



Quality Account 2017-18

Our commitment to you

Our values

respect
open
accountable
working together
innovative
excellence

Our vision

The Trust aims to deliver quality through partnership. Creating a dynamic system of care, so people receive the right help, at the right time, in the right setting with the right outcome.

respect ♦ open ♦ accountable ♦ working together ♦ innovative ♦ excellence

Visit us at www.kmpt.nhs.uk

22.02.2017 KM201

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Introduction

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All providers of NHS services, no matter how large or small, or what services they provide, should be striving to achieve high quality care for all and, therefore, all are required to produce a Quality Account.

The Quality Account is an annual report for the public that focuses on the quality of the services the trust delivers, the ways in which the trust demonstrates that it frequently checks on the quality of those services, and that the trust's staff are committed continually to improve the quality of those services.

Quality Accounts should assure commissioners, service users and the public that healthcare providers are regularly scrutinising their services and, therefore, are able to concentrate on those areas that need the most attention.

The Quality Account comprises three sections, as required in the guidance set by the Department of Health in the Quality Account Toolkit. Part one is the statement from the Chief Executive on page 5. Part two reviews our progress on our quality improvement priorities in 2017-18 and contains statements about various aspects of the quality of our services in the format set for us. Part three contains our priorities for improvement in the year ahead and tells you who was involved in

determining our priorities. For ease, the latter statement is on page 33.

This report clearly demonstrates the importance to the trust of the quality of the services we provide to our service users, and that we invite and encourage scrutiny, debate and reflection on those services at all times.

We hope you find this report both interesting and reassuring and, if you wish to make any comments about our services, please do get in touch. You'll find our contact details on the back page.



Chief Executive's Statement

Welcome to our Ninth Quality Account.

As a specialist provider of mental health, learning disability and substance misuse services, KMPT is clear that our priority is delivering the very best care, through the very best people. Measuring whether or not we are achieving that is as important as balancing our books financially, and that is why our Quality Account is so important.

2017-18 started with positive confirmation of the significant amount of progress made towards our quality goals. The CQC's comprehensive inspection report issued in April 2017 rated our services as Good overall and Outstanding for Caring.

In July 2017 the Trust Board discussed its long term vision for providing services and agreed the Trust Strategy for 2017-2020. Our KMPT strategy sets out our vision, our values and our strategic framework, actions and strategic priorities. The primary focus is to consistently deliver outstanding care and to deliver and embed continuous improvement in all we do. Our values are at the heart of the strategy and emphasise our passion for people, our celebration of diversity and our respect for equality and human rights.

The driver for Quality Accounts is to be open and transparent with people who use our services our partners and commissioners about the quality of our services. This mirrors KMPT's own approach to quality where we work hard to get it right first time and are open and honest when things go wrong.

We were truly saddened that we ended the year with CQC inspectors finding that we had failed to meet our expected standards in our Community Services for adults. We took immediate action to address potential risks to safety and are acting with urgency to put in place systems and assurances to prevent any reoccurrence. We will as always review and learn from these circumstances and use that knowledge to improve in the future and our clinicians are leading the work to ensure that these services speedily achieve the quality of service our patients rightly expect.

In preparing these Quality Accounts we have endeavoured to ensure that all information and data is accurate and provides a fair and balanced reflection of our performance this year. Our Board and Executive Management Team have sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported. The Trust has reviewed all the data available to it on the quality of care in all of the NHS services it provides.

To my knowledge the information in the document is accurate. The Director's statement at Appendix D further makes it clear that we have met the requirements for preparing this account and our auditors' report on their review of the account can be found in Appendix E.

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

Helen Greatorex
Chief Executive Officer



Statement from the Executive Director of Nursing and Quality

As the Executive Director responsible for Quality within the Trust I am pleased to recommend these accounts as an informative and reassuring summary of quality performance and activity during 2017-18.

I am passionate about ensuring we provide the very best quality of care for all our patients and that we work collaboratively with their carers. This requires a focused commitment from us as an organisation on all the components of quality. I believe our services must provide a positive experience, be safe, effective and that through a quality focus efficiency and sustainability can be achieved. Our award of one star from Triangle of Care and our commitment to implement Triangle of Care standards across all our services embody this approach.

I am proud to lead a team of committed and caring staff who have helped to achieve so much in the last year. These accounts capture some great examples of quality improvements during the year but we want to go further and ensure every service and every team embed quality improvement as a culture and the way we do things at KMPT.

A particular highlight during 2017-18 was the launch of the Nursing Strategy which clearly sets out our vision, aspirations and future direction for the next three years. It is an ambitious strategy which had both formal and informal input from a range of staff across the trust and incorporates patient and carers' feedback.

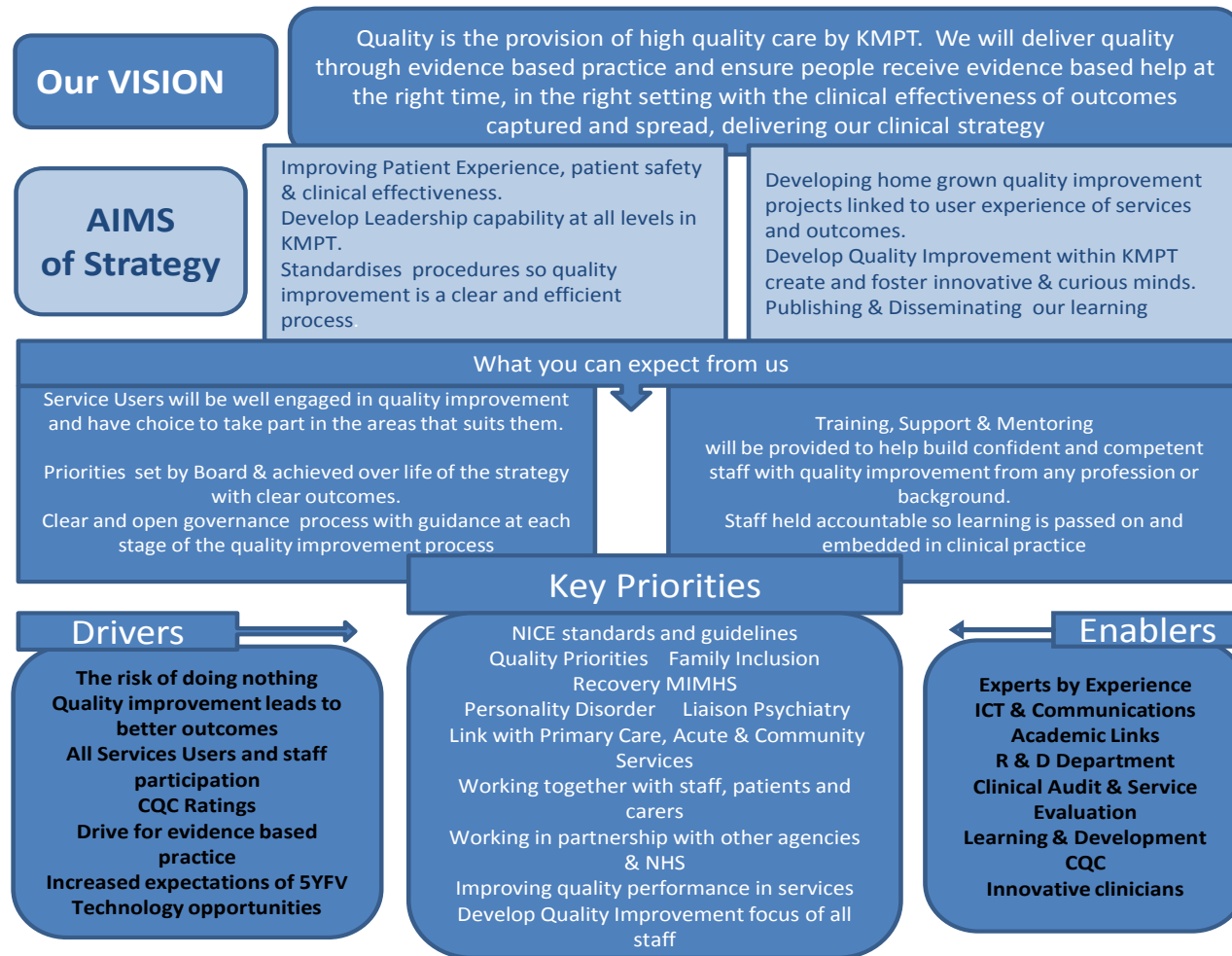
Through our strategy, we will develop confidence and resilience in our nursing workforce, and together, this will allow us to respond to the changes, challenges and opportunities coming through the health and social care system. The strategy will develop, train and support our nursing staff at all levels to influence and provide efficient and excellent clinical care. KMPT nursing care will continue to be delivered with kindness and compassion, will uphold our trust values and the NMC Code for Registered Nurses.

Equally exciting during 2017-18 was the fruition of the Allied Health Professionals Strategy. The Strategy sets out the vision for the future of KMPT Allied Health Professions in the field of mental health and specialist services. It emphasises the core knowledge and skill in enablement and rebuilding meaningful lives which are essential to health, both mental and physical wellbeing, of our service users and carers and ensures that AHPs are key contributors in meeting overarching aims of KMPT's Clinical Strategy, Quality Strategy and the Strategic Transformation Partnership.

Both these strategies compliment and underpin the Trust's Quality Strategy which aims to ensure quality is at the heart of everything we do and patients, service users and carers get the quality of service they deserve.

Mary Mumvuri
Executive Director of Nursing and Quality

Our Approach to Quality Improvement



Awards and achievements in 2017-2018

KMPT Staff Awards

What an amazing evening! 350 staff, carers and patients joined together to celebrate the fantastic work across KMPT.

