Community Mental Health Services	To have 40% of patients with a paired outcome measure	9.6%
5	Biopsychosocial assessments by Mental Health Liaison Services	80% of self-harm referrals receiving a biopsychosocial assessment concordant with NICE guidelines	86.27%

We continue to monitor the progress and our achievements relating to local quality improvement priorities through the Finance and Performance Committee, at monthly internal CQUIN Delivery Group meetings, Care Group Performance Meetings, and at external Contract Quality and Performance Review Meetings between the Trust and ICB's (formerly CCGs) throughout the year.

The use of the CQUIN framework indicates that KMPT has been actively engaged in quality improvements with our 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.

In February 2022, the trust maintained its 'good' overall rating with the effective domain moving from a rating of good to outstanding, however the safe domain moved from a rating of good to a requires improvement. Four Quality Improvement Plans (QIPs), one for each core service inspected and one for the trust wide actions were developed in March 2022 and implementation began in April 2022; with progress being monitored on a quarterly basis.

As of March 2023, all 7 must do actions had been completed and progress has been made against a number of the 17 should do actions.

These QIPs continue to be monitored and assurance is obtained via the monthly CQC Oversight Group.

The CQC conducted an unannounced focused inspection at the two wards for people with learning disabilities and autism on 28 March 2023 with subsequent inspections occurring on 04, 05 and 06 April 2023. The inspection was in response to some concerns about the service as there had been a number of sexual safety allegations plus the service was last inspected and rated in 2017.

At the time of writing this report, no formal written feedback on the visits has been received by the Trust from the CQC. However, the quality concerns fed back by staff involved with the inspections have been identified and are being addressed. Once the formal inspection report is received a QIP will be developed for the areas of improvement identified and this will follow the process as outlined above.

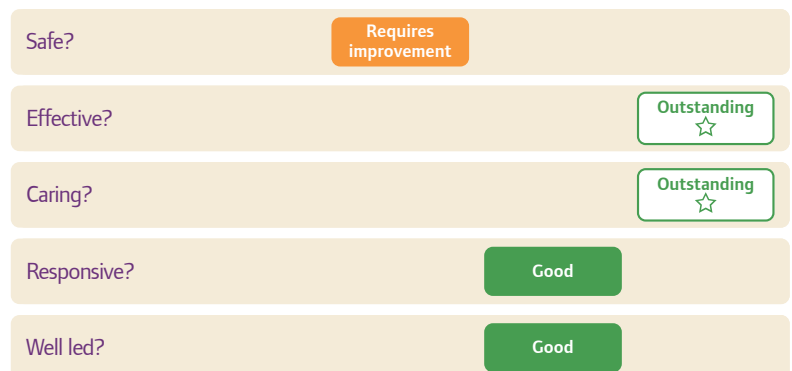


Last rated
24 February 2022

Kent and Medway NHS and Social Care Partnership Trust





Are services



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
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, or go to www.cqc.org.uk/share-your-experience-finder

Quality Networks and Accreditation Schemes

The Royal Collage of Psychiatrists provides a programme of quality networks and accreditation schemes. Below are details of the Kent and Medway NHS and Social Care Partnership Trust participation for 2022 - 2023:

 <p>REHABILITATION QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES</p>	<ol style="list-style-type: none"> 1. Brookfield Centre is a member
 <p>MSNAP MEMORY SERVICES NATIONAL ACCREDITATION PROGRAMME</p>	<ol style="list-style-type: none"> 1. Ashford Memory Service: Accredited until January 2024 2. Canterbury Memory Service: Accredited until November 2025 3. Dartford, Gravesham and Swanley Memory Service: Accredited until July 2024 4. Dover/Deal Memory Service: Member 5. Medway Memory Service: Accredited until July 2024 6. Shepway Memory Service: Member 7. Thanet Memory Service: Accredited until April 2024
 <p>ECTAS ELECTROCONVULSIVE THERAPY ACCREDITATION SERVICE</p>	<ol style="list-style-type: none"> 1. ECT Suite Maidstone is accredited
 <p>C of C THE COMMUNITY OF COMMUNITIES</p>	<ol style="list-style-type: none"> 1. Brenchley Unit is accredited 2. Ash Eaton is a full member
 <p>FORENSIC QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES</p>	<ol style="list-style-type: none"> 1. Medium secure service is accredited 2. Low secure service is accredited
 <p>PQN PERINATAL QUALITY NETWORK</p>	<ol style="list-style-type: none"> 1. Kent and Medway Mother and Infant Mental Health Service is accredited

Research and 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 Director of research and innovation, jointly positioned within the Kent and Medway Medical School, continues to bolster our collaborative academia relationships.

The main priority for us this year has been to support more research that has been developed by KMPT clinicians.

KMPT Led Research

We are pleased to show a huge growth for this year, with Table 1 showing the 11 successful funding bids, totalling £63,041.95 with Table 2 showing the two we are awaiting a decision from funding bodies.

Table 1: All successful research funding applications (2022/23)

Study title/ research question	Lead KMPT researcher	Primary theme	Funding call/ competition	Total funding applied for
Dementia, Sexuality and the Law	Deji Sorinmade	Dementia	Springboard Award: ARC KSS	£5,000
Barriers to accessing perinatal mental health care in the traveller community	Athena Duffy	Perinatal Mental Health	Springboard Award: ARC KSS	£5,000
Evaluating the effectiveness of the Relapse Prevention Manual - Engagement work	Andrew Welcome (Lived Expertise)	SMI Recovery	University of Kent: Research and Innovation Fund	£2,200
Acceptability and feasibility of using wearable devices to monitor potential risk factors for dementia in individuals with Mild Cognitive Impairment (MCI)	Jo Rodda	Dementia	KMMS: Participatory Funding	£1,485.78

Continued on next page ►

Study title/ research question	Lead KMPT researcher	Primary theme	Funding call/ competition	Total funding applied for
Improving access to clinical research for people experiencing comorbid physical and mental health problems	Philippa Case	Physical health and wellbeing	CRN KSS: Underserved Communities	£6,283.78
Social networks of people with psychosis: PPI funding	Sukhi Shergill	Psychosis	KMMS PPI funding	£443.60
Space to Lead (PPIE Project)	Sarah Dickens	Patient & Public Engagement	CRN:KSS	£6,634.33
Improving access to research: Neurodivergent communities	Arti Makwana	Learning Disability	CRN:KSS Underserved Communities	£6,283.78
Engaging MHL D services in research	Imogen Sargent	Learning Disability	CRN:KSS Underserved Communities	£14,847
Catalyst Funding	Jo Rodda	Dementia	CRN:KSS Catalyst Funding	£4,568.68
COBALT Study	Amy Hammond	Dementia	CRN:KSS Contingency Funding	£10,295

Table 2: The research funding bids we are awaiting feedback from

Study title/ research question	Lead KMPT researcher	Primary theme	Funding call/ competition	Total funding applied for
Social networks of people with psychosis	Sukhi Shergill	Psychosis	NIHR RfPB	TBC
Intergenerational literacy tutoring in primary schools: The Cognitive Health Intergenerational Reading Project (CHIRP)	Jo Rodda	Dementia	Alzheimer's Society Project Grants	Up to £400,000

With regards to KMPT taking a lead on Health Research Authority approved research, we have so far sponsored 3 studies (Table 4).

