

Quality Account 2020-21



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Chief Executive's statement on quality

Welcome to our thirteenth Quality Account

Our mission at Kent and Medway Partnership NHS Trust is simple; to provide Brilliant care through brilliant people.

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

The report includes sections on;

- Our approach to quality improvement
- Our performance against 2020-21 quality priorities
- Our priorities for 2021-22
- A selection of our most notable awards and achievements in the year.

2020-21 was a year like no other. The COVID-19 pandemic put immense pressure on the NHS and its staff. Despite the significant global impact of the pandemic, in KMPT, we have not relaxed our focus on quality. In fact, it has further sharpened our attention on protecting and improving the quality of all we do, placing it front and centre.

As a Board we have been continually impressed and humbled by the strength and resilience of our brilliant staff, their commitment, creativity and determination to deliver the best possible care at all times.

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

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

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

This is an important document. It carries the same weight as our annual financial accounts. We are therefore careful to ensure that all information and data presented is accurate and provides a fair and balanced reflection of our performance this year. Overseen by our Board, my Executive Management Team has sought to take all reasonable steps exercising due diligence to ensure the accuracy of the data reported. The Trust has reviewed all the data available to it on the quality of care in all of the NHS services it provides.

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

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

Helen Greatorex, Chief Executive Officer



Statement from the Executive Director of Nursing, Quality and Allied Health Professionals

As the Executive Director responsible for Quality within the Trust I am pleased to recommend these accounts as an informative and reassuring summary of quality performance and activity during 2020-21.

I could not have imagined this time last year that we would still be in national lockdown as we complete our 2020-21 Quality Account. Our lives have changed in all sorts of unimaginable ways.

I would like to begin by taking this opportunity to express my heartfelt thanks to the staff at KMPT. No words can sufficiently convey the gratitude I have for each individual's commitment, determination and resilience to ensure that our patients and their loved ones continue to receive the very best care possible; even under some exceptional circumstances.

I also know that this has required selflessness by looking out for and supporting each other so we can all be at our best. Such has been the case, whether people work in direct care roles, support services, students or volunteers; every single one has made unique and valuable contributions.

Collectively, it has meant focussing on our shared purpose, which is good quality care for our patients. It has not always been an easy time but I hope that we can now start to see and feel the road gradually becoming smoother.

As Director responsible for Quality, I am proud of what we have learnt and achieved in the last year and I know we will continue to build on the knowledge, skills and confidence we have developed to work under these unique conditions.

I hold onto the hope that if we can do and respond in the way we have over the last 12 months, then there is nothing we can't achieve. We will create even more opportunities from the challenges we are presented with and in true KMPT style, we will rise.

There have been some significant achievements in 2020-21 despite the challenges which I would like to highlight. These include

- The impact of Clinical Care Pathways as evidenced in clinical outcomes
- The development of our crisis line providing easier access to support a wider group of people
- The outcomes delivered by our Quality improvement projects

These accounts capture some great examples of quality improvement during the year and we intend to take these further in 2021-22, working with staff and service users to help us keep identifying where we can improve, and how we can improve.

A handwritten signature in blue ink, appearing to read 'M. Mumvuri'. The signature is fluid and cursive.

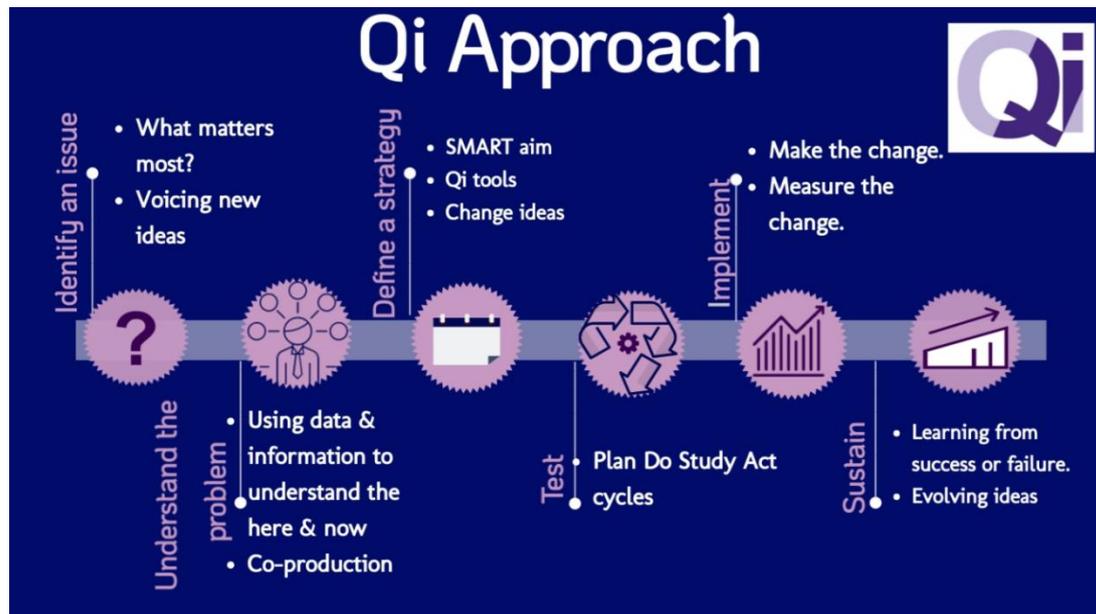
Mary Mumvuri, Executive Director of Nursing, Quality and Allied Health Professionals

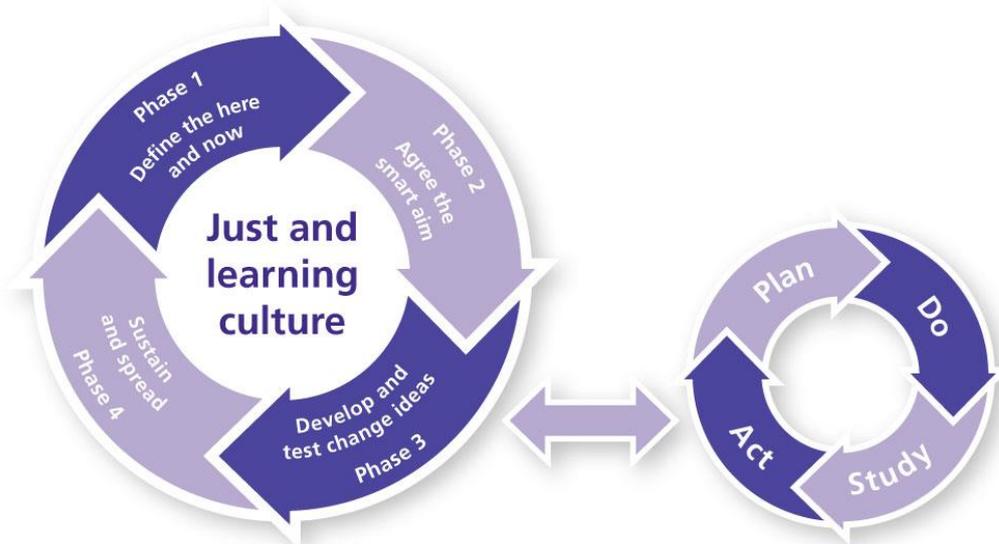
Our approach to quality improvement (QI)

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

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

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





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

During quarter one of 2021-22 we will be launching our refreshed quality improvement strategy and ambition across the Trust, developing bitesize QI training for delivering in year and continuing to deliver Trust wide QI projects.

Our outcomes include front line staff embedding QI in their work, coproduction in all QI projects, QI project's success measures being evidenced and a QI approach which is aligned with our just and learning culture.

The majority of the projects currently sitting within the QI portfolio are on-going and therefore not at the point of reportable outcomes. However, an example of one piece of QI work which did conclude in the last financial year and includes great results and outcomes is the project to improve antidepressant adherence patients under the Kent Primary Care Mental Health service through the management of nurses routine patient medication education and medication counselling. 93 per cent of patients are now routinely offered medication education and counselling to aid adherence – which is a huge achievement.

Awards and achievements in 2020-2021

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

In a year when much of the focus was around COVID-19, KMPT was still able to find a little national award success in amongst the pandemic, as well as hosting their own KMPT awards to reward the amazing effort from all staff across the Trust.

Many of the larger awards across the country were either cancelled or postponed due to coronavirus and so submissions were greatly limited as was the capacity of teams to be able to dedicate time to submitting nominations; however, despite this, we were delighted to be placed in some very prestigious awards nevertheless.

The Mental Health and Wellbeing Awards are a UK-wide celebration of excellence in mental health and well-being interventions, plus the celebration of inspirational mental health stories; hosted by the Mental Health Awareness Programme.