With more than 420 nominations, it was a difficult task for our judges but they whittled it down to one winner and one highly commended for each of the 12 categories. We also surprised service user Rob Smale with a special recognition award for his outstanding work across the trust. The winners included:

The **Pharmacy team** who won the *Patient Safety Award* for the introduction of a medicine reconciliation process for all new admissions to acute wards where the prescribed medication was checked against the medication prescribed prior to admission significantly reducing medication errors due to lack of information on admission.

Fern Ward who won the *Patient Experience Award* for their work providing exceptional quality care for vulnerable service users and their loved ones, injecting the trust values into their day to day work by working collaboratively to improve the patient experience. A thank you card from a service users said '*Fern ward changed my life and saved me*'.

KMPT Student Conference

Energy, enthusiasm and excitement filled the room at this year's KMPT student conference with quality very much the focus of the day. Special guest Donna Poole, Deputy Head of Clinical Education at Health Education Kent Surrey and Sussex (HEKSS) gave a presentation about '*What is quality – Thinking about how we measure quality and assure it*'. Students engaged in conversations to discuss standards, best practice and past experience with the focus being on what drives quality. Attendees also reflected on how we listen to carers and service users, discussing what we can do to improve services through learning from them, all the while ensuring there is hope. The room was alive with insightful learning and careful consideration of changing practice.

KMPT to launch nurturing Mother and Baby Inpatient Unit

KMPT is putting mums at the heart of a new service, which is part of NHS England's campaign to increase access to specialist perinatal mental health support. One in 10 women develops a mental health illness during pregnancy or in the first year of motherhood.

In April 2017 the trust won a tender to create Kent's first Mother and Baby Inpatient Unit (MBU) which is due to open in summer 2018. The MBU, located in Dartford, will support up to eight mums under the care of the Mother and Infant Mental Health Service (MIMHS) from across Kent, Surrey and Sussex. It will provide a safe, caring and supportive environment for mums affected by perinatal mental health who will receive treatment whilst remaining with their baby. The unit will feature a nursery, en-suite bedrooms, sensory and therapy rooms as well as communal dining and kitchen areas.

A huge amount of work is going on behind the scenes and mums with lived experience are playing a key role in the project. Amongst those assisting are ex-service users who are members of the MBU Project Board. The support she received from MIMHS inspired her to volunteer with the service.

Psychiatric Intensive Care (PIC) Liaison wins NAPICU Team of the Year 2017

We're #KMPTproud of our Psychiatric Intensive Care Liaison Service (PIC Liaison Service), who recently won Team of the Year 2017 at the National Association of Psychiatric Intensive Care Units (NAPICU) conference!

The team attended the conference on Thursday 07 September 2017 in Dublin, Ireland which focused on the international sharing of good practice to aid in the enhancement of quality of care delivered in both Psychiatric Intensive Care Units (PICU) and Low Secure Units (LSU).

They submitted an entry for NAPICU Team of the Year 2017 following the successful completion of the Psychiatric Intensive Care Liaison Pilot Project.

Molly wins Unsung Hero Award

Molly, a pet therapy dog at the Frank Lloyd Unit (FLU) in Sittingbourne has won a prestigious national 'Unsung Hero' Award in recognition of the valuable work undertaken by her and her owner, Sarah Wale. Molly won the Special Mention Award presented at the Awards event in Manchester.

Molly was also interviewed with Sarah on the BBC Breakfast sofa before the awards ceremony by presenters Naga and Charlie.

The Unsung Hero Awards are designed to reward and celebrate Non-Medical / Non-Clinical NHS staff with over 100 NHS organisations involved and 400 nominations submitted. Molly was the first "non human" to win the award.

KMPT hosts successful STP conference

On Tuesday 13 March KMPT proudly hosted a key mental health conference on behalf of the Kent and Medway Sustainability and Transformation Partnership (STP).

More than 300 guests attended 'Better Together - A Collective Conversation Transforming Mental Health and WellBeing' held at the Mercure Great Danes Hotel in Hollingbourne, Maidstone.

KMPT Chief Executive Helen Greatorex and Glen Douglas, Chief Executive of Kent and Medway STP welcomed delegates to the event which featured presentations covering a range of topics including social isolation, children and young people's mental health, perinatal, mother and baby care as well as suicide prevention, local care and crisis and liaison psychiatry.

The event included high profile speakers including Jonny Benjamin MBE, an award-winning mental health campaigner whose global campaign to find the 'silent hero' who saved his life attracted international media coverage. Jonny's inspirational talk about his childhood, mental ill health and subsequent campaigning received a standing ovation.

Mum and MIMHS service user, Zoe Gibson, gave a powerful account of her perinatal mental ill health in pregnancy and her involvement in KMPT's new Mother and Baby Unit. A marketplace featured a range of organisations from the third sector e.g. Rethink mental health, Blackthorn Trust, Age UK, KCC Release the Pressure and Sheppey Oasis Academy.

Thank you to all those who attended and supported this event.

Review of Quality Performance: Achieving our 2017-18 priorities

For 2017-18 the trust set nine priorities for improvement; divided into the three areas that constitute quality, these are **patient safety**, **patient experience** and **clinical effectiveness**.

Patient safety

We wanted to

- Improve the recording of risk management within care plans

We have demonstrated improvement by

- ✓ auditing the recording of risk management within care plans at the start and the end of the year
- ✓ increasing the percentage of care plans which record risk management form 50% to 91%

We wanted to

- Reduce incidents of violence in inpatient care settings.

We have demonstrated improvement by

- ✓ reducing the number of reported incidents of violence from 831 in 2016-17 to 763 in 2017-18

We wanted to

- To improve the quality and frequency of handovers within the Acute care group and across care groups.

We have demonstrated improvement by

- ✓ increasing the quality and compliance with Handover standards including changes in risk factors from 44% to 75%

Patient experience

We wanted to

- Complete the Triangle of Care self-assessment documentation by Community Mental Health Teams – Year 2

We have demonstrated improvement by

- ✓ completing baseline assessments across all Community Mental Health Teams in adult and older people's services

We wanted to

- Improve patient experience of care co-ordination

We have demonstrated improvement by

- ✓ Although the Trust improved its score from 76.3% to 77.1% in the 2017 patient survey however it fell below the national average of 83.1%

We wanted to

- Develop a standardised patient experience feedback system

We have demonstrated improvement by

- ✓ implementing a Trust wide system for recording patient experience

Clinical effectiveness

We wanted to

- Improve the timeliness of completion of NICE gap analyses by care groups

We have demonstrated improvement by

√ increasing our completion of gap analyses of relevant NICE guidelines from 53% to 100% within 6 months of publication by all care groups by 31st March 2018.

We wanted to

- Facilitate Quality Improvement System through Rapid Process Improvement Workshops

We have demonstrated improvement by

√ Holding one Workshop in Ashford Community Services to improve the Care Programme Approach process. Time savings of 50% have been achieved.

We wanted to

- To improve the quality of care plans (Year 2)

We aimed to demonstrate improvement by

√ Each Care Group increasing their average compliance scores on Care Plan Audits by an average of at least 5%. Inpatient wards did not increase their compliance scores overall.

"Thank you for giving me another chance at life"

"Because of everything you are and everything you do this is meant to send a lot of heartfelt thanks to you"

"I can't begin to say how much your kindness meant, how helpful you have been"

"Thanks to all of you for the love and care I received from you all. God bless"

Summary Quality Account Priorities 2017-18

Area	Priority	Targets	Actual
Patient Safety	1. To improve the recording of risk management within care plans	To improve above baseline sample of less than 50% of care plans recording management of risks (aim for 90%)	Acute – Wards 91% Acute – CRHT 91% CMHSOPs: 60% to 66%
	2. Reduction of violence inpatient care settings	Reduce number of incidents by 30% over 2 years, 10% in 2017-18	2015-16 – 924, 2016-17 – 831, 2017-18 – 763
	3. To improve the quality and frequency of handovers within the Acute service line and across service lines	Compliance with Handover checklist including changes in risk factors to be improved from baseline audit	44% to 75% good quality handovers
Patient Experience	1. Completion of the Triangle of Care self-assessment documentation by CMHT	CMHT to complete Triangle of Care self assessment documentation by 31 March 2018	CMHT: all baseline assessments completed
	2. To improve patient experience of care co-ordination	Improve National Patient Survey score for care coordination from 2016 level of 76.3%	2017 score 77.1% (remains in lowest 20% of Trust scores)
	3. Develop a standardised patient experience feedback system	Trust wide standardised patient experience feedback system to be implemented	Trust wide PREM system implemented and reported to Trust Wide Patient and Carer Experience Group
Clinical Effectiveness	1. Implementation of NICE guidance: Gap Analysis	100% NICE Gap Analysis to be completed within 6 months	All Care Groups = 100%
	2. Quality Improvement System – Rapid Process Improvement Workshops (RPIW)	5 RPIWs to take place in 2017-18	1 RPIW took place in CMHT
	3. To improve the quality of care plans Year 2	PCCP audit compliance by at least 5% Acute wards – 82% (78% 2016-17) Acute CRHT – 70% (67% 2016-17) FSSCG – 91% (87% 2016-17) CRCG – 64% (61% 2016-17) OACG Community – 77% (73% 16-17) OACG Inpatient – 87% (83% 2016-17)	Q4 2017-18 results Acute wards – 77% Acute CRHT – 81% FSSCG – 77% CRCG – 68% OASL Community – 74% OASL Inpatient – 80%

Statements Relating to Quality of Services

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

Our services

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

The Trust's income was £179m in 2017-18 and the income generated by the NHS services reviewed in 2017-18 represents 100 per cent of the total income generated from the provision of NHS services by the trust for 2017-18.