Table 4: KMPT Sponsored Research Studies between 1 April 2022 to 31 March 2023

Project short title	Project scope	KMPT Chief Investigator	KMPT Principal Investigator	Date open	Planned closing date	Recruitment actual / target	Project status
Dementia, Sexuality and the Law- Is the Law striking the right balance? (PLWD)	Single site	Oluwatoyin Sorinmade	Oluwatoyin Sorinmade	16 November 2022	31 August 2023	19/60	Open
PATH Training Sessions (PATHTS)	Single site	Arti Makwana	Bonita King	1 June 2022	30 June 2022	17/340	Closed
PATH Online Resources (PATHOR)	Multi-centre	Bosky Nair	Bonita King	29 October 2021	30 June 2022	646/430	Closed

Active NIHR Portfolio Research Studies

KMPT hosts a number of National Health Institute for Health and Care Research (NIHR) studies. In 2022/23, we recruited a total of 596 participants to 27 studies (Table 1) covering areas such as perinatal mental health, dementia, depression, anxiety, psychosis, open dialogue, bipolar and intellectual disability. We are currently ranked 23 out of 49 mental health trusts for our recruitment numbers.

Table 1: Overview of KMPT research activity since 2016

Year	NIHR studies recruited to	No of Participants / target	Position out of all MH Trusts	Position out of all KSS Trusts	Number of Commercial Studies Open	No of Active Non-Portfolio Studies
2022 to 23	27	596/490	23/48	16/18	1	8
2021 to 22	29	1222/1259	13/49	11/21	3	11
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	-

Active Non-Portfolio Research Studies

The Research and Innovation Department 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 eight of these studies.

Other activities and partnership working

This year we were awarded funding for several projects to help us break down the barriers to research for neurodivergent adults.

The team pioneered a new approach by employing experts by experience for the duration of the project, rather than consulting with them on an ad hoc basis. This was, to better understand what prevents individuals participating in clinical research and gather useful insights about how individuals prefer to be approached about research and made to feel valued.

These findings have been used to create “help me help you” guidance for researchers to improve inclusion in clinical research, a short ‘top tips’ flyer to support clinical and research staff when speaking to neurodivergent adults about research. This has also increased recruitment of neurodivergent participants to existing studies, as well as sign up to our ‘consent to contact’ database to take part in future research.

Employing people with lived experience has given KMPT R&I staff the opportunity to develop their skills, share good practice with local and national stakeholders, and make stronger links across the community. In turn, this has led to more service users and members of the public being given the opportunity to engage with and shape new research being developed.

Importantly, the projects have also given lived experience experts opportunities to develop skills, work as a valued, paid member of the project team, and use their lived experience to influence how the department engages with underserved communities going forward.

Our research and innovation team has continued to be involved in collaboration with the Royal Literary Fund (RLF) to offer writing support to our clinical staff through a series of free online workshops. 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.

KMPT clinicians had 31 (eight last year) articles published in peer reviewed journals.

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 underserved populations to take part in research projects; increase partnerships; and ensure our research is used to improve patient care.



Data Quality

During 2023-24, KMPT submitted records within prescribed deadlines to the Mental Health Services Data Set (MHSDS). Results are published monthly [via NHS Digital](#)

The percentage of records in the published data which included the patient's valid NHS Number and GMP Code was (March 2023 MHSDS Performance):

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

Trusts' data quality is measured using the Data Quality Maturity Index (DQMI) – [MHSDS Dataset Score](#). The latest nationally published figures (January 2023) **show KMPT at 94.9% against a target of 95%**. The Trust reports on this monthly in the Integrated Quality Performance Report (IQPR) using more recent data and **scored 95.3% in March 2023**.

Improving Data Quality

The KMPT Informatics Strategy will support the overall delivery of the Trusts five-year strategy and clearly set out the ambition for informatics over that period to maximise the value and benefits from the data we generate and have access to.

The strategy supports in the delivery of the Trust's objectives primarily:

- Consistently deliver an outstanding quality of care
- Make continuous improvement the heart of what we do
- Maximise the use of digital technology

The Informatics Strategy has been developed to set out the necessary steps for KMPT to take in order to introduce a structured methodology for information and data quality improvement and we will continue to develop this in 2023/24.

In addition, the new Director of Digital and Performance who joined the Trust in March 2023, has set out her priorities which underpin the Trust strategy and were agreed at the Quality Committee.

- Using data as an asset in an effective way.
- Ensuring digital processes are user driven with a clinical view for use.
- Implementing automated processes where possible to improve productivity.
- Collaborative working across the region to gain knowledge and learning.
- Standardising processes across the Trust.
- Having robust starters and leavers processes to better staff wellbeing.



Information Governance

The Trust has continued to develop and adopt a number of increasingly more secure digital platforms to enable communication, remote working and increased efficiency, enabling all services to continue to interact with, and support our patients, partners and the public through the constantly evolving ways of working.

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 8 Data Security and Protection incidents as defined in 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 information disclosed in error, and three 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 Chief Finance Officer is the Senior Information Risk Owner (SIRO) for 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 representatives from both clinical and operational services.

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 and Records Management department have implemented and embedded appropriate policies, procedures and management arrangements to provide a robust framework for Information Governance in accordance with the requirements of NHS Digital.

The Trust continuously reviews its systems and procedures for confidentiality, integrity and security of personal and confidential data, and continuously 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 external 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).

In 2022/23, the Trust has maintained the same level of “high” confidence for the DSPT audit.



Part three



Review of Quality Performance: Achieving our 2022-23 priorities

For 2022-23 the trust set three quality priorities for improvement, these are **physical health**, **quality improvement** and **patient safety**.

We have made positive progress in all three of these areas.

1. Physical health

This quality account priority was governed and monitored through the Trust Wide Physical Health Group's bi-monthly meetings where care group representatives (including Community) and specialist staff are in attendance.

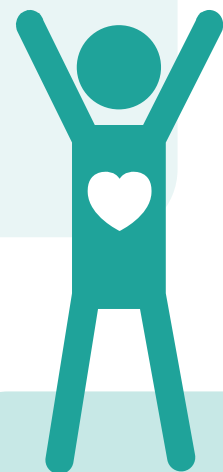
Our aim is to achieve a minimum of 80% physical health monitoring of people with a serious mental illness (SMI) who use our community services.

We wanted to:

Improve oversight, processes and outcomes for the physical health monitoring (and developing actions) of those with Serious Mental Illness in the community.

We have demonstrated improvement by:

- Good progress has been made in establishing a baseline in terms of both current practice and consistency of approach to monitoring. However, Further work is needed around how the Community Mental Health Transformation work can inform options for service users in improving their health outcomes.
- The bespoke physical health element within the mental health training is well attended with additional training arranged for CMHSOP.
- The training data identifies 80% compliance throughout the year, especially in Q3 2022, however, some teams are finding this challenging to achieve and are being supported in practice where this has been identified.



2. Quality Improvement

Accelerating an empowered culture to improve the quality of services is one of the Trusts 3 strategic priorities for 2022-23. Having an embedded quality improvement infrastructure in the organisation is a key element in developing this culture. This priority was governed and monitored through the QI Steering Group in the first instance with regular reporting through CEOG to the Quality Committee and the Trust Board.

