

Quality Accounts

2023-2024



RESPECT



OPEN



ACCOUNTABLE



WORKING
TOGETHER



INNOVATION



EXCELLENCE

BRILLIANT CARE THROUGH BRILLIANT PEOPLE

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In 2023, we launched our organisational strategy built around three pillars – the people we care for, the people who work for us and the partners we work with. Specifically, for the people we care for we set ourselves the objectives to deliver outstanding, person-centred care that is safe, high quality and easy to access.

This report outlines our efforts to achieve this across the first year of our strategy and builds upon the findings of our 2023-2024 annual report and accounts, with a focus on patient safety, care effectiveness, and patient feedback.

Included in this report are:

- › **Our strategies for quality improvement (Qi)**
- › **Performance evaluation against our objectives for 2023-2024**
- › **Our goals for 2024-2025**
- › **Key accomplishments from the past year**

Sheila Stenson
KMPT CEO

I am incredibly thankful to our staff for their dedication amid ongoing challenges; to our partners for their continual support; and to our patients and their loved ones for their honesty and willingness to share their feedback. Their input is invaluable in enhancing the quality of care we deliver.

We have ensured that the information within this report is accurate and unbiased, offering a thorough and balanced review of our annual performance. Under the guidance of our board and the efforts of my executive management team, we have verified the accuracy of the data presented. The trust has thoroughly reviewed all available quality data on care in all the NHS services we offer.

To the best of my knowledge, the contents of this document are accurate. The director's statement in appendix A confirms that we have adhered to the standards required for this account.

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:

1. The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - › papers relating to quality reported to the board over the period April 2023 to March 2024;
 - › the 2023 national patient survey;
 - › the 2023 national staff survey;
 - › the Head of Internal Audit's opinion of the Trust's control environment dated 10 June 2024;
2. The Quality Account presents a balanced picture of the trust's performance over the period covered.
3. The performance information reported in the Quality Account is reliable and accurate.
4. 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.
5. 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.

Dr Jackie Craissati
Trust Chair



I am delighted to introduce the quality account for 2023-24 for KMPT. The work represented here characterises the range of commitment and ambition to deliver brilliant care in KMPT.

The organisation has been changing at pace throughout the course of the year, changing structure to be able to deliver services to people in the community in a way that is sensitive to the changing needs of the populations across Kent and Medway. The Community Mental Health Framework is the over-arching approach to developing this and I'm delighted that all our community mental health teams have now adopted this and are working hard with partners in Primary Care and in the Voluntary and Charitable sectors to create a more accessible and needs led approach to care. There is much to do on this over the years ahead but this is a great start.

Across the organisation there are great examples of teams working together to tackle some of the most complex problems we face – much of this is not easy and requires great teamwork and a steadfast commitment to improvement. We can see this in the developing research activity, our patient safety work and our focus on suicide prevention as well as the focussed work on delivery of the Trust strategy.

Andy Cruickshank
Chief Nurse

The way we approach improvement is changing, to ensure that we can deliver on the strategy set out last year which is structured around 3 Ps:

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

The work in this report, is focussed on improving outcomes for those we serve and improving the experience of working in KMPT, as well as becoming a more integrated part of the fabric of our communities. It is a really exciting time of growth and development and although change can be daunting, we are setting course to make KMPT a truly fantastic organisation to be part of, and to care for you.

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

PART ONE



Our approach to Quality Improvement (Qi)

KMPT's Quality Improvement strategy and associated implementation plans support the delivery of our ambitions to grow an empowered culture of continuous quality improvement. Our Qi approach is designed around our just and learning culture and establishes the methodology for delivering improvements within KMPT. By demonstrating that we are a listening and learning organisation, empowering our staff to drive improvement and rebalancing quality assurance and quality control, we aim to ensure that patients and carers are at the heart of what we do.

In 2023-24 we focused our improvement efforts in the following areas:



Growing and developing our Qi team to provide the resources, support and tools for successful improvement;



Supporting our directorates through partnering with them to identify meaningful improvements;

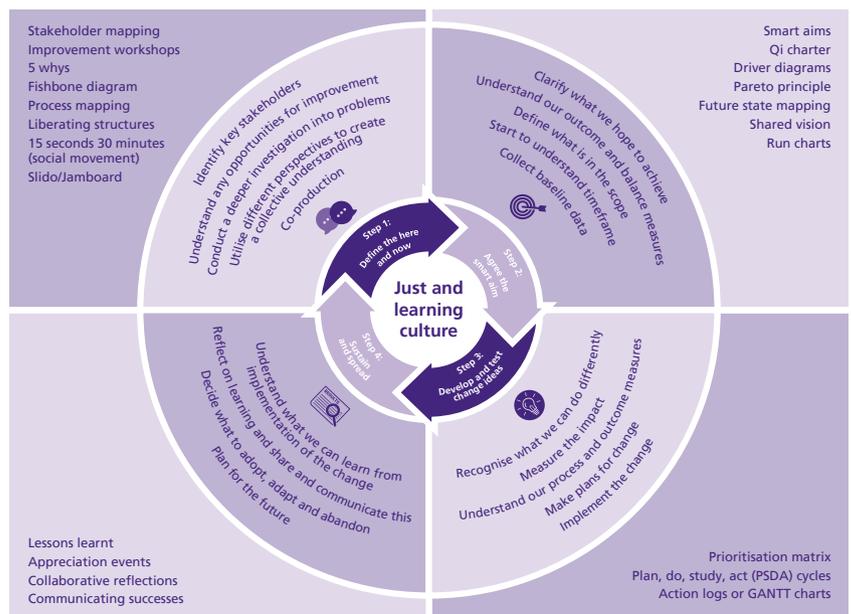


Building capability through training, workshops and coaching our staff and teams.

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

Our Qi approach is unique and custom to KMPT and the needs of our staff and organisation utilising the Model for Improvement methodology as a framework. It is designed to provide our staff with a supportive and evidence-based approach to delivering improvements. Our continued aspiration is to empower our people to identify the opportunities for improvement and be actively involved in making changes in our services.

KMPT Qi approach

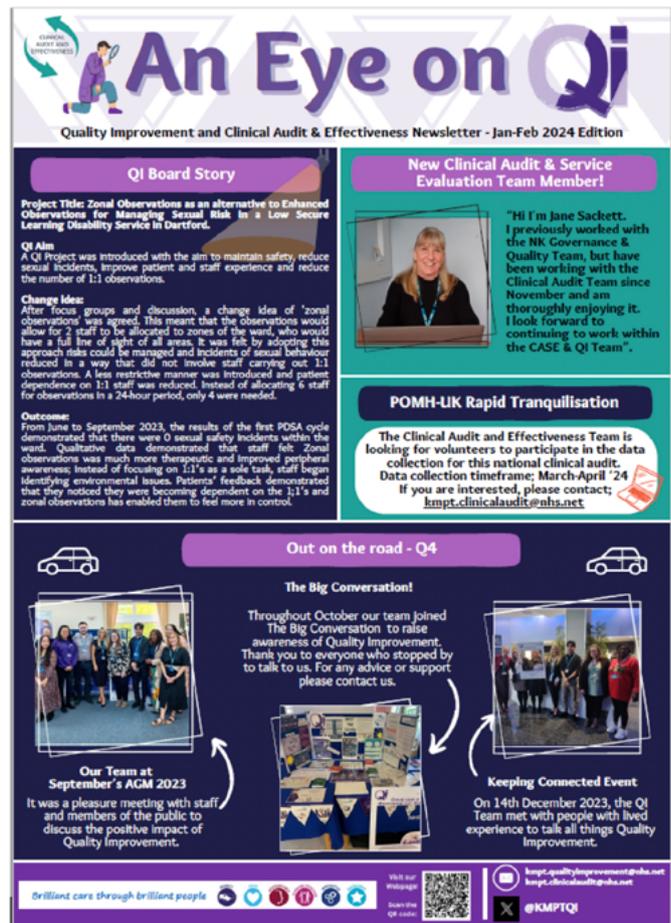


In 2023-24, we have embedded the use of a new programme management platform called GATHER. This is enabling all our projects to be tracked and managed centrally ensuring smooth registration, progress monitoring and consistent reporting of all our QI projects and their status. The QI steering group was established to engage organisational leads and champions in Quality Improvement and provide oversight of the programme of projects.

Celebrating our successes, recognising and appreciating the contributions of our staff and teams to improving quality has been a key focus. More than 30 completed projects have been selected by both national and international conferences for either poster or oral presentations. This resulted in eight award wins for our projects including a recognition for the QI team's support to our medical students in 2023-24.

The organisation has continued to participate in national Quality Improvement collaboratives including the Demand, Capacity, and Flow Collaborative.

The QI team has been working closely with the Communications Team on the promotion of QI to different groups of frontline staff and the wider public. We have successfully established an active Twitter account with an ever growing following providing an engaging space to share QI content and celebrate successes. In 2023 the QI newsletter 'Eye on Qi' was launched to disseminate key updates within the organisation. A QI success story from a completed project has been presented at every public board meeting through 2023-24 showcasing the work of our frontline teams.



The inaugural “Shining a spotlight on excellence” conference took place in 2023 showcasing the collaborative efforts of QI, Clinical Audit and Research & Innovation teams with colleagues across KMPT to drive positive improvements. The conference was attended by over 150 frontline staff with positive feedback received and key learnings are being applied to planning for next year’s conference. Planning has also commenced with the Medical Education team to run a QI showcase, highlighting the improvements undertaken by our medical teams and sharing learning across the organisation.

2023-24 saw QI embedded throughout events within KMPT with the team invited to the nurses’ celebration day, keeping connected events, Trust AGM and staff away days.

The QI capability building offer has been expanded through 2023-24 including:

- › Co-producing QI training for our experts by experience to launch next year;
- › Integrating QI into the Trust induction for all staff;
- › Opening requests for customised training to staff groups and teams;
- › Targeting directorate level training to teams actively starting improvement projects;
- › Delivering more virtual bitesize modules bookable by all staff;
- › Leadership for QI training delivered in collaboration with the Advancing Quality Alliance to professional champions.

The QI team’ key achievements include:



74 QI projects live in the organisation going into 2024-25;



More than 30 posters/presentations accepted to national or international conferences;



8 award wins for presented projects;



686 people trained in QI;



Eye on Qi newsletter launched.

Examples of QI projects:

1. Improving our staff wellbeing in the Thanet Community Mental Health Team for Older people:

- › Co-producing QI training for our experts by experience to launch next year;
- › Integrating QI into the Trust induction for all staff;
- › Opening requests for customised training to staff groups and teams;
- › Targeting directorate level training to teams actively starting improvement projects;
- › Delivering more virtual bitesize modules bookable by all staff;
- › Leadership for QI training delivered in collaboration with the Advancing Quality Alliance to professional champions.

Mental Health
Together



2. Using Digital Media and Quality Improvement Science in Enhancing Service Responsiveness for People with NEAD (non-epileptic attack disorder) and FND (functional neurological disorder):

- › In January 2022, waiting list for psychology input was 365 days. Today it is 78 days.
- › In January 2022, waiting list for a non-urgent medical appointment was greater than 180 days. Today it is just over 60 days.
- › National congress award wins generating reputational benefits to the organisation and our improvement culture.

3. Improving the consistency and simplicity of completion of signposting letters:

- › Team managers were receiving approximately 5-8 calls per week from clients who were unhappy with the content of the signposting letter as a baseline. Down to zero as of March 2023.
- › Previously to complete six letters this would take on average 2 hours 45 mins. This has now been significantly reduced to an average 1 hour 15 mins.
- › Almost 14 hours of staff time a month being freed up with time efficiency reinvested back into the services and patient care.

Quality Priorities 2024/25

For 2024/25, the trust has again set two priorities for improvement based on the three areas that constitute quality, these are; patient safety, patient experience and clinical effectiveness.

Our priorities have been developed and chosen based on:

- › What is important to people who access our services, people who deliver our services and key stakeholders such as our commissioners;
- › Identified risks to quality, which includes feedback such as complaints and learning from serious incident investigations;
- › STP/ICS, CQUIN and National priorities.

Who has been involved in setting our 2024-25 priorities?

During 2022-23 KMPT has continued to involve a range of staff, people who use services and our partners in the non-statutory sector to help set our priorities for the coming year. The Trust Board has continued to receive presentations from service users and carers throughout 2024-25. 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 5 Directorates 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 two Quality Priorities selected are:

1. Implementation of the Patient Safety Incident Response Framework (PSIRF)

PSIRF is a national priority as the NHS in England moves away from the dominance of using Route Cause Analysis to investigate serious incidents and deaths in healthcare. The key tenets of this approach are:

- › Compassionate engagement and involvement of those affected by patient safety incidents;
- › Application of a range of system-based approaches to learning from patient safety incidents;
- › Considered and proportionate responses to patient safety incidents;
- › Supportive oversight focused on strengthening response system functioning and improvement.

2. Mental Health, Learning Disability and Autism Inpatient Quality Transformation – a new national imperative established in the wake of the care scandal at the Edenfield Centre in Manchester, to develop a positive and open culture within inpatient care. This work will build on the on-going violence reduction work to enhance the experience of those who use and those who work in inpatient care and ensure a cohesive and consistently high quality inpatient care offer for the people of Kent and Medway.

Statements related to Quality of Services - The following sections of the Quality Account are mandatory. All trusts must include them so that readers can compare one Trust with another.

Our services

KMPT provides a range of secondary care mental health services to a population of approximately 1.8 million people across Kent and Medway. KMPT has approximately 3,700 employees.

The key highlights on our income for 2023-24 are:

- › Our total income for 2023-24 was £272m;
- › £252m related to patient care activities;
- › £20m was other operating income;
- › All income was generated through our operations as an NHS Trust.

KMPT provides

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

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

Performance against mandatory quality indicators

The Trust is monitored against a set of core indicators which are published by NHS England. Robust procedures are embedded within the Trust to address variances in compliance against these indicators, including a review of any instances of non-compliance to ensure lessons are learnt to further improve our performance in the future.

The Single Oversight Framework (SOF) sets out how NHS England (NHSE) oversees Integrated Care Boards (ICB) and NHS trusts, using one consistent approach. On occasion published data differs from KMPT held data due to processing variances carried out by NHSE against national data sets. In such circumstances KMPT works with NHS England to resolve disparities to ensure a single version of the truth wherever possible. There is a quarterly meeting with ICB colleagues where indicators are discussed and further detail provided against both areas of concern and those where KMPT demonstrates good performance.

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

NHS Single Oversight Framework Metric	Period	Rank	National Value	Rank Quartile	KMPT Value
S000a: NHSOF Segmentation	2024 02				2: Flexible support
S035a: Overall CQC rating	2024 02	13/69			3 - Good
S059a: CQC well-led rating	2024 02	13/69			3 - Good
S063a: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or					
a) managers	2022	27/71	11.1%		7.62%
b) other colleague	2022	27/71	20%		13.2%
c) patients / service users, their relatives or other members of the public	2022	62/71	27.8%		29.8%
S067a: Leaver rate	2023 12	55/71	7.39%		8.24%
S068a: Sickness absence rate	2023 10	13/71	5.39%		4.92%
S069a: Staff survey engagement theme score	2022	59/71	6.79/10		6.91/10
S071a: Proportion of staff in senior leadership roles who are from a BME background	2022	24/69			13.1%
S071b: Proportion of staff in senior leadership roles who are women	2023 12	36/45			62%
S071c: Proportion of staff in senior leadership roles who are disabled	2023	12/69			7.22%
S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	2022	41/71	56%		59.8%
S086a: Inappropriate adult acute mental health placement out-of-area placement bed days	2023 12	1/56			0
S121a: NHS Staff Survey compassionate culture people promise element sub-score	2022	62/71	6.98/10		6.91/10
S121b: NHS Staff Survey raising concerns people promise element sub-score	2022	58/71	6.43/10		6.57/10
S125a: Adult Acute LoS Over 60 Days % of total discharges	2024 01	6/53			12%
S125b: Older Adult Acute LoS Over 90 Days % of total discharges	2024 01	21/53			38%
S133a: Staff survey - compassionate and inclusive theme score.	2022	45/71	7.23/10		7.51/10
S134a: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants (WRES).	2023	50/69			1.9
S135a: Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants (WDES)	2023	54/69			1.2

Highest performing quartile
Interquartile range
Lowest performing quartile

Clinical audit and quality improvement activities

2023/2024

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.