KMPT has approximately 3,200 employees and has 230 seconded employees from Kent County Council.

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.

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

Performance against Mandatory Quality Indicators

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

There are 5 mandatory indicators which are relevant to the services we provide and our performance against these indicators is shown below in **bold**. The additional information has been requested to be included in all NHS trusts' Quality Accounts by NHS England. This is the latest information from NHS Digital.

National Quality Indicator	KMPT 2016-17	KMPT 2017-18 (Q4)	National Average	Highest Trust Performance	Lowest Trust Performance
CPA 7 day follow up	95%	93.7%	95.5%	100%	68.8%
CRHT gatekeeping	100%	100%	98.7%	100%	88.7%
28 day readmission (all over 15 years of age)	YA – 19.6% OA – 5.1%	YA – 9.4% OA – 1.1%	No national benchmarks available		
Staff recommending the trust as a place for family or friends to receive treatment	53%	58%	61%	84%	42%
NHS Staff Survey KF 26 Staff experiencing harassment, bullying or abuse from staff in the last 12 months	24%	21%	21%	16%	33%

NHS Staff Survey KF 21 Staff believing that their trust provides equal opportunities for career progression or promotion	84%	84%	85%	92%	71%
Patient experience of community mental health services	68.2%	65%	70%	75%	59%
Rate of Patient Safety incidents reported within the trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death	1.8% (68) KMPT data April 16 – March 17	1.7% (63) KMPT data April 17 – March 18	1.1%	2.8% (279)	0.2% (17)
			NRLS data 12 months Oct 16 – Sept 17		

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

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

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

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

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

Reporting of Deaths

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

In line with these recommendations Trusts are being asked to provide information on the avoidability of deaths as a new requirement for 2017-18 Quality Accounts. The Learning from Deaths guidance issued to date has been predominantly written for Acute trusts with the suggested Structured Judgement Review (SJR) tool and the avoidability scale relating to physical health care.

The Mental Health Structured Judgement Review Tool is being developed by the Royal College of Psychiatrists in partnership with the Royal College of Physicians and is

currently in test stage with the implementation date being September 2018. We anticipate implementing this when it has been fully tested and training provided. The Patient Safety team will initially undertake a gap analysis to ensure that our current mortality process incorporates all relevant criteria.

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

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

Mortality 2017-18

	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total 2017-18	
	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported
Trust total	430	21	327	18	201	22	253	17	1211	78
Acute Care Group	36	3	22	6	20	4	18	1	96	14
Community Recovery	67	14	47	11	40	14	44	12	198	51
Forensic	21	1	16	1	3	1	12	0	52	3
Older Adults	306	3	242	0	138	3	179	4	865	10

We have used our established Serious Incident and Mortality review meetings that take place three times a week (Monday, Wednesday, and Friday) to review the deaths that have been reported. The membership of this group includes a patient safety representative from each of the Care groups, the Deputy Director Quality and Safety, the Head of Patient Safety, the Patient Safety and Complaints Facilitator, a member of the Datix team, to present the data, and once a week a Doctor is present on the group to provide medical input. Other Trust representation is sought at times, dependant on the nature of the reported incidents.

The SI and mortality review panel will be responsible for reviewing and signing off the Mortality reviews and when published by the Royal College of Psychiatrists, be responsible for grading the degree of avoidability as required by the Learning from Deaths reporting requirements.

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

The important themes on lessons learnt following investigation of a mortality report are:

- The need for discharge summaries to be obtained in every case
- Full, complete and current care plans improve quality of care
- Risk assessments should be formally completed and recorded.
- Delays in allocation of care-coordinators can increase risks and must be minimised
- Retrospective entries onto patients records should be avoided to ensure accuracy of data

Participation in clinical audit and quality improvement activities

National clinical audit and quality improvement activities

Clinical Audit is used to check the standards of care are of a high quality. Where there is a need for improvement, actions are identified and monitored. The next section describes this in greater detail.

During the period 1st April 2017 to 31st March 2018 Kent and Medway NHS and Social Care Partnership Trust was actively involved in one national clinical audit, two quality improvement programmes and two national confidential enquiries that were relevant to the services provided by the Trust. These are given in the table below.

This means that during the period the Trust participated in **100%** of the national clinical audit and national confidential enquiries listed on the Quality Account list published by HQIP, which the Trust was eligible to participate in.

Title	Type
National Confidential Enquiry Into Suicide and Homicide by People with mental illness	National confidential enquiry
National Confidential Enquiry Into Patient Outcomes and Death (NCEPOD) – Young People’s Mental Health Study	National confidential enquiry
Early Intervention in Psychosis Network Self-Assessment	Quality improvement programme
National Clinical Audit Psychosis	National clinical audit
Prescribing Observatory Mental Health (POMH) – UK: Prescribing topics in mental health services (3 topics in data collection during the period)	Quality improvement programme

The individual national projects that Kent and Medway NHS and Social Care Partnership Trust participated in, and for which data collection was completed during 1st April 2017 to 31st March 2018 are listed below. The number of cases submitted to each audit and, where appropriate, the number of cases required to be submitted are also given.

This shows that during the period 1st April 2017 to 31st March 2018 the Trust submitted cases to **86%** of the national projects that it was eligible to participate in.

Topic	No of cases required to be submitted	Cases submitted (%)
Early Intervention in Psychosis Network Self-Assessment	100	100 (100%)
National Clinical Audit Psychosis	300	300 (100%)
POMH-UK Topic 15b Prescribing valproate for bipolar disorder	No required number	12
POMH-UK Topic 17a Use of depot / long acting antipsychotic medication for relapse prevention	No required number	114

POMH-UK Topic 16a Rapid Tranquillisation	No required number	0
NCEPOD: Young People's Mental Health Study	11	11 (100%)
National Confidential Enquiry Into Suicide and Homicide by People with mental illness	No required number	39

No cases were submitted for POMH-UK Topic 16a Rapid Tranquillisation because there was a CQC inspection during the data submission window.

The reports of 5 national clinical audits and quality improvement activities were reviewed by the trust between 1st April 2017 and 31st March 2018.

The learning points and action taken from all national clinical audit projects and quality improvement activities reported during 1st April 2017 to 31st March 2018 can be found in the Kent and Medway NHS and Social Care Partnership Trust Annual Quality Improvement Projects Report 2017 - 2018, please email clinicalaudit@kmpt.nhs.uk for further details.

Quality Networks and Accreditation Schemes

The Royal Collage of Psychiatrists provides a programme of quality networks and accreditation schemes. Below are details of the Kent and Medway NHS and Social Care Partnership Trust participation for 2017 - 2018:



KMPT has one Rehabilitation Service participating in the AIMS Rehab accreditation programme

Brookfield Centre: Participating (Will be presented to the Accreditation Committee for the first time April 2018)



KMPT currently has five Memory Clinics registered with the Memory Services Accreditation Programme:

- Ashford Memory Clinic: Accredited until January 2018, now in review for next accreditation
- Dover Memory Service: Accredited until October 2018, currently in self review process for next cycle.
- Thanet Memory Clinic: Accredited until Jan 2018, in review for next accreditation
- Shepway Memory Assessment Service: Accredited until January 2019
- Canterbury CMHSOP: Accredited until October 2018, currently in self review process for next cycle

The memory clinic in Medway has started the process of accreditation and the memory clinic in Swale is due to start in July 2018. The memory clinic in West Kent also hopes to start the journey this year.



Two electro-convulsive therapy (ECT) clinics registered with ECT Accreditation Service:
Margate ECT Clinic. Accredited to June 2019,
Priority House, Maidstone Clinic. Accredited to December 2019



Two Units registered with Community of Communities Network
The Brenchley Unit: Accreditation Member
Ash Eton: Full Member



Maidstone Crisis Resolution and Home Treatment Team are registered with Home Treatment Accreditation Scheme. Accredited to September 2019



The Forensic Quality Network for Forensic Mental Health Services is divided into two arms, Medium Secure and Low Secure

Medium Secure: TGU, Maidstone, accreditation cycle 11

Low Secure Allington & Tarenfort Centres Dartford, accreditation cycle 5



Mother and Infant Mental Health Kent and Medway Community Services are currently members. Accreditation cycle 5.