Our aim is to enable and ensure delivery of supporting actions that will accelerate an empowered culture to improve the quality of services at KMPT.

We wanted to:

Embed infrastructure to support continuous quality improvement

We have demonstrated improvement by:

- Good progress has been made in increasing the establishment within the QI team to increase capacity for this work which will continue to increase through Q2-3 with a commensurate increase in training and project delivery.



3. Patient Safety

Our aims are to; implement the Patient Safety Syllabus Level 1 training, the Recruitment of Patient Safety Partners (PSP), to integrate the new national Patient Safety incident Response Framework (PSIRF) into patient safety in accordance with guidance from NHS England and to see improved actions from Serious Incidents, development of trend and theme analysis through Quality Improvement which will support the roll out and implementation of PSIRF.

We wanted to:

Prepare and transition to the National Patient Safety Incident Response Framework (PSIRF).

Continued on next page ►

We have demonstrated good improvement by:

- The patient safety syllabus is now available and completion of the training is mandatory
- Patient Safety Partners have now been appointed and have commenced in their roles.
- The PSIRF process is under development in line with national guidance from NHS England.
- Following investigations of Serious Incidents (SIs), we have delivered learning events and a new "Learning from Serious Incidents" Newsletter
- The action process has been slightly delayed due to the new directorate approach being embedded into practice; this will be developed with the directorates.



Clinical Effectiveness - Clinical Outcomes

We wanted to:

Provide meaningful measures of effectiveness and take 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.

Improving the safety for the people we care for

Patient Safety Quality Improvements

The corporate Patient Safety team has appointed a Patient Safety and Learning Facilitator to support the learning events taking place and enhance learning Trust-wide. These have been events relating to communication with families, physical health concerns and more are planned in regards to issues such as suicide, women's health and the impact on mental health, domestic abuse and stalking, as well as a joint event with an acute hospital provider.

There are various methods for sharing learning from incidents.

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;
- 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, and this has proved important for shared learning and understanding.

Continued on next page 

The central investigation team (CIT) has been in place for two years and six months and has successfully led the majority of serious incidents across the organisation. Forensic and Specialists services now have their Serious Incident investigations completed by CIT. This allows for a non-biased approach to the investigations, and, hence, improved analysis. 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 directorates and specialists across the Trust has improved the development and quality of robust actions to address the areas of learning. The commissioners and CQC have commented on the quality of investigations, and trend and themed investigations are also completed by CIT.

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 directorates for action planning. This process has also allowed for further investigation.

The current In-Phase system, implemented in March 2023 has been adapted to enable to us to capture themes from each SJR.

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

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. The study has been extended until 2024 and KMPT will continue to participate in this.

Never Events

During 2022/23, there has been one Never Event reported. This related to scalding from bath/shower water.



Improving the experience of the people we care for

Patient Experience

The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

Kent and Medway NHS and Social Care Partnership Trust	Average	Lowest Trust performance	Highest Trust performance
6.3	6.9	5.9	8.1

The Trust Wide Patient and Carer Experience Group

We have a Trust Wide Patient and Carer Experience Group (TWPCEG) to provide assurance that all aspects relating to patient-centred care are fulfilled. The group ensures that there are clear lines of accountability and channels of communication between the group and the Directorates' governance arrangements. The group has service users and carers as recognised representatives to enhance change through their lived experience insight. The group ensures that the patient and carer experience is encompassed and embedded, providing a quality framework to demonstrate that Kent and Medway NHS and Social Care Partnership Trust:

- Provides equitable, responsive needs-led services that are available across the Trust
- Maintains and improves effective partnerships with patients and carers, involving and engaging with them in coproduction and consultation
- Provides care in environments that promote patient recovery and self-directed support in line with NHSE Equality Delivery System, Patient and Carer Race Equality Framework, the Human Rights Act 1998, and the relevant articles
- Monitors the reported experience measures of patients and carers of KMPT services, identifies and responds to any outliers, and ensures action plans are being implemented and evidencing improvement in the patient and carer experience
- Monitors the implementation of the national CQC Community Mental Health Survey, and ensure action plans are being implemented and evidencing improvement in the patient and carer experience
- Oversees the strategic objective "Deliver outstanding quality of care across all of our domains".

Triangle of care group

We have a Triangle of care steering group, which has carers as recognised representatives, which delivers 'The Triangle of Care: carers included' approach. The group strives:



- To have oversight and assurance of projects taking place at directorate and trust level in relation to meeting the Triangle of care six standards
- To identify any issues / themes relating to Triangle of care arising within the directorates that require resolution and further action.
- To commit to policy development and guidance in ensuring the continuation of raising the profile of the Triangle of care with staff, families, friends, carers, colleagues and service users.
- To continue to encourage and support carers champions within directorates to continue in their work and share their knowledge with their colleagues, embedding a whole staff culture of working with families, friends and carers throughout KMPT.
- To coordinate and share information for events for carers during Carers Week and other awareness initiatives.

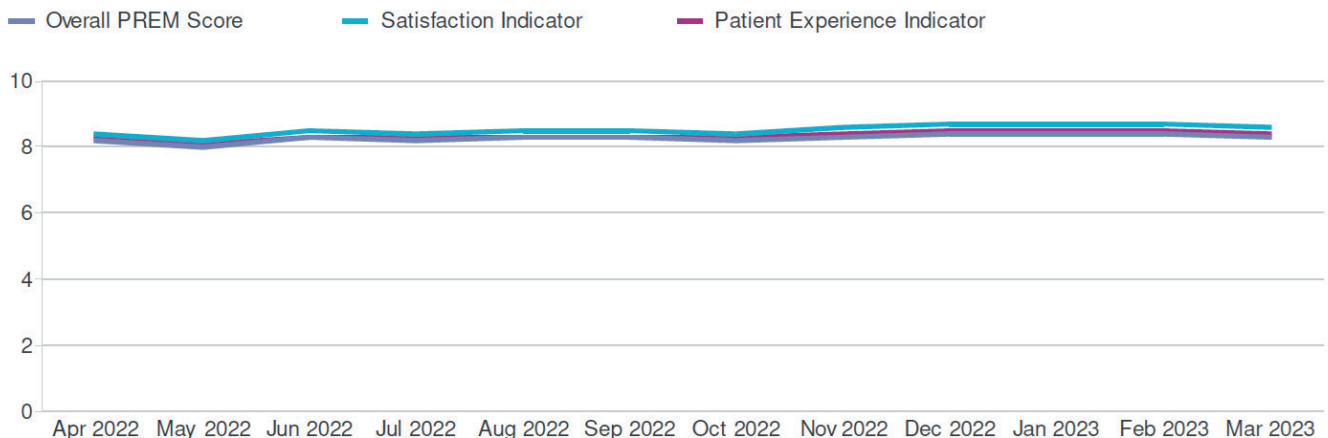
Patient Reported Experience Measures (PREM)



The 'PREM' is the trust wide mechanism for hearing confidentially and anonymously from patients and service users about their experience of our services. Patient Reported Experience Measures (PREM) are questionnaires that measure perceptions of services over time.

We have a patient experience dashboard and use Statistical process control charts (SPC) as this provides robust assurance for the internal score targets for the PREM. Assurance can be given as the score targets are being consistently met. The patient experience indicator is consistently above 8 out of 10 which is in the range where patients 'strongly agree' that they experience our services positively.