The overall winner was Ben West who was nominated by KMPT for the outstanding work he has done around mental health and encouraging change as well as challenging people to speak more openly around suicide and other charity work. Other finalists included Dementia envoy, Keith Jennings, Peer support worker Mark Holmes, volunteer Louis Coelho and lived experience advisor Louise Jessop as well as Adel Murphy who we featured in the Trust's own magazine, Connected, for her community work around promoting mental health.

The Rosewood Mother and Baby Unit received acclaim this year when they were selected from 38 applicant to receive a garden makeover as part of the RHS Chelsea Flower Show 2020 competition for 'RHS Greening Great Britain for Friendship Garden' to live on in an NHS mental health trust in England.

And lastly the HSJ Value Awards was a platform for KMPT to truly shine in 2020 with the Criminal Justice Liaison team shortlisted as finalist in the Mental Health Service Redesign category and our own Vocational rehabilitation team crowned as winner of the HSJ Value Award of the Year 2020 after being shortlisted three times in a row in both the HSJ Awards and HSJ Value Awards in previous years.

Technology

The Trust recognises that Information technology (IT) is an essential clinical tool, with widespread benefits for both staff and service users. The use of IT impacts the quality of clinical outcomes, patient safety and patient satisfaction. The Trust's Clinical technology strategy aims to support staff to deliver and improve the quality of those services and how we work with partners to ensure that our service users and carers experience continuity of care at all times. There has never been a time of greater demand on these services and as a result to our commitment to using and maximising digital technology, we have been able to offer virtual clinical consultations using Attend Anywhere and virtual group therapy through video conferencing on Lifesize throughout the year.

Objective one in our Clinical technology strategy is to develop our clinical engagement practices to ensure we digitise the correct process. Progress against this objective includes: successfully completing the rollout of Windows 10, ensuring we have stable and secure operating systems; successfully completing a virtual telecoms consultation and engagement exercise involving 264 people, including staff, patients and carers; delivering a programme of systematic staff engagement to ensure clinician led innovations are delivered; holding a successful RiO workshop exploring with clinicians what we can do to improve the user friendliness of RiO; refining and refreshing our digital governance structures to improve accountability and oversight of the work that falls within its remit.

Estates

The biggest achievement for the estates and facilities teams in the last year has been the seamless delivery of services throughout COVID-19 including the additionally services that have been necessary. There has been no reduction in cleaning standards supporting the Trusts infection control measures, maintaining a compliance rate of 98% over all inpatient and outpatient areas. Cleaning responsibilities have been increased to include the rooms of COVID-19 positive patients to release clinical staff from these duties and all planned maintenance requirements have been achieved to maintain compliant

standards. The catering service delivery has been expanded to include providing meals for staff. The centralised switchboard has maintained a 24/7 service delivery throughout. Setting up Jasmine ward as a cohort ward brought significant works for the teams with building works, cleaning etc. The temporary closure of Ruby ward in support of Medway Foundation Trust, who needed to create additional hospital capacity for patients with COVID-19 in a matter of four days, was an immense task but hugely successful with clear communication and support amongst all of the teams involved.

Whilst COVID-19 has applied significant pressures to an already busy workload for the teams, business as usual has been maintained to include the sale of Canada House, the release of Elizabeth House back to its landlord, opening Britton House as a hub for the Medway teams. Sarre and Flete have long been vacant properties; Sarre has now been leased to East Kent Hospital Trust and the use of Flete by Kent County Council is nearing completion. Our capital programme was delayed getting under way but with the excellent support of our consultants will become one of the most successful years for delivery of schemes seen with over 60 schemes in the programme.

Brilliant care through brilliant people

	<p>Strategic Objectives:</p> <ul style="list-style-type: none"> • Consistently deliver an outstanding quality of care • Recruit, retain and develop the best staff making KMPT a great place to work 	
	<ul style="list-style-type: none"> • Make continuous improvement at the heart of what we do • Develop and extend our research and innovation work • Maximise the use of digital technology • Meet or exceed the requirements set out in the Five Year Forward View 	
	<ul style="list-style-type: none"> • Deliver financial balance and organisational sustainability • Develop our core business and enter new markets through increased partnership working • Ensure success of STP through active participation and leadership 	

Quality improvement successes to celebrate

Clinical care pathways

The Clinical care pathways project has been evolving over the past 18 months. The context however continues to be, to maximise the quality, safety and outcomes for people using our services and support staff delivering care whilst understanding our use of resource by a balanced and interdependent approach of:

- Implementing consistency of care through designed care pathways across Community recovery and Acute care groups
- More reliable, safe and evidence-based care
- More efficient and managed use of staff time
- Understanding the costs of delivery
- Collection of outcomes relating to interventions
- Supporting clinicians with agile working
- Organising clinical resources with a balanced and managed system of office and home-based clinics
- Optimisation of the estate to match the delivery requirements of the care pathways.

The Care pathways project offers a way to drive the implementation of evidence-based practice to best support positive recovery outcomes for people using our services. This includes supporting improvements in physical health and social inclusion which are known to benefit mental health outcomes. It also provides information on where this is failing so resources such as staff, buildings and technology can be targeted effectively.

The key clinical principles we have adopted within the integrated care model are:

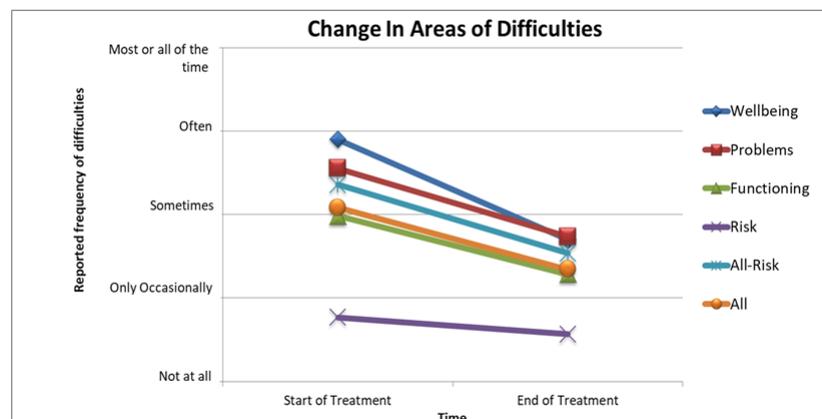
1. All components are needs led (i.e. age itself is not a barrier to receiving any component)
2. If a component is commenced within a 'community' team (younger or older adult), and the patient is well enough to continue to engage with this whilst under home treatment or inpatient care, then they will continue with that component
3. Interventions have been grouped into three clinical thematic pathways
 - Mood Disorders
 - Psychotic disorders (unusual experiences)
 - Complex Emotional Difficulties (CED)
4. Within each thematic pathway there are elements for: psychological therapy, daily life (practical support), medications, family friends carers, physical healthcare and self management

Clinical outcomes

From September 2020, we have been able to link patients on specific components with their outcomes and report accordingly.

The clinical outcomes have been overwhelmingly positive which is excellent news and something which should be celebrated.

The graph below is an example of the improvement in clinical outcome as the result of one of therapeutic components within the pathway.



Frequency of difficulties have reduced in each area

The evidence from the clinical care pathways components, specifically Initial Interventions, has been used to drive and inform a revised skill mix in community services. This has allowed staff to be aligned with the best use of their time and skills to the benefit of patients and also increase staff satisfaction levels.

Development of Crisis line

In April 2020, the Trust responded to the COVID-19 pandemic and the significant pressures on the NHS 111 service by operating its Single Point of Access service as a system wide, public facing crisis line for mental health. By the end of May 2020 demand

had risen by 50 per cent and it quickly became apparent that significant changes were needed. A completely new operating model was implemented, moving away from an assessment service to access KMPT services to a telephone triage service more akin to a 111 clinical assessment service that signposts, provides advice and guidance and refers into the right specialist service. This work in turn has led to the wider system work to develop a single crisis line and pathway for mental health, working with other providers including KMPT, Mental Health Matters and the ambulance service, SECAmb.

The changes required involved implementing an entirely new web-based telephony service; implementing new screening and triage tools which are based on the UK Mental Health Triage Scale; recruiting and training enough staff to provide a 24/7 service; introducing a revised governance structure with performance, patient safety and quality meetings introduced to better ensure the safety of the service and continue to improve user experience.

As a result, the Crisis line will handle in excess of 30,000 referrals by the end of 2021, compared to 13,000 in 2019. Abandoned call have reduced from nearly 50 per cent to 2 per cent and the introduction of a Threshold Assessment Grid (TAG) means that the team are able to assess the severity of a person's mental health problem and identify, at the earliest opportunity, the level of risk and next steps.

The aim is that the service will be able to operate as a true health-based contact centre, with consistency in working practices with settings such as NHS 111.