Local Clinical Audit and Quality Improvement Activities

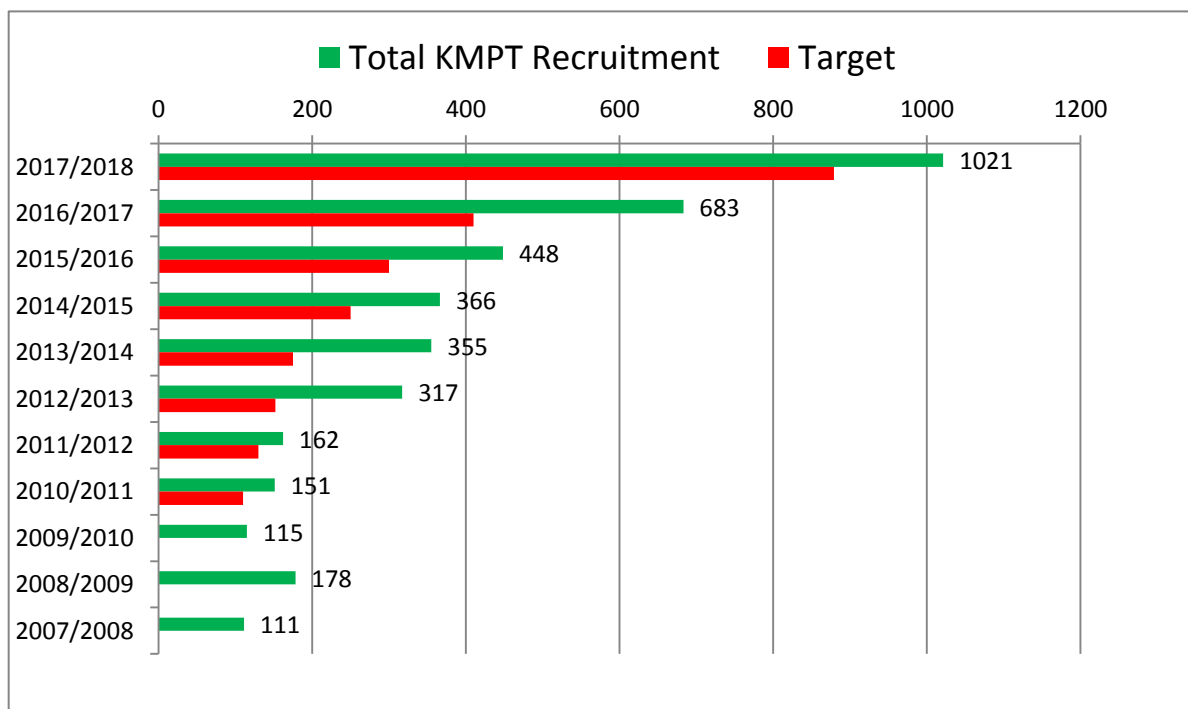
The reports of 72 local clinical audits and service evaluation projects were reviewed by the trust between 1st April 2017 and 31st March 2018.

Research and Development

The Research Strategy to increase research activity across the Trust is being met. We have exceeded our 2017/2018 recruitment target of 879, recruiting 1021 service users, their carers and staff to NIHR portfolio adopted research studies at 6th March 2018.

This represents a year on year growth since 2010, with all targets exceeded every year (KMPT's overall increase in recruitment since 2007 is shown in Figure 1), and achieving a recruitment target of **over 1000 for the first time ever**, represents a significant milestone for the trust. This is an increase of 110% in the past 10 years and is 127% of our recruitment target this year. A total of 52 studies have been opened in KMPT this year, of which 30 are NIHR Portfolio (and thus income generating) studies, the rest being student or non-portfolio (i.e. not funded by external sources). We continue to have a challenging target of 1010 recruits to portfolio studies (an increase of 15% from last year) for 2018/2019.

Figure 1: "Ten Years of Recruitment" Clinical Research Team Yearly Recruitment against Target



KMPT are currently placed 14th of all 53 Mental Health NHS Trusts (an increase from 42nd in 2011/12 and 17th in 2016/17). It is our ambition to reach the top 10 and remain there, within 5 years.

Of note, this year we have 8 new Principal Investigators (PI's) within KMPT, one of whom is for the first time from a nursing background. We have also increased the amount of Research Champions we have in the Trust (n=14), who are individuals within clinical teams who act as Research Ambassadors.

We remain the top recruiting UK site for the global **EULAST** study (past 2 years), a large European scientific study, sponsored by the Foundation European Group for Research In Schizophrenia (EGRIS). The study is comparing discontinuation rates in patients with schizophrenia randomized to either Aripiprazole or Paliperidone depot or oral formulations over an 18 month follow-up period. Following our success in this study we have been approached to be a lead site for a further commercial income generating study: **ALKERMES**: an Enlighten Early study (an RCT comparing Olanzapine with a new formulation ALK3381, where primary outcome is weight reduction).

We are also the top recruiting site for two other NIHR Portfolio Studies: (1) **AFTER** (Aggression following TBI: Effectiveness of Risperidone – A feasibility RCT) and (2) **DECIDE** (Dementia Carer Instrument Development: DECIDE Psychometric Evaluation).

Using income generated funds to purchase; the Statistical Package for the Social Sciences (SPSS), essential research analysis software, is now available for all trust employees to access via the cloud to undertake research, audits and quality improvement projects.

We continue to develop clinically relevant home grown research projects where possible. There have been 2 recent applications for the 'NIHR Greenhoots Initiative' supporting clinicians to have time to develop research bids, and we are awaiting the outcome. The following are examples of clinical home-grown research projects that KMPT has been involved with over the past year:

Peer Supported Open Dialogue (POD) – The team won Health Foundation Award funding to evaluate the implementation of this new model in KMPT. Adopted onto the NIHR Porfoltom this study is now open and recruiting in KMPT. In addition Professor Catherine Kinane and Annie Jeffrey (Carer Lead) are co-applicants for the now approved NIHR Programme Grant of £2.1 million, led by Professor Steve Pilling at UCL. This **ODESSI** study is multi-site RCT into Open Dialogue in the NHS.

IP-MO Fire Setting Study – received an ESRC Outstanding Impact in Society Award. This continues to be evaluated in KMPT as part of an international Multi-site research project lead by Professor Theresa Gannon (Department of Forensic Psychology, University of Kent) and Dr Lona Lockerbie (Service Director & Lead for Psychological Practice, Forensic & Specialist Care Group, KMPT).

Prison Mental Health Needs Assessment – NHS England awarded KMPT approximately £85K (profit = around £40K) to undertake a mental health needs assessment in all the prisons in Kent, Surrey and Sussex. This contract was won by tendering against private and 3rd sector agencies, and the completed project (final sample total = 469 offenders, 5-10% of total prisoners in KSS) was delivered to time and budget. Dr Nicola Tyler (University of Kent) and Dr Helen Miles (Consultant Clinical & Forensic Psychologist, KMPT) are currently preparing the academic papers for publication and planning a national dissemination event hosted for free by the Lankelly Chase Foundation in central London (22.05.18 Date TBC). The study has also been accepted for a Research Symposium at the International Association of Forensic Mental Health Services (IAFMHS) conference in Antwerp in June 2018.

There have also been multiple examples of research being published by KMPT staff in peer reviewed academic journals (2017-2018) and presentation of research at national / international conferences. The focus on dissemination of research activity both externally

and internally within the Trust will be a key focus for 2017-2018, including the setting up of systems to accurately capture staff research dissemination activities, and ensure that research findings are translated into clinical practice and improve quality of care.

Research Partnerships

KMPT's academic relationships continue to strengthen (e.g. Kent Health, University of Kent, Canterbury Christchurch University, University College London, Imperial, Kings College London: Institute of Psychiatry), including clinicians acting as co-applicant on research bids.

Clinical Research Network (CRN): KMPT continues to be integrated into the KSS CRN. Helen Greatorex is invited to Partnership Board meetings and KMPT continues to have representation on various CRN forums, although this representation has been slightly reduced whilst the R & D Manager is on Maternity Leave (e.g. Strategic Funding Group, R & D Managers Forum and the Workforce Development Steering Group).

Phlebotomy Supervised Practice Scheme: A phlebotomy supervised practice scheme has continued in partnership with Maidstone Hospital. They provide training for the Clinical Research Team to phlebotomist standard, which is repaid by each trained individual working as a phlebotomist for one session at month.

The **KMPT Staff Awards** in 2017 featured a specific "**Achievement in Research Award**", which was won by Dr Viola Fahmy, Dr Sarah Holmes and staff the Jasmine Centre's Memory Assessment Team, for the opportunities to participate in Dementia Research provided at the centre. Myles Howard (the Research Therapist delivering cognitive rehabilitation to people living with dementia), as part of the successful GREAT multi-site trial, was Highly Commended. The KMPT R & D Team was also nominated and shortlisted for both the High Performance Award and Partnership Award, but were unsuccessful.

KMPT Research Centre: The Research Team moved into their new premises at Beech House on the 1st February 2017, and it was officially opened on the 30th March 2017. This provides an appropriate clinical space in order to undertake research, including complex industry studies, including storage of medication and blood samples, thereby representing a significant step forward in formalising the research department within KMPT and allowing us to participate in CTIMP studies.



Trust Wide Research Events

The Trust Wide Research & Development Steering Group, chaired by Dr Miles, have continued to meet on a quarterly basis, with representation from all care groups and professional disciplines.

The Research Team have hosted quarterly Trust Wide Research Events located within KMPT's different clinical sites around core research themes that have been identified in the most recent KMPT research strategy as areas of good performance or future development opportunities. These events are open to all relevant individuals (across service lines) with a research interest in that topic (e.g. clinicians working in this area, academic partners in local universities, industry links, service users or carers, wider health economy partners or other stakeholders / commissioners).

They involve presentations of ongoing or completed research to improve dissemination to relevant individuals and increase impact of research on clinical activities and quality of patient care; service user feedback, provision of networking opportunities to link academics and clinicians with a similar interest to collaborate on future research, profile raising and promotion of research, and offer free research CPD activities. Events in 2017 – 2018 have included an Older Adults, Learning Disabilities and Psychosis Research Event(s). Unfortunately, the Forensic & Specialist Event was cancelled but is due to be rescheduled. These Research Events will continue over 2018-2019.

The Research Team was also involved in planning and delivery of the November 2017 Quality and Research Conference held at Canterbury Cathedral, wherein staff research projects were presented alongside KMPT quality initiatives. A further conference is planned for late 2018.

Staff Research Development Initiatives

The release of KMPT's nursing strategy in 2017 saw research and innovation firmly embedded into the vision and aspirations for the nurses of KMPT. Within the Research Team, we are keen to support the strategy and develop nurses into becoming research confident practitioners.