Overall Scores - Trustwide - last 12 months



Continued on next page

Maintaining the profile of the PREM for seeking views on the quality of care is a primary driver. The CQC monitors, through the national Community mental health survey, whether the trust is seeking the views of patients. The question asked is: 'Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give views on the quality of your care?'

The most recent full CQC inspection report recognised that we use the PREM system of patient feedback across services. This was in regards to evidencing responsiveness and well-led aspects of trust activity.

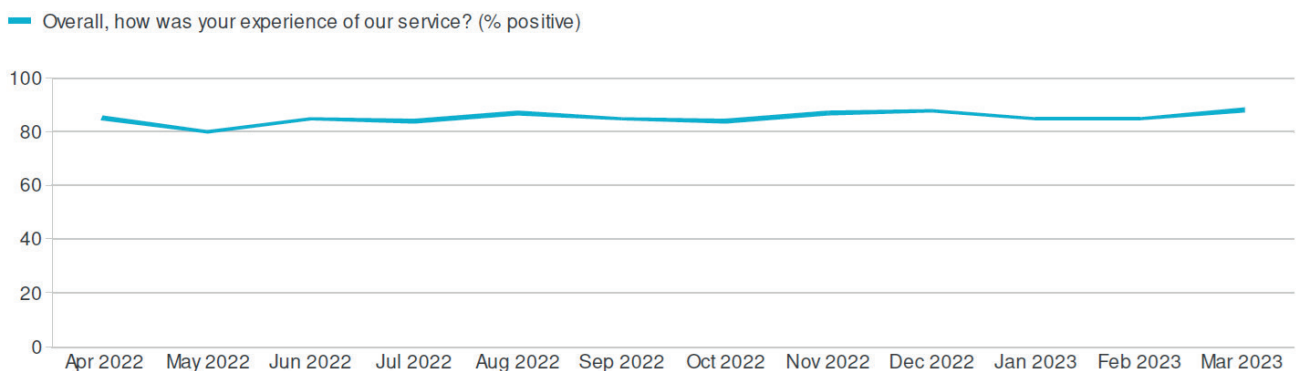
Accessible and easy to read versions of the PREM are available, designed with the involvement of service users and Mental health learning disability staff. Inclusivity in giving feedback is vital and easy to read materials support inclusivity.

NHS Friends and Family Test

The mandatory national NHS Patient Friends and Family Test (NHS FFT) question is "Overall, how was your experience of our service?". The question is part of the PREM.

In terms of how we perform nationally for the quantity of NHS FFT submitted, we are regularly exceeding the national response rate. The NHS FFT % positive score is consistently in the top range where overall, the patient experience of our service is 'very good'.

NHS Friends and Family Test - % Positive - Trustwide - last 12 months



Total	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
85	85	↓ 80	↑ 85	↓ 84	↑ 87	↓ 85	↓ 84	↑ 87	↑ 88	↓ 85	→ 85	↑ 88

Number of responses

Total	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
7836	511	738	691	740	686	698	729	681	522	703	584	553

What patients have been telling us about their experience of our services over each quarter is summarised in text format (accessible) on the Trust's website www.kmpt.nhs.uk/get-involved/feedback/

Friends, family and carer survey

It is vital that we are having conversations with family, friends and carers about their experience and to hear their views on the quality of services. The Family, friends and carer survey was developed and created by the TWPCEG and the Triangle of care group. The approach is:



- The survey is available across the Trust and can be completed at any time during the experience and is made available consistently to ensure continuous feedback.
- Completing the Family, friends and carer survey is anonymous, private and confidential unless the person requests assistance.
- The six Triangle of Care standards guided the choice of the measures used in the questionnaire but they were adapted to reflect the KMPT journey. There was thought given to measure current areas of concerns. The questionnaire reflects the valuable views and insight of the carer representatives who were involved in the collaborative delivery group.

The reported experience measures generate data which we analyse and from April 2022 to March 2023 the analysis indicates that:

- The measure for the overall experience as a family member, friend or carer within KMPT is positive – their overall experience within KMPT is ‘very good’ during April 2022 to March 2023.
- The measure for ‘Did we make you aware of how to access a carer’s assessment?’ has seen a rise in satisfaction during early 2023 through staff training and support in this area. The results are reflecting that family, friends and carers now feel ‘very good’ about their experience of being made aware.
- The measure for being approached by staff in a respectful and kind way is consistently the most positive - Family, friends and carers ‘strongly agree’ that they were approached by staff in a respectful and kind way.

CQC Community Mental Health Survey 2022

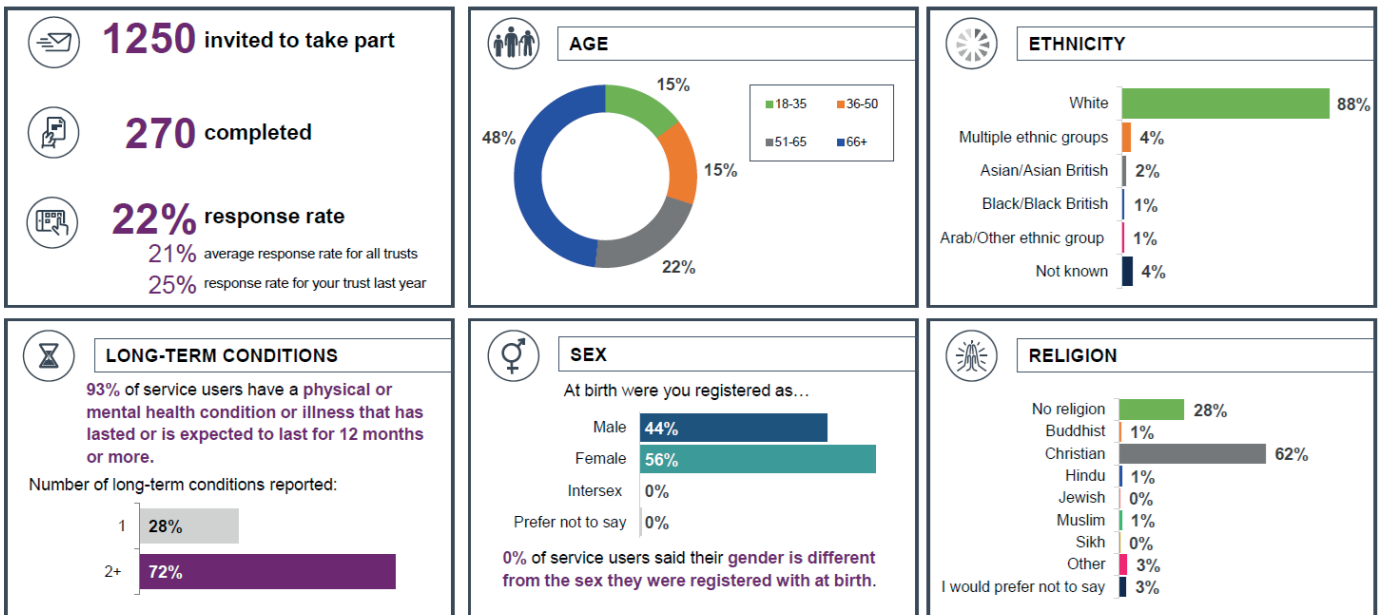
The CQC Community Mental Health survey results are analysed in committee reports for the TWPCEG, the Quality committee and the Core operations group. Three high impact areas are identified. An improvement plan setting out the three impact areas is created. Work that is already being done in the three areas is considered so we can see where we are. This ensures that development is made to focus on taking new or improved action and not duplicating other work but instead triangulating with existing resources and change programs. The improvement planning involves collaboratively working together with a representative with lived experience of our services. New areas of delivery look at the way we listen to and learn from people and communities about their experiences, to ask the right questions about how services work together around people’s needs in a way that makes sense to them and turn that understanding into action.