Quality improvement collaborative – Sexual safety on mental health wards

The Sexual Safety Collaborative was established in response to a CQC report on sexual safety on mental health wards. It aims to support inpatient mental health teams in all mental health trusts maintain and improve sexual safety on wards using QI techniques. KMPT's Upnor ward has been involved in this piece of national work completing the benchmarking tool against the Collaborative's standards and using QI tools and resources to ensure safety of patients on the ward.

Rebalancing quality assurance and quality control

The use of Cliq checks is now an established practice within the Trust to audit and monitor our quality standards. These checks provide clinical managers with indicators of where standards have not been met or where potential issues may be developing. Overall compliance with these standards continues to improve across all care groups and from an assurance perspective there are areas where we have done consistently well.

Inpatient service

- Progress notes – the average quality over the past year has been rated at 95 per cent
- The number of fully completed medication charts has improved dramatically – an incredible piece of work
- Since its relatively recent introduction to CliQ, the development of care plans to meet needs relating to diabetes has been impressive.

Community services

- The team has consistently achieved 100 per cent for follow up appointments. This involves ensuring that an appointment has been made and adhered to

- The average quality of risk summaries across all teams over the past year has been 81 per cent
- Triangulation (risk summary and care planning)
-

Place of safety

- The average quality of therapeutic observations over the past year has been 96 per cent
- NEWS2 has been rated at an average of 91 per cent
- Discharge progress notes have been at an average of 97 per cent over the past year.

Older adult inpatient

- Mental Capacity Act compliance
- Falls (assessments and care plans)
- Deprivation of Liberty (DoLS) – good across the board
- Moving and handling (assessments and care plans)
- Initial risk summary
-

Review of Quality Performance: Achieving our 2020-21 priorities

For 2020-21 the Trust set three priorities for improvement; divided into the three areas that constitute quality, these are **patient safety**, **patient experience** and **clinical effectiveness**. We have made significant progress in all three areas. The year end targets were reviewed and refined in light of the pandemic and reported achievement is against the revised targets.

Patient safety – violence and aggression

We wanted to

- **reduce incidents of restraints, incidents of assaults on staff and patient on patient violence.**
- **increase reported staff confidence and sense of safety in managing aggressive incidents**

We have demonstrated improvement by

- ✓ **reducing all restraints from 160 in March 2020 to 106 in February 2021, a reduction of 33%**
- ✓ **recording the level of staff who feel confident intervening when violence or aggression has been identified as 71%**

Patient experience – care planning

We wanted to

- **improve service users experience of the care and support we provide by having a care of plan that is meaningful to the service user**

We have demonstrated improvement by

- ✓ **holding a person-centred care workshop with staff representatives from all care groups. Staff, service user, peer support worker feedback**
- ✓ **establishing a Service user focus group**
- ✓ **producing and publishing KMPT Care planning protocol, Professional Conduct and Our Promise standards**

Clinical effectiveness – clinical outcomes

We wanted to

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

We have demonstrated improvement by

- √ agreeing on Trust wide outcome measures – HoNOS (CROM) and DEMQOL (PROM)
- √ measuring completion compliance, feeding back to Teams and Awards to high scorers
- √ Improving completion CROM compliance from 36% to 42%
- √ Improving completion PROM compliance from 1.2% to 4.1%

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 1.9 million people across Kent and Medway.

The Trust's income was £218m in 2020-21 and the income generated by the NHS services reviewed in 2020-21 represents 100 per cent of the total income generated from the provision of NHS services by the trust for 2020-21.

KMPT has approximately 3,500 employees.

KMPT provides:

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

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

Performance against mandatory quality indicators

The Trust is required to report its performance against a core set of indicators which is published by NHS Digital (an arms length body of the Department of Health (DoH) and are the national provider of information and data). Robust procedures are embedded within the Trust to ensure continued compliance against these indicators; additionally, there is constant review of any instances of non-compliance to ensure lessons are learnt to further improve our performance in the future.

There are five mandatory indicators which are relevant to the services we provide and our performance against these indicators is shown below in **bold**. The additional information has been requested to be included in all NHS trusts' Quality Accounts by NHS England. This is the latest information from NHS Digital.

National quality indicator	KMPT 2019-20	KMPT 2020-21	National average	Highest Trust performance	Lowest Trust performance
CPA 7 day follow up	95.6%	98.3%			
Crisis resolution home treatment (CRHT) gatekeeping	100%	100%			
A consultation on the quarterly mental health community teams activity return opened on 24 January 2020. The outcome of the consultation was published on 15 April 21 announcing the decision to retire this collection. Source: NHS England					
% of patients with valid CPA care plan	87.5%	82.0%			
28-day readmission (all over 15 years of age)	8.5%	5.2%			
Local indicators – national comparison not available					
Staff recommending the Trust as a place for family or friends to receive treatment	62.3%	64%	67%	75.7%	38.3%
Patient experience of community mental health services	70%	67%	70%	78%	62%
Rate of Patient safety incidents reported within the trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death	1.03% (91)	1.1%(98))	1.0%	2.2% (185)	0.2% (15)
	KMPT data April 20 – March 21		Awaiting annual publication – data above relates to NRLS data 12 months Oct 19 – Sept 20		

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

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

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

KMPT has taken the following actions to improve performance where needed and to ensure continued compliance.

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

Patient safety quality improvements

In the last year, improvements within patient safety included the agreement to implement Datix Cloud to improve incident report, risk, complaints and legal systems. Additionally, there will be a new mortality section. Work is underway on the implementation due to be in practice by late summer 2021. The Duty of Candour sections on Datix were further improved following an audit.

A new Central investigation team (CIT) was piloted and then approved. This team investigates all serious incidents and complex complaint cases (for acute, community recovery and older adult care groups) and allows for determining trends and themes of concerns more rapidly. This fully commenced at the end of January 2021 and has shown to have greatly improved quality of learning review reports, timeliness of investigations improved feedback from staff involved in incidents and improved implementation of actions. This team allows clinical teams to focus on their priorities and provides an independent investigation process from the care group.

The corporate patient safety team has implemented a forum to support leaders with developing strong serious incident action plans which are more likely to make sustained change. Feedback from staff is already positive following the implementation in February 2021.

Work was developed and continues in supporting reporting of BAME related safety incidents. Processes have been simplified and provided to make reporting easier.

In regards to COVID-19, the Central Investigation team took on all investigations relating to the pandemic in the above named care groups from December 2021.

Shared learning has taken place through Communities of practice, where providers and commissioners and private health facilities in Kent and Medway work together to improve cross working and learning from good practice. Work has also commenced on improving working across organisations when investigating.

Reporting of deaths

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

In 2019 the Mental Health Structured Judgement Review (SJR) Tool was developed by the Royal College of Psychiatrists in partnership with the Royal College of Physicians. The Mortality Review Manager, appointed in March 2020, organised training with the NHS Improvement Academy. A number of clinicians and patient safety leads completed Structured Judgement Review training and the process was embedded into the organisation. This has led to additional learning but also findings relating to good care that has been feedback to teams

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

All deaths of patients continue to be reviewed by the Serious Incident and Mortality Panel to ensure appropriate actions or learning (including when positive practice has occurred). Both reporting to LeDeR and the SJR process are monitored at the same panel.

There has been a total of 15 cases meeting the criteria for Structured Judgement Review since introduction of the process in October 2020, 11 of the reviews are complete. The most common criteria identified for SJR is diagnosis of psychosis during the last episode of care.

The number of reviews completed for each care group are as follows:

Community Recovery Care Group	5
Acute Care Group	1
Older Adult Care Group	5
Forensic and Specialist Care Group	0
Total	11

The Structured Judgement Reviews have identified a mixture of good practice and areas for improvement. These have been split into categories:

Good practice identified:

- Consideration of safeguarding at each appointment,
- Good quality physical health checks,
- Working well with external healthcare providers,
- Prompt adjustments to medication when issues were raised, good carer involvement, referrals between KMPT teams were sent and actioned in a timely fashion,
- DNA policy was appropriately followed,
- Good use of the vulnerable patient list and an overall good MDT approach.

One case in particular highlighted an above and beyond approach to the patient's care, where both the patient and husband were very well supported, with all aspects of care covered at each appointment. It was evident in this case that a holistic approach was used to ensure the safety and wellbeing of the family unit as well as the patient. This case has been used as an example in the patient safety newsletter.

Areas for improvement identified:

- A common area of learning identified is in relation to depot/antipsychotic medication monitoring
- Monitoring of side effects following recent prescription of an antipsychotic
- Increased focus on physical health checks
- Clarity of communication and responsibilities with GP

- The importance of acting on family concerns quickly.

Other points of learning related to carers assessments not being offered, and a lack of support offered to the carer in seeking appropriate services to suit the patient's needs, some delays in follow up were noted, particularly during the peak of the COVID-19 pandemic and documentation was also a common area identified for improvement.