One way of achieving this is via our continued collaboration with Canterbury Christ Church University, and following their successful revalidation of their degree pathway for mental health nursing students, we will have teaching time within year two and three of their training in order to begin to develop research skills. In addition, and through joint working with Teresa Barker (Deputy Director of Nursing) and a representative of the CRN we are enacting the following:

- For all Canterbury Christ Church nursing students to spend one placement day in either year 2 or 3 with Alison Welfare-Wilson (KMPT Research Nurse), in order to develop an appreciation of clinical research within KMPT, and the role of research within nursing.
- Year 3 preparation for dissertation sessions will also include either Alison Welfare-Wilson, a Head of Nursing or Teresa Barker in order to shape the dissertation subject and link this to clinical practice, to ensure that students dissertation findings can be translated directly into clinical care.
- To agree a way with Christchurch in which we will systematically read the dissertations to enable learning for practice.
- To offer local GCP training to all preceptees, and develop a means of helping them keep engaged in research.
- To support nurses and preceptees to work towards publication and present at KMPT R&D conferences.

- For Teresa Barker to build criteria for research confidence/exposure in Band 6 nursing job descriptions.

The collaboration with Canterbury Christ Church puts us in a unique position, and is something that is seen by the CRN as an excellent example of not only joint working, but developing the research skills and confidence of the nursing workforce.

Patient & Public Involvement & Engagement

The trust's Expert by Experience Research Group (EbyE) work directly with the Research team to develop research ideas and to consult on our service user facing documents etc. The research team have also continued to offer research training sessions in order to continue to support the EbyE group to develop. All participants of NIHR Portfolio Studies are now asked to complete a questionnaire on their experiences, which have broadly shown high levels of satisfaction with their research experience.

KMPT now have 3 new NIHR Patient / Public Research Ambassadors via the EbyE Group (<https://www.nihr.ac.uk/patients-and-public/how-to-join-in/patient-research-ambassadors/>).

The Research Team also continue to publish quarterly Research Bulletins highlighting research activities within KMPT, which are available to both staff and interested patients, carers or members of the public.

Information Systems

UK-CRIS: We remain involved in the UK-CRIS system; a project led by University of Oxford and involving 15 mental health trusts in the UK. It is funded by the DoH, NIHR and MRC, and we are working alongside other relevant other departments (e.g. IT, Information Governance, Audit etc.) to successfully test and implement this. CRIS sits above RiO and can extract data presenting it in an anonymised form for research and audit purposes (e.g. screening for clinical trials). It is also hoped that it may have use in quality improvement, audit and development work within the trust, embedding the notion of evidence based practice and service development based on actual local data.

RIO: There is now a tab on RIO, which allows the Research Team to screen patients who have consented to be contacted about research in the trust (n=2989), which includes carers where the patient lacks capacity.

NIHR EDGE: The Research Team continue to use EDGE; an electronic database to manage studies and patient recruitment. This has enabled us to keep accurate records of recruiting studies, and those in set-up, as well as ensure all participants in NIHR Portfolio Studies are accurately recorded for activity targets.

i-Connect: The Research Team regularly update and maintain information pages on the internal staff and external public facing KMPT web-pages to promote Research and Development within the trust, and ensure that interested parties can easily contact the Research Team.

Patient Portal: We are working with the Patient Portal team to incorporate research as a standard feature for patients to interact directly with the research team, and find out what research is suitable for them, removing clinician burden and improving service user choice. We are also working with the team to develop research into the effectiveness of the portal itself.

Social Media: The @KMPT_Research Twitter account is continuing to grow, allowing promotion of KMPT research activities and engagement in national research agendas and with the wider public. We now have over 1200 followers.

Goals agreed with commissioners - use of the CQUIN payment framework

A proportion of the trust's income in 2017-18 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The CQUIN payment framework aims to support the cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of discussions between the eight Clinical Commissioning Groups (CCGs) across Kent and Medway, NHS England, the South East Commissioning Support Unit (SECSU) and KMPT.

Local quality improvement priorities and progress in achieving them in 2017-18 were discussed and agreed at board level quarterly and monitored through the Finance and Performance Committee and at monthly internal CQUIN Delivery Group and Care Group Performance Meetings, and at external Contract Quality and Performance Review Meetings between the Trust and CCGs throughout the year.

The CQUIN framework made part of KMPT's income dependent on locally agreed quality and innovation goals (*2.5% of contract value in 2017-18*). The use of the CQUIN framework indicates that KMPT has been actively engaged in quality improvements with commissioners.

The maximum income available in 2017/18 was £3,787,861 and the Trust received £3,099,000 for the CQUIN goals achieved. The total monies available in 2018/19, upon successful achievement of all the agreed CQUIN goals, is forecast to be £3,832,000.

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.

During 2017, the trust continued to implement the actions identified from the second CQC comprehensive inspection that took place in the January of that year, by way of its Quality Improvement Plan (QIP). The quarter 4 update demonstrates those actions that were successfully implemented during 2017-18.

In January 2018, the trust received an unannounced focussed inspection from the CQC whereby three adult community mental health teams were inspected. The CQC conducted this inspection as concerns were highlighted through regular engagement meetings held with the trust, via the QIP and learning from deaths that had occurred. The focus of this inspection was on safety and governance.

The Care Quality Commission has taken enforcement action against KMPT during 2017-18. A warning notice was received in February 2018 in relation to these aspects and an action plan was developed to address these concerns.



Last rated
12 April 2017

Kent and Medway NHS and Social Care Partnership Trust



	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Requires improvement	Good	Outstanding ★	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Good	Outstanding ★	Outstanding ★	Good	Outstanding ★	Outstanding ★
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Substance misuse services	Good	Outstanding ★	Outstanding ★	Outstanding ★	Outstanding ★	Outstanding ★
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Outstanding ★	Outstanding ★	Outstanding ★	Outstanding ★	Outstanding ★	Outstanding ★

Implementation of Duty of Candour

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

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

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

Data Quality

During 2017-18 KMPT submitted records within prescribed deadlines to the Mental Health Services Data Set (MHSDS). Results are published monthly at:

<http://www.hscic.gov.uk/mhmdsmoonthly>

The percentage of records in the published data which included the patient's valid NHS Number and GMP Code was:

29,535 of 29,545 = 99.97% for valid NHS number

29,655 of 30,015 = 98.8% for valid GMP Code

Information Governance Toolkit Attainment Levels

The Information Governance Toolkit (IGT) is a performance tool produced by the Department of Health and is now hosted by NHS Digital. All trusts must work to achieve a level 2 in all initiatives.

The trust obtained an overall compliance score of 91%, scoring at least a level 2 in all 45 elements. This means that the trust is classified as 'Satisfactory' overall. Meaning the Trust has "Suitable policies and procedures in place or has conducted the necessary training or audit required." We also had Substantial Assurance from the TIAA audit of the requirements during 2017-18.

Clinical Coding Audit

The trust was not subject to the Audit Commissions payment by result clinical coding audit during 2017-2018. However the trust did undertake its own audit of patient records and the discharge summaries, when present, were an excellent source of information, thus aiding the coding process.

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

	Total episodes audited	Total correct	% Correct 2017-2018	% Correct 2016-2017
Primary Diagnosis	50	47	94%	98%
Secondary Diagnosis	182	150	82.42%	80.26%

The Trust has maintained a very good result in both primary and secondary diagnosis coding achieving level 3 (Green rating) for Information Governance Toolkit Requirement 14.1-514 (2017-2018) for the fourth year running.

Primary diagnosis accuracy is 4% lower than that achieved in 2016, compromised by a documentation issue in a spell with two episodes. However the score achieved level 3 of the Information Governance Toolkit Requirement.

Secondary diagnosis coding accuracy is good at 82.42% which is 2.16% higher than the percentage attained in 2017 with the majority of errors pertaining to omitted mandatory and relevant co-morbidities.

The Trust has sustained improvement in the timely availability of the Electronic Discharge Notifications. Of the 50 episodes audited, discharge summaries were available for 48 patient spells.

Improving Data Quality

The Trust's data quality improvement plan is contained within the KMPT Information and Data Quality Strategy.

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

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

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

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

Equality and Diversity Developments 2017-18

KMPT's three year Equality and Diversity Objectives came to its end in December 2017. In line with the Public Sector Equality Duty requirement to publish information annually to demonstrate legal compliance, this report continues to provide progress update on our key strategic objectives. These are *better health outcomes, improved patient access and experience, representative workforce and inclusive leadership*. The report also provides information against each of the 9 protected characteristics (where data is available) and details our achievements, meeting the Care Quality Commission's guidance and compliance with NHS England Standards.

Where we are at

KMPT has revised its diversity & Inclusion strategy/objectives covering the period of 2018 to 2021. We continue to mainstream and embed diversity and inclusion best practice. This report provides details our workforce and service delivery activities. Workforce equality activities is reported to Equality & Diversity Steering Committee (EDSC) and Workforce and organisational development Committee while service delivery equality and diversity activities are reported to EDSC and Quality Committee.

Workforce & Organisational Development Activities

KMPT continue to produce Annual Equality & Diversity Comparative Data Analysis to identify key issues for action.

Workforce Race Equality Standard (WRES)

Work in this area has led to an increased drive in developing people in general. With around 19.92% of staff declaring that they are from BME background, this is not reflected at VSM and board level. WRES 2017 reports that the *“proportion of board members in NHS trusts comprised of 88% white, 7% BME...This is not reflective of the workforce as a whole where 17.7% of staff is from a BME background”* KMPT has embarked on voluntary positive action initiatives, encouraged BME staff to pursue supportive developmental programmes such as *Ready Now, Leadership Scholarships, Stepping Up* programmes etc. The success of the programmes will be monitored and revised for outcomes.