National clinical audit activity

The NHS England Quality Accounts List published by Healthcare Quality Improvement Partnership (HQIP), for financial year 1st April 2023 and 31st March 2024 contained 15 projects relevant to services provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT) that planned to collect data during the year. One of these projects, tobacco dependence in Mental Health service did not go ahead.

Between 1 April 2023 and 31 March 2024 KMPT was actively involved in data collection for all 14 (100%) of the relevant projects from the Quality Accounts List.

A summary of all the projects from the Quality Accounts List that KMPT participated in during the reporting period is given below, along with the current stage that the project is at.

Project title	Type	Project stage
National Audit of inpatient falls	National clinical audit	Continuous
NCEPOD Transition from child to adult health services study	National confidential enquiry	Complete
POMH-UK Topic 21a Use of melatonin	QI programme	Complete
POMH-UK Topic 20b Prescribing Valproate	QI programme	Complete
National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis (EIP) audit 2023	National clinical audit	
POMH-UK Audit 7g: Monitoring of patients prescribed lithium	QI programme	Complete
Memory Spotlight Audit 2023-24	National clinical audit	Analysis
POMH-UK Audit 22a; Use of anticholinergic (antimuscarinic) medicines in old age mental health services	QI programme	Action planning

Continued on next page 

Project title	Type	Project stage
NCEPOD End of Life Care	National confidential enquiry	Awaiting report
POMH-UK Audit 23a; Sharing Best Practice Initiatives	QI programme	Action planning
POMH-UK Audit 16c; Rapid Tranquilisation	QI programme	Data collection
POMH-UK Audit 21b; Melatonin	QI programme	Planning
POMH-UK Topic 24a; The use of opioids in mental health services	QI programme	Planning
National Clinical Audit of Psychosis NCAP Early Intervention in Psychosis Service EIP 2024 audit	National clinical audit	Awaiting report
Learning Disability Mortality Review Programme (LeDeR)	Mortality review	Continuous
Mental Health Clinical Outcome Review Programme - Real-time surveillance of patient suicide	National confidential enquiry	Continuous
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Safety in Mental Health	National confidential enquiry	Continuous
Mental Health Clinical Outcome Review Programme - Suicide by people in contact with substance misuse services	National confidential enquiry	Continuous

The reports of six national clinical audits were reviewed by KMPT between 1 April 2023 and 31 March 2024 and KMPT intends to take the following actions to improve the quality of healthcare provided. The actions from national clinical audit and quality improvement projects from the HQIP Quality Account List are monitored by the Clinical Audit and Effectiveness Team. Please email kmpt.clinicalaudit@nhs.net for further details.

National Clinical Audit of Psychosis Early Interventions in Psychosis (EIP) 2023 (607/23), published May 2023

- › Since the Trust aligned to place based working and the EIP service has a number of different managers, we need to ensure that all EIP leads are aware of the standards and processes to ensure there is robust monitoring of referrals in assessment;
- › Regular meetings to be established with general managers to clarify processes to sustain compliance;
- › Ensure vacancies of cognitive behavioural therapy for psychosis therapists are recruited to and appropriate training undertaken;

- › Ensure robust recording of information on the electronic patient information system;
- › Upcoming Family Intervention lead vacancies. Plans to skill mix posts to deliver intervention and sustain compliance;
- › Staff offered Health Education England Family Interventions training;
- › Meet with south east clinical leads to confirm public health measures to be captured;
- › Meet with EIP leads to ensure understanding of all aspects of physical health checks and interventions;
- › Trust are looking to implement DIALOG+ within the electronic patient information system (Rio) imminently which will make it more streamlined to complete;
- › Training to be delivered within teams in-house;
- › Monitoring of completion through dashboard on PowerBI.

The Inbetweeners (409/21 Transition from child to adult services), published June 2023

- › There were no relevant patients identified to be included from KMPT, however the report was disseminated to clinical directors, highlighted at Acute Directorate leaders meeting and circulated to the wider Trust through the Communications Team;
- › KMPT to identify a carer for their involvement in the design of services.

Prescribing Observatory for Mental Health-UK Topic 20b Prescribing Valproate, published May 2023

- › The results of this project were presented widely in forums attended by prescribers, along with the actions being taken;
- › Pharmacy Team produced a guideline for Safe Prescribing of Valproate, which has been ratified and disseminated. The formulary was updated accordingly;
- › Pharmacy sent a reminder to prescribers regarding completion of paperwork when prescribing “off label” medications.

Prescribing Observatory for Mental Health-UK Topic 7g Prescribing Lithium, published August 2023

- › The results of this project were presented widely in forums attended by prescribers, along with the actions being taken;

Continued on next page 

- › Assign Lithium Champions/Leads for any community mental health teams and wards who don't have Lithium Leads;
- › Provide physical health nurses in community teams with access to the electronic pathology lab system so they can access blood test results;
- › Introduce the use of lithium cards to patients prescribed lithium that include a record of their monitoring and prescribing information;
- › Information regarding the use of lithium cards included in the staff prescribing newsletter Medicines Matters.

Prescribing Observatory for Mental Health-UK Topic 22a Prescribing anticholinergic medication, published January 2024

- › The results from this project are being disseminated;
- › Actions will be agreed once the results have been discussed.

NCISH Suicide and safety in mental health annual report: UK patient and general population data 2011-21, published February 2024

- › The report is being disseminated by KMPT Mortality Manager;
- › KMPT has published a new suicide approach and is working with service users and staff to update risk management.

Local Clinical Audit and Quality Improvement Activities

These actions are monitored by the project supervisors and leads. Further information may be available by emailing kmpt.clinicalaudit@nhs.net.

Improving standardised admission blood tests adherence for Psychiatric Intensive Care Unit (PICU) patients

- › A pre-filled blood test request form to be created, which included all relevant blood parameters as detailed in the junior doctor's trust induction pack.

Care of EUPD Patients on Fern Ward, St Martin's – Compliance with NICE Guidelines

- › Staff be given a refresher briefing on the NICE guidelines and a summary of audit findings – arrange meeting and give presentation;
- › Repeat audit at a suitable interval;
- › Brief relevant staff on findings of the second cycle of the audit.

A clinical audit to assess Crisis Resolution Home Treatment Team (CRHT) compliance in communicating medication changes with primary care

- › Present findings at CRHT performance and quality meeting to communicate findings of the audit with other teams;
- › To join Rio Group and request a standardised template is implemented for change of medications;
- › Clarify when CRHT Operational Policy will be ratified so that excepted standards in communicating with GPs is formalised. Via e mail to service leads;
- › Disseminate learning by sharing audit results with CRHT consultants via our 'Community of Practice', with CRHT service leads and with pharmacy lead for KMPT CRHTs;
- › To offer support to other CRHTs with local auditing.

A clinical audit of antipsychotics side effect monitoring using Glasgow Antipsychotic Side effect Scale (GASS) at Medway Community Mental Health Team (CMHT)

- › Hard copies of the GASS form and the simplified version should be easily accessible in the depot clinic and be handed to the patient for completion while they are waiting at the reception;
- › To be included in the CMHT monitoring spreadsheet.
- › A proforma to include when GASS is next due to be attached to depot and clozapine prescriptions;
- › Patients' clinic invitation letter to include a reminder that GASS is due;
- › Clinic Rio entry to include specific date that GASS is due and should be actioned. If the client refuses it should be documented and another date should be assigned for completion;
- › GASS to be re-audited.

Assessing adherence to antipsychotic prescribing guidelines in a psychiatric unit for older adult females (Ruby ward)

- › Discuss results with the multidisciplinary team: Consultant, medics within the team, pharmacist etc.
- › Update admission baseline checklist to include: fasting glucose/HbA1c, lipid profile, serum electrolytes, full blood count, renal function, liver function, thyroid function, prolactin levels & prefilled blood request forms.

Antipsychotic depot monitoring in SHEPWAY Community Mental Health Service for Older People (CMHSOP)

- › Formulate a letter detailing monitoring requirements which care coordinators can send to the patients' GP each year;
- › Incorporate depot monitoring parameters within the metabolic monitoring tool if possible to do so – to be discussed with team leaders;
- › Feedback the findings of the audit to the wider team;
- › Re-audit in one year.

Audit of the rejection of referrals and the causes of rejection of referrals to the Community mental health service of the Kent & Medway NHS and Social Care Partnership Trust

- › The full names and designations of the screening multidisciplinary team members should be clearly documented as this helps one to decide if the referral is appropriately screened by the right people;
- › All screening multidisciplinary team meeting proceedings should be clearly captured either under client referrals or better still as a progress note in Rio;
- › All referrals should be scanned into Rio and a clear entry made for telephone referrals;
- › GPs and other service users need to know the recommended content of a CMHT referral (or have a standardized referral form) and the clear indications for referring a patient to the above.

A Clinical audit of completion compliance and accuracy of medication charts in the North East Kent Crisis Resolution Home Treatment Team (NEKCRHT)

- › Results to be fed back to the NEKCRHT manager/staff / pharmacy, to disseminate to team nurses and all prescribers;
- › Team members are made aware of what needs to be completed and by whom;
- › Re-audit of medication sheet completion;
- › E meds prescribing to be recommended to eliminate all the problems associated with the current medication sheets.

The use of ICD 10 diagnostic categories and codes in the In-patients Rehabilitation Services in East Kent

- › A plasticised copy of the ICD categories and codes to be available on each rehabilitation ward and to be individually provided to trainee doctors currently working in the service;
- › An electronic copy of the ICD categories and codes to be emailed to trainees and trainee doctors;
- › Trainee doctors to be given clear instructions to enter ICD 10 (ICD 11 after it will be introduced in KMPT) diagnoses with codes on admission, to consider differential diagnoses within the ICD 10 (ICD 11)

A clinical audit of the ward's therapeutic programmes within the four low Secure/learning disability wards

categories and to keep using ICD 10 (ICD 11) categories and codes the time of patients' admission, whenever required (i.e. a diagnosis being reviewed). Trainee doctors to be alerted about not copying and pasting previously recorded diagnoses without using a critical approach;

- › Responsible clinicians to ensure that the above recommendations are implemented and to support and supervise trainee doctors.
- › The results of this audit to be shared with the local team;
- › The programme for all wards should be simpler and made easier to read. Suggestions include removing items such as medication and meal times which are not therapeutic work, including pictures and increasing font size;
- › Ensure all programmes include smoking cessation (at least monthly);
- › To consider the possibility of listing offence related groups or sessions as 'closed psychology' or 'invite only' to show they are happening without sharing 'offence related' information as shown in Marle Ward.

NICE Quality Standard (QS 159) – Audit of the Process of Discharges at Rosewood (Mother and Baby Unit audit)

- › To share the excellent results with the Mother and Baby Unit team;
- › To consider this audit complete as results were 100% for this round.

To audit the implementation of the multidisciplinary therapeutic programme Forensic - Low Secure Wards

- › The results of this audit to be shared with the local team;
- › The programmes for all wards should be simplified and made easier to read, suggestions include removing items such as medication and meal times which are not therapeutic work, including pictures and increasing font size;
- › Ensure all programmes include a smoking cessation slot (at least monthly);
- › To consider the possibility of listing offence related groups or sessions as 'closed psychology group' or

Continued on next page



Nice Quality Standard (QS 159) - Audit of the process of discharges across low secure & forensic learning disability services

'invite only' to show they are happening without sharing offence-related information as shown on Marle ward.

- › The findings to be shared and discussed with the local team;
- › To ensure all fields are filled in correctly in the care/crisis plan section of Rio;
- › To show that this has been shared with the relevant individuals.

A clinical audit of the ward's therapeutic programmes at Bridge House

- › To share theses incredible results with the local teams;
- › Continue to offer activities based on the interests of the patients on the ward;
- › To continue to review and amend the therapeutic timetable to improve the services to support patient's throughout their recovery;
- › To maintain this high quality.

To audit the implementation of the multidisciplinary team therapeutic programme on the Mother and Baby Unit

- › To share theses incredible results with the local teams.
- › Continue to offer activities based on the interests of the patients on the ward;
- › To continue to review and amend the therapeutic timetable to improve the services to support patients throughout their recovery;
- › To maintain this high quality.

Improving Commissioning for Quality and Innovation (CQUIN) Compliance

- › Healthcare professionals to participate in the local training provided by Quality and Performance Manager and Assistant;
- › Healthcare professionals to no longer send Core-34/10 in the post to clients;
- › Healthcare professionals to make sure when completing HoNOS and Core-34/10 to link the correct referral;
- › Healthcare professionals to ensure that they are creating new forms rather than editing old forms;
- › Healthcare professionals to participate in the local training provided by Quality and Performance Manager and Assistant and follow the mini standard operating procedure and process guide;
- › Healthcare professionals to participate in the local

Continued on next page

An audit of the quality of neuropsychological assessments within the neuropsychology service at the Kent and Medway NHS and Social Care Partnership Trust

training provided by Quality and Performance Manager and Assistant and follow the mini standard operating procedure and process guide, and Rio standard operating procedure.

Interim report

- › To share the project with the team in order to agree to actions, based on the project recommendations;
- › To share the project with the entire service in order to agree to actions, based on the project recommendations;
- › To compare the current audit standards with the most recently developed neuropsychological assessment report template in the service;
- › To develop a check-list of important information to complete which could be uploaded to Rio when conducting a neuropsychological assessment. To present this to the wider neuropsychology and neuropsychiatry teams for review;
- › Review the current audit standards with the wider neuropsychology team, and refine them where necessary.

An audit of “Did not attend appointment” (DNAs) in Perinatal Mental Healthcare Service (PMHCS)

- › To share the project with the local team in order to agree the actions, based on the project recommendations;
- › To remind the admin team to continue to email letters wherever possible;
- › To remind clinicians to record outcomes appropriately on Rio. This will be audited in the next round;
- › Clear explanation on appointment letters to be included in the Rio editable letters;
- › Clinicians to be reminded to record the reason for a DNA on Rio. This will be audited in the next round;
- › Clinicians to be reminded that clients to be contacted before appointments by call or text. This will be audited in the next round.

A Clinical Audit of patient medical results uploaded to Rio at the Tarentfort Centre

- › Share the results of the audit with the local team;
- › Ensure all patients’ medical results are signed and dated upon receiving;
- › Upload a short analysis of the results onto Rio progress notes before uploading medical results to clinical documentation.

Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care, the schemes support the ambitions outlined in the NHS Plan and link directly to the NHS Mandate.

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

The CQUINs for 2023/24 were published in January 2023. For mental health providers these were:

CQUIN Indicator 2023/24	Target	KMPT reported position for 2023/24
Staff flu vaccinations	To achieve 80% uptake of flu vaccinations by frontline staff with patient contact.	51%
Outcome measurement across specified mental health services	Target 1: To achieve 50% of outcomes measure recorded at least twice for adult and older adult patients accessing select Community Mental Health Services. (CMHSs).	31.5%
	Target 2: To achieveing 10% Patient Reported Outcome Measure (PROM) to be recorded at least twice for adults and older adults accessing select Community Mental Health Services.	11.3%
Routine outcome monitoring in CYP and community perinatal mental health services	To achieve 50% of specific Community Perinatal patients to have their outcomes measure recorded at least twice.	% with 2+ HONOS: Perinatal and THRIVE 66.5% Rosewood MBU 83.3%
Routine outcome monitoring in inpatient perinatal mental health services	To achieve 55% of MBU inpatients with paired PROMs and 95% of patients with paired CROMs.	% with 2+ PROMS: Perinatal and THRIVE 57.4% Rosewood MBU 65.2%
Reducing the need for the use of restrictive practices in adult and older adult inpatient settings	Achieving 90% of restrictive interventions in adult and older adult inpatient mental health settings recorded with all mandatory and required data fields completed.	TBC *

*Note: a change in service provider has delayed the collection of the information, the position for the year is not available at the point of drafting this report.

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

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

Registration and regulation

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

In March and April 2023, the CQC conducted an unannounced focused inspection at the two wards for people with learning disability and autism: Brookfield and Tarentfort Centres. The inspection was in response to some concerns about the service as there had been a number of sexual safety allegations plus the service was last inspected and rated in 2017. Following this inspection, Brookfield Centre, under the core service of wards for people with a learning disability or autism, received an overall rating of requires improvement (RI) - this was previously rated as outstanding at its last inspection in 2017. Due to commissioning changes in recent years, the CQC felt that the Tarentfort Centre should sit under the forensic inpatient and secure wards core service and therefore did not rate this service at the time, as to do so the CQC would have needed to inspect the other forensic secure inpatient wards based at the Trevor Gibbens Unit and the Allington Centre.