Actions taken as a result of learning

Positive actions have been put into place following recommendations from Structured Judgement Review. These include:

- Developing a template for documenting the outpatient reviews to ensure all aspects of care are addressed, including mental health, physical health, carers' view, medication, accommodation / vocational / occupational / financial issues, etc.
- All professional groups in the care group (community and recovery) will be adopting the use of Patient Care and Support Plan (PSP), a template on RIO that provides the opportunity to document all relevant information following a patient encounter. The care group leaders will continue to ensure quality of letters by sharing learning from reviews, staff training, and audits.

Mortality 2020-2021

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

It is notable that all deaths of all patients are reviewed in larger numbers in 2020-21 but that StEIS reported cases (those contributed to by the Trust) remained approximately static in number.

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

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

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

	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total 2020-21	
	All Deaths	StEIS* reported	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported
Trust total	866	21	594	25	593	15	608	23	2053	60
Acute Care Group	5	2	6	4	6	2	4	0	17	8
Community Recovery	136	12	114	16	101	11	110	16	351	39
Forensic	55	0	50	1	24	0	42	0	129	1
Older Adults	670	7	424	4	462	2	452	7	1556	13

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

Medical workforce recruitment and retention

A Medical staffing improvement plan was put into place in 2020-21. The elements of the plan included recruitment and retention, medical appraisal, job planning and revalidation following the implementation of an electronic medical staffing package, SARD. Achievements in the year have been permanent Consultant recruitment campaign, permanent Consultant – hard to recruit role, international recruitment business case and Specialty and Associate Specialist (SAS) Doctor Reform.

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

KMPT has successfully participated in the NHS National Returners scheme and Medical recruitment interviews are currently taking place via video link for all grades, including Junior Doctors, Specialty Doctors and Consultants. These were actions in response to COVID-19 but are likely to continue post pandemic.

KMPT continues to be ranked among the top Trusts within Kent Surrey and Sussex in the GMC national training surveys on the quality of postgraduate medical education and training in the UK.

Clinical audit and quality improvement activities 2020-2021

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 2020 and 31 March 2021 Kent and Medway NHS and Social Care Partnership Trust was actively involved in five of a possible six national clinical audits, one mortality review, six Prescribing Observatory for Mental Health (POMH-UK) quality improvement (QI) programme projects and one national confidential enquiry. All 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 13/14 (93%) 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) National audit of inpatient falls continuous audit National audit of inpatient falls facilities audit 2020 National audit of inpatient falls facilities audit 2021	National clinical audit National clinical audit National clinical audit	Non-participation Report writing Data collection
Learning Disability Mortality Review Programme (LeDeR)	Mortality review	Ongoing
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	National confidential enquiry	Ongoing

Mental Health		
National Audit of Anxiety and Depression Core Project	National clinical audit	Complete
National Audit of Anxiety and Depression spotlight on psychological therapy	National clinical audit	Complete
National Clinical Audit of Psychosis spotlight on Early Interventions in Psychosis	National clinical audit	Complete
Prescribing Observatory for Mental Health (POMH-UK) – POMH-UK Topic 20a Prescribing valproate POMH-UK Topic 18b Use of clozapine POMH-UK Topic 17b The use of depot/LAI antipsychotic medication for relapse prevention POMH-UK Topic 9d Antipsychotic prescribing in people with a learning disability POMH-UK: Topic 6d Assessment of the side effects of depot antipsychotics re-audit POMH-UK Topic 7f Monitoring of patients prescribed lithium	QI programme QI programme QI programme QI programme QI programme QI programme	20a: Completed data collection 18b: Still in data collection 17b: Action planning 9d: Implementing first round actions 6d: Complete 7f: Complete

Listed below are individual national projects KMPT participated in, for which **data collection** was completed during 1 April 2020 to 31 March 2021. Number of cases submitted and where appropriate number of cases required to be submitted are also given.

Project Name	No of cases required to be submitted	Cases submitted (%)
Falls and Fragility Fractures Audit Programme (FFFAP)	Number of falls	0 (0%)
National audit of inpatient falls continuous audit	1	1 (100%)
National audit of inpatient falls facilities audit 2020	1	1 (100%)
National audit of inpatient falls facilities audit 2021		
Learning Disability Mortality Review Programme (LeDeR)	38	38 (100%)
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Safety in Mental Health	10	4 (40%)
NCEPOD Physical healthcare Provided to Inpatients	33	33 (100%)
National Clinical Audit of Psychosis EIP 2020/21	170	170 (100%)
National Clinical Audit of Psychosis (NCAP) 2020/21 Spotlight on physical health & employment	100	Data collection commences 01/04
POMH-UK Topic 20a Prescribing Valproate	N/A	126

The reports of 13 national clinical audits and quality improvement activities were reviewed by the trust between 1 April 2020 and 31 March 2021.

Local Clinical Audit and Quality Improvement Activities

The reports of 110 Trustwide and local clinical audits and service evaluation projects were reviewed by the trust between 1 April 2020 and 31 March 2021.

The learning points and action taken from all national clinical audit projects and quality improvement activities reported during 1 April 2020 to 31 March 2021 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 2020 - 2021, please email kmppt.clinicalaudit@nhs.net for further details.

Quality Networks and Accreditation Schemes

The Royal Collage of Psychiatrists provides a programme of quality networks and accreditation schemes. Below are details of the Kent and Medway NHS and Social Care Partnership Trust participation for 2020 - 2021:



Brookfield Centre accredited (Verified current information on CCQI AIMS Rehab Website)



1. **Ashford** Memory Service: Accredited until July 2023
2. **Canterbury** Memory Service: Seeking accreditation
3. **Dartford, Gravesham and Swanley** Memory Service: Seeking accreditation. Peer review took place March 2021
4. **Dover/Deal** Memory Service: Seeking accreditation
5. **Medway** Memory Service: Seeking accreditation (Accreditation expired October 2020 - currently in review)
6. **Shepway** Memory Service: Accredited (Accredited until November 2022)
7. **Swale** Memory Service: Accredited (Accredited until April 2023)
8. **Thanet** Memory Service: Seeking accreditation (Accreditation expired April 2020 - currently in review).



ECT Suite Maidstone accredited (Accredited until June 2023 (subject to satisfactory interim review)).



Brenchley Unit accredited



Medium secure service Accredited

Low secure service Accredited



Kent and Medway Mother and Infant Mental Health Service are working towards accreditation



Research and innovation in KMPT

Despite many obstacles, **we are delighted to have recruited 1248** KMPT service users, their family members, carers and our staff and therefore giving them an opportunity to get involved in research.

This is the largest number of KMPT participants into NIHR research in any year.

Table 1: Summary of Research Activity since 2017.

Year	No of NIHR studies recruited to	No of NIHR participants / target	Position out of all MH trusts / MH trusts	Number of commercial studies open	No of active non-portfolio studies
2020-21	29	1248 / 377	21 / 52	2	11
2019-20	30	716 / 557	24 / 50	2	5
2018-19	33	1002/677	27/49	1	13
2017-18	33	1095/879	23/49	1	14

Since opening our first NIHR portfolio study in 2006, a total of 7324 KMPT individuals have taken part in NIHR portfolio research studies. We are delighted to have offered this many people opportunities to participate in national multi-site portfolio research.

KMPT also hosts smaller scale non-portfolio research led by University students and KMPT staff across its services. During 2020 however these were put on hold nationally due to the pressures of COVID-19.

Delivering KMPT Strategic Objective 4: Participation in international research and innovation

We also met the three areas monitored by the Trust (see table below);

- Increase in NIHR Portfolio recruitment: 51% increase on previous year (2019 – 2020)
- Increase in bid submissions: 33% increase on previous year
- Increase in KMPT led sponsored studies: 100% increase (from 0 in the previous year!)

Table 2: Data supporting our delivery of KMPT's Strategic Objective 4

FY Year	No of NIHR Participants / Target	No of research funding bids submitted (via Research team)	No of KMPT Sponsored Studies	No of recruits to a KMPT Lead Study
2020 to 21	1080 / 377	4	1	408
2019 to 20	716 / 557	3	0	0
2018 to 19	1002/677	0	0	0
2017 to 18	1095/879	0	0	0

In addition to the four bids submitted, we also paused three bids as they were not at a quality that we were happy with. We highlight this for two reasons; one regarding the volume of research bids we supported as well as those that we submitted were only done so after robust quality assurance.

Urgent Public Health research into COVID-19 We have been especially proud to support several of the national and global COVID-19 studies.