Staff Networks

The Black & Minority Ethnic (BAME) staff Network was refreshed in 2017. The network is flourishing and is to be championed by the director of transformation. The group is working closely with the Workforce and OD team to;

- Advise on mentoring/shadowing/coaching schemes and assist in shaping other developmental programmes in line with WRES agreed actions
- Staff share academic research work relating to the experiences of minority staff during their period of employment with KMPT
- Review ethnicity data and provide recommendations
- Advise on representative interviewing panels, which includes a BAME staff member and ensure staff from BAME backgrounds have equal access to career opportunities and receive fair treatment in the workplace
- BAME staff to channel personal experiences and skills to help impact positively on health inequalities amongst BME groups within mental health and care on the whole
- The Network will also lead on future Black history month initiatives and play a key role in planned staff conference

Disability Network

KMPT already monitors staff with disability. 4.38% of workforce describes themselves as having a disability with a high percentage of staff not declaring. A disability network will be established in April 2018 modelled after our successful BAME Network. It will be championed by Deputy Director of Workforce and OD and will work closely with Communications to raise its profile. It will highlight better awareness and understanding of the essence of monitoring, understanding the social and medical models of disability, the role of access to work. The network will be crucial in improving the identification of

relevant issues, robust reasonable adjustment provision and the development of a well considered disability strategy. It is expected that the strategy will coincide with the forthcoming NHS England Disability Standard to be released in late 2018 with first reporting in 2019.

Relaunching Lesbian, Gay, and Bisexual and Transgendered LGBTQ Network. While 2.23% of workforce declared that they are lesbian, gay or bisexual, none identified as Transgender - Trust is currently working with local NHS organisations and local voices to relaunch LGBT Network. KMPT will appoint a voluntary Trans-Gender expert to provide support and advice to staff queries. The champion will complement the work of the network, work with Communications team to raise awareness trust-wide. The network will be championed by Director of Workforce and OD which will have huge benefits for service users, patients and staff.

Faith Forum - 68% of workforce declared a religion or belief. The Chaplaincy Team are in the process of establishing a faith forum to promote wider awareness and understanding of faith related issues. The forum will benefit service users, patients and staff, offering a platform for identifying and addressing issues. In particular, the stigma of some faith groups towards mental health issues, perception by some faith groups in relation to body piercing for the purpose of administering medication.

Recruitment & Retention - As of 31 March 2017, the Trust employed 3348 people. During 2016/17, 608 staff left the Trust and there were 572 new appointments. The trust is taking a proactive approach towards a robust exit interview process to shed better understanding on staff experiences.

In relation to **Age** majority of the workforce is aged between 45-55 broadly the same as 2015/16. In relation to **Marriage Pregnancy/Civil Partnership** - 0.51% of staff declared that they are married or in a civil partnership, which remained constant as the previous year. The trust is driving forward family friendly policies, such as differing flexi-working models, where business needs allow.

Generic Diversity and Inclusion group - although, a generic diversity and inclusion group is thought to be more desirable, the Trust Diversity and Inclusion Group will evolve naturally and develop at pace according to the wishes of all the networks.

Reporting on Gender pay Gap - 74% of workforce is female 26% male representation. However, data points to male over representation from Band 8c dominating in senior roles and medical positions. Recent analysis of figures relating to the pay gap highlights that men fare better in relation to pay. Although, national research provides some explanation to trend, KMPT will embark on further local research in order to understand the disparity and employ voluntary positive action where relevant.

Mandatory Training on Equality and Diversity

- Compliance with Equality and Diversity mandatory training has remained compliant for the last year and continues to improve. At time of writing 95% has complied with training requirements.
- Managers are trained in cultural competent ways, in particular, unconscious bias/stereotypes/institutional discrimination i.e. recruitment training
- Development of induction leaflets on unconscious discrimination to be disseminated to teams and new staff
- Tailored training for consultants and other professionals

Equality Impact Assessment – all KMPT business and policies undergo equality impact analysis as a means of achieving fairness, transparency and complying with the Equality Act 2010. The Equality and Diversity Manager supports the policy team to review and ensure all changes to service provision policy formulation are equality Impact assessed and effective measures are put in place to mitigate any potential negative impact. In particular, putting in place reasonable adjustments or meeting the needs of staff with a religious belief etc.

Partnership Work with local Equality & Diversity Leads & others - These include, Kent, Sussex and Surrey NHS organisations with representatives from NHS Employers to share best practice.

- KMPT will explore further opportunities to broaden its partnerships relationship in order to bring about greater integration and making the STP more relevant
- Joint partnership work in developing mentoring programmes
- Improved links by working with Royal Association of Deaf (RAD) Kent County Council Translation contract and other stakeholders, to evaluate the implementation of NHS England Information Accessibility Standard.

Inclusive Leadership

- Continue to present twice per year, equality & diversity activities for employees to Workforce and OD Committee
- Board training on diversity & inclusion
- Board to play key role in diversity & Inclusion network.
- Chief Executive to Chair the Equality & Diversity Steering Committee.
- Equality related impacts are assessed on all papers that go before board and related committees

Communications

- Communications team to communicate progress trust-wide
- Publicise key achievement and write-up case studies to share with local/ national partners as well as trust bulletins
- Provide an annual report incorporating all aspects of equality and diversity compliance activities against the trusts strategic priorities and legislation to the Board.

KMPT Service Delivery

KMPT has equality & diversity leads for Care Groups. The leads are trained to understand the implications for their work within the context of difference and they champion and embed the principles in the delivery of their functions. All equality leads and nominated support staff provide progress update reports of group activities to the Equality and Diversity Steering Committee on a bi-monthly basis. The platform provides the crucial setting for sharing success, challenges in a consistent fashion.

Some key initiatives include the following:-

- Work towards Secure Provision of Gender Specific environment
- Accessible environment & reasonable adjustments to meet disabled service users and patient needs
- Respect Campaign - environment free from bullying harassment, violence and aggression, abuse/discrimination for Staff and services users

Street Triage Project and Section 136 continue to be popular. The project ensures that those in crisis, especially those from BME background continue to receive culturally appropriate qualified medical help. Officers on-the-scene receive advice from mental health experts in order to make informed decisions. Staff main priority is making sure those suffering a mental health crisis get the most appropriate care and treatment.' The Initiative continues to challenge and address cultural misconceptions by some police officers through training and joint working.

Implementation of NHS England Information Accessibility Standard & Translation Policy

- Improved access to out of hour's interpreter / translation and sign language services through new contracting arrangements which account for local demographics and the needs of transient communities
- Increase proportionately, time available for service users to discuss their treatment and care as per Patient Charter
- Continue to monitor the usage of Interpreting and Translation Services on a quarterly basis via the KCC Shared Services quarterly meetings
- Train Complaints Officers to understand the different accessibility/information implications for different protected groups and adhere to the Human principles of FRED A - Fairness, Respect Equality, Dignity & Autonomy
- Assist complainants in the process of addressing difference, accessibility, for example against language, or disability - sign language
- Equality & Diversity Steering Committee/Trust wide Patient Experience Group in 2018 are addressing the challenges surrounding the monitoring of the Implementation of the Accessible Information Standards action plans via Care Groups Performance and Quality meetings.

Religion & Belief

- A Pastoral, Spiritual and Religious Care strategy/policy has been developed longer term patients are assisted with faith support from external faith leaders – notably Sikh, Muslim and Christian. These initiatives are making a positive impact
- Smaller but significant contribution is made by Chaplains in supporting patients in the community by visits or by phone calls and feedback has been positive and patients state that the support has kept them out of hospital
- Chaplains regularly contribute to junior doctor's and trainee GP training programmes.

Monitoring

- Robust monitoring and recording of seclusion incidents to share learning, develop and implement remedial actions
- Monitor on racial grounds service uptake of treatment and advice for substance misuse

Ongoing Projects

- Respect campaign in LSU – improving race relations between patients and between patients and staff, tackling harassment and abuse. Existing program to be rolled out trust wide

- Recruitment of people with lived experience of mental health problems (Peer Support Workers) to create opportunities that promotes social inclusion, combat stigma and discrimination faced by mental health service users and patients
- Continue to improve knowledge around Gypsy & Traveller groups around healthcare and mental health
- Improve Engagement with Older People and ensure services develop according to age appropriateness, Improve care pathway from children and young people's mental health services (CHYPS) to adult mental health services
- Improve access for older people to Personality Disorder and Dual Diagnosis Services onset of dementia and monitor implementation of the new Personality Disorder Strategy on how it incorporates older adult need
- Improve Involvement in Patient Participation Groups to address issues on difference
- Meeting compliance with the Equality Act through diversity monitoring of patients protected characteristics across all service delivery

Disability and Accessible Information Standard

From 31 July 2016, all organisations that provide NHS care or adult social care were mandated to follow NHS England Accessible Information Standard. The standard aimed to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

- KMPT developed Accessible information policy, Accessible Standard eLearning posters displayed in all training rooms to raise awareness
- RiO (electronic system) was reconfigured to capture accessibility needs of patients and service users. Commissioning Officer commended trust for the comprehensive work adding *'If I do get any requests for support around policy making, or examples, would you be happy to have yours shared, or are these for your trust's use only?'*

Disability and reasonable adjustment

KMPT has detailed data analysis. These together with issues emerging from staff will be crucial in KMPT's revision of its Equality and Diversity Strategy for 2018 and beyond.

Our 2018-19 Priorities

For 2018-19 the trust has set nine priorities for improvement; divided into the three areas that constitute quality, these are **patient safety**, **patient experience** and **clinical effectiveness**.

Our priorities have been developed and chosen based on:

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

Who has been involved in setting our 2018-19 priorities?