For Brookfield Centre, two must do actions (those that are linked to breaches to the regulations set out in the Health and Social Care Act) and eight should do actions were identified. For Tarentfort Centre, five must do actions and three should do actions were identified. A quality improvement plan (QIP) was put in place for both wards in order to address these issues and this has been monitored quarterly by the CQC Oversight Group and the Quality Committee. At the time of writing this report, the next quarterly progress update was being obtained, however it is likely that all actions will have progressed to a completed status with continuous monitoring to ensure that the changes made to practice are sustained. The only items that remain relate to estates work (should do actions) and these involve a cost implication which means the process can take a longer period of time. Risk mitigations are in place however until the works are completed; these are part of the 2024/2025 capital works programme, although a date is yet to be scheduled and will include improvements to a seclusion room door and a perimeter fence being established at the Brookfield Centre.

In May 2023, the CQC also carried out an unannounced focussed inspection of the acute wards for adults of working age and the psychiatric intensive care unit (PICU), as it had received information of concern about the safety of the service. This inspection, due to it being focussed in nature, looked at only two of the five domains; safe and well led. Following this inspection, KMPT was issued with a Section 29A warning notice on 22 May 2023 as the

CQC had found that the Trust had failed to ensure that all staff always followed local and national recommendations to complete and record post dose vital sign monitoring following administration of rapid tranquilisation to patients. The CQC had reviewed the medicines administration record and associated care records for 41 patients in all three hospital sites, and found that staff had not always completed and recorded post dose physical health observations for some patients on Willow Suite, Fern Ward, Foxglove Ward and Upnor Ward.

The Electronic Prescribing and Medicines Administration system prompted staff to review medicines prescribed to manage behaviour that staff found challenging seven days after they have been started. Clinical pharmacists also prompted doctors to review the need for 'as required' medicines if they are not being used. However, when medicines for rapid tranquilisation were administered, staff did not always follow the Trust guidelines relating to the documentation of post dose vital signs monitoring, or recording the administration of lorazepam by intramuscular injection as an incident. The CQC was therefore concerned that staff were not always aware of any potential impact these medications had to patients' health, meaning that patients were exposed to the risk of harm. The Trust was asked to make significant improvements by 22 June 2023.

A comprehensive QIP was developed and a project team put in place to oversee its implementation ensuring that the pace was right to meet the deadline associated with the warning notice. With the strengthened approach to training, support for staff and monitoring, the use of rapid tranquilisation has decreased significantly across all of the acute wards throughout 2023 and 2024, although quarterly monitoring is still taking place in order to identify any themes, trends and learning.

In addition to the warning notice, eight must do actions were identified and three should do actions were identified to be taken forward for improvement. A further QIP was developed to include these additional actions and these have been monitored on a quarterly basis via the CQC Oversight Group and Quality Committee. The rating for this core service was also changed due to the nature of the findings, from a good to a requires improvement (RI) overall. At the time of writing this report, the next quarterly progress update was being obtained, however it is likely that all actions will have progressed to a completed status with continuous



monitoring to ensure that the changes made to practice are sustained.

In March 2023, the CQC conducted an unannounced focussed inspection on Amberwood and Cherrywood Wards at Littlebrook Hospital in response to concerns relating to deaths that had occurred whilst patients from these wards had been on section 17 leave. This inspection reflected the new single assessment framework that the CQC is rolling out nationally whereby quality statements are used to assess and make judgements on the quality of a service provided (these have replaced the previous key lines of enquiry (KLOE)).

This inspection focused on the safe and well-led domains and included an assessment of the following quality statements:

Safe

- › Learning culture
- › Safe systems, pathways and transitions
- › Safe and effective staffing

Well-led

- › Governance, management and sustainability
- › Learning, improvement and innovation

At the time of writing this report, the draft report was yet to be received however the initial feedback that had been shared by the CQC identified the following areas for improvement:

- › Patients told us they weren't getting enough information on admission; this was confirmed as the patient handbooks on both wards were out of date or not being used. There was a lack of information about how to complain and how to share a compliment. The CQC was informed that the ward welcome packs were currently being revamped.
- › Patients were not aware who they were allocated to go to on a daily basis to share their thoughts and concerns.
- › Although staff were all aware of the requirement to risk assess patients prior to leave and were doing that, it was not being recorded in this way on the existing leave forms. This was updated and shared with the inspection team during their visit.
- › An issue was found with a patient record in relation to a responsible clinician entry about an informal patient being detained if they attempted to leave. This had been addressed by the service manager who then shared some follow-up information with the CQC.

In terms of positive feedback, CQC shared that it was assured that learning had occurred as a result of the tragic deaths and it could be seen that changes to working practices, recording systems and care records had taken place.

Once the report is received, a factual accuracy process will ensue and a QIP will be developed for any must and should do actions identified.

Quality Networks and Accreditation Schemes

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

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

Research & Innovation: Our Strategy

Our ambition is to increase service user, their carers, our staff and public participation in local-led research projects.

A key focus this year has been to concentrate on increasing the R&I workforce to ensure we deliver our ambitious strategy as well as support the development of processes, meaning we are able to increase the number and variety of those involved in our research.

Investment in R&I from the Trust has meant that two key new strategic roles were filled this year. **Our Clinical Research Manager**, to lead on increasing our capability and capacity to deliver more complex clinical research and our **Research Operations Manager**, is responsible for ensuring high quality across all research activity in the organisation.

We also have appointed to our **Lived Expertise Research Lead**, to help us ensure we embed the service user and carer voice into everything we do.

To achieve the objective, we have focussed on the following areas:

Increased participation in our research

This year we **included 477** (target 421) KMPT service users, their family members, carers and our staff across 25 studies.

Since opening our first NIHR portfolio study in 2006, a total of over 9000 KMPT individuals have taken part in NIHR portfolio research studies. We are delighted to have offered this many people the opportunity to participate in national multi-site portfolio research.

Delivering mental health and dementia research across Kent & Medway

In 2023, the KMPT R&I Clinical Research delivery team was able to make **significant steps forward in research delivery capability** by re-establishing two external supporting relationships which had been held pre-pandemically with both Phlebotomy and Pathology Services at Maidstone and Tunbridge Wells NHS Trust (MTW), where both supports had been paused due to pressures placed on acute hospital services during and post the Covid-19 pandemic.

The re-instatement of the existing relationship with the Phlebotomy Service Manager, whose service and staff supported the phlebotomy competency sign-off of KMPT R&I research delivery staff took place early in 2023. This involved successfully re-instating/training and signing off three Clinical Research Practitioners with their **Phlebotomy competence**, to enable these staff to support the clinical demands of our accredited Clinical Research Practitioner workforce and their work involved in delivering clinical research.

In addition to this, a new relationship with new site personnel working in Blood Sciences at MTW in December 2023 enabled the re-establishment of a **Service Level Agreement**, where MTW agreed to provide pathology services for our first post pandemic Dementia Clinical Drug Trial (The COBALT trial), which not only shows recovery in the capability of the types of studies we are again now able to offer our service users but also enables paving the way for future support from pathology services for future drug trials where required.

Offering our service users novel treatment and developing our clinicians

Pharmacogenetics	Title	KMPT Target	KMPT Recruits	Study Sponsor	KMPT PI and Job Role
Open in KMPT between Sept 2022 and remaining open to recruitment until October 2024	Pharmacogenetics: Genetics and Environment in Mental Health Study (GEMS)	20	42 (plus 26 clinicians)	University College London (UCL)	Agostina Secchi - Education and Training Lead Pharmacist

KMPT was one of the top recruiting sites for the Pharmacogenetics study, a study aimed at investigating the use of pharmacogenetic tools in guiding the prescribing and dosing of psychotropic drugs. To prospectively investigate the efficacy and impact of adverse reactions of this intervention compared to treatment as usual. KMPT's ongoing involvement in this study has enabled service users and clinicians to be part of a novel treatment, that uses a genetic testing approach within a mental health setting.

Opening our first dementia clinical trial since the pandemic, has enabled the reinstating the provision of **new clinical trial opportunities for our service users living with dementia**. The delivery of this trial has also enabled the additional opportunity to **develop our clinicians**. The opening of this trial in KMPT has enabled a number of junior doctors an opportunity to be involved in our internal Associate PI scheme, to support more participants into clinical trials whilst also encouraging and harbouring Early Career Researchers. This offers the opportunity for clinicians to receive a supported experience of working on a randomised double-blind placebo-controlled trial, and ultimately supporting their development later on in their career to take on PI responsibilities in future research studies, and thus contribute to our **successful PI's of the future, enabling KMPT to deliver more clinical research studies and trials**.

COBALT	Title	KMPT Target	KMPT Recruits	Study Sponsor	KMPT PI and Job Role
Open in KMPT since January 2024 and recruitment remains open	ComBining memantine and cholinesterase inhibitors in Lewy body dementia Treatment trial	10	1	Cumbria, Northumberland Tyne and Wear NHS Foundation Trust	Jo Rodda – Consultant in Older Adult Psychiatry & Dementia Research Theme Lead

KMPT was also actively involved in the feasibility study for FReSHSTART and subsequently opened a recruiting site for the FReSHSTART main study; a randomised controlled therapeutic interventional trial to improve the quality of life in those who repeatedly self-harm.

Our Clinical Research Practitioners (CRPs) have forged positive working relationships and have been successfully embedded into KMPTs Liaison Team, where recruitment to the trial has been heavily dependent on the Liaison Team’s involvement and support as all participants are referred directly from their service. The CRPs attend their weekly meetings has helped ensure discussions remain surrounding the opportunity for research involvement for their service users, and as a result, has had a real **positive impact on recruitment.**

FReSHSTART	Title	KMPT Target	KMPT Recruits	Study Sponsor	KMPT PI and Job Role
Open in KMPT between April 2022 and remaining open to recruitment until September 2024	Function REplacement in repeated Self-Harm: Standardising Therapeutic. Assessment and the Related Therapy (WP4 – Randomised Controlled Trial)	37	29	University of Leeds	Fareedoon Ahmed - Consultant Psychiatrist

In addition to the **successful recruitment and development of research relationships,** KMPTs involvement in FReSHSTART has enabled **KMPT clinicians’ access to training** in the trial intervention, resulting in 13 staff members delivering the trial therapy with our service users, on top of their day-to-day roles. This successful **collaboration between KMPT R&I staff and a KMPT clinical team** has enabled KMPT to importantly reach an already under-researched population of patients and **provide them with the opportunity** to trial a new intervention. Alongside providing this opportunity to our patients, we have also been able to **offer novel research training and development to our own staff whilst adding to our community of research-interested and trained clinicians.**

The **Liaison Team was awarded the NIHR CRN:KSS Research Support Award** for its commitment and dedication to the FReSHSTART trial.

KMPT R&I team has developed how it utilises **Join Dementia Research (JDR)** to support recruitment of KMPT service users and carers into research. This has enabled more efficient and streamlined recruitment to research opportunities for service users and carers. As a consequence, the R&I delivery team has also **established better working relationships with study sponsors and the national JDR team, which positively impacts on recruitment activity to studies.** KMPT R&I also worked with the Memory Assessment Services Post diagnostic teams in a brief pilot, where JDR promotional material was provided to service users in their post-diagnostic packs, in doing so this was shown to positively impact the number of individuals who registered with JDR within our region, thus providing them with access to research opportunities of their interest.

MINDER	Title	KMPT Target	KMPT Recruits	Study Sponsor	KMPT PI and Job Role
Open in KMPT between July 2021 and remaining open to recruitment until Aug 2025	MINDER Public Technology Perception Survey	3	373	Surrey and Borders Partnership NHS Foundation Trust	Oladapo Babatola - Specialty Doctor

In 2023/2024 we were successful, in securing Clinical Research Support funding from the Clinical Research Network (CRN), this enabled us to invest approximately £15,000 in KMPT's Pharmacy department, to support the development and training of our expanding clinical trials pharmacy team, thus enabling the development of our ability to support more clinical trials in the future.

In addition to this investment, the awarded funding also enabled our **clinical research delivery team to be provided with training and development opportunities** within their roles to ensure we maintained a **highly skilled workforce** to deliver our clinical research portfolio. The training for some staff members included (but not limited to): Cognitive and Psychiatric Scales, Phlebotomy, Centrifuge Training and use, Blood smearing, Dry Ice Training and Performing ECGs. This has enabled the team to **provide clinical research activities with our service users at our Research Clinic at Beech House, Maidstone.**

Increase awareness and engagement

Increasing the visibility of what we do is crucial. and the department has made strides this year to develop a brand that is both recognisable to our internal and external stakeholders. It is unusual across the KSS region for a Research and Innovation department to have dedicated resources to drive a communication and public and patient involvement and engagement agenda, however the department has noted that this role is essential to the delivery of our strategic aims.

The team has a Partnership and Engagement Research Lead that has enabled us to make excellent progress. By having this resource, we have been able to build a brand that is recognisable to both internal and external stakeholders. The brand, which has the prominence of colour purple, has been highly commended by various stakeholders regionally. All Research and Innovation staff have been issued with a purple polo shirt and 'hoodie' which they are encouraged to wear to internal meetings and external events to further increase visibility of the department and research. We have also developed a plethora of marketing materials including pull up banners, posters, PowerPoint slide templates and even mugs that all feature the same icons and logos. We have received a notable amount of feedback from staff and the public that this have been extremely effective in increasing the visibility of the department and of research more generally.

We have developed, and continue to develop, innovative means to keep our stakeholders engaged, most notably via the online platform, Padlet. On this platform we have been able to develop study videos, posters and other media to keep everyone informed of what we are working on, as well as how they can get involved.

Our research community

The initiation and development of the research community in 2023/2024 has been key to our efforts to increase participation in research. The research community comprises KMPT staff, KMPT service users and carers, other NHS staff/service users, representatives from voluntary and charity sector organisations and members of the public; it is described as the 'front door' to the department.

By joining the research community, members can expect to be kept informed about all the latest news from the department, about the studies that are actively recruiting and opportunities for involvement. A QR code has been generated that links to the research community sign up page on the KMPT website. This QR code features on all of our marketing materials, and for those staff members where it is deemed role appropriate, it has been printed on the back of the teams' purple hoodies.

For efficiency and consistency, we have developed processes for welcoming new members into the research community. Following their expression of interest, new members are encouraged to fill in a registration form that provides us with an opportunity to gather key demographic data, as well as understand their research interests and desires to be involved. We are then able to tailor the information we send to them, to ensure that our communications stay relevant and interesting to our members.

This financial year we successfully recruited 183 research community members. Recruitment to the research community is an ongoing objective for the department; the more people who join, the more people we are able to encourage to get involved in research.

Research Community Involvement Facilitator

In 2023/2024 we were successful in securing funding from the Clinical Research Network (CRN) to further build capacity and resource to undertake this crucial work. One of the key projects, focused predominantly on the role of a Research Community Involvement Facilitator. This role has been piloted to assess the impact of having a dedicated role to meet with community and voluntary sector organisations and through them, support hardly reached communities to get involved in research.

The project team developed the concept of a 'partnership pledge' to demonstrate our commitment to our community partners and to involve them co-producing research studies that positively impact the local community which they represent. The pledge also sets out the responsibilities of our partners, to share relevant research opportunities with their community members, which they would not previously have access to, thus increasing participation.

With the increased visibility and the growing reputation for being a positive influence in the community, we now have organisations approaching the Research Community Involvement Facilitator directly, with organisations keen to partner with us. To date we have circa 30 partnership pledges signed with a wide variety of organisations, who support some of the most vulnerable communities in Kent and Medway.

The project has been a resounding success, which has been very positively received by the CRN. Due to its achievements, we have secured additional funding to continue the project into next financial year (2024/2025).

It is essential to have streamlined and effective processes in place when working to increase participation in research, as failure to embed these practices can be detrimental to the reputation of the department. This financial year, we developed and ratified the 'Involving patients and the public as public contributors in research and innovation: Reimbursement and payment for involvement and sharing of expertise in research (PIER)' guidance which will ensure that any patients or members of the public, who engage with research, are adequately and consistently remunerated for their time and expertise.