International Severe Acute Respiratory Infection Consortium (ISARIC) Clinical Characterisation Protocol With Dr Bradley as Principal Investigator this study is responding to urgent questions about COVID-19, including the characterisation of clinical features, response to treatment, transmission and clinical outcomes with the aim of

supporting policy decisions and improving clinical management of patients. Results from this study are reported into the Scientific Advisory Group for Emergencies (SAGE) and findings to date can be found at: <https://isaric4c.net/>

Any KMPT service user who had a positive COVID-19 swab recorded on RiO whilst admitted to a KMPT inpatient ward was automatically entered into this study. We extracted anonymised data from Rio, regarding onset and development of symptoms, any treatments received, and outcomes of service users.

The data from this study fed directly into the Scientific Advisory Group for Emergencies (SAGE) to inform the governments approach to COVID-19

Virus Watch We were also **#KMPTProud** to be the only site across Kent and Medway to support Virus Watch's investigation into the spread of coronavirus within communities and how social distancing affects the risk of infection.

Virus Watch is a national household community cohort study of COVID-19 which aims to understand community incidence, symptom profiles, and transmission of COVID-19 in relation to population movement and behaviour.

We welcomed 117 participants into the Research Centre at Beech House to take part in this vital work. Findings from the Virus Watch study have been featured in many news stories. The new stories and full summaries of the Virus Watch findings can be accessed here: <https://ucl-virus-watch.net/>

Psychological impact of COVID-19 This study aims to investigate and explore the psychological impact of COVID-19, the resultant restrictions and impact on behaviour and changes in mental wellbeing across the global population.

We recruited 212 into the second stage of this global survey, which was particularly interested on the impact of COVID-19 and associated restrictions on people with pre-existing vulnerabilities and mental health conditions, and on healthcare professionals.

Redeploying our research team to COVID Clinical Research As well as us running these studies in KMPT, three of our research staff all volunteered to be redeployed to work at Maidstone and Tunbridge Wells NHS Trust (MTW) to help with their ongoing research into COVID-19. One of the studies they helped deliver was the RECOVERY study; globally the largest COVID randomised control trial. It looks at treatments that may be beneficial for people hospitalised with suspected or confirmed COVID-19.

More research headlines

Our Clinical Research Practitioners KMPT now has six of the first ever professionally accredited clinical research practitioners (CRPs) under the Academy for Healthcare Science.

CRPs play an essential part in KMPT in the delivery of research. They hold a patient-facing role and work alongside nurses and other clinical professionals to deliver the safe, ethical and high-quality clinical research care that is transforming treatment and patient care within the NHS.

CRPs bring a wealth of research knowledge and expertise that complements that of nurses and other health care professionals. An accredited register for CRPs will improve their professional identity; recognise the valuable role they play and help provide a clear path for.

The KMPT Research and innovation team acted as a pilot site for this NHS-wide initiative and are excited to be leading the way in gaining national recognition for our highly skilled CRP workforce.

Leading our own research

KMPT as research sponsor In September 2020 we formally became a research sponsoring organisation. The UK Policy Framework for Health Social Care Research requires that all health and social care research must have a sponsor which takes on overall responsibility of the setup, running and reporting of a research project.

In the NHS a sponsor is typically the NHS organisation taking the lead for the study and usually where the Chief Investigator (CI) is substantively employed (the individual that is responsible for the conduct of the whole project in the UK).

This is a great development for KMPT with us now having in place the appropriate procedures, systems and capacity to consider sponsorship of non-CTIMP research i.e. 'observational' research and 'interventional' research subject to pre-funding assessment of suitability and risk.

PATH (Perinatal mental Health) In the last year, we have successfully launched the first PATH study which aims to evaluate the effectiveness of the PATH multimedia campaign. This study has been approved by the HRA and REC, and is on the NIHR Portfolio. We have 16 active sites across the south east and south west of England involved in recruitment. The first wave of the study is open and recruited **408 participants**.

We are now focusing our attention on two further studies, one of which will evaluate a new suite of online resources for prospective/new parents, healthcare professionals, and employers and the other will evaluate new training courses on PMI for healthcare professionals and peer support workers. It is anticipated that both of these studies will also be included on the NIHR portfolio.

Looking forward, we will also be developing a final study to evaluate a new course of support sessions for prospective/new parents.

The use of digital technology to support mental health: Evidence Synthesis We are also coproducing a piece of research around that aims to synthesise existing literature around service users' perspectives on the use of digital technology to support their mental health. The idea has been developed by Sam Bradley, Patient engagement assistant, Dr Katy Smith, Digital business partner, and Dr Melanie Rees-Roberts from the Applied Research Collaboration (ARC KSS). It is anticipated that we will submit an application for funding to the ARC KSS in summer 2021.

Understanding knowledge, attitudes and practises around COVID-19 in the BAME population We have been working East Kent Hospitals Trust and the University of Kent to develop a new questionnaire to understand the experiences and perspectives of COVID-19 within the BAME population. Telephone interviews have been conducted and analysed, and the data from this has informed the development of the new survey which will be piloted among students at the University of Kent, and then shared among the wider population.



Using data to show the impact we make

Video and Telephone Psychology (Telepsychology) for Adults accessing NHS Community Mental Health Services This mixed-methods evaluation is designed to discover what works, for whom, and in what circumstances with regards to urgently introduced video consultation services within KMPT mental health services.

Data from semi-structured telephone/video interviews with service users and clinical staff has been combined with routinely collected data from KMPT service users and a KMPT

survey of staff attitudes towards video consultations. This data will allow us to understand the acceptability, adoption, appropriateness and feasibility of using video consultations in mental health services. A final report is currently being produced and it is anticipated that this work will result in two publications in peer-reviewed journals.

Initial interventions We were delighted to work with the clinical team leading on the Initial interventions care pathway to develop a research project exploring the outcomes of this change in service. We applied for Clinical Research Network: Kent Surrey Sussex (CRN:KSS) Green Shoots funding and although we were unsuccessful, we received valuable feedback which has been used towards refining the research idea. We are currently exploring opportunities to work alongside KMPT's Clinical outcomes group, to evaluate this work.

Implementing cognitive rehabilitation Cognitive rehabilitation is a person-centred, goal-oriented intervention for people with mild to moderate dementia that supports independence, choice and self-determination. It has been found to significantly improve people's ability to achieve their goals, reduce functional disability and reduce institutionalisation.

Through our involvement in a programme of pioneering research, KMPT has supported the development of GREAT Cognitive Rehabilitation for people with mild to moderate dementia since 2015. KMPT service users and families who have participated in cognitive rehabilitation report increased confidence and self-esteem and a greater willingness to engage in tasks and activities.

There have been two research and innovation projects to support implementation since the original major randomised controlled trial with Exeter University. Four further members of KMPT staff have received training on the intervention and will utilise this intervention with at least one service user whilst receiving specialist supervision for cognitive rehabilitation. All staff who are delivering the intervention will have access to a series of community of practice events. We very much hope to be able to maintain these skills in this novel, evidence-based intervention within KMPT.



Coproduction and lived expertise

This area remains a key focus for us and is a cross cutting theme we are embedding across all we do. We are ensuring that all studies that are supported by the Home-grown research team actively involve people with lived experience in the development of the research.

For example, for one KMPT led project, we are in the process of setting up a service user advisory group to help us develop an intervention that is accessible and uses appropriate terminology. The lived experience perspective can also help us understand barriers and facilitators to using this new technology so we can ensure that the tool is developed appropriately. We also have two people with lived experience as co-applicants on the funding bid to ensure that we are co-producing the research idea.

We are helping to embed the Trust's vision in making a valuable difference to our services by empowering and supporting service users and carers to bring a lived understanding of mental and physical wellbeing to the work of the Trust, by engaging and embedding the lived experience into the research process. Carefully linked to the Trust's wider work around participation and engagement, we will work with service users and carers to ensure that co-production is at the heart of what we do.

Using lived experience narrative

After developing a collaboration spanning secondary mental health, third sector and lived experience, to further the understanding of the wearing of face coverings as mitigation in the transmission of COVID-19 following an experience of trauma. Our Senior Research Nurse, Alison Welfare-Wilson, led on the development of four pieces of co-authored work, varying from a positional piece published in PsychReg, an online psychology magazine, two self-published pieces via Research Gate and a peer reviewed journal article published in the Journal of Psychiatric and Mental Health Nursing.

For those who have experienced trauma, particularly interpersonal trauma, the additional and new experience of wearing of face coverings in the context of a global pandemic has the potential to be a significant stressor.

This collaboration has enabled us to reach those for whom the wearing of face coverings could be problematic due to their forced link to sensory reminders. Due to our varied means of dissemination we have been able to directly reach those who would benefit from this in a timely and accessible way. In addition, the article is the first peer-reviewed, published piece of work that discusses the wearing of face coverings in relation to trauma.