During 2017-18 KMPT has continued to involve a range of staff, people who use services and our partners in the non-statutory sector to help set our priorities for the coming year. The sustained monitoring of our Community Engagement Strategy has provided valuable assistance in producing an in-depth report regarding elements of mental health provision and in commenting on the format of this Quality Account as well as undertaking their formal review of the document.

Our Patient and Carer Consultative Committees and Community Engagement Strategy Monitoring and Implementation Group (CESMIG) have identified issues through their involvement with the organisation which they wished the Board to include in the Account.

The Trust Board has continued to receive presentations from service users and carers throughout 2017-18. As a result, the experience of service users and carers has helped the Board to establish its quality priorities by providing a real insight into the experience of people using the services.

Staff from across all areas of the organization, both clinical and non-clinical play a key role in priority setting. Our Quality Committee and its sub-groups, including the Patient Safety and Mortality Group, Patient and Carer Experience Group and Clinical Effectiveness and Outcomes Group, have discussed and approved the priorities. Our four Care Groups contributed to the selection of priorities and, most importantly for all staff, have played a key role by continuing to report and record day-to-day incidents, taking part in audits and supporting investigations that helps the organisation to learn.

Quality Domain	Quality Indicator	Quality aim and measure
Patient Safety	Priority 1 - To Improve the integration of Physical and mental healthcare on inpatient wards and community contacts.	Aim: to pilot up to two physical health interventions in each care group, that are intended to improve the self-management of long term conditions.
		Measures by quarter 2018-19
		Q1: agree the pilot interventions, and establish relevant baseline measures
		Q2: deliver the intervention
		Q3: deliver the intervention
		Q4: evaluate with post-intervention measures & present via poster presentation at KMPT research day

	<p>Priority 2 - To improve the management and follow up of service users who do not attend clinic appointments or assessments</p>	Aim: to deliver an intervention - appropriate to the care group and in line with the revised Did Not Attend (DNA) policy – that reduces the rate of non attendance	
		Measures by quarter	
		Q1: agree the range of interventions (text, email, direct dial. Letter) and establish baseline DNA rates (Rio / BI report)	
		Q2: deliver the intervention, compare and contrast 2-3 interventions in community services	
		Q3: review, revise & continue to deliver the intervention	
		Q4: evaluate the impact of the interventions including post-intervention DNA rates	
	<p>Priority 3 - To improve the quality and completeness of 7 day follow ups</p>	Aim: to focus on the seven days following discharge from an impatient unit and in doing so improve the patient experience during a period of heightened risk, and reduce the likelihood of re-admission.	
		Measures by quarter	
		Q1: seek out a partnership with the third sector, and agree a pilot intervention	
		Q2: deliver the intervention	
		Q3: review, revise and implement	
		Q4: evaluate the impact of the intervention from both a service user and staff perspective.	
	<p>Patient Experience</p>	<p>Priority 1 – To increase co-production and continuing work with carers</p>	Aim: Develop and reach out to an older carers group
			Q1: establish who carers are on system, assess gaps
Q2: co-production, outreach, support			
Q3: establish regular contact e.g. CCC			
<p>Priority 2 - To complete the implementation of Triangle of Care (continuation of 2017-18 priority)</p>		Q4: qualitative review and next steps	
		Aim:	
		a) for CRCG to have submitted their portfolio for assessment	
		b) for the acute service to have reviewed their outstanding actions	
		Q1: Acute to review the outstanding actions & draw up a plan; for CRCG to complete their portfolio	
		Q2: Acute to implement; CRCG to submit	
<p>Priority 3 - To increase the involvement of people with lived experience in service improvement and redesign</p>		Q3: Acute to implement the recommendations from first year self-assessment	
		Q4: acute to report on completed action plan: CRCG to have received their award	
		Aim: for each care group to pilot innovative means for meaningful involvement of people with lived experience with the delivery of services	
		Q1: run focus groups/workshop with staff and service users to generate ideas; select a short list of interventions, and recruit additional people with lived experience. Ensure a baseline measure of involvement is taken. Measured by an increase in peer support workers and linked to Recovery College.	
	Q2: pilot the interventions		
	Q3: pilot the interventions		

		Q4: evaluate the impact of the interventions, partly by measuring the frequency of involvement, and partly by means of a qualitative review of impact
Clinical Effectiveness	Priority 1 – To extend the use of the Quality improvement system by undertaking two more Rapid Improvement Workshops	Aim: to consolidate the trust's commitment to quality improvement methodology, by expanding the number of trained clinicians, and building on the success of the two 2017 RIWs.
		Q1: to agree a trust strategy for recruiting staff to be trained, and ensuring that a team of ** are trained (or likely to be trained by Q2); to identify at least one of the two projects
		Q2: implement a RIW for one of the projects; complete team training
		Q3: implement a RPIW for the second project; initial review of the first project
		Q4: evaluate the impact of the RPIWs, and bring to the Trust Board for review
	Priority 2 – To develop a limited suite of agreed Patient Reported Outcome Measures (PROMs) to evidence the effectiveness of the Personality Disorder Strategy	Aim: with the implementation of the PD strategy in 2018, to identify and administer a bespoke PROM – consistently across the trust – that aims to evidence the effectiveness of the strategy
		Q1: identify the PROM, and engage staff in the need to deliver it consistently across the trust, with as high a response rate as possible
		Q2: implement the PROM and monitor its administration
		Q3: implement the PROM and monitor its administration
		Q4: evaluate the changes in PROM responses as the PD strategy is rolled out, and report on impact.
	Priority 3 – To improve the quality of clinical supervision	Aim: To improve the experience of supervision for the recipient and to ensure that supervision is effective in supporting the recipient to manage their workload and performance in relation to patient care
		Q1: Survey before and after for experience and impact by designing and administering a web based anonymised survey of nursing staff's experience of supervision
		Q2: Identify a clinical supervision model (link to Management Supervision policy), implement revised supervision approaches for nursing staff; Identify supervisors
		Q3: Conduct a Training Needs Analysis, Develop Skills tip, ideas
		Q4: re-issue the web based survey, to ascertain changes in experience of supervision; to evaluate satisfaction & performance.

Appendices

Appendix A: Comments on our 2017-18 performance

Comments received from Kent County Council Health Overview and Scrutiny Committee:



Helen Greatorex
Chief Executive
Kent & Medway NHS and Social Care Partnership
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Trust Headquarters, Farm Villa
Hermitage Lane
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Kent
ME16 9PH

Members Suite
Kent County Council
Sessions House
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Kent
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Direct Dial: 03000 412775
Email: HOSC@kent.gov.uk
Date: 26 April 2018

Dear Helen

Draft Kent and Medway NHS and Social Care Partnership Trust Quality Account 2017/18

Thank you for offering Kent County Council's Health Overview & Scrutiny Committee (HOSC) the opportunity to comment on the Kent & Medway NHS and Social Care Partnership Trust's Quality Account for 2017/18.

As the Committee did not formally scrutinise any services directly provided by the Trust in 2017/18, the Committee will not be making any comments on the Trust's Quality Account this year.

As part of its ongoing overview function, the Committee would appreciate receiving a copy of the finalised Quality Account for this year and hope to be able to become more fully engaged in next year's process.

Kind regards

Sue Chandler
Chair, Health Overview and Scrutiny Committee
Kent County Council

Response to Kent and Medway NHS and Social Care Partnership Trust (KMPT) Quality Account on behalf of Medway Council's Health and Adult Social Care Overview and Scrutiny Committee

Senior representatives of KMPT have continued to regularly attend meetings of Medway Council's Health and Adult Social Care Overview and Scrutiny Committee during 2017-18. The dialogue between the Committee and KMPT has been ongoing and constructive. KMPT has provided updates to the Committee on two occasions during the year. The Committee welcomes the development of a Medway Mental Health Strategy, which is being jointly developed by Medway Council, KMPT and NHS Medway Clinical Commissioning Group.

August 2017 Committee Meeting

The Chief Executive of KMPT attended the Committee, following publication of a CQC report inspection report in April 2017 in relation to an inspection undertaken in January 2017. This had rated eight of ten KMPT services as good or outstanding with the Trust being committed to becoming outstanding by autumn 2018. The April 2017 inspection report had also deemed that two areas required improvement. These were acute wards for adults of working age and psychiatric intensive care units and community based mental health services for adults of working age.

Newhaven Lodge, an eight bedded rehabilitation unit on the site of Medway Maritime Hospital, had been commended by the CQC for its quality of care.

There was currently one 24 hour liaison psychiatry service available at a general hospital in Kent and Medway. This was only staffed by one person overnight. Work was taking place to increase provision.

Street Triage provision had been introduced in Medway in June 2017. This was ongoing provision rather than being a pilot. Street Triage involved a qualified mental health nurse attending calls with a police officer.

A Committee Member felt it was clear that Street Triage had made a positive impact. However, a number of people that the provision was aimed at had a personality disorder, provision for whom had previously been acknowledged to be not good enough. The Member questioned how the Personality Disorder Strategy would address this and also what was being done to support people who had previously experienced a mental health crisis.

The Chief Executive of KMPT anticipated that a Personality Disorder Strategy led by clinicians would be able to provide care in the way it should be provided. A sequential approach was being adopted for supporting patients and working with patients to make change. A key aim was to avoid unnecessary hospital admissions and to work with people in the community. There was also a need to address some communications issues at the Trust.

It was noted that KMPT was no longer providing a service in relation to eating disorders as the contract for this had recently been awarded to another provider.

It was confirmed that KMPT was no longer using any out of area acute beds.