Increase the number of studies we develop ourselves

In this year we focussed on increasing **the bid writing expertise**, recruiting to 3.0 WTE research development posts enabling us to support and train more clinicians to develop KMPT-led research.

In this financial year we brought **in £ 374,623.95 additional income to further develop our research.**

Our Director of R&I is also Co-Director of R&I at KMMS. In his role there he has been successful in generating income on projects that KMPT will be directly involved. Most notably, the Wellcome Trust awarded £1,754,127 for the research project: Sleep and Circadian Health Disturbances in Psychosis and Depression. This project enables us to further develop our working relationship with KMMS.

We are also working with a multi-disciplinary, multi-organisational group of colleagues in 'INTERACT' - Imagining mental healthcare: engaging underserved local communities in Kent (funded by UKRI, AHRC).

Three additional projects, funded by the CRN, have been successfully undertaken which have focused on people living with dementia in coastal communities, engaging young people from ethnic minority communities and engaging people experiencing serious mental illness.

We are working with UOK across several projects, including developing several projects in areas of underserved populations with a total income across both organisations of (£90,000). Work includes areas in:

- › Kent coastal communities and dementia;
- › Sikh Communities & mental health;
- › Young people and serious mental illnesses (SMI);
- › SMI & ethnic minorities.

These projects have been undertaken in partnership with the University of Kent and have provided an excellent evidence base on which we can continue to grow both our research portfolio as well as our partnerships and Engagement strategic approach.

Further developing our ability to deliver clinical research

The incredible success from the NIHR Capital Infrastructure Award for a Portable MRI scanner (£260,000) means we are working more closely with colleagues at Kent and Medway Medical School, the University of Kent and Canterbury Christ Church University (CCCU) to develop research together using this state of the art equipment.

This is the NHS’ first low-field MRI scanner and is smaller, less expensive and more portable than traditional MRI scanners and could replace standard brain scanning in dementia assessments. This significant opportunity presents us with the ability to research dementia diagnosis, hopefully supporting early access to treatment and directly improving patients’ experience of care.

Our research in numbers

Research funding applications

Research Lead / CI	Project Title	Funder	Funding Stream	TOTAL KMPT APPLICATION £	STATUS
Jo Rodda	The Cognitive Health Intergenerational Reading Project (CHIRP)	Alzheimer's Society	n/a	£120,685.69	UNSUCCESSFUL
Holly Till	Research Community Engagement PHMH	CRN	Underserved	£26,328.01	SUCCESS
Jo Rodda	RADICAL	NIHR	RfPB	£149,922.68	SUBMITTED
Jo Rodda	Kent coastal communities and dementia research	CRN	Underserved	£23,447.00	SUCCESS
Jo Rodda	Hyperfine Scanner	NIHR	Capital Infrastructure	£260,000.00	SUCCESS
Jo Rodda	Partnered with UCL				SUCCESS
Lisa Dikomitis	SMI	CRN	Underserved	£2,404.47	SUCCESS
Lisa Dikomitis	Young People and SMI	CRN	Underserved	£2,404.47	SUCCESS
Amy Hammond	Clinical Research Support Funding	CRN	Research Support Funding	£60,040.00	SUCCESS
Sukhi Shergill	Feasibility study of a new type 2 diabetes (T2DM) patient self-management protocol in populations with health inequalities and co-morbidities.(BWELL)	NIHR	Programme Development Grant	£150,000.00	UNSUCCESSFUL
Amy H	Capital award funding	NIHR	yearly capital award	£1,267,804.00	SUBMITTED
Jo Rodda	Was The Cognitive Health Intergenerational Reading Project (CHIRP) now ROCKET			£120,685.69	SUBMITTED
Total Successful				£374623.95	

Commercial studies opened in 23/24

Project Short title	Project site date open to recruitment	Principal Investigator	Project site date site confirmed to first participant clock (Target 70 days)
1346-0013 Phase III BI 425809 Vs placebo in schizophrenia CONNEX-3	24/01/2024	Sukhi Shergill	Closed at 65 days with 0 recruitment

Time to set up all non-commercial studies in 2023/24

Project Short title	Project site date open to recruitment	Principal Investigator	Project site date site confirmed to first participant clock (Target 70 days)
Radar follow-up study	28/07/2023	Amanda Fuller	14
RESOLVE	21/07/2023	Agostina Secchi	0
Digital health tools in psychosis: A survey study	02/10/2023	Imogen Sargent	2
COBALT	22/01/2024	Joanne Rodda	58
Thoughts about physical activity: questionnaire study	22/12/2023	Imogen Sargent	21
Understanding anger and aggression: A questionnaire study	14/12/2023	Brett COLE	6
A Shared decision making ExpeRIence in mENtal HEalth (SERENE) measure	12/02/2024	Victoria Clark	71

Non NIHR Portfolio studies Running in 2023/24

Project Short title	Date open to recruitment	Principal Investigator	Project site status
The SAFARI study	09/11/2023	Madelaine LAMBIE	On Hold
Suicide by patients in contact with drug and alcohol services	15/06/2023	Imogen Sargent / Frances Lowrey	Closed
Family experiences of systemic family therapy (SFT) in older adults.	09/11/2023	Dr Simon Russon	Open
Effects of online Metacognitive Training group on distressing beliefs	05/02/2024	Kasia WAWRZYNIAK	Open

All NIHR Portfolio Studies supported by KMPT 1st April 2021 to 31st March 2022

Project short title	PI Name	Lifetime target	Lifetime recruits	Recruits in year	STATUS
Minder	Oladapo Babatola	1	391	276	Open
NCMH	Salma Elnahas	516	192	100	Closed
NCISH	N/A	n/a	639	71	Open
Understanding anger and aggression: A questionnaire study	Brett Cole	20	24	23	Open
Trauma-AID	Andy Inett	52	60	22	Open
Digital health tools in psychosis: A survey study	Imogen Sargent	30	20	20	Closed
Pharmacogenetics in mental health	Agostina Secchi	20	68	18	Open
SPACES feasibility study	Albert Jones	12	14	14	Closed
FReSH START RCT	Fareedoon Ahmed	37	29	14	Open
The Open Door Project	Bosky Nair	10	17	13	Closed
ODDESSI RCT	James Osborne	184	212	12	Closed
Thoughts about physical activity: questionnaire study	Imogen Sargent	1	10	10	Closed
RESOLVE	Agostina Secchi	1	11	11	Closed
GLAD	Nigel Ashurst	40	60	9	Open
PPiP2	Mudasir Firdosi	247	132	5	Open
Radar follow-up study	Amanda Fuller	3	4	4	Open
STOP – Successful Treatment of Paranoia	Ahmed Ismail	23	3	3	Open
EDGI	Alice Cenerelli	5	8	3	Open
COBALT	Joanne Rodda	10	2	2	Open

Data Quality



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

Trusts' data quality is measured using the Data Quality Maturity Index (DQMI) – **MHSDS Dataset Score**. The latest nationally published figures (November 2023) **show KMPT at 95% against a target of 95%**. The Trust reports on this monthly in the Integrated Quality Performance Report (IQPR) using more recent data and **scored 95.2% in March 2024**.

Improving Data Quality

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

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

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

The Trust's Data Quality Group was relaunched in 2023/24 to reset priorities to ensure efforts are directed to issues that will result in the greatest benefit in line with the Trust's latest strategy and national priorities.

In addition, within the 2023-2026 Strategy, there are key objectives defined for technology, data and knowledge to transform patient care and our productivity. These are:

- › Have consistent, accurate and available data to inform decision making and manage issues;
- › Enhance our use of IT and digital systems to free up staff time;
- › Ensure effective digital tools are in place to support joined-up, personalised care.

Information governance update for 2024-25

The Trust has continued to develop and adopt a number of increasingly secure digital platforms to enable communication, remote working and increased efficiency, enabling all services to continue to interact with, and support our patients, partners and the public through the constantly evolving ways of working. The Trust has worked alongside its partners to implement shared care records, ensuring that the correct information is in the correct place at the correct time. In line with NHS Digital guidance on data security and protection incidents, it is necessary for all NHS trusts to report any incidents of data security and data protection breaches on the Data Security and Protection Toolkit (DSPT) and also in their respective annual reports. The Trust had 14 data security and protection incidents as defined by the NHS Digital guidance. These incidents were reported to NHS Digital on the DSPT and automatically reported via the DSPT to the Information Commissioners' Office (ICO). Of these incidents, ten related to information disclosed in error, one related to inappropriate access to information, one related to a cyber security breach and two related to a loss of data. All incidents were thoroughly investigated internally, and all required actions taken and lessons learnt by the Trust have been completed. These incidents have informed improvements to the organisation's information risk management process and enabled process changes surrounding storage of, and access to personal data.

Information security and governance

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

The Data Security and Protection Toolkit and Information Risk Register



are key enablers to embedding good practice, as well as identifying and managing key information risks. As a result, the Information Governance and Records Management 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 works towards reducing data security incidents. As a result of investigations into incidents and reviews of information governance, data security & records management by the Information Governance Group, measures are taken to ensure the procedures and policies on information governance and data security are updated to enable compliance.

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

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

PART TWO



Review of Quality Performance

Quality Priorities

1. Physical Health

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

This priority has been governed through the strategic objective work. There is a programme of work which has been supported by the Improvement Team with clear metrics and ability to track progress.

Our aim is achieving a minimum of 80% compliance for physical health checks for those service users that use our community services who have Serious Mental Illness.

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

- › Good progress has been made in a gradual improvement of in the numbers of patients with Serious Mental Illness in the community receiving all six cardio metabolic checks;
- › Clinicians and Business Intelligence have closely collaborated to maximise the digital solution which will support improving patient experience;
- › We are collaborating with other providers to improve patient experience and resource utilisation by ensuring that there are efficiencies across providers and checks are not duplicated;
- › There has been a comprehensive review of available medical devices in the community which has been completed.

2. Suicide Prevention

The Suicide Prevention Strategy aims to focus on a just and learning culture, partnership working, and to provide compassionate and timely support to those affected by suicide.

Good progress has been made by the following:

- › First baseline audit including health inequalities was undertaken;
- › In year 1 it was agreed to redesign Clinical Risk Assessment and Management Training CRAM in a coproduced way and this is currently running with so far 450 staff trained. We delivered on (Collaborative Assessment and Management of Suicidality) CAM training was delivered with external provider 800 places offered raising awareness and 22 staff training across directorates as accredited CAMS clinicians;
- › There is progress on developing an advanced level of training on autism , risk to others next, and on policy alignment and digital to align all documentation to fit within the CMHF framework;
- › In addition there is work on embedding risk clinics across the trust to enable staff to reflect better and hold risk together;
- › A thematic suicide review between April 2018 and March 2022,

of suicides within the Trust, where the patient had seen a clinician in the 8-weeks prior to their death, and there was a RCA investigation undertaken. This yielded 115 suicides in this timeframe;

- › The 2nd tier training will also include a Risk of Harm to Self training and the Autism training will be specifically focussed on autistic persons and suicide.

3. Violence and Aggression

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

KMPT's 2023-26 strategy commits to decreasing violence and aggression on our wards by 15% as part of its objective to create safer and better experiences. Violence and aggression on our wards is negatively impacting the experience and safety of our patients and staff – further effecting workforce retention and resulting in increased sickness absences. The programme focuses on enabling staff to talk about violence and aggression, improving our baseline information to monitor change, and implementing effectiveness initiatives to address violence and aggression.

Good Progress made - Key areas:

- › Introduction of safety culture bundles to the Acute directorate with QI support;
- › PSS Plan aligned to the strategy and moving forward with searching and body worn cameras;
- › Safety crosses and heat maps data is highlighting areas and times V&A incidents are more likely to occur. As well as reporting differences of incidents on InPhase;
- › Trauma informed care, right care right person, PICU and InPhase review are all enablers supporting the V&A strategy;
- › Weekly Data being reported to the Trust safety huddle;
- › Monthly staff engagement events continue to take place with around 135 staff contributing to the strategy focus;
- › Reduce racist violence and aggression incidents to 15%, in line with the national average;
- › Engagement and culture survey has been completed supported by Diversity and Inclusion Manager and incorporated into the Trust culture work;
- › The culture survey, safety culture bundle feedback and QR code feedback is being shared to support both workstreams;
- › There are three work streams emerging: A Cultural Review Transformation, Diversity Questionnaire, and a recommendations report for Sheila regarding the cubes. Work streams have leads and they are working together to prioritise actions and next steps.

Patient Safety

Our aims are to:

Implement the training required for Patient Safety Incident Response Framework roll out, review of the structures within Patient Safety Team to support an agile approach to learning to further integrate the new national Patient Safety incident Response Framework (PSIRF) into patient safety in accordance with guidance from NHS England and to see improved actions from Serious Incidents, development of trend and theme analysis through Quality Improvement which will support the roll out and implementation of PSIRF.

We wanted to:

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

We have demonstrated good improvement by:

- › We have made good progress in increasing the establishment within the QI team to increase capacity for this work which will continue to increase. This has been achieved by aligning Quality Improvement and Transformation functions together;
- › The required training for Patient Safety Incident Review Framework has been rolled out across the Trust;
- › The Patient Safety Team structures are being refreshed to ensure that they support the implementation of the Patient Safety Incident Review Framework;
- › The PSIRF is at point of implementation in line with national guidance from NHS England;
- › We have delivered a range of engagement events to ensure that the aspiration for system wide learning under PSIRF is truly understood by those working within services;
- › The structures to ensure that learning from Serious Incident Reviews have been further developed. This has included Trust and Directorate learning events. The revised approach to Trust Wide learning is at the point of implementation.

The Patient Safety team have worked collaboratively with Directorates to ensure that learning events taking place are relevant and enhance learning Trust Wide. These have been events relating to communication with families, physical health concerns, suicide, women's health and the impact on mental health, domestic abuse and stalking.

The methods for sharing learning from incidents include:

- › Learning Events;
- › Trust Wide communications through quality governance structures;
- › The introduction of SWARM Huddles;
- › The introduction of After-Action Reviews;
- › Directorate themed reports which are discussed at Directorate level and shared in teams;
- › Communities of Practice sharing learning and clinical developments;
- › Serious Incident and Mortality Review Panel transitioning into Learning Review Panel in line with PSIRF.

The revision of the Trust structures from Care Groups to Directorates has allowed a much more focussed approach to understanding local issues and challenges. The creation of Directorate Governance Teams affords an opportunity to share and disseminate learning in a way that supports local changes to practice. The central investigation team (CIT) will be integrated into Directorate Governance Teams to fully maximise the capacity that this resource affords. It will also allow the patient safety agenda to be central to the work of the Directorate Governance Teams. The In-Phase system, implemented in March 2023 continues to be adapted to enable to us to capture themes from incidents and SJRs. The Inphase Steering Group has been developed to ensure that the capability is fully maximised to ensure that digital opportunities are utilised. KMPT is continuing to engage with the Learning Disabilities Review (LeDeR) process, now managed by NHS England, by referring all learning disability and autism patient deaths for review. The Mortality Review manager has a good working relationship with the LeDeR reviewers and provides relevant information to them when required.

The Trust's suicide prevention approach has been in place since 13 December 2023 and has been shared with KMPT staff and some third sector colleagues (KCC suicide prevention programme). We are currently focussing on the training element of the approach, which is aligned to in the KMPT strategy and the Suicide Prevention Approach road map.

This includes:

- › Clinical Risk Assessment and Management (CRAM) training has commenced;
- › Collaborative Assessment and Management of Suicidality (CAMS) training is being arranged;
- › The health inequalities and self-harm audit are near completion, and will be used to benchmark our current position;
- › We are continuing to network with other organisations as part of the suicide prevention and mortality work. In January 2024, connections were made with Sussex Partnership Foundation Trust and Canterbury Christ Church University, both of whom are keen to work with the Trust.

Improving the experience of the people we care for

The Trust-wide Patient and Carer Experience Group

KMPT staff, service users and carers meet bi-monthly for the Trust-wide Patient and Carer Experience Group (TWPCEG). The meeting provides assurance that all aspects relating to patient-centred care are fulfilled. The group works together to develop and ensure clear lines of accountability and channels of communication between the group and the directorates' governance arrangements. The group ensures that the patient and carer experience is encompassed and embedded, providing a quality framework demonstrating that the Trust provides equitable, responsive needs-led services that are available across the Trust.