British Journal of Nursing Awards As a direct result of the above work and its strength in coproduction, Alison was shortlisted as a finalist in the British Journal of Nursing 2021 awards for 'Mental Health Nurse of the Year'. This is a fantastic achievement and recognises the quality and innovative nature of this work

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

Raising awareness of research across the Trust

Research champions

We are working in partnership with Kent Community Health Foundation Trust and the University of Kent to offer one funded position on the Research Champions Programme. This course is open to non-medical staff who wish to increase their skills in addressing clinical practice questions, in line with trust goals and clinical priorities. From a high quality of applications, we are delighted that Samantha Stevens, Senior Occupational Therapist has been chosen to join the programme. The programme is due to commence in September 2021.

The Mental Health Inequalities Research and Innovation Network (MHIRIN)

We are also establishing a Mental Health Inequalities Research and Innovation Network (MHIRIN) which aims to generate discussions about health inequalities, promote equality, diversity and inclusion within research, and to generate new research ideas in this area. We have invited key stakeholders to the first network meeting, including the KMPT BAME Forum, the Research Design Service, ARC KSS, Canterbury Christchurch University and the University of Kent.

Research training

We are developing a range of training opportunities for people looking to gain skills in research. We are looking to introduce three new training packages: **Introduction to research; Writing support workshops; Developing your research idea.**

Summary

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

Mental Health Investment Standard

KMPT, in line with other providers of mental health services, received additional investment from local Clinical Commissioning Groups (CCGs)' baseline funding in order to meet Mental Health Investment Standard.

Focus has continuing on the Mental Health Investment Standard in 2020-21 to ensure that KMPT is working closely with commissioners to deliver as much as possible against the expected investments, in the context of the pandemic. Key areas of focus for the Trust include Early Intervention in Psychosis, perinatal mental health in the community, community mental health teams and psychiatric liaison services in acute hospitals.

Commissioning for Quality and Innovation (CQUIN)

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

Formal agreement of CQUIN contracts were suspended in 2020-21 due to the impact of COVID however in anticipation of resumption in 2021-22 and the close alignment of CQUIN goals and Quality Account Priorities, KMPT has maintained activity and made progress towards targets during the year.

Local quality improvement priorities and progress in achieving them have been discussed and monitored through the Finance and Performance Committee and at monthly internal CQUIN Delivery Group and care group performance meetings, and at external Contract Quality and Performance Review Meetings between the Trust and clinical commissioning groups throughout the year. The use of the CQUIN framework indicates that KMPT has been actively engaged in quality improvements with commissioners.

Goals for 2020-21 have included:

- Supporting patients to manage a healthy weight in adult secure settings
- Staff FLU vaccinations
- Biopsychosocial assessments by mental health liaison services
- Cirrhosis tests for alcohol dependant patients
- Routine outcome monitoring in perinatal inpatient services.

Registration and regulation

The Trust is required to register with the Care Quality Commission (CQC) under section 10 of the Health and Social Care Act 2008 and is registered without conditions for its 17 registered locations.

Following the well-led inspection at KMPT that was undertaken by the CQC during October and November 2018 whereby the Trust maintained its overall 'good' rating, a quality improvement plan (QIP) was developed for those areas identified as requiring some improvement. The QIP completed its cycle of implementation at the end of March 2020 and apart from refurbishments being outstanding, the majority of actions had been completed.

In 2020, KMPT was due to receive its next well-led inspection from the CQC however due to the pandemic, all inspection activity was put on hold. This led to a time of reflection at the CQC and a new strategy 'the world of health and social care is changing and so are we' was developed focusing on the inequalities that the pandemic had identified within the health and social care system. This new strategy which following a consultation in January 2021 and is likely to be implemented in May 2021, is built on four themes that will help to reduce inequalities. These include:

- People and communities – Regulation that is driven by people's experiences and what they expect and need from health and social care services.
- Smarter regulation – Flexible and dynamic assessments of care.
- Safety through learning – Strong safety cultures whereby learning and improvement should be by the primary response.
- Accelerating improvement - Improvement in services and the way in which services work together as a system.

In October and November 2020, KMPT received two unannounced focused inspections to four community mental health teams (CMHTs) for working age adults and the acute and psychiatric intensive care unit (PICU) wards in Dartford. Both inspections were conducted due to information being received that raised concerns about the safety and quality of these services. The areas identified for improvement were as follows:

Acute wards and PICU inspection (Littlebrook Hospital)	
Must do	Should do
The Trust must take action to ensure that patient's nutritional needs are assessed and provide food to meet their dietary needs including cultural and religious needs (Regulation 14).	The service should consider reviewing ward restrictions including use of mobile phones on an individual basis and also ensure consistency for how patients would meet with their visitors.
The Trust must take action to remedy all outstanding maintenance issues and ensure the facilities and equipment is well-maintained and fit for purpose (Regulation 15).	The Trust should consider a robust mechanism of capturing informal complaints, feedback and concerns raised by patients and how they would address them.
	The service should take steps to address the mandatory training compliance to ensure the trust targets are met.
	The service should ensure patient records are thorough and complete, and there is coordination between patient records on different systems.

CMHT inspection (DGS, Dover/Deal, Medway and SWK)	
Must do	Should do
The Trust must ensure that patients' risk assessments contain complete and good quality information, are updated, reviewed and reflective of identified risks, and that all patients have risk management plans (Regulation 12).	The Trust should ensure that they deliver on their plans to improve telephone access for patients and staff to all teams as per their plan.
The Trust must ensure that, where necessary, patients have a crisis plan that has been developed with the patient, and where relevant	The Trust should consider improving the process for 'Red Board' meetings to ensure consistency across the teams, capture patients

CMHT inspection (DGS, Dover/Deal, Medway and SWK)	
Must do	Should do
their carer. Plans must contain complete and good quality information, identify the patient's triggers and any support available for the patient and carer (Regulation 12).	who present with emerging risks to prevent deterioration and record decisions for removing patients.
The Trust must ensure that patients receive assessment and treatment that they need without extended delay and within trust targets (Regulation 17).	The Trust should continue to regularly review the numbers of staff needed in each of the teams to be able to deliver safe and efficient care to patients.
	The Trust should ensure governance systems are effective and they respond to managing risk promptly.
	The Trust senior leaders should ensure they improve relationships, support and communication within the community mental health teams.

The ratings were not affected for the acute wards inspection however the overall rating for the CMHTs changed from a good overall to requires improvement. QIPs have been put in place following both inspections with progress being monitored and reported to CQC on a quarterly basis.

Implementation of Duty of Candour

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

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

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

During 2020-21, there was a review of other mental health trust's processes, practices and policies in relation to Duty of Candour. This focussed on processes where it is identified that moderate or severe harm could have potentially occurred, in order to update the Duty of Candour policy. Staff training was also reviewed in line with this.

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

Data Quality

During 2020-21 KMPT submitted records within prescribed deadlines to the Mental Health Services Data Set (MHSDS). Results are published monthly [via NHS Digital](#)

The percentage of records in the published data which included the patient's valid NHS Number and GMP Code was (*January 2021 MHSDS Provisional*):

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

Information Governance

Data Security

The Executive Director of Finance is the Senior Information Risk Owner (SIRO) of the organisation, providing information risk management expertise at Board level. The SIRO oversees the consistent implementation of the information risk assessment process by Information Asset Owners, as described in the relevant ICT policies and procedures. Additionally the SIRO acts as chair to the Trust-wide information governance group which is attended by clinical and corporate care groups, the Data Protection Officer and the Caldicott Guardian.

The Data Security and Protection Toolkit and Information Risk Register are key enablers to embedding good practice, as well as identifying and managing key information risks. As a result, the Information governance department has put into place a range of appropriate policies, procedures and management arrangements to provide a robust framework for information governance in accordance with the NHS Digital requirements.

The Trust continuously reviews its systems and procedures for the confidentiality, integrity and security of personal and confidential data, and always work towards reducing data security incidents. As a result of investigations into incidents and reviews of IG, data security and 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. Any new system or process is required to meet these standards as does any hardware (eg computers or software). All system developments whether new or existing need to follow a process and have a data protection impact assessment undertaken and be signed off by the Information governance group to ensure they meet the required criteria and that hardware and software are compatible. The Trust monitors its IG and data security risks through the Information governance group.

Assurance

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

The DSPT requires evidence to be submitted so that the Trust can show compliance with the 10 Data Security standards that underpin the Caldicott 3 Report and the three Board obligations:

- People: Ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles.
- Process: Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses.
- Technology: Ensure technology is secure and up-to-date.

These 10 Data Security Standards also incorporate evidence of compliance with General Data Protection Regulation (GDPR) and Data Protection Act 2018 requirements.

The Trust achieved an overall “high” confidence level and substantial assurance from TIAA for this year’s audit of the 2020-1 DSPT evidence, noting that evidence for all 10 data standards received an individual substantial assurance.