Continued on next page ►

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of service users who took part in the survey.



8 Community Mental Health Survey | 2022 | RXY | Kent and Medway NHS and Social Care Partnership Trust

For the 2022 survey the three action areas were ‘Your care and treatment’, ‘Health and social care workers’ and ‘Support and wellbeing’. The TWPCEG was supported by the Performance and Quality lead and the Director of Engagement in navigating the committee reporting and gaining progress and engagement with partnerships e.g. The Shaw Trust. We ensured that the valued TWPCEG service users and carer representatives were fully sighted on the progress through clear communications through the TWPCEG meetings with time for questions.



Improving Clinical Effectiveness



During 2022-23 and moving forwards, we continue our dedication to work with our partner agencies and in expanding our workforce of support therapy staff as ways to increase our clinical effectiveness.

Our aim remains in providing meaningful measures of effectiveness and taking account of both clinical and patient reported outcome measures (CROM and PROM), using these measures to lead to service improvements and to improve the management of our patient journeys through the utilisation of evidence-based practice.

In 2022/23 the trust continued its focus on the Commissioning for Quality and Innovation (CQUIN) project for outcome measure across specific mental health services, in order to monitor and improve effectiveness, efficiency and quality of services offered to service users. This aimed to achieve 40% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice. This target remains a focus in the 2023/24 CQUIN programme. By way of governance and assurance, the trust also holds a Trust wide Clinical Effectiveness and Outcomes group, where key areas for of clinical effectiveness are identified and improved upon.

Looking ahead the recording of outcomes will be essential in the transformation of community services within the scope of the Community mental Health Framework (CMHF), focussing on collecting and using outcome measures across local partners to help improve the effectiveness of the care delivered.

Medical workforce recruitment and retention

Medical Staffing have continued to proactively support Recruitment and Retention.

The new SAS Contract 2021 was implemented, Doctors on the 2008 contract were given the opportunity to transition over to the new contract. Recruitment has taken place for SAS doctors on the new Terms & Condition both Specialist Grade and Speciality Doctor posts.

KMPT is a registered sponsor with the GMC including International Fellowship Programme in Psychiatry.

The Medical Training Initiative (MTI) allows international Medical Graduates to train & work within the NHS for a period of 24-months, Medical Education/Medical Staffing are engaging with the scheme annually.



Scheduled permanent Consultant recruitment campaigns – including incentive for hard to recruit roles, 10 New Junior Doctor Posts Higher Trainee and Core Trainee from August 2023

We have an implementation plan in progress for the Direct Engagement –Contract awarded to ID Medical, this will allow greater transparency in costs and control over the supply process, savings on VAT and reporting function. However, there are ongoing areas of concern in ongoing permanent Consultant vacancies, agency Doctor rates and availability.

KMPT has successfully participated in NHS England Medical Support Workers Programme (MSW) 2022/2023 and some of these placements have been converted to Locums for Service. Medical Education & Medical Staffing will jointly support the 2023/2024 round which is due to commence, we have indicated KMPT has the capacity to engage 5 placements, the programme is funded by NHS England.

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. Exception reports and fines remain at a low level in KMPT. The junior Doctors Forum has banked funding for fines levied and is considering using this to facilitate the cost of books in support of exam requirements.

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. Work schedules are continually reviewed by Medical Education.

Update on actions required

- Medical staffing has increased staffing capacity, there has been changes in the team due to staff leaving, however the team is now fully resourced. The team is developing and processes are being embedded.
- The trainee's rota is managed via the Skills for Health rota system, the rota team ensure compliance with National Terms and Conditions. Rota's are managed to ensure compliance minimising the risk of exception reporting and ensuring Junior Doctors engagement
- Controls are in place regarding the number of doctors allowed to book annual leave at any one time on each rota, this is monitored and will continue to be discussed at the Junior Doctor forum. This is now an embedded process, all requests for annual leave have a two-step approval process, Consultant for Service requirements and Medical Rota team for Rota compliance.

Continued on next page 

- An increase in Locum pay to £45/hour has now been approved by JLNC and EMT and is now an agreed local rate.
- The Step-Down policy (drafted by the Medical Staffing team), has been implemented to minimise delays in finding doctors at short notice. This was ratified by the JLNC, further amendments were made during 2022 and these have been ratified in principle and will be ratified at the next JLNC meeting.
- 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. This is on-going and facilitated by Medical Education.
- The Guardian of Safe Working presents at the Junior Doctors Inductions, Chairs the Junior Doctor Forum and fully engages with Junior doctors within KMPT.

Sustain Improvements in the timely completion of Duty of Candour

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20

The duty of candour is a general duty to be open and transparent with people receiving care from us. It applies to every health and social care provider that CQC regulates.

The duty of candour requires registered providers and registered managers (known as 'registered persons') to act in an open and transparent way with people receiving care or treatment from them. The regulation also defines 'notifiable safety incidents' and specifies how registered persons must apply the duty of candour if these incidents occur. The ultimate responsibility for ensuring the duty of candour is carried out rests with the registered person (in the form of the registered manager or provider). Where the CQC believe this is not happening, they can use their powers of enforcement, and can prosecute breaches of the regulation.

For each incident that results or could result in moderate to severe harm or death, the trust has a system in place to assign 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 April 2022 and March 2023, there were 273 cases of Duty of Candour.

100% of all cases had verbal Duty of Candour completed, or there were appropriate mitigating circumstances, and 100% had an initial Duty of Candour letter sent to the patient/family or there were appropriate mitigating circumstances.

In regards to verbal Duty of Candour, 72% were completed within ten days or had appropriate mitigating circumstances.

In regards to initial written Duty of Candour, 45% of these cases were completed within ten days or had appropriate mitigating circumstances.

Equality and Diversity Developments 2022-2023

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

The Equality, Diversity and Inclusion Team (EDI) is now fully established and have worked on the delivery of compliance, which now includes Equality Delivery System 2022 which has three domains (Patient, Workforce and Leadership) to report on. Work is now progressing with patient data and patient understanding of EDI, working and collaborating with different teams and services. There is an EDI Workplan that feeds into the corporate objectives and updates are reported to the Equality & Diversity Steering Group (EDSG) and 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 (BAME) staff continues to be above that of the South East and nationally, representation has increased to 25.0%, this indicator has exceeded in KMPT's target of 22%.

Continued on next page 

Workforce employed by KMPT

Workforce Group (Clinical & non-clinical)	2021/2022 Total number	%	2022/2023 Total Number	%
BAME	822	23.5%	928	25%
White	2541	72.5%	2566	69.1%
Not stated	142	4.1%	218	5.9%
Total	3505		3712	

WRES indicator 2: Recruitment

	White	BAME	Unknown
Number of shortlisted applicants	2140	2127	64
Number of appointed applicants	284	148	10
Appointment %	13.27%	6.96%	15.63%

Although there has been an increase in BAME representation within the workforce. The data shows that there has been a decrease of 11.99% in BAME applicants being appointed from shortlisting in 2022/2023 (6.96%) compared to last year 2021/2022 (18.95%). Therefore, resulting in the likelihood of white staff being appointed into KMPT increasing from 0.83 to 1.91 indicating that BAME staff are less likely to be appointed.