TWPCEG aims to maintain and improve effective partnerships with service users, family, friends and carers, involving and engaging with them in coproduction and consultation. It also ensures that KMPT provides care in environments that promote patient recovery and self-directed support in line with NHSE Equality Delivery System, Patient and Carer Race Equality Framework and the Human Rights Act 1998.

The meeting monitors the reported experience measures of patients and carers of KMPT services, identifies and responds to any outliers, and ensures action plans are being implemented and evidencing improvement in the patient and carer experience. It also monitors the implementation of the annual national CQC Community Mental Health Survey.

Triangle of Care steering group

KMPT staff, family, friends and carers of people that use our services meet bi-monthly for the Triangle of Care steering group. The aim of the group is to have oversight and assurance of projects taking place at directorate and Trust level in relation to meeting the Triangle of Care six standards. The group also identifies any issues or themes relating to Triangle of Care arising within the directorates that require resolution and further action.

The group commits to policy development and guidance to ensure that the principles of the



Triangle of Care are followed across all KMPT services. It also encourages and supports carers champions within directorates to continue in their work and share their knowledge with their colleagues,

embedding a whole staff culture of working with families, friends and carers throughout KMPT.

Over the past two years we have developed carer support roles across all acute in patient settings, which complements the well-established forensic Family Engagement & Liaison Lead. These roles work with family, friends and carers of people that use our services and provide signposting and support.

The group has also recently developed a co-produced carer awareness eLearning for all staff across the Trust, which has been well received and attended.

The Triangle of Care group has set up a regular carers' events meeting following the success of Carers Week in 2023. This facilitates the planning of events throughout the year including Carers Rights Day, young carers and Christmas activities.

The aim of the group is to help KMPT keep family, friends and carers in mind throughout the year, to help educate staff to the unique contribution family, friends and carers can make and to support family, friends and carers in their roles and to know how to signpost them to support. Each directorate also runs regular carers' champion forums to support staff who have shown an interest in these roles to perform them effectively.



Patient Reported Experience Measures (PREM)

The PREM is the Trust-wide mechanism for learning from services users, families, friends and carers about the experiences of our services confidentially and anonymously. PREM questionnaires measure perceptions of services over time. We have a patient experience dashboard and use statistical process control charts (SPC) as this provides robust assurance for the internal score targets for the PREM. Assurance can be given as the score targets are being consistently met.

Within KMPT the patient experience indicator is consistently above 8 out of 10 which is in the range where patients 'strongly agree' that they experience our services positively.

Maintaining the profile of the PREM for seeking views on the quality of care is a primary driver. The CQC monitors, through the national Community Mental Health Survey, whether the Trust is seeking the views of patients. The most recent full CQC inspection report recognised that we use the PREM system of patient feedback across services. This was in regard to evidencing responsiveness and well-led aspects of Trust activity.



It is also of note that to increase patient feedback via the PREM, some services have incorporated the PREM questions into their satisfaction surveys. Easy read versions have been co-produced for both the inpatient and community PREMs and the wording of the PREM was adapted to make it accessible to the non-mental health services while maintaining a similar structure.

This has allowed the data to be compared with and added to the data collected by the rest of the Trust.

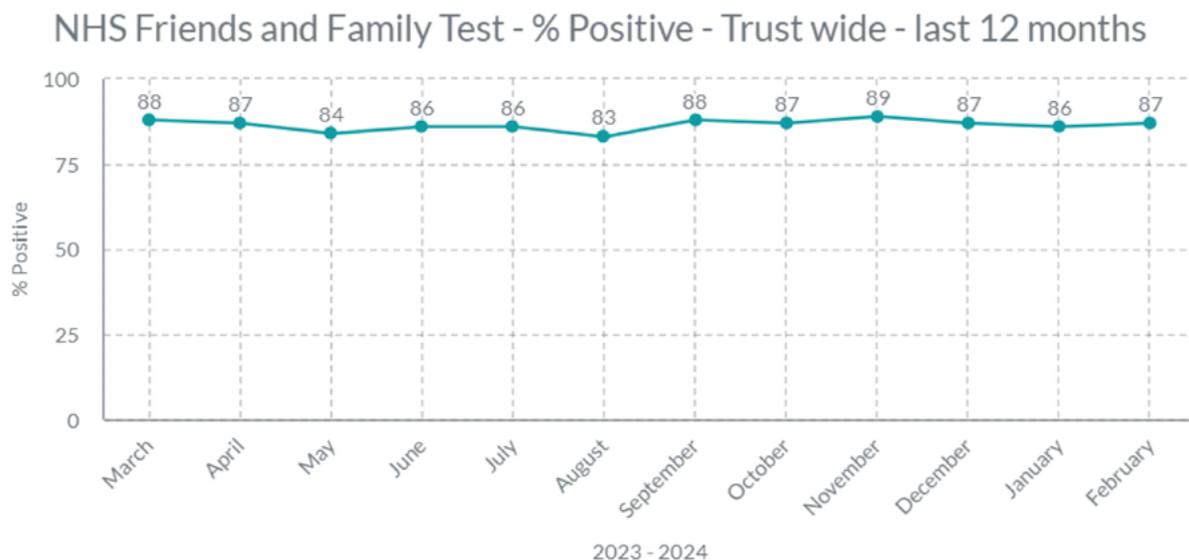
The use of regular surveys and peer review visits undertaken as part of accreditation processes such as the Royal College of Psychiatrists Quality Network provides an additional means of gathering patient feedback. Quality assurance visits are undertaken by provider collaborative members and always include contact with patients to gain their feedback. CQC visits also provide a further opportunity for external individuals to gain feedback from patients. Community meetings are held on all inpatient wards and provide a regular opportunity for patients to raise any issues or provide feedback which be acted on in real time.

In addition, the forensic inpatient wards hold regular patient experience meetings or patient council meetings where they are able to provide feedback and raise any issues or suggestions that they might have. These meetings are minuted, are often attended or facilitated by members of the multidisciplinary team (MDT) and will often be attended by a service manager or matron. Individual services within the specialist directorate also deliver their own patient satisfaction surveys on a regular basis. Meet the manager sessions are also regularly held and are advertised within services. Depending on the nature of the service, these vary from quarterly to annually and provide patients with another means of giving their thoughts and feedback on how the services run, what the service does well and where improvements can be made.

NHS Friends and Family Test

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

KMPT regularly exceeds the national response rate for the quantity of NHS FFTs submitted. The results for the FFT % positive score for KMPT are consistently in the highest range of 'very good' in response to the FFT question.



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

Friends, family and carer survey

It is important that we are hearing from family, friends and carers about their experience and views on the quality of services. The family, friends and carer survey was developed and co-produced by the TWPCEG and the Triangle of Care group.

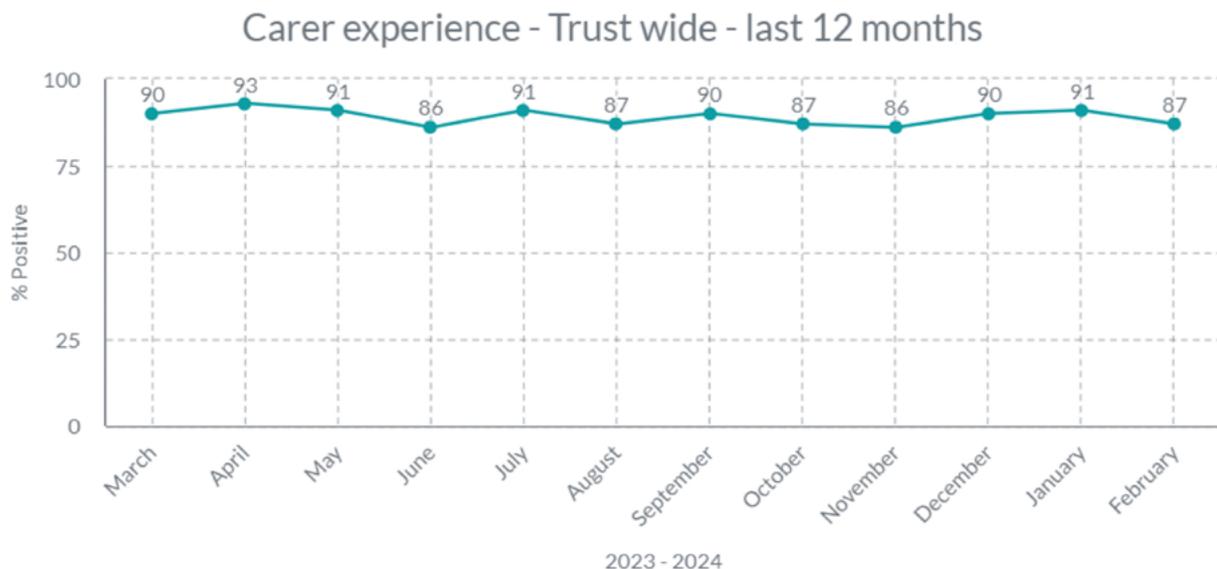
The survey is available across the Trust and can be completed at any time during the experience and is made available consistently to ensure continuous feedback. It is anonymous, private and confidential unless the person requests assistance. The family, friends and carers survey also collects a range of data in line with the Patient and Carer Race Equality Framework.

The survey was designed around the six Triangle of Care standards, the KMPT journey and measures any areas of concerns. The reported experience measures generates data which is then analysed.

From March 2023 to February 2024 the analysis indicated that:

The measure for the overall experience as a family member, friend or carer within KMPT is positive – their overall experience within KMPT is **'very good'** during this time period.

The measure for being approached by staff in a respectful and kind way is consistently the most positive -family, friends and carers 'strongly agree' that they were approached by staff in a respectful and kind way.



CQC Community Mental Health Survey 2022

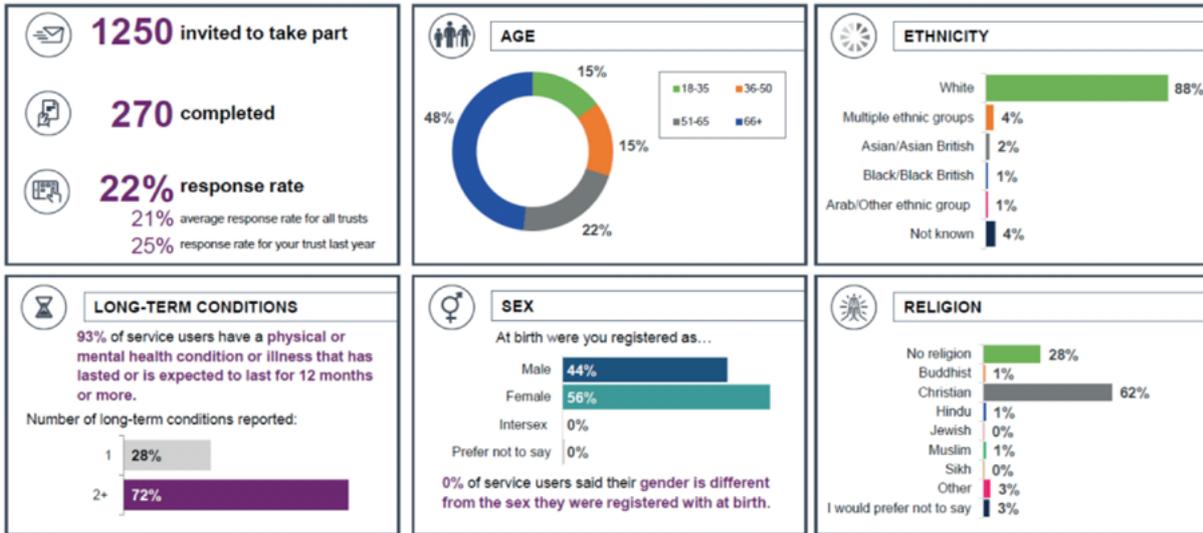
The CQC Mental Health Survey is completed annually by an external company. The survey reflects views on the quality of care from the random sample of 1250 non-inpatients in KMPT. In 2023, 257 people returned the survey. The results of this survey are analysed in committee reports for the TWPCEG, the Quality Committee and the Trust Board. Three high impact areas and an improvement plan have been identified. This ensures that development is focussed on areas identified by service users and also interconnects with other change or transformational

projects already occurring across the Trust. The improvement planning involves collaboratively working together with lived experience representatives.

Co-production is important within KMPT and we ensure that we work with service users, family, friends and carers in order to develop services that meet the needs of the people of Kent and Medway.

Who took part in the survey?

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



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

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

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

For the 2022 survey the three action areas were 'Your care and treatment', 'Health and social care workers' and 'Support and wellbeing'. The TWPCEG was supported by senior colleagues to navigate the committee reporting and gaining progress and engagement with partnerships e.g. The Shaw Trust. We ensured that the valued TWPCEG service users and carer representatives were fully sighted on the progress through clear communications through the TWPCEG meetings.

The scores for the annual Community Mental Health Survey reflects the views of 257 people that responded. The KMPT PREM and family, friends and carers survey receive on average 611 monthly returns (around 541 returns for month for the PREM and around 70 returns per month for the family, friends and carers survey). This ongoing feedback provides regular feedback and reflects that people who use our services have a good patient experience.

Improving Clinical Effectiveness

During 2023-2024 and moving forwards, we continue our dedication to work with our partners by expanding and training our clinical workforce to increase our clinical effectiveness.

In keeping with the national drive to focus on measuring clinical effectiveness through outcome measures (**[proms-for-people-with-smi-in-cmh-settings.-implementation-guidance.pdf](https://rcpsych.ac.uk)**), as part of our strategic objectives, we are taking a focused approach to Patient Reported Outcome Measures (PROMs) to drive service improvements and ensure patients can direct, monitor and assess their recovery.

As reported in the last years quality account, the major shift as part of the implementation of the Community Mental Health Framework is the roll out of DIALOG+ across both KMPT and system partners. The aim is for all adults and older adults accessing community mental health services to be using DIALOG+ at the start of care, every three months and at the point of discharge to determine progress and a needs led approach.

While the Trust continues its focus on the Commissioning for Quality and Innovation (CQUIN) project for outcome measures across specific mental health services, the focus has shifted in mainstream community mental health services from a focus on Clinician Reported Outcome Measures (CROMs) to PROMs. To this end the Trust has embarked on a journey to cease the use of HoNOS (the CROM), unless used in a clinically meaningful way, in all but a few specific mental health services. This is to allow for the focus on PROMs and to reduce unnecessary clinical burden.

Looking ahead, beyond embedding DIALOG+, the Trust will introduce GBO (Goal Based Outcomes) and ReQoL -10 (Recovering Quality of Life - 10) as part of the nationally expected range of PROMs, to further drive the clinical effectiveness of the care delivered.

By way of governance and assurance, the Trust holds a Trust-wide Clinical Effectiveness and Outcomes Group chaired by the Chief Medical Officer where key areas of clinical effectiveness are identified and improved upon.

Medical workforce recruitment and retention

This year has seen a significant expansion of activities within KMPT Medical Education and KMPT Medical Staffing departments resulting in rapid strides in KMPT's support for:

- › Increased recruitment to Consultant Psychiatrists roles within KMPT particularly to few long-standing consultant vacancies at KMPT;

- › Training medical students, Physician Associates, junior doctors at both core trainee and specialist training levels;
- › Development of continuous professional development programmes for all medical staff;
- › Participation, success and recognitions of our students, trainees and doctors at various regional and national conferences;
- › Expansion of both Medical staffing and Medical Education departments to support this increased level of activities;
- › Reviewing and establishing the Medical management structure in KMPT to ensure improved supervision of doctors at all levels;
- › Noticeable results by trainees in annual GMC trainee survey and by KMPT doctors in the annual NHS staff survey.

Medical school



KMPT provides educational supervision to

14 students

KMPT supports medical students from two UK medical schools Kent and Medway Medical School (KMMS) and King's College London (KCL) and an international medical school St George's International School of Medicine in Grenada.

This year is KMPT's second year of hosting KMMS year 3 students for their psychiatry module. Placements have been facilitated for 98 students this year supervised by 40 clinical supervisors.