2020-21 yearly overview

During the past 12 months, the Information governance department has worked tirelessly to support staff during the most unprecedented times. As a result, the Trust has adopted a number of increasingly more secure electronic methods of communication and remote working, enabling all services to continue to interact and support our patients, partners and the public. 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 two data security and protection incidents as defined the NHS Digital guidance. Both incidents were reported to NHS Digital on the DSPT and automatically reported via the DSPT to the Information Commissioners’ Office (ICO). Both incidents were thoroughly investigated internally, and by the ICO, who in both cases advised that the actions taken and lessons learnt by the Trust were sufficient. These incidents have informed risk improvements to the organisation’s information risk management process and enabled process changes surrounding storage of old paper records.

2021-22 plans

Looking forward, the Trust will continue to review all areas where the security of data might be at risk. It will continue to be reactive, to ensure risks are reduced and lessons learnt when mistakes do occur. It will be proactive, working to improve its cyber security by implementing improvement projects throughout the Trust and will follow the guidance of the UK Government’s National Cyber Security Strategy and aim to achieve “Cyber Essentials Plus”. It will remain vigilant, guarding against threats and striving to keep the data as secure and protected as possible, and it will be dynamic, prepared and able to respond quickly, efficiently and accurately to the future data security and protection needs of the Trust, its staff and patients.

The Information Governance Office monitors the Trust’s audit procedures undertaking regular audits and monitoring of access to information across the Trust including, but not limited to, the patient information system and internet. It is this office which also undertakes bi-annual internal audits, for processes relating to information sharing, disclosure and risk, assessing resourcing, procedures, compliance and documentation and making recommendations as necessary and have also been extended to include information governance office functions.

Regular reports are provided to the IG Group on all aspects of information risk. In addition to its own IG group, the Trust maintains representation on local information governance groups such as the IG Forum and IG Programme Board.

Clinical coding audit

The Trust was not subject to a payment by result clinical coding audit in 2020-21. However, the Trust did undertake its own audit of patient records and the discharge summaries, when present, were an excellent source of information, thus aiding the coding process.

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

	Total episodes audited	Total correct	% Correct 2020-2021	% Correct 2019-2020
Primary Diagnosis	50	49	98%	92%
Secondary Diagnosis	339	306	90.27%	77.69%

At 98 per cent accuracy, the Trust has achieved an excellent result in primary diagnosis coding, surpassing the upper threshold Standards Exceeded Data Security Standard 1 target (90 per cent) by 8 per cent. Secondary diagnosis coding accuracy at 90.27 per cent is equally exemplary, outperforming by 10.27 per cent the standards exceeded (80 per cent) requirement for a mental health trust

At 90.27 per cent secondary diagnosis coding accuracy has increased by 12.58 per cent when compared with last year's audit. There is, once again, a significant growth in the number of secondary diagnoses year on year with a total of 339 in this audit, compared with 260 recorded in 2019-20. This increase is indicative of a further enhancement in the complexity of casemix, with the potential attendant impact on coder resource.

Of the 33 secondary diagnosis coding errors, 21 (63.64 per cent) result from omitted comorbidities. These constitute an even distribution between socioeconomic factors that exacerbate the mental health condition and often precipitate admission; and coexisting conditions that require intervention or influence the care plan. However, this is significantly lower than the 39 omissions in the previous audit; and the overall increased depth of data capture demonstrates a sound improvement in the detailed reflection of clinical activity and associated influences. The classification of mandatory co-morbidities is excellent, with a nominal three omissions in this area.

Of the 46 spells audited, the Electronic Discharge Notification (EDN) is available within five working days of discharge in 22 (47.83 per cent) cases. Fourteen are available within 6-10 working days, with the remaining 10 available in excess of 10 working days. One discharge summary was added to the care record 55 days following discharge; and a further episode did not have a discharge summary available at the time of audit. This equates to a significant improvement in the timeliness of discharge communication to the position noted at the last DSPT audit.

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

Improving data quality

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

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

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

The Informatics Strategy has been developed to set out the steps that are necessary for KMPT to take in order to introduce a structured methodology for information and data quality improvement. It will concentrate on addressing the three areas above by;

- Focusing on key data items in the MHSDS [Mental Health Services Data Set]
- Developing, implementing and embedding a Trust wide data quality culture sponsored and monitored at senior management level
- Integrating data quality with the new Performance Management Framework as a key element of the Trust's reporting activities

Equality and diversity developments 2020-2021

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 nine protected characteristics (where data is available) and details our achievements, meeting the Care Quality Commission's guidance and compliance with NHS England standards.

Where we are at

Equality, diversity and inclusion have been at the forefront of KMPT's response in tackling COVID-19 and its impacts across the organisation. New priorities emerged presenting a challenge to progress on some actions but raising the profile of inequalities across KMPT for both our staff and patients. The Board signed up to becoming an anti-racist organisation and has asked for regular updates on this work and its associated projects. The Board has also looked inward at what they can do and need to know to support this work.

KMPT has reviewed and published its action plans relating to the Workforce Race and Disability Equality Standards and we continue in our aims to mainstream and embed diversity and inclusion best practice in all areas of KMPT. This report provides details of our workforce and service delivery activities. Workforce equality activities are reported to Equality and Diversity Steering Group (EDSG), Workforce and Organisational Development Committee and the Board and Quality Committee.

Workforce and organisational development activities

KMPT continues to produce Annual Equality and Diversity Comparative Data Analysis to identify key issues for action as well as provide equality data reports to the Diversity and inclusion manager/facilitator.

Workforce Race Equality Standard (WRES)

Work on the WRES has seen a slight increase of staff declaring that they are from Black, Asian, Minority Ethnic (BAME) background at 22 per cent across bands 1-9; Medical

(Consultants and medical other) have the greatest representation of BAME and there continues to be BAME representation at Board level. WRES 2020 reports that “there has been an improvement in BAME representation at board level of 6 per cent since 2019. KMPT has the highest BAME representation at Board level in the south east and has implemented a WRES action plan to ensure progress is being made with meaningful activities. This includes some positive action initiatives to encourage BAME employees to pursue developmental and leadership programmes to BAME at higher bands. The first cohort of ‘Reverse mentoring’ begins March 2021 with 16 members of staff from across KMPT signed up to take part in mentoring executives.

Staff Networks

The Black, Asian, Minority Ethnic (BAME) staff network continues to be strong in membership representation (now over 140 members). The Executive Director of Partnerships and Strategy / Deputy Chief Executive is the network executive lead and the network has a Chair, Vice Chair, Secretary and two communications officers. These employees all carry out this work voluntarily and in addition to their own role. The network group has established objectives over 12 months to give the forum focus and to encourage more members and allies. The network supported and continues to support KMPT during the pandemic by:

- Offering drop in sessions to BAME staff who had concerns at the outbreak of the pandemic.
- Offering drop in sessions for managers and supervisors to support the completion of risk assessments to protect staff.
- Recruit volunteers to call every member of BAME staff to check in on them.
- Increase network membership by seeking allies to join the network following the reporting of the murder of George Floyd. After the Chair of the network, Simon Cook, spoke at Board about KMPT needing to be anti-racist over 80 allies emailed the network asking what they could do. Ally training was rolled out.
- Running events for Black History Month (October 2020). Very successful month with lots of activities for both employee and patient involvement and culminating in a virtual conference. The first of its kind within KMPT.

Workforce for Disability Equality Standard

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

KMPT has reported on the experiences of disabled people in the workplace on a yearly basis. The second-year report and associated action plan are published on KMPT’s website and are monitored through the Equality and Diversity Steering Group.

Disability network

KMPT is in the top 5 per cent of Trusts for employees declaring a disability, however the declarations are only 6.46 per cent of workforce who describe themselves as having a disability with 15 per cent of staff not declaring whether they have a disability or not. This ‘not declared’ rate has reduced by 5 per cent over the last year. The (dis)Ability network is established and has the Chief Operating Officer as the executive lead. A new Chair has just taken their post for this network. The network has seen more attendance since being fully virtual and staff have found meetings easier to attend. Achievements of the following objectives in 2020 were:

- Safe to come out - safe to tell campaign - developed a campaign aimed at staff who have or had mental health problems.
- Drop in sessions to support staff coming back to the workplace from shielding due to COVID-19.

- Drop in sessions to support managers supporting their staff in returning to the workplace after shielding, including the completion of risk assessments.
- The design and production of a Staff Wellness Passport that was launched on International Day of People with Disabilities in December 2020.
- The roll out of a pilot training programme aimed at supporting managers in supporting their staff and run by Disability Rights UK.

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

2.94 per cent of workforce declared that they are lesbian, gay or bisexual and no data has been recorded for employees disclosing or identifying as Transgender. The, Director of Workforce, Communications and Organisational Development is the executive lead for the network, which also has an independent Chair. There is a strong online membership for this network.