WRES indicator 3: Entering formal disciplinary

	White	%	BAME	%	Unknown	%
Workforce	2566	69.1%	928	25%	218	5.9%
Number of disciplinarys	19	0.74%	23	2.48%	0	0%

BAME staff entering into formal disciplinary process has increased the likelihood to 3.35 from 2.06 (2021/2022). This is a significant increase of 1.29 which indicates that BAME staff are disproportionately effected. The data indicates white staff are faring better at 0.74% compared to BAME staff at 2.48%.

WRES indicator 4: Staff accessing non-mandatory training and CPD

	White	%	BAME	%	Unknown	%
Workforce	2566	69.1%	928	25%	218	5.9%
Number of staff accessing non-mandatory training and CPD	2444	95.25%	852	91.81%	191	87.61%

BAME staff accessing non-mandatory/CPD training likelihood is 1.04, a slight increase from 2021/2022 which was 0.95. This indicates that BAME staff are accessing non-mandatory training and CPD at an almost same rate as white staff. Therefore, the data shows there is no inequalities for both BAME and White staff are accessing training.

WRES indicator 5: Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

2021 Staff Survey		2022 Staff Survey	
White	BAME	White	BAME
26.8%	35.4%	28.0%	35.7%
1650 responses	463 responses	1735 responses	446 responses

446 (35.7%) of BAME staff who completed the staff survey stated that they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This is a slight increase from last year of 0.3%. (17 more responses from BAME staff). Although the percentage is high and above the national average for BAME staff at 31.5%, white staff experience has increased by 1.2%.

WRES indicator 6: Staff experiencing harassment, bullying or abuse from staff in the last 12 months

2021 Staff Survey		2022 Staff Survey	
White	BAME	White	BAME
18.0%	18.0%	16.2%	19.8%
1655 responses	461 responses	1731 responses	445 responses

19.8% of BAME staff who completed the staff survey stated that they have experienced harassment, bullying or abuse from staff in the last 12 months, this is an increase from last year of 1.8%. (16 more responses from BAME staff). The percentage is below the national average for BAME staff at 22.8%. White staff experience has decreased to 16.2% from 18.0% in 2021.

WRES indicator 7: Staff believing that Trust provides equal opportunities for career progression or promotion

2021 Staff Survey		2022 Staff Survey	
White	BAME	White	BAME
62.8%	51.5%	62.8%	50.8%
1690 responses	474 responses	1723 responses	443 responses

50.8% of BAME staff stated that believing that Trust provides equal opportunities for career progression or promotion. 50.8% is a decrease of 0.7% of BAME staff believing that KMPT provides equal opportunities compared to the previous year. This does not correlate with indicator 4 staff accessing non-mandatory training and CPD as this data shows that BAME staff are accessing training almost equally to white staff. However, this could reflect the recruitment process in which white staff are 1.91 more likely to be appointed to KMPT. This could include internal appointments.

Continued on next page 

WRES indicator 8: In the last 12 months staff personally experienced discrimination at work from any of the following: Manager/team leaders or other colleagues?

2021 Staff Survey		2022 Staff Survey	
White	BAME	White	BAME
6.7%	12.6%	5.7%	10.8%
1693 responses	475 responses	1736 responses	444 responses

10.8% of BAME staff stated that they had personally experienced discrimination. The staff survey indicates that this has decreased slightly for our black, Asian and minority ethnic staff from 12.6% down to 10.8%. This is lower than the average of 13.6% across the NHS. However, it is significantly higher than our white staff where 5.7% of staff stated that they experience discrimination from managers/teams' leader/colleagues.

WRES indicator 9: The difference between the organisations' board voting membership and its overall workforce

Staff	Total Board Members	Voting board members	% of voting board members	Overall workforce
White	14	12	85.7%	2566
BAME	3	2	14.3%	928
Unknown	0	0	0%	218

Proportion of voting Board Members of BAME has decreased from 28.6% since last year to 14.3%. This is due to recruitment of new executive board members following BAME board members leaving the Trust.

Medical WRES (MWRES)

Since its inception, the NHS has relied heavily on the contribution of first-generation immigrant doctors and nurses in the running of its services. The publication of the MWRES report in 2021 identified the racial disparity experienced by BME doctors in terms of recruitment, promotion, pay, experience of bullying and harassment, and representation in senior positions. This was especially evident for international medical graduates and specialty and associate specialist (SAS) doctors. 2022/2023 will be the first year KMPT will be submitting MWRES data.

Continued on next page 

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.

Overall the data shows a representation of disabled staff across KMPT has increased to 7.33% a slight increase on the 2021/2022 figure of 6.84%. In accordance with NHS England's WDES data, the national average of disability representation in the NHS is 3.7%.

Metric 1: Staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce.

The proportion of staff who have recorded a disability is currently 7.33%, however staff survey indicates 31.6% staff have a disability. KMPT has 19.89% of staff declaring an unknown status for disability which needs to be addressed to reduce the percentage of unknown declarations to either disabled or not disabled.

Metric 2: Staff being appointed from shortlisting across all posts.

Non-disabled staff are 1.16 times more likely to be appointed from shortlisting than those staff with disabilities, however there has been a decrease from last year which was 1.42, therefore disabled staff are less likely to be recruited into KMPT than non-disabled staff.

Metric 3: Staff entering the formal capability process

Disabled staff are 0.06 times more likely than non-disabled staff to enter a formal capability process compared to 1.3 the previous year.

There is some variation from what has have been reported in previous years due to national changes which now include data for 'on the grounds of ill health'. A figure above 1.00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

Metric 4a: patients, relatives, managers or colleagues in the last 12 months

31.6% of staff with disabilities report experiencing harassment, bullying or abuse from patients. This has decreased from 33.7% last year. KMPT are still below the national average of 32%.

Metric 4b: managers

11.3% of staff with disabilities report experiencing harassment, bullying or abuse from managers. This has decreased from 12.4% last year. KMPT are below the national average 12.3%.

Metric 4c: other colleagues

17.7% of staff with disabilities report experiencing harassment, bullying or abuse from colleagues. This has increased from 17.5% last year. KMPT are below the national average of 18.9%

Continued on next page 

Metric 4c: other colleagues

17.7% of staff with disabilities report experiencing harassment, bullying or abuse from colleagues. This has increased from 17.5% last year. KMPT are below the national average of 18.9%

Metric 4d: Percentage of staff saying that, the last time they experienced bullying or harassment at work, they or a colleague reported it

64.7% of staff with disabilities say that the last time they experienced bullying or harassment at work, they or a colleague reported this. This is an increase from last year which was 61.5%. The national average is at 60.3%

Metric 5: Staff believing that Trust provides equal opportunities for career progression or promotion.

59.5% of staff with disabilities believe the Trust provides equal opportunities for career progression, an increase from last year at 57.5%, the national average is 56.0%.