In addition, KMPT provides educational supervision to 14 students at the moment by six Consultant Psychiatrists. From September 2024 in addition to year 3 students, we will also accommodate students in their year 5 for their psychiatry module

Our total number of medical students on placement for 2024 – 2025 from King's College London, Kent and Medway Medical School and St George's International School of Medicine in Grenada will be = 344 students per year.



Post graduate training

KMPT is working with Health Education England to support an increased number of junior doctors at various levels, training in different specialities within psychiatry. This year we have been successful in increasing our specialist trainee numbers with a long term plan to develop Consultant Psychiatrists in the region which will meet the demands of the local service.



The current specialist trainee number stands at 26 and will increase to 34 from August 2024.

New higher posts available include 1 x mental health in learning disabilities, 1 x old age psychiatry, 7 x general adult psychiatry which will also include 1 new specialist trainee within the addiction service.

We have also committed to improve our support for psychiatry training for GP trainees and currently have a total of 36 GP trainees in KMPT.

We are also working with our local acute hospital trusts and supporting psychiatry training for a total of 41 trainees in their foundation years.

In the last year KMPT has developed new trainee recruitment opportunities

- › 4 Medical Education Fellows and Chief Registrar Post;
- › 2 Medical Education Leadership fellowship posts and 2 x undergraduate fellowship posts for the specialist trainees to gain leadership experience in medical education and leadership;
- › 2 PHD fellowships linked to the Kent and Medway Medical School;
- › Academic Clinical Fellowship in General Psychiatry linked to Brighton and Sussex Medical School and Kent and Medway Medical School.

Medical recruitment

Medical recruitment to long-standing consultant and speciality doctor vacancies has been very successful over the last year. KMPT recruited seven consultants and six speciality doctors.. We have also created the new specialist grade doctor and have been successful in recruiting to one of the newly created posts.

One KMPT specialty-doctor successfully completed her Certificate of Eligibility for Specialist Registration (CESR) and obtained the Certificate of Completion of Training (CCT) on the General Medical Council specialist register in 2023 and took up a Consultant Psychiatrist position within KMPT. This has also resulted in a significant drop in the monthly agency spend by £214,307 by February 2024 in comparison with the agency spend per month in April 2023.

One of the highlights of our recruitment drive has been that we have managed to recruit to all the inpatient consultant posts in the Trust.

Main highlights of the various surveys

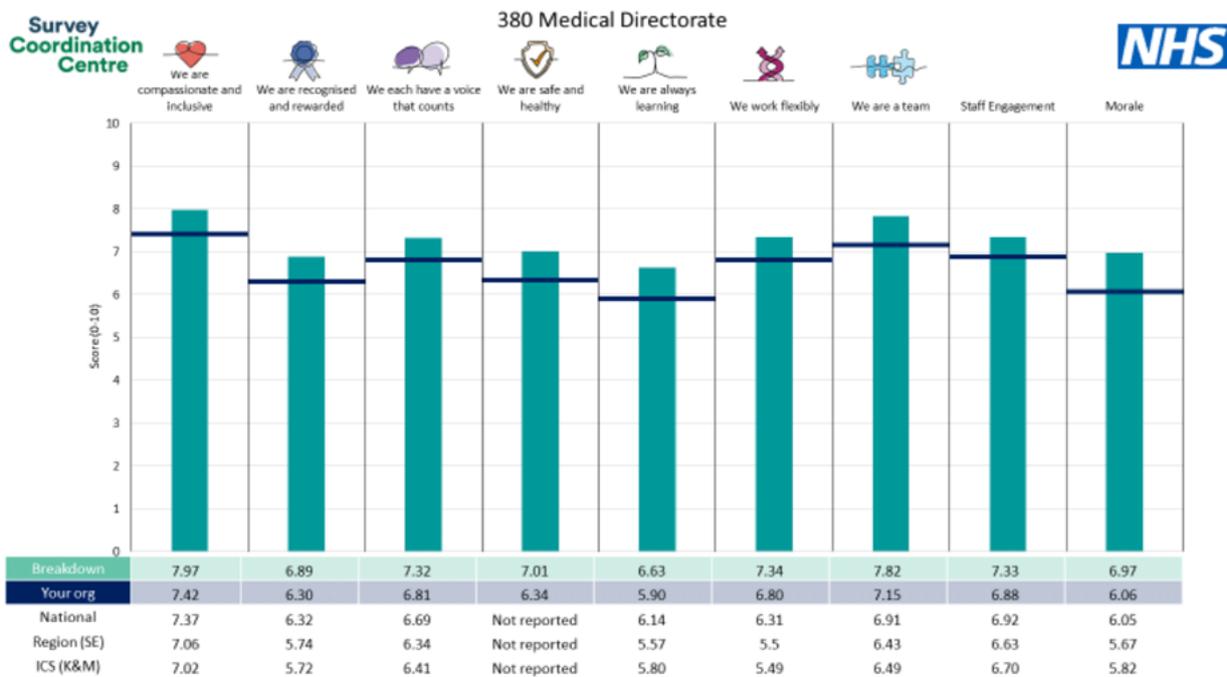
GMC survey 2023 for trainees

KSS Deanery came top out of 19 deaneries scoring 84% for overall satisfaction in core psychiatry. KMPT ranked 27th out of 214 NHS trusts in the UK and Scotland KMPT ranked position 4 out of 16 NHS trusts in Kent Surrey and Sussex. KMPT had a total of 22 green flags (positive outlier nationally) on the survey.

GMC trainer survey 2023

KMPT have all green flags (positive outlier nationally) for educational governance, professional development and support for training

National staff survey 2023 results for the Medical Directorate has shown a consistently higher degree of overall satisfaction and engagement. This is higher in all the domains when benchmarked with the medical directorates rating taking either national, regional or ICS level ratings in this group of staff.



Recognition of our medical staff at regional and national level in 2023/24

- Dr Afifa Qazi, Chief Medical Officer and Consultant Psychiatrist was awarded Royal college of Psychiatrists **Psychiatrist of the Year 2023**. Dr Mohan Bhat, Deputy Chief Medical Officer and Consultant Psychiatrist, was elected to office as the new Chair of the Old Age Faculty at the Royal College of Psychiatrists from June 2024;
- Verity Williams won the **Higher trainee award** at the Alastair Forrest Trainee Conference 2023;
- Rhian Bradley won the **Trainer award** at the Alastair Forrest Trainee Conference 2023;

- › Andreas Andreou won the **Foundation trainee award** at the Alastair Forrest Trainee Conference 2023;
- › Sharna Bennett won the **Core trainee award** at the Alastair Forrest Trainee Conference 2023;
- › Dr Catherine Anosike was awarded a **certificate of commendation** in the category of Consultant/Teacher Trainer of the year at the East Kent Hospitals Health Education Awards 2022-2023;
- › Sally Cheeseman received a nomination and **commendation for GKT Medical School Administrator** of the Year Award in 2023;
- › Dr Mo Eyeoyibo, Consultant Psychiatrist RCPsych Eastern Division, awarded **Psychiatric Trainer of the Year 2024**;
- › Dr Bosky Nair Consultant Perinatal Psychiatrist and trainees Tasneem Saumtally and Serena Merchant, RCPsych Eastern Division **Integrated Psychiatric Trainer and Trainee Project Award of the Year 2024 Winning Posters/Presentations at Regional and National Conferences by KMPT medical staff.**

Winning Posters/ Presentations at regional and national conferences by KMPT medical staff

- › **1st place winner**
Dr Hanna Mansi Education Fellow and Dr Jo Rodda KMMS Lead
RCPsych Faculty of General Adult Psychiatry conference 12 – 13 Oct 2023
‘Virtual and augmented reality in undergraduate medical education in psychiatry: a systematic review’;
- › **1st place winner**
Dr Moustafa Abdelkader – Core Trainee
RCPsych International Congress 2023 10th-13th July 2023 ‘A Review of Unmet Needs’;
- › **1st place winner**
Dr Verity Williams HST Trainee and GKT medical students Miten Sudra, G. Mohanarajah, M. Suthanthirakumaran and Woo Lee
RCPsych International Congress 2023 10th-13th July 2023 “Co-production of a digital symptom self-management resource for patients with Functional Neurological Disorder”;
- › **1st place winner** - Best oral presentation
Dr Joel Lawson HST Trainee, Dr Domenic Zabrzycki Core Trainee and GKT year 4 Sheween Rashid and

Ariadne Holme

RCPsych International Congress 2023 10th-13th July 2023

'Improving screening and standardizing Interventions for patients with above normal body mass index (BMI) admitted to Psychiatric Intensive Care Unit (PICU): A quality improvement project';

- › **1st place winner** – Best oral presentation - Alec Shapiro prize Rubayat Jesmin and Dr Sharna Bennett Faculty of Intellectual Disability Conference 2023
"How do clinical and demographic variables, alongside clinician's attitudes influence length of stay in the MHLN outpatient clinic?"

Duty of Candour Update

The duty of candour is a general duty to be open and transparent with people receiving care from us. It applies to every health and social care provider that CQC regulates. The duty of candour requires registered providers and registered managers (known as 'registered persons') to act in an open and transparent way with people receiving care or treatment from them. The regulation also defines 'notifiable safety incidents' and specifies how registered persons must apply the duty of candour if these incidents occur. The ultimate responsibility for ensuring the duty of candour is carried out rests with the registered person. 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 so the requirements will not

- › Between April 2023 and March 2024, there were 220 cases of Duty of Candour;
- › All 220 of all cases had verbal Duty of Candour completed, or there were appropriate mitigating circumstances, and 218 had an initial Duty of Candour letter sent to the patient/ family or there were appropriate mitigating circumstances;
- › In regards to verbal Duty of Candour, 192 were completed within ten days or had appropriate mitigating circumstances;
- › In regards to initial written Duty of Candour, 147 of these cases were completed within ten days or had appropriate mitigating circumstances.

Equality Diversity and Inclusion

In accordance with the legal obligation of the Public Sector Equality Duty to annually publish information demonstrating compliance, this report continues to offer a progress update on our primary strategic goals: enhancing health outcomes, improving patient access and

experience, fostering a representative workforce, and promoting inclusive leadership.

Additionally, it presents information pertaining to each of the nine protected characteristics (where data is available), detailing our accomplishments, alignment with the Care Quality Commission’s guidance, and adherence to NHS England Standards.

Our Equality, Diversity, and Inclusion Team (EDI) has actively engaged in ensuring compliance, including the implementation of the Equality Delivery System 2022, which comprises three domains (Patient, Workforce, and Leadership) for reporting purposes.

Progress is underway in gathering patient data and enhancing patient understanding of EDI, with collaboration across various teams and services. A comprehensive EDI Workplan is integrated into our corporate objectives, with regular updates provided to the Equality & Diversity Steering Group, the People Committee and Quality Committee.

Workforce Race Equality Standards (WRES) 1 April 2023 - 31 March 2024



Our representation of Black, Asian and Minority Ethnic (BAME) workforce demographic has **increased to 28% a 3% increase from 2022/2023.**

Workforce employed by KMPT

Workforce Group (Clinical & non-clinical)	2021/2022 Total number	%	2022/2023 Total Number	%	2023/2024 Total Number	
BAME	822	23.5%	928	25%	1083	28%
White	2541	72.5%	2566	69.1%	2584	66.8%
Not stated	142	4.1%	218	5.9%	200	5.2%
Total	3505		3712		3867	

Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts. (1 April 2023 – 31 March 2024)

	White	BAME	Unknown
Number of shortlisted applicants	2350	3839	96
Number of appointed applicants	386	244	20
Appointment %	16.43%	6.36%	20.83%

The likelihood of **white staff** being appointed into KMPT has **increased from 1.91 to 2.58**, an increase of 0.67 therefore indicating that BAME staff are less likely to be appointed in KMPT.

Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

	White	%	BAME	%	Unknown	%
Workforce	2584	66.8%	1083	28%	200	5.17%
Number of disciplinarys	13	0.50%	6	0.55%	0	0%

BAME staff entering into formal disciplinary process has **decreased from a likelihood of 3.35 (2022/2023) to 1.10 (2023/2024)**. A value of 1.0 indicates an equitable disciplinary process, with white staff showing at 0.50% and BAME staff at 0.55%. This is a significant decrease indicating BAME staff in the last 12 months have not been disproportionately affected which is an improvement in BAME staff experience in KMPT.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

	White	%	BAME	%	Unknown	%
Workforce	2584	66.8%	1083	28%	200	5.17%
Number of staff accessing non-mandatory training and CPD	2578	99.77%	1083	100.0%	24	12.0%

The relative likelihood of white staff compared to BAME staff accessing non-mandatory/CPD training is 1.00. This indicates that BAME staff are accessing non-mandatory training and CPD at an equal rate as white staff. KMPT will need maintain this to ensure both BAME and white staff are equally accessing mandatory training.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

2021 Staff Survey		2022 Staff Survey		2023 Staff Survey	
White	BAME	White	BAME	White	BAME
26.8%	35.4%	28.0%	35.7%	25.3%	35.2%
1650 responses	463 responses	1735 responses	446 responses	1477 responses	400 responses

400 (35.2%) of BAME staff who completed the staff survey stated that they have experienced **harassment, bullying or abuse from patients, relatives or the public** in the last 12 months. There is a slight decrease in responses from last year of 0.4%. (46 less responses from BAME staff). However, the percentage remains high and above the national average for BAME staff at 31.4%.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

2021 Staff Survey		2022 Staff Survey		2023 Staff Survey	
White	BAME	White	BAME	White	BAME
18.0%	18.0%	16.2%	19.8%	19.0%	20.6%
1655 responses	461 responses	1731 responses	445 responses	1479 responses	393 responses

BAME staff who completed the staff survey stated that they have experienced harassment, bullying or abuse from staff in the last 12 months, an increase from last year of 0.8%. (52 less responses from BAME staff). However, the percentage is below the national average for BAME staff at 20.9%.

Indicator 7: Percentage believing that Trust provides equal opportunities for career progression or promotion

2021 Staff Survey		2022 Staff Survey		2023 Staff Survey	
White	BAME	White	BAME	White	BAME
62.8%	51.5%	62.8%	50.8%	60.7%	47.3%
1690 responses	474 responses	1723 responses	443 responses	1477 responses	397 responses

47.3% of BAME staff stated that they believe the Trust provides equal opportunities for career progression or promotion (46 less responses from BAME staff), a decrease of 3.5% from the previous year. However this could be due to the reduction of responses for the 2023 staff survey.

**The data for this indicator does not correlate with indicator 2 showing an increase in BAME applicants being appointed from shortlisting or indicator 4 staff accessing non-mandatory training and CPD as this data shows that BAME staff are accessing training at an equal rate to white staff.*

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

2021 Staff Survey		2022 Staff Survey		2023 Staff Survey	
White	BAME	White	BAME	White	BAME
6.7%	12.6%	5.7%	10.8%	7.4%	13.7%
1693 responses	475 responses	1736 responses	444 responses	1462 responses	394 responses

13.7% of BAME staff stated that they had personally experienced discrimination. The staff survey indicates that this has increased for our BAME staff from 10.8% to 13.7%. Although the data is lower than the average of 13.9% across the NHS, it is significantly higher than our white staff which stands at 7.4% of staff.

Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce

Staff	Total Board members	Voting Board members	% of voting board members	Overall workforce
White	13	11	84.6%	2584
BAME	3	2	15.4%	1083
Unknown	0	0	0%	200

Proportion of voting Board members of Black, Asian and Minority Ethnicities has increased from 14.3% since last year to 15.4%.

Workforce Race Equality Standards (WRES)

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

The proportion of **staff who have recorded a disability** is currently **7.69%** and increase from 7.33% the previous year, however staff survey indicates 30.6% staff have a disability. KMPT has 21.78% of staff declaring an unknown status for disability which needs to be addressed to reduce the percentage of unknown declarations to either disabled or not disabled.

Workforce Group (Clinical & non-clinical)	2022/2023 Total Number	%	2023/2024 Total Number	
Disabled	273	7.33%	299	7.69%
Non-disabled	2712	72.9%	2743	70.53%
Not stated	741	19.89%	847	21.78%
Total	3726		3889	

Metric 2: Relative likelihood of staff being appointed from shortlisting across all posts

Workforce Group (Clinical & non-clinical)	2022/2023 Total Number of shortlisted applicants	2022/2023 Total number appointed from shortlisting	2023/2024 Total number of shortlisted applicants	2023/2024 Total number appointed from shortlisting
Disabled	339	47	459	68
Non-disabled	2958	478	5666	553
Not stated	64	17	160	29
Total	3361	542	6285	650

Non-disabled staff are 0.65 times more likely to be appointed from shortlisting than those staff with disabilities, a significant decrease from last year which was 1.16. As the is figure below 1.00 this indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.