December 2017 Committee Meeting

The Deputy Chief Operating Officer attended the Committee to provide an update on the work of the Trust. Community Street Triage had now been operating for six months with the service being provided on Wednesdays, Thursdays and Fridays between the hours of 11:30am and midnight. There had been 112 referrals to the service in its first 4 months which was an average of two per day. Half of the people seen were previously known to mental health services. A review of the service would be undertaken in January or February 2018 once six months of operational data was available. It was noted that the service had diverted 89% of referrals to alternative services thus avoiding the need for section 136 detentions.

The Liaison Psychiatry service provided at Medway hospital had been commissioned to provide a 24 hour service. An extended service had been launched in October 2017 with there now being two practitioners available on each shift. The percentage of patients seen within two hours of referral had increased from just under 60% in April 2017 to 91% in October 2017. The number not seen in an hour had been 110 in April compared to 44 in October. It was acknowledged that Accident and Emergency was often not a suitable environment for people with mental health challenges. KMPT was working with Medway Foundation Trust and commissioners to create an acute care lounge for use by patients who had mental health difficulties. It was hoped that the existence of the lounge may also prevent people from having to be admitted to an acute care bed.

A Member asked whether the Ruby Ward, which accommodated female patients at Medway Maritime Hospital, was effective and what provision was available for older male patients. The Deputy Chief Operating Officer advised that the Orchards 16 bed ward was available for older adults in Medway and that the 16 bed Jasmine ward was located at Darenth Valley Hospital. Ruby Ward had previously been mixed sex but this had changed due to the ward layout. Feedback from female patients suggested that they preferred it to be a single sex ward.

A Committee Member expressed concern that the Street Triage service did not operate on Saturday nights. The Committee was informed that the data analysed prior to commencement of the service had suggested that Wednesday, Thursday and Friday were the three days when there would be the largest demand for the service. This would be looked at again as part of the review to be undertaken in January or February 2018. It was agreed that the outcome of this review would be included in the next update to be presented to the Committee.

One year previously, KMPT had been sending 15 to 17 people to acute beds outside Kent and Medway each week. By September 2017, no patients were being sent outside Kent and Medway following an acute psychiatric presentation.

A Committee Member was pleased that Street Triage provision was in place. However, she was concerned that vulnerable adults were sometimes housed in an unsuitable environment that could hamper their recovery and questioned what was being done to address this. In response to Member concern that the number of people accessing the Street Triage service was very small, the Deputy Chief Operating Officer agreed that it was a small number but noted that the provision was having wider benefits through community engagement.

The Council Director of Children and Adults Services advised that patients detained under section 136 of the Mental Health Act were no longer being housed in police custody. It was anticipated that there would be sufficient capacity due to use of the Section 136 detention suite. It was also anticipated that the proposed mental health lounge at the hospital would help to reduce the need for patients to be detained.

A Committee Member commented that they were particularly impressed by the community mental health service for older people being provided at Elizabeth House.

General Comments

- The Committee recognises that the Trust continues to make improvements and is particularly pleased that KMPT has been able to reduce the amount of out of area acute bed usage to 0. However, concerns remain about the provision of services for people with a personality disorder and in relation to patients accessing services at acute hospitals who have mental health needs and the quality of community mental health services in Medway. The Committee acknowledges that work is being undertaken to address these issues.
- The Committee welcomes the provision of a Street Triage service, although some Members have raised concerns about the limits of this provision. The Committee looks forward to receiving details of the outcome of a review of this service that was due to take place in early 2018.
- The Committee looks forward to working with KMPT over the coming year with a view to supporting the sustainment of improvements made so far and the delivery of further improvement.
- The Committee relies on HealthWatch Medway, which is a non-voting committee member, to feed back patient views and experiences.

This response to the Quality Account has been submitted by officers, in consultation with the Committee Chairman, Vice-Chairman and Opposition Spokesperson, under delegation from the Medway Health and Adult Social Care Overview and Scrutiny Committee.

Comments received from Healthwatch Kent



Kent & Medway NHS & Social Care Partnership Trust Quality Account Response

Healthwatch Kent is the independent champion for the views of patients and social care users in Kent. Our role is to help patients and the public get the best out of their local Health and Social Care services.

For several years now, local Healthwatch across the country have been asked to read, digest and comment on the Quality Accounts which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers).

This takes up a large amount of time, so we have taken the decision to prioritise our resource on making a difference to services rather than reading Quality Accounts.

However, we would like to support the Trust with a comment which reflects some of the work we have undertaken together in the past year.

We have seen that Kent and Medway NHS Partnership Trust value and understand our role as a “critical friend” which has translated into a good working relationship. Some of our involvement with the Trust this year has included:

- Meeting regularly with the Chief Nurse to keep up to date with Trust activity
- Attending the Trust Wide Patient Experience Group
- Planning of a new project looking at Community Mental Health services
- Following up on our visits to talk to patients at Acute Mental Health Units
- Following up our project to explore the number of mental health patients who are looked after outside of Kent. The Trust has continued to work on reducing the number of people treated out of county
- Sharing the results of our Engagement Healthcheck which reviewed the Trust’s engagement activity
- The Trust has signed the pledge to support the Healthwatch Kent Help Cards which allows patients to discreetly request additional help should they need it

This year we will be working with the Trust to increase the number of mental health patients that we hear from to ensure we can raise their voice. We would encourage any patient, family or carer to get in touch with us and share their experience.

Healthwatch Kent 2018

Comments received from East Kent Clinical Commissioning Groups



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ME16 9PH

Civic Offices
Ground Floor
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Canterbury
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CT1 1YW
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30th April 2018

Dear Helen

Draft Quality Account 2017/18

The East Kent CCGs recognise this is an early draft of the 2017-2018 Quality account for Kent and Midway Partnership Trust and welcome the transparency of success and clarity of areas for improvement.

We recognise the partial achievement of the priorities for improvement for 2016/2017 with success in areas of risk management within care plans and an improving picture of handover standards

We welcome the 2018-2019 priorities for patient experience, patient safety and clinical effectiveness development of integration of physical and mental health care and recognise these will build on the work started in the previous year such as the completion of the triangle of care and increase patient involvement with service improvement and design.

The CCG share the Trusts concerns with the CQC issuing warning notices for failing to meet standards in Community Services for Adults. The CCGs support the Trust with their improvement plans to improve the effectiveness of services provided to service users through the safe delivery of the Mental Health Act closer to home and within their local community.

Yours sincerely

Paula Wilkins
Chief Nurse
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NHS Ashford Clinical Commissioning Group and
NHS Canterbury and Coastal Clinical Commissioning Group
NHS South Kent Coast Clinical Commissioning Group
NHS Thanet Clinical Commissioning Group

Comments received from West Kent Clinical Commissioning Groups

From: WILKINS, Paula (NHS WEST KENT CCG)

Sent: 05 April 2018 18:07

Please see below for the comments from West Kent CCG

The Trust's draft Quality Accounts for 2017/18 were shared with the CCG for comment.

The report was well structured and easy to read and understand. It describes both the success the Trust has had this year in achieving their priorities as well as some of the challenges they have faced. The priorities set for 2018/19 are in line with the overall priorities within the Kent and Medway Sustainability and Transformation Partnership (STP) and NHS West Kent CCG are looking forward to working in partnership with them to improve the Mental Health services for our population and have the shared ambition to reduce the artificial boundaries between mental and physical health.

We would like to particularly commend the Trust in their open and honest approach on an executive to executive level.

Paula Wilkins
Chief Nurse
West Kent and East Kent CCG's

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TN91RE

East Kent CCGs
Inca House
Trinity Road
Eureka Science Business Park
Ashford Kent
TN25 4AB

**Comments received from North Kent Clinical Commissioning Groups
North Kent Clinical Commissioning Groups Statement**

(inc. Medway CCG, Dartford, Gravesham & Swanley CCG and Swale CCG)

The Trust's draft Quality Accounts document was sent to Clinical Commissioning Groups (CCGs) for consultation and comment. The CCGs have a responsibility to review the Quality Accounts of the Trust each year, using the Department of Health's Quality Accounts checklist tool to ascertain whether all of the required elements are included within the document.

The Trust's Quality Account flows consistently and is in a format that is clear and easily understood. The detail included is well structured and concise and follows a consistent format throughout the report. The report identifies areas of further improvement of which the CCG are in agreement with.

Of the 2017/18 priority updates included, it is confirmed that this is an accurate reflection of achievement. It is unfortunate that not all priorities were achieved and the quality account would have benefited from expansion on why these priorities did not achieve the expected outcome and what future work the trust are continuing to support improvements in these areas. It is acknowledged however, that the trust attained many improvements and achievements during 2017/18 outside of the priorities set. Particular achievement is within the Trust's Research and Development Team who have exceeded the target for uptake and developed a comprehensive clinical research programme and work undertaken for developments in Equality and Diversity.

It is positive to note that the trust recognise and acknowledge its areas where improvement is required and the Quality Account is an open and honest report on the challenges the trust is facing and areas it is required to improve. This is particularly reflective in the CQC inspections that have taken place whereby improvements were required. The CCG have, and continue to, support the trust in attaining the required improvements in addition to obtaining the appropriate level of assurance on progress and pace of change. In addition the CCG are keen to continue working with the trust to progress the quality improvements required for monitoring physical health conditions and risks for service users.

The Trust has outlined nine priorities for 2018/19, under the categories set of Patient Safety, Patient Experience and Clinical Effectiveness, of which the CCG agree are pertinent areas to drive forward improvements in patient care. It is also positive to see that service users and stakeholders feedback has also been taken into account in identifying the priorities. The CCG are committed to supporting the trust in achieving against the priorities set and it is an expectation that the trust regularly report updates against the Quality Account priorities to provide ongoing assurance that they are on track to be achieved or where there is a deviation that this is reconsidered