Metric 6: Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

17.9% of staff with disabilities say they have experienced pressure from their manager to attend work, compared with 14.9% of staff without disabilities. These numbers for both groups of staff have decreased since last year. The national average for disabled staff is 18.9%, therefore KMPT are below the national average for this metric.

Metric 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

45.2% of staff with disabilities are satisfied with the extent to which the organisation values their work, compared with 49.9% of staff without disabilities. The number for staff with disabilities has increased slightly since last year whereas for those without disabilities has decreased since last year. The national average for disabled staff is 44.0%, KMPT is currently above the national average for staff satisfaction.

Metric 8: Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

77.9% of staff with disabilities consider that the organisation has made adequate adjustments. This number has decreased further from 84.8% in 2021 and 79.2% last year still representing a steady improvement over the past five years. However, KMPT is slightly below the national average for this metric which for 2022 is 78.8%.

Metric 9: Staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation (out of 10)

The staff engagement score for disabled staff is 6.7, compared with 7.0 for staff without disabilities. The national average for disabled staff is 6.7 and 7.2 for staff without disabilities.

Metric 10: The difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated

0% of the board have declared an unknown status for disability, 0% have declared disabled and 100% declared non-disabled. 58.5% of trusts have no board members who have declared a disability.

Staff Networks

BAME Network

The Black, Asian, Minority Ethnic staff Network has seen a reduction in membership representation from 160 members to 139 members, this could be due to staff leaving the trust, however the network has plans to increase members given that the BAME workforce is currently 25%. The Chief Medical Officer is the network Executive Sponsor and the network has a committee comprising of Chair, Vice Chair, and Secretary. These employees all carry out this work voluntarily and in addition to their own role. The Chair and Vice Chair are given protected time to fulfil this vital role, with the Chair representing the network at various committee or steering group meetings. The network group has developed a 12-month plan that consists of four campaigns to promote throughout the year and at least three objectives to improve and grow the network.



DAWN (Disability and wellness network)

Membership to the DAWN (Disability and Wellness network) is currently 57 members, currently the Deputy Chief Executive and Chief Financial Officer is the Executive Sponsor for the network.



The Network has produced and implemented the Health and Wellness Passport and is currently collaborating on updating the reasonable adjustments process which will include up to date guidance and policy as well as having developed a 12month plan for the network to improve and grow its membership and promote significant dates via campaigns.

Faith Network

64.5% of staff have declared a religion or belief. Membership to the Faith Network is currently 43 members. 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 networks Executive sponsor is the Chief Operating Officer, and the network has appointed a new network Chair.



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

Around 3.4% of workforce declared that they are lesbian, gay or bisexual and there is no current data recorded for employees disclosing or identifying as Transgender. The, Director of Partnerships and Transformation is the Executive sponsor for the Network, and has appointed a new Chair. membership for this network is currently 53 members, with plans in place to increase this through campaigns such as Pride LGB History Month and other events, the network has a 12-month plan with objectives and campaigns to promote the network across the Trust.



Reporting on Gender Pay Gap



KMPT's workforce demographic is currently 72.9% female and 27.1% male. KMPT's gender pay gap highlights the key issues with regards to the gender pay differentials.

KMPT's Gender Pay Gap is 16.4% with the mean average of men earning an hourly rate of £20.96 compared to women who are earning an hourly rate of £17.52, although KMPT's gender pay gap average shows that the pay gap was reduced by 0.2%, it is important to note that it is above the national average of 14.9%. For the full report, please visit KMPT's website or i-connect.

Equality and Diversity Mandatory Training

Equality and Diversity training forms part of the essential training for staff is an online e-learning package that all new starters must complete. Equality and Diversity is included in both the KMPT staff and managers induction. The compliance target for EDI training is 90%:

Data up to and including end of March 2023

Course Title	% Target to Achieve	Overall Trust	Change since last update (2021)	Support Services	Forensic and Specialist	Older Adult	Community Recovery	Acute
Equality and Diversity	90%	↑97%	↑96%	↔95%	↑99%	↑99%	↓96% (↓2%)	↑98%

The KMPT induction also covers:

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

Other Training on Equality, Diversity and Inclusion

- 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
- Patient Equality Data
- Cultural Awareness

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 has been redesigned to be more intuitive and to reflect KMPT including vulnerable groups due to health inequalities. 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 and Diversity Leads and others

The D&I Manager has been working with the Integrated Care System of Kent and Medway to develop, collaborate and/or procure system wide training initiatives to develop staff across the system.

Inclusive Leadership

- Attend and present updates 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 monthly meeting with Network Chairs to discuss and promote activities and events.

KMPT Service Delivery

KMPT has equality and diversity leads for Directorate, including service EDI champions, who work on equality actions and understand the implications of their service within the context of difference. The leads and champions embed the principles of equality, diversity and inclusion in the delivery of their services. All equality leads and nominated support staff provide progress update reports of group activities to the Equality and Diversity Steering Group on a quarterly basis sharing best practice and challenges. Each Directorate and Support Service will lead on their specific equality actions which will identify their priorities for embedding and improving equality practices. An EDI Practitioner patient lead role has been appointed, together with an EDI Practitioner workforce lead as well as the D&I manager is waiting to fill this role.

Improving Equality Data

There is continued work on improving patient equality data. The EDI team are supporting with the delivery of Health Inequalities Workshops with various teams across KMPT, as well as supporting system development to capture data.

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 has a contract in place on interpretation and translation services for different languages provided by OnCall, this contact is coming to an end and the SBS tender process has been launched. 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 2015, all NHS organisations have been required to have a Freedom to Speak Up Policy in place and to ensure their staff have access to a Freedom to Speak Up Guardian. The purpose of this is to ensure that staff know how to raise concerns, and have an accessible and effective mechanism through which to do this. The Freedom to Speak Up Guardian is an independent and impartial point of contact, who has the authority to speak to anyone within or outside of the trust, is expert in all aspects of raising and handling concerns, and has dedicated time to perform this role.

In many organisations, this role has been and continues to be delivered by staff employed by the organisation, or by non-executive directors. However, in order to assert the independence and impartiality of this role, as well as to ensure the appropriate dedicated time was allocated to fulfilling it, since 6th June 2022, KMPT has provided for Freedom to Speak Up through an independent Freedom to Speak Up Guardian service, The Guardian Service.

Engagement with the service

- Ahead of and since its launch on 6th June 2022, the service has been well promoted in the organisation. In particular, to the end of enhancing the accessibility of and confidence in the service, the Freedom to Speak Up Guardian has undertaken almost 70 site visits and team briefings, distributing those visits across the range of KMPT sites. In total, the service has seen in excess of 1,500 engagements with KMPT staff.
- Since its inception, and up to the end of September, the service has received 45 separate referrals. The reasons most frequently cited by staff as their reasons for choosing to raise their concerns via the Freedom to Speak Up Guardian relate to previous attempts to raise concerns internally having been unsuccessful (40%), or a lack of confidence that such attempts would be successful if they were made (35%).
- A number of staff (22% of those accessing the service) are also expressing a fear that they would be detrimentally affected through raising concerns internally. However, the proportion of staff opting to fully disclose their concern (for the concern and their names to be shared with the Trust) are gradually increasing.
- The greatest engagement with the service at this point appears to be amongst the Additional Clinical Services workforce (26.6% of all contacts), the Admin and Clerical workforce (22% of all contacts) and the Nursing workforce (22.2% of all contacts).