Metric 3: Relative likelihood of staff entering the formal capability process

Workforce Group (Clinical & non-clinical)	2022/2023 Average number of staff entering formal capability process	2022/2023 Total number of these were on the grounds of ill health	2023/2024 Average number of staff entering formal capability process	2023/2024 Total number of these were on the grounds of ill health
Disabled	30.5	30	4	4
Non-disabled	212	202.5	17	11
Not stated	52.5	51	5	3
Total	295	283.5	26	18

Disabled staff are **0.00 times more likely than non-disabled staff** to enter a formal capability process compared to 0.05 the previous year. A figure above 1.00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

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

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

30.6% of staff with disabilities report experiencing harassment, bullying or abuse from patients. This has decreased from 31.6% last year. KMPT are above the national average of 28.9%.

Workforce Group (Clinical & non-clinical)	2022/2023 Number of staff	%	2023/2024 Total Number	
Disabled	613	31.6%	581	30.6%
Non-disabled	1582	28.8%	1296	26.2%
Total	2195		1877	

Metric 4b: managers

13.3% of staff with disabilities report experiencing harassment, bullying or abuse from managers. This has increased from 11.3% last year. KMPT are above the national average of 11.8%.

Workforce Group (Clinical & non-clinical)	2022/2023 Number of staff	%	2023/2024 Total Number	
Disabled	613	11.3%	577	13.3%
Non-disabled	1561	6.0%	1277	6.5%
Total	2174		1854	

Metric 4c: other colleagues

19.5% of staff with disabilities report experiencing harassment, bullying or **abuse from colleagues**. This has increased from 17.7% last year. KMPT are above the national average of 18.9%.

Workforce Group (Clinical & non-clinical)	2022/2023 Number of staff	%	2023/2024 Total Number	
Disabled	609	17.7%	562	19.5%
Non-disabled	1561	11.5%	1263	12.8%
Total	2170		1825	

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

60.7% of staff with disabilities say that the last time they experienced bullying or harassment at work, **they or a colleague reported this**. This is a decrease from last year which was 64.7%. The national average is at 59.9%.

Workforce Group (Clinical & non-clinical)	2022/2023 Number of staff	%	2023/2024 Total Number	
Disabled	238	64.7%	242	60.7%
Non-disabled	491	68.0%	409	65.5%
Total	729		651	

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

53.6% of staff with disabilities believe the Trust provides equal opportunities for **career progression**, a decrease from last year at 59.5%, KMPT is below the national average of 56.6%.

Workforce Group (Clinical & non-clinical)	2022/2023 Number of staff	%	2023/2024 Total Number	
Disabled	608	59.5%	584	53.6%
Non-disabled	1571	60.3%	1290	59.3%
Total	2179		1874	

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

19.6% of staff with disabilities say they have experienced pressure from their manager to attend work, compared with 11.4% of staff without disabilities. The numbers for staff with disabilities has increased while for non-disabled staff the numbers have decreased since last year. The national average for disabled staff is 19.3%, therefore KMPT are above the national average for this metric.

Workforce Group (Clinical & non-clinical)	2022/2023 Number of staff	%	2023/2024 Total Number	
Disabled	408	17.9%	366	19.6%
Non-disabled	726	14.9%	560	11.4%
Total	1134		2060	

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

41.2% of staff with disabilities are satisfied with the extent to which the organisation values their work, compared with 51.5% of staff without disabilities. The number for staff with disabilities has decreased since last year whereas for those without disabilities has increased since last year. The national average for disabled staff is 45.3%, KMPT is below the national average for staff satisfaction.

Workforce Group (Clinical & non-clinical)	2022/2023 Number of staff	%	2023/2024 Total Number	
Disabled	615	45.2%	582	41.2%
Non-disabled	1584	49.9%	1298	51.5%
Total	2199		1880	

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

78.3% of staff with disabilities consider that the organisation has made adequate adjustments. This number has increased from 77.9% in 2022.

Workforce Group (Clinical & non-clinical)	2022/2023 Number of staff	%	2023/2024 Total Number	
Disabled	376	77.9%	365	78.3%

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

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

The staff engagement score for disabled staff is 6.8, compared with 7.0 for staff without disabilities. The national average for disabled staff is 6.8 and 7.2 for staff without disabilities.

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

0% of the Board have declared an unknown status for disability, 0% have declared disabled and 100% declared non-disabled.

Workforce Group (Clinical & non-clinical)	2022/2023 Number of staff	%	2023/2024 Total Number	
Disabled	616	6.7	584	6.8
Non-disabled	1589	7	1300	7.2
Total	2205		1884	

Gender Pay Gap (GPG)

KMPT’s workforce demographic is currently **74.9% female** and **25.1% male**. KMPT’s gender pay gap highlights the key issues with regards to the genderpay differentials. KMPT’s Gender Pay Gap is 15.4% with the mean average of men earning an hourly rate of £21.60 compared to women who are earning an hourly rate of £18.27, although KMPT’s gender pay gap average shows that the pay gap was reduced by 1.0%, it is important to note that it is above the national average of 14.3%. For the full report, please visit KMPT’s website or i-connect.

KMPT are required to analyse data and develop an improvement plan to understand pay gaps by protected characteristic. Plans are in place for our Gender Pay Gap and we are currently working on Ethnicity Pay Gap, we will be working on disability Pay Gap by 2025 and other protected characteristics by 2026. The Trust already report on gender pay gaps. This will be tracked and monitored by NHS boards.

Equality Impact Assessment (EqIA)

Our new Equality Impact Assessment (EqIA) template is a risk assessment tool designed to identify whether an existing or proposed (new) policy, procedure, project or service (the activity) affects people from minority groups differently, and whether it affects them in an adverse way. The EqIA will guide the lead of the project/activity to understand whether people from protected characteristic groups or vulnerable groups are disadvantaged by the activity in any way. It is also a way of identifying where we might better promote equality of opportunity. As an NHS Trust, KMPT needs to ensure that thorough consideration has been given to equality, diversity and inclusion in relation to all strategies, policies, services and functions, both current and proposed.

EDI mandatory training

Equality and Diversity training forms part of the essential training for staff in an online e-Learning package that all new starters must complete.

Equality and Diversity is included in both the KMPT staff and managers induction. The compliance target for the EDI training is 90%.

Data up to and including March 2024 is:

Essential Training Compliance Percentages for end of March 2024	Overall Compliance	Acute Directorate	East Kent Directorate	Forensic and Specialist Services Directorate	North Kent Directorate	West Kent Directorate	Support Services
Equality and Diversity	95.9%	96.5%	95.6%	97.4%	94.6%	95.4%	95.3%

The KMPT induction also covers:	Other training on Equality, Diversity and Inclusion:
<ul style="list-style-type: none"> › Policies/legislation; › Training and development; › Staff networks; › Workforce Race Equality Standards/Disability Equality Standard; › Workplace Reasonable Adjustments; › Translation and interpreting; › Where to get further support. 	<ul style="list-style-type: none"> › Consultant Psychiatrists CPD programme EDI Session; › Equality Impact Assessment Training eLearning; › Sexual orientation and gender identity (SOGI) training; › Basic sign language 10 week accredited programme; › Deaf awareness and sign language workshop; › Disability awareness training; › Active ally workshops; › Protected characteristics data; › Cultural awareness; › Managers induction; › Listening into action sessions.

Neurodiversity Network



The Neurodiversity Network was launched in November 2023 and currently has in excess of 60 members. The executive sponsor for the network is the Director of Nursing.

The launch of the network included the collaborative development of branding, communications as well as the development of a Neurodiversity policy and has supported in the development of a new central process for reasonable adjustments. The network provides support and advice to people applying and going through the Government run Access to work scheme.

The network has developed a 12-month plan to continue its development and increase membership and has recently supported National Neurodiversity celebration week, raising awareness of Neurodiversity in the workplace.

DAWN (Disability and Wellness Network)



Membership to the DAWN (Disability and Wellness network) is currently 78 members. The Director of Finance is the Executive Sponsor for the network.

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

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



(Around 3.5% of workforce declared that they are lesbian, gay or bisexual and there is no current data recorded for employees disclosing or identifying as transgender).

The Director of Partnerships and Transformation is the Executive sponsor for the Network. Membership for this network is currently 60 members. This has increased with LGBTQ+ History month held in February and is expected to increase with future plans and campaigns, including Pride events, Asexuality week and other events. The network has a 12-month plan, packed with campaigns and clear objectives to increase visibility and promotion of the network across the Trust.

Black Asian Minority Ethnic (BAME) Network



The Black, Asian, Minority Ethnic Staff Network is made up of 120 members and is currently working on a plan to increase its membership. The Chief Medical Officer serves as the network's Executive Sponsor, and the network has a committee that includes a Chair, 2 Vice Chairs, a Communication Officer, and a Secretary. The committee will also be recruiting another committee member to the position of 'person without portfolio'. These individuals volunteer their time for this work in addition to their regular roles. The Chair and Vice Chairs are given dedicated time to fulfil their important responsibilities, with the Chair representing the network at various committee and steering group meetings. The network has developed a 12-month plan that includes four campaigns to promote throughout the year, as well as at least three objectives to enhance and expand the network.

Faith Network



63.7% of all staff have declared a religion or belief, with 67% of those declared being Christian and 32.9% other religions. The Faith Network has approximately 70 members.

The network's Executive sponsor is the Chief Operating Officer, and has recently appointed a new network Chair outside of the chaplaincy team, however 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.

Menopause Network



As of 1 April 2024, menopause will become a recognised network sitting under Equality, Diversity and Inclusion.

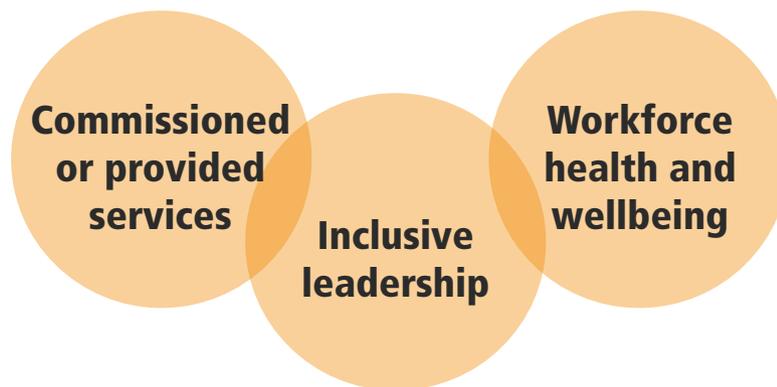
A monthly 'Let's talk menopause' forum is held virtually and on average 20 staff members attend the 45-minute session. Following the meetings, a regular bulletin update is mailed out to the 186 staff members who have joined the menopause mailing list.

On the menopause friendly matrix KMPT are currently at level 4-integration and are keen to become fully involved within the Kent & Medway ICS Community of Practice as well as achieve accreditation. KMPT are training menopause advocates and champions and will contribute to raising awareness and utilisation of reasonable adjustments and the work and wellbeing passport.

Equality Delivery System (EDS) 2022

The Equality Delivery System (EDS) is an improvement tool for NHS organisations to assess the impact of discrimination, stress and inequality. The aim of the tool is to support improving services provided for local communities; providing better working environments, free of discrimination for those who work in the NHS, while meeting the requirements of the Equality Act 2010, including the Public Sector Equality Duty.

The EDS tool is made up of 3 domains:



The 2023-24 annual report was submitted to NHS England in February 2024 with achievements of the last year including:

Significant improvements in developing digital systems, reporting and training available to all staff to enhance completeness and quality of patient demographic data; supporting service managers to utilise performance and service user data effectively to inform service development and improvements, responsive to local community needs and addressing health inequality; supporting implementation of mandatory reporting requirements under the Mental Health Units (Use of Force) Act 2018, contributing to patient safety and improved experience of acute mental health services.

Improvements for staff wellbeing have included launching a Neurodiversity Staff Network; a revised Reasonable Adjustment policy and process with centralised funding; revised staff wellbeing passport; developing a comprehensive induction, onboarding and development programme for internationally-recruited staff; supporting workstreams aiming to reduce violence and aggression experienced by staff; KMPT has been recognised by The Purpose Coalition Award as winners of the Good Health and Wellbeing Award and the staff health and wellbeing strategy was shortlisted for the best wellbeing in the workplace strategy.

KMPT continues to work towards becoming an anti-discrimination organisation and is undergoing a culture change programme that will focus on inclusive leadership and improving workforce experiences.

The 2023- 24 EDS action plan has been published to the KMPT website and intranet, highlighting priority actions for the coming year which include: continuing improvement of EDI data collection, analysis and reporting; working collaboratively with local community partnerships, service users and carers; raising awareness of addressing health inequality in the workforce; addressing violence and aggression and progressing a plan for culture change across the organisation.

Accessible Information Standard

Interpreting and Translation

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). The standard applies to people who use a service and have information or communication needs because of a:

- › disability
- › impairment
- › sensory loss

It covers the needs of people who are deaf/blind, or deafblind, or who have a learning disability. This includes interpretation or translation for people whose first language is British Sign Language.

There are five requirements to meet the standard:

1. ASK - Identify/find out if an individual has any communication/information needs relating to a disability or sensory loss and if so, what they are.
2. RECORD - Record those needs in a clear, unmistakable and standardised way in electronic and/or paper-based record/administrative systems/documents.
3. ALERT/ FLAG/ HIGHLIGHT - Ensure that recorded needs are 'highly visible' whenever the individual's record is accessed, and prompt for action.
4. SHARE - Include information about individuals' information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).
5. ACT - Take steps to ensure that individuals receive information which they can access and understand and receive communication support if they need it.

All KMPT services routinely seek information about service user communication needs and support needed. This information is recorded on the patient record system (Rio) and available to those providing care. British Sign Language interpreting is accessed via Kent Deaf Interpreting Service (KDIS) to meet the needs of hearing impaired and deaf service users. This service is monitored by Kent County Council, with quarterly reports provided regarding KMPT use of the service. Ongoing training and support is available to staff to ensure the Accessible Information Standard is consistently met in practice. The Communications team provide Braille translation on request. Patient and carer feedback and complaints are also monitored to highlight areas for improvement regarding accessible information and communication. KMPT are members of the Deaf Community Forum, regularly meeting and collaborating with Kent and Medway healthcare providers and the deaf community to achieve continuous improvement.

Spoken language interpreting and translation

A new service for spoken language interpreting and translation services was commissioned from Word360 in October 2023. Information about access to and use of the service is available to all staff via KMPT's intranet. Quarterly monitoring of language needs and provision of service provides a dynamic language profile for the Kent and Medway areas that informs service delivery with an aim to be responsive to local community needs. Quarterly performance reports are shared with the Equality and Diversity Steering Group.

Patient and Carer Race Equality Framework

The Patient and Carer Race Equality Framework (PCREF) was officially launched in November 2023 and is the NHS' first anti-racism framework. PCREF is an organisational competency framework that is being implemented across all mental health trusts and providers, with the mandatory reporting period commencing 1 April 2024. It aims to bring more transparency and accountability to the mental health sector with the ambition to end racial inequity.

Black Asian, Minority Ethnic (BAME) and culturally diverse groups experience disproportionately poorer access, experience and outcomes in mental health services, despite having a higher prevalence of mental health issues. PCREF requires patients and carers to be involved at every level of mental health trusts' or providers' governance structures, included in decision making and consulted about individual care and services accessed.

The framework aims to support mental health trusts to:

- › Improve their interaction with ethnically and culturally diverse communities;
- › Raise awareness of the organisations' own cultural and racial bias and provide a framework to reduce them;
- › Improve governance and accountability on improving experiences of care for racialised and ethnically and culturally diverse communities.