Religion and belief

A Pastoral, Spiritual and Religious Care strategy/policy has been implemented, which includes the provision of faith support for longer term patients, meeting their specific faith needs. A focus on End of Life Care will be taking place later in 2021.

Faith network

76.64 per cent of the workforce declared a religion or belief. The Chaplaincy team continue to promote the Faith network to encourage wider awareness and understanding of faith related issues. The network's purpose is to benefit service users, patients and employees, offering a platform for identifying, promoting and addressing issues, as well as link in with the other networks to promote intersectionality. The networks current Executive Lead is the Director of Nursing, Quality and Allied Health Professionals. The network promoted virtual events throughout the pandemic and continue to support staff and patients by holding on line services.

Recruitment and retention

As of 31 March 2021, the Trust employed 3,233 people. During 2020/21, 506 staff left the Trust and there were 464 new appointments. The Trust is taking a proactive approach towards a robust exit interview process to gain a better understanding of staff experiences. In collaboration with the Leadership and management facilitator, resourcing and selection training has been piloted which includes unconscious bias elements.

In relation to age, the majority of the workforce is aged 46-55 years old, which is fairly comparable with the national data. This data shows that KMPT has an ageing workforce and initiatives will need to be identified to minimise or address this. In relation to marriage /civil partnership – 96.89 per cent of staff disclosed their marital status of which 49.88 per cent of staff declared that they are married or in a civil partnership, which is in line with national statistics.

Reporting on gender pay gap

75 per cent of the workforce is female with 25 per cent male representation. Recent analysis of figures relating to the pay gap highlights that men fare better in relation to pay.

Mandatory training on equality and diversity

Equality and diversity inclusion (EDI) training forms part of the essential training for your role and is an electronic course that all new starters must complete. The compliance target for EDI training is 90 per cent: Overall compliance was 97 per cent in 2020.

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

- Policies/ legislation

- Training and development
- Staff networks
- Freedom to speak up Guardian and Ambassadors
- Workforce Race Equality Standard/Disability Equality Standard
- Workplace reasonable adjustments
- Translation and interpreting
- Where to get further support.

The Trust provides a wide range of other training on equality, diversity and inclusion. These include:

- Consultant Psychiatrists CPD programme EDI session
- Opening Doors Programme
- Sexual Orientation and Gender Identity (SOGI) Training
- Disability Awareness Training
- BAME Ally workshops - Being an active Ally
- Understanding white privilege
- What does being anti-racist mean?

Equality Impact Assessment

All KMPT business and policies undergo equality impact analysis as a means of achieving fairness, transparency and complying with the Equality Act 2010. The Diversity and inclusion manager/facilitator supports the policy team to review and ensure all changes to service provision policy formulation are equality impact assessed. A new form was introduced in 2020 and training has been offered to teams and will support the completion of individual assessments when requested.

Partnership work with local equality and diversity leads and others

These include, Kent, Sussex and Surrey NHS organisations with representatives from NHS Employers to share best practice.

- KMPT is part of the KSS Leadership Academy networks, the Inclusion Network including the Kent Inclusion Networks and STP's.
- KMPT is also linking with other public sector organisations e.g. Kent Police, Kent County Council and Kent Fire and Rescue Service. A joint, virtual conference is planned within the next 12 months to showcase improvements since the introduction of the Equality Act 2010.

Inclusive leadership

Continue to present twice per year, equality and diversity activities for employees to Workforce and Organisational Development Committee; Board now plays a key role in diversity and inclusion work; the Chief Executive chairs the Equality and Diversity Steering Group and the Kent and Medway wide BAME staff network.

Communications

- Equality, diversity and inclusion Team continue to collaborate with the Communications team to promote EDI and dedicated pages have been reviewed for the new intranet and website.
- Publicise the networks and initiatives Trust wide;
- A representative from the Communications team attends EDSG meetings and the EDI support communications with the staff networks.

KMPT service delivery

KMPT has equality and diversity leads for care groups, who work on equality actions and understand the implications of their service within the context of difference. The leads champion and embed the principles of equality, diversity and inclusion in the delivery of their functions. All equality leads and nominated support staff provide progress update reports of group activities to the Equality and Diversity Steering Committee on a bi-

monthly basis sharing best practice and challenges. Each care group and support service will lead on their specific equality actions which will identify their goals for embedding and improving equality practices.

Improving equality data

The Equality and diversity steering group has formed two sub-groups to look at increasing demographic data of both staff and patients. The staff campaign will look to increase the number of staff disclosing a disability and their ethnicity within ESR (staff electronic reporting system). The patient data campaign will identify key areas within care groups to ensure completion of demographic data in relation to ethnicity. These key areas will be aligned to reporting on things such as those patients detained under the Mental Health Act. The three month project will identify a data baseline, look at what improvement has been achieved at the end of the project and identify any barriers that need to be overcome before rolling out this project more widely.

Accessible Information Standard – translation and interpreting

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

KMPT also has a contract in place on interpretation and translation services for different languages provided by OneCall. KMPT receives a detailed quarterly report from KDIS with information on the number of requests for services. KMPT is 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.

Ongoing projects

- Hate Crime Strategy review in line with the launch of Operation Cavell; a joint initiative between KMPT and Kent Police to ensure that KMPT staff remain safe during the course of their role and if subjected to unacceptable behaviours (violence and anti-social) behaviours from service users, they have a clear way to report such crimes and be supported.
- Ensuring BAME staff have the opportunities to get into leadership roles with targets set for the NHS England initiative on being a model employer. The targets will be set by individual care groups and aim to increase BAME staff into leadership roles up to 2028.
- Contributing with work on health inequalities to improve the care and outcomes of patients.

Freedom to Speak Up

Since March 2019 the Trust has had the support of a full-time Freedom to Speak Up Guardian, Celina Todd. The Guardian is supported by a network of Freedom to Speak Up Ambassadors. The network of Ambassadors is currently at 25 and has been grown to reflect the diversity of the workforce it supports. Vulnerable staff groups have been identified and Ambassadors from those groups encouraged to join the network to offer additional support to those groups we know may face additional challenges when raising concerns; these groups include staff from LGBTQ+ and BAME groups, volunteers, apprentices and peer support workers. There were around 199 FTSU contacts during the year. All of which were responded to. Themes were varied and often overlapped with HR issues but the most common were attitudes and behaviours and policies, processes and procedures. As a result of contacts, changes were made to support staff following serious incidents, logistical problems Liaison psychiatry teams and acute trusts resolved and lessons learned in relation to the value of communications and managers supporting one another to enable them to have difficult conversations with patients and their families.

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

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

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

Our 2021-22 priorities

For 2021-22 the Trust has again set three priorities for improvement; one in each of the three areas that constitute quality, these are **patient safety**, **patient experience** and **clinical effectiveness**. After assessing the impact of the pandemic, the Trust has agreed to continue with the same three priorities set in 2020-21

Our priorities have been developed and chosen based on:

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

Who has been involved in setting our 2021-22 priorities?

During 2020-21 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's Community engagement strategy expired and a new Participation and involvement strategy has been developed to replace it.

The strategy is based on the National Survivor User Network's (NSUN) National Involvement Standards which were co-produced with mental health service users and carers and have been adopted by numerous NHS trusts and third sector organisations.

The strategy sets out the Trust's commitment to:

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

The Trust Board has continued to receive presentations from service users and carers throughout 2020-21. 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 Trust has agreed to remain focused on three key priorities, one in each of the quality domains.

Patient safety

- Reduction in violence and aggression – reduction in incidents of violence and aggression in all its forms remains a high priority for the Trust Board, staff and patients. In 2021-22, we will complete the training and implementation of the Brøset tool for predicting violence and aggression across all inpatient wards. We will focus on further realisation of the benefits of the Promoting safer services strategy which aims to reduce the negative impact of violence and aggression on staff and patients.

Patient experience

- Collaborative care planning – care planning is fundamental to the quality of care provided and the most critical element of how patients perceive the quality of their experience of care. The Trust has recognised this relationship over several years and in 2021-22 will focus on ensuring patients and carers are engaged and involved in care planning and quality is improved through collaboration.

Clinical effectiveness

- Clinical reported outcome measures (CROM) – in 2021-22 we will focus on increasing compliance with CROM with the aim of providing meaningful measures of effectiveness and taking account of both clinical and patient reported outcomes, use these measures to lead to service improvements.

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 2020 to March 2021
 - papers relating to quality reported to the board over the period April 2020 to March 2021
 - the 2020 national patient survey
 - the 2020 national staff survey
 - the Head of Internal Audit's opinion of the Trust's control environment dated xx May 2021
- the Quality Account presents a balanced picture of the trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.



Jackie Craissati
Trust Chair

Your views

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

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

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