Themes and trends

Data relating to themes and trends will obviously be enhanced as more referrals into the service are received over time. However, at this early stage, it is possible to identify a number of key common issues amongst the concerns raised.

Systems and processes

These concerns represent around 31% of concerns raised to date, with concerns specifically around:

- ineffective systems and processes;
- changes being made to systems of processes;
- implementation of audits;
- timeframes around processes;
- generally poor experience of formal processes.

Concerns relating to these themes have arisen most frequently from staff in the Forensic and Specialist Services Care Group and in the Corporate and Support Services Care Group.

It is perhaps not surprising that at a time of change, we are seeing a trend around concerns in this area, however with considerable further transformation work to come, it will be important to ensure good staff engagement in this work. This is central to the approach of the Quality Improvement team, and the OD team similarly have, with a working group and based on learning from KMPT, developed a set of change principles to be applied through transformation programmes.

Safety of staff

These concerns represent around 27% of concerns raised to date, and 5 of these concerns have been categorised as “red concerns”. Specifically, these concerns have related to:

- Working conditions/environment (42%);
- Patient aggression towards staff (33%);
- Maintenance and repair issues, including timeframes for repairs (25%).

There is no material variation in incidence of these concerns between our clinical Care Groups.

Specific issues around working conditions, the environment and maintenance and repair are diverse in nature, and have to date been addressed on a case by case basis. No clear theme or trend within these categories of concerns is yet apparent.

Patient aggression towards staff however remains an ongoing challenge for KMPT, and KMPT continues to work to address this in particular through Operation Cavell.

Management concerns

These concerns represent around 20% of concerns raised to date. Specifically, these concerns have related to:

- Quality of support
- Management visibility
- Consultation
- Communications styles
- Concerns not being addressed.

These concerns appear to be most prevalent in the Community Recovery Care Group, which relates to a group concern raised by six staff, which is now closed.

Addressing concerns

Of all 45 cases raised since June, 15 have been closed, meaning that 30 cases remain open at the time of writing. Of these, 7 are categorised as red concerns (all with mitigations in place), 10 as amber, and 28 as green.



Of the 15 closed cases, 9 were closed with a written or verbal outcome, and 6 staff chose not to pursue their concern, either because management action was taken to resolve the concern, or because they were satisfied having talked their concern through with an independent party.

Of the 30 cases remaining open, 17 were new in September. Notwithstanding this, and the Guardian service's prompt action on new cases, the number of cases remaining open highlights a need for the organisation to improve the speed of its response. Specifically, initial responses from managers within KMPT tend to be swift (75% are received on the same day), but initial investigation into the detail or follow up can take longer than expected.

To address this, it is intended going forwards that managers are provided with a more structured set of expectations around timeframes for providing the individual who has raised the concern with a timeline for actions, or next steps as follows:

- For red concerns, 48 hours;
- For amber concerns, 72 hours;
- For all other concerns, 1 week.

In relation to the strategic themes and learning identified through the concerns, it is noted that the Guardian service is still in its early days and so it is difficult to pinpoint specific issues having a broad impact at this stage. Notwithstanding this, a number of changes have already been prompted by feedback received and learning from this, including ensuring that named pastoral support is designated in all employee relations cases, and reviewing the style of HR communications to ensure they set clear timeframe expectations, and read compassionately. However, it is proposed that moving forwards, as further trends begin to emerge from the data, a cross-disciplinary group is convened together with the Freedom to Speak Up Guardian to reflect on the themes and consider the actions KMPT might wish to take. Clearly, in the meantime, the Guardian will continue to address with managers on a case by case basis concerns that arise, and regular reporting through HR Business Partners and the Chief People Officer will allow ongoing oversight as to high level themes.

Conclusion and next steps

- The Guardian service has had a successful first few months, and it is particularly encouraging that the proportion of staff opting for full disclosure when raising their concerns is increasing. This points to the impact the service is having in terms of contributing to KMPT's aim to build a more open and psychologically safe climate.
- Additionally, the fact that a significant proportion of staff are preferring to address concerns raised through informal resolution indicates a move towards the early resolution approach KMPT advocates.
- As the efficacy of management response to the service and relationships with the service improve over time, supported too through the introduction of mandatory FTSU training for all staff, it is anticipated that the impact of the service will continue to grow.
- The Trust Board is asked to note the progress achieved to date by the service and to take assurance on the learning from concerns being raised.

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.

Mortality 2022-2023

The Trust reports information on deaths bi-monthly to its Quality Committee.

Mortality/STEIS reporting relating to deaths 2022-23:	22/23 Q1		22/23 Q2		22/23 Q3		22/23 Q4		Total 2022-23	
	All deaths	STEIS reported	All deaths	STEIS reported	All deaths	STEIS reported	All deaths	STEIS reported	All deaths	STEIS reported
Trust Total	321	13	275	28	282	29	262	18	1143	88
Acute Services	1	0	2	1	6	5	2	1	14	7
Community Recovery Services	79	12	74	21	82	20	55	15	290	68
Forensic and Specialist	23	0	20	1	18	0	17	0	78	1
Older Adult Mental Health Services	218	1	179	5	176	4	188	2	761	12

Medical Examiner

Following a written ministerial statement in April 2023, NHS England expects all relevant deaths to be scrutinised by medical examiners by April 2024. KMPT have worked with the lead medical examiner officers across the county to ensure that a streamlined process is developed. The Trust's Information Governance team have supported this by creating a Medical Examiner process agreement, for information sharing with the medical examiners.

The Medical Examiner process has been added to the Trust's Learning from Deaths Policy which at the time of this report is currently awaiting ratification.

The guidance for KMPT is that a death will only need to be referred to the Medical Examiner, if the patient is an expected death on a KMPT mental health ward, non-coronial deaths and where a KMPT doctor is responsible for completing the medical certificate with cause of death. With this in mind, we anticipate very small numbers.

The Mortality Review manager for KMPT is the main point of contact for the medical examiners. It has been agreed with the medical examiners, that KMPT will commence processes with regards to referring deaths to the medical examiner. Thus far, we have had no natural causes inpatient deaths, and therefore have not had to inform the medical examiner.

Structured Judgement Review

What we have seen from the SJRs recently completed, is that the teams overall do really well with the initial assessment/allocation of a patient, following referral into services. The patients are seen within timeframe and mostly, the patients' needs are appropriately understood at the point of assessment. Good practice from SJRs is highlighted within this process. Some examples of good practice identified from recent SJRs are:

- Good quality family views were gained at initial assessment
- Timely review by a KMPT doctor
- Timely referral made to psychology
- Timely reviews by the EIP service
- Risk assessment appropriately updated and relevant to the patient

Part four



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 2022 to March 2023
 - papers relating to quality reported to the board over the period April 2022 to March 2023
 - the 2022 national patient survey
 - the 2022 national staff survey
 - the Head of Internal Audit's opinion of the Trust's control environment dated 15 May 2023
- 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.

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

Dr 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:

KMPT Communications Team

Magnitude House
New Hythe Lane
Aylesford, Kent
ME16 9PH

Email: kmpt.communications@nhs.net

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

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

If you require any information about the Trust, its services or your care, please ask our staff or email kmpt.communications@nhs.net to arrange from some information to be provided in your preferred language.