The PCREF is split into three core components:

<p>Part 1</p>	<p>Leadership & Governance</p> <p>Trusts accountable for Statutory & Regulatory Obligations, eg:</p> <ul style="list-style-type: none"> › Human Rights Act 1998; › Equality Act 2010; › And supplementary frameworks incl: WRES, EDS 2022. 	<p>12 core pieces of relevant legislation have been identified that applies to all NHS mental health trusts and mental health providers in fulfilling their statutory duties. Leaders of mental health trusts and providers will need to ensure these are complied with across mental health organisations.</p>
<p>Part 2</p>	<p>Organisational Competencies</p> <ul style="list-style-type: none"> › Cultural Awareness; › Staff knowledge and awareness; › Partnership working; › Co-production; › Workforce; › Co-learning. 	<p>Through a co-production process, six organisational competencies have been identified to improve working with racialised communities, patients and carers. Mental health providers are required to work with their communities, patients and carers to assess how they fair against the six organisational competencies (plus identified local priorities) and co-develop a plan of action to improve them.</p>
<p>Part 3</p>	<p>Patient & Carers Feedback</p> <p>A patient and carer feedback mechanism which tracks progress over time</p>	<p>Mental health organisations are required to evidence actively embedding patient and carer voices at the heart of the planning, implementation and learning cycles.</p>

Oversight of the framework will sit within the Transformation Directorate. The framework will support trusts and providers on their journey to becoming actively anti-racist organisations by ensuring that they are required to work in equal partnership with voluntary sector organisations, patients and carers, co-producing and implementing concrete actions to reduce racial inequalities across all mental health services.

Equality patient data improvement and protected characteristics data training

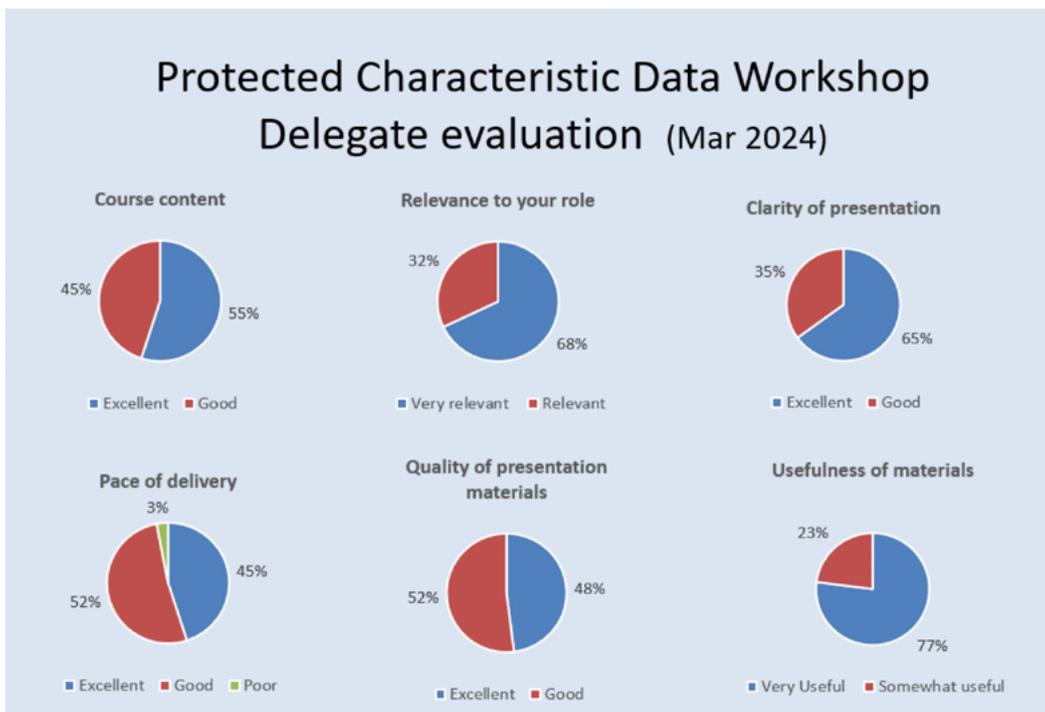
There is continued work on improving patient equality data. The EDI Practitioner (Patient Lead) is now a standing member of the Data Quality Group, ensuring that consideration of diverse service user needs and mandatory data reporting requirements are represented in system planning, development and implementation.

An Equality, Diversity & Inclusion (EDI) report has been developed and added to the Trust

Business Intelligence system enabling every team, ward and service to access data relating to current inpatients and referrals, with a breakdown by each of the protected characteristics. A RAG (Red, Amber, Green) system of classification indicates the level of completeness, highlighting low levels of data completeness and gaps that performance and quality managers can prioritise to be addressed. There is ongoing development to ensure accurate and high-quality patient data is captured.

The EDI Practitioner (Patient Lead) has designed and delivered a 'Protected Characteristic Data' workshop to 94 members of staff between September 2023 and March 2024, with a 6 month evaluation report presented to the Equality and Diversity Steering Group in April 2024. **(Protected Characteristic Data 2023 -24 (kmpt.org))**

Feedback from both clinical and non-clinical staff indicates a high level of satisfaction and relevance to their roles, with achieved learning outcomes that are driving improvements in teams and services. Staff have indicated that they would like more time dedicated to the workshop and related health inequalities training to further develop skills in utilising data to improve patient experience, workforce competence and reducing health inequality in their services.



NHS England poster resources have been distributed to all ward and team staff areas to support understanding of the need to collect demographic data to a high standard to enhance patient experience and outcomes. Standard and easy read leaflets are available for service users via the KMPT website and the Trust intranet for staff to use in supporting discussions with patients and carers.

The EDI Practitioner (Patient Lead) has supported the delivery of five health inequalities workshops, on request to Crisis Teams, Older Adult Services and the PALS/Complaints team over the last year. These teams were supported to produce an action plan to achieve improvements for patients and service users in their specific service area, with the aim to reduce health inequalities. Following the restructure of the Transformation Directorate where a plan will be finalised to agree how this area of work will be delivered going forward.

Freedom to Speak Up

FTSU

In 2016 in response to the Francis Inquiry Freedom to Speak Up Guardians (FTSUG) became a mandatory requirement in all NHS trusts within England. In June 2022 KMPT contracted with The Guardian Service Ltd to provide this service as it was felt an independent service would offer staff the reassurance that their concerns would be dealt with by someone independent to the trust ensuring impartiality and confidentiality where requested.

It is also supportive of the role itself having dedicated protected time to handle concerns and promote the FTSU with a full time Guardian and back up Guardians being allocated to support the trust so there is never a gap in accessibility. The service itself is 24/7 365 days a year, meaning it is accessible to all staff at any time of day or night should they need it. As of 2023/24 the Freedom to Speak Up Guardian now reports directly into the Chief Executive.

Engagement

We continue to promote the use of the service to our staff. This has been ongoing by making use of screensavers, email signatures, the intranet and distribution of posters and flyers throughout services. The guardian also delivers a briefing within each corporate induction and features within managers inductions to ensure all staff have an awareness of the service on joining the organisation. In addition to this the Guardian regularly attends services to meet staff and raise awareness, delivers briefings within team meetings and carries out extensive additional promotions throughout Speak Up Month each year. The trust has also made NHSE Speak Up and Listen Up training mandatory for all staff and managers which shows a dedication to promoting an open culture within the organisation. Follow Up training is also available to senior leaders however this is not yet mandatory.

For the Period 1st April 2023- 31st March 2024 the Guardian has engaged in 205 briefings, promotions and communication meetings to support engagement and understanding of the service. These are a mix of online and on-site sessions reaching across all directorates. During this period the service has taken 101 new FTSU cases and of these cases 42.57% have approached the guardian as they feel they have already tried to raise concerns internally but share not feeling heard or believe action has not been taken. 15.84% report using the service through fear of reprisal or some form of detriment, which has decreased from 33% since the previous period. This decrease is reassuring and the trust continues to voice that it has a zero-tolerance approach to individuals suffering detriment or recrimination as a result of speaking up.

In total, the service has seen in excess of 1,654 engagements with KMPT staff through site visits, briefings and promotions during this period.

The reasons most frequently cited by staff for choosing to raise their concerns via the Freedom to Speak Up Guardian relate to previous attempts to raise concerns internally having been unsuccessful (42.57%), or for impartial support (34.65%).

In the previous year it was noted that the staffing group with the most engagement with the service was Additional Clinical Services (26.6%) This year it is Nursing (27.7%) followed

closely by Additional Clinical Services (21.21%) however if we look at concerns raised by staffing group in relation to head count in that group overall; Additional Prof. Scientific & Technical (4.41%) and Allied Health Professionals (3.49%) are the staffing groups to most use the service.

Themes and Trends

At the start of this new period The Guardian Service introduced the recording of multi-themes within cases to offer greater insight into themes and trends. For the previous period (2022/23) the top three themes were Systems/Processes, Staff Safety/Wellbeing and Management Issues. For this period Systems/Processes remains the leading theme along with Management Issues but there has also been the addition of Behaviour/Relationships as a leading theme which has shown a sudden increase from the previous period. Although Worker Safety/Wellbeing doesn't feature as a leading primary theme it has often featured as a leading secondary theme.

Systems/Process (30.69%) – Within this theme individuals were predominantly giving feedback and raising concerns around various consultation and restructuring processes with a focus on information sharing, perceived poor communication, and the impact these processes have on individuals' wellbeing and ability to deliver services consistently and effectively. There was also a focus on internal processes for sickness absence and work-related stress with individuals feeling that there was a lack of support both whilst off work, when returning to work and to explore the root causes of the work-related stress to mitigate further instances. Overall, this theme consistently reported that systems and processes in the work place left staff feeling undervalued due to their experiences.

Management Issue (20.79%) – Within this theme individuals are predominantly reporting perceptions of poor management style which they feel is impacting either a team, service or individual negatively. There have also been reports of challenges when trying to feel heard by management and a sense that concerns may be dismissed or minimised. In addition to this when individuals are trying to advocate for their own needs such as a disability or health condition they report not feeling supported by management.

Behaviour/Relationship (14.85%) – All but one of these concerns related to interpersonal issues between colleagues in the workplace with most individuals feeling that a lack of early intervention has left them unsure how to move forward and resolve the difficulties. Consistently individuals and managers have been unsure how to facilitate more challenging conversations with colleagues to support resolution and are looking for organisational support with this.

Worker Safety/Wellbeing was regular leading secondary theme with 14% of cases overall containing an element of worker wellbeing or safety. It is important to note that the majority of concerns featuring Worker Safety/Wellbeing relate to an experience of work-related stress or wellbeing being impacted by the work environment.

Addressing concerns

Organisational wide themes which have arisen from the cases during this period include; individuals reporting a negative experience of internal processes including both HR and organizational change, a perceived lack of compassionate leadership, a request for improved and more consistent communication from both leaders, managers and the organisations and a need to improve staffs experience of receiving feedback and following up on concerns.

Of the 101 cases raised this year, 81 have been closed, meaning that 20 cases remain open at the time of writing. Of these, 3 are categorised as red concerns (two awaiting feedback for closure and 1 awaiting investigation formally), 5 as amber, and 8 as green. Of the 81 closed cases, 67 were closed with a written or verbal outcome, and 3 staff chose not to pursue their concern, either because management action was taken to resolve the concern, or because they were satisfied having talked their concern through with an independent party and 11 ceased contact with the service having received impartial support. Of the 20 cases remaining open, 2 were new in March.

Notwithstanding this, and the Guardian service's prompt action on new cases, the number of cases remaining open highlights a need for the organisation to improve the speed of its response. This has sadly been regular feedback from staff during the year that the trust needs to resolve issues more swiftly. Initial response from managers is prompt 50% are received on the same day and 96% within the agreed escalation timeframe, but sadly any investigatory work and follow up takes much longer than planned. Four cases exceeded the agreed escalation timeframes and in each of these cases this has been reflected on by the trust. To ensure this is addressed we have set up a central investigation team (CIT) to support managers with addressing concerns in a timely manner. The following timeline has been agreed; For red concerns, 12 hours; For amber concerns, 48 hours; For all other concerns, 72 hours week. In addition to this we have the following in place; named pastoral support is designated in all employee relations cases, and reviewing the style of HR communications to ensure they set clear timeframe expectations, and read compassionately.

Patient aggression towards staff however remains an ongoing challenge for KMPT, and KMPT continues to work to address this in particular through the work we are doing on our Violence and Aggression priority overseen by the Trust Board as part of the Trusts 3-year strategy.

However, it is proposed that moving forwards, as further trends begin to emerge from the data, a cross-disciplinary group is convened together with the Freedom to Speak Up Guardian to reflect on the themes and consider the actions KMPT might wish to take.

Part three Conclusion and next steps

The Trust has spent the last six months undertaking a brand and culture review across the organisation and also with external stakeholders to develop an understanding of the perception of working for KMPT and what it feels like to interact with KMPT. This has provided the Executive team with a wealth of information which we will be using to develop the KMPT brand and improve the culture of the Trust in the coming year. There will be a real focus on staff engagement and staff feeling that they are able to speak up. The Trust will also be using the brand and culture work as an opportunity to reset the Trusts values.

The Trust has built a strong relationship with the guardian service and it is encouraging that staff continue to access the services as a means to speaking up. It is good to see that staff are preferring to address concerns raised through informal resolution indicates a move towards the early resolution approach KMPT advocates.

In addition to this the Chief Executive as the Accountable Officer responsible for this service will continue to take reports on a six-monthly basis to the Trust Board and has also committed to taking a report in July 2024 to Trust Board that shows the proactive actions being taken to address the recommendations in the January FTSU to Trust Board.

Mortality update 2023-24

Learning from deaths of people under our care can help us improve the quality of the care we provide to patients and their families, and identify where we could do more.

Findings from the Francis Inquiry report show that ‘higher than expected’ mortality rates were at worse ignored or manipulated and at best the subject of poorly functioning non-systematic mortality review meetings in which failings in the quality of care were not confronted or corrected. It is essential that the Trust has a process for reviewing mortality incidents.

Mortality incidents are scrutinised by the Governance Teams, Serious Incident Mortality Panel and by the Mortality Review manager, to allow for analysis across the Trust and identification of themes and trends.

Mortality/STEIS reporting relating to deaths 2023/24:	23/24 Q1		23/24 Q2		23/24 Q3		23/24 Q4		Total 2023-24	
	All deaths	STEIS reported	All deaths	STEIS reported						
Trust Total	246	25	762	19	563	9	466	17	2037	70
Acute	3	0	4	1	0	0	4	4	11	5
Forensic and Specialist	19	0	38	0	24	0	20	0	101	0
East Kent	134	11	155	8	275	7	205	4	769	30
North Kent	53	11	245	4	147	0	109	0	554	15
West Kent	37	3	320	6	117	2	128	9	602	20

Medical Examiner

The Trust has embedded the Medical Examiner process into the Trust’s Learning from Death Policy.

The guidance for KMPT is that a death will only need to be referred to the Medical Examiner, if the patient’s death is expected on a KMPT mental health ward. These are non-coronial

deaths and where a KMPT doctor is responsible for completing the medical certificate with cause of death.

Since the implementation of this process in 2023, there have been no mortality incidents where a referral to the Medical Examiner has been required.

Structured Judgement Review (SJR)

The Trust continues to review mortality incidents that meet the criteria for SJR. The most common SJR criteria met is diagnosis of psychosis during the last episode of care.

Modifications have been made to the Mortality App within InPhase to capture the areas of good practice as well learning identified. There are some common areas of good practice and areas for improvement identified. These include:

- › Communication with the patient, during initial assessment, inpatient admission and ongoing care;
- › Communication with other healthcare professionals at the point of discharge and ongoing care;
- › Medication reviews and medication prescribing during the patients ongoing care
- › Care pathway at the point of discharge and ongoing care.

Some areas for improvement have also been identified through the Structured Judgement Review process. Some are common learnings and themes. These include:

- › Physical health checks;
- › Documentation;
- › Management of appointments.

Suspected suicides and unexpected deaths

Unexpected deaths continue to be reported to the CQC via the Trust's processes. STEIS reported unexpected deaths are reported to our commissioners, in line with current frameworks.

KMPT are currently partaking in a study for the National Confidential Inquiry into Suicide and Safety in Mental Health (NciSH), reporting patients who have died from suspected suicide, during inpatient admission or two weeks post inpatient discharge.

The study is formed by a questionnaire, and will contribute to national research into suicide and inpatient admission. So far (since January 2023), there have been four KMPT patient mortality incidents where a questionnaire has been required.

PART THREE



Your views

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

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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.

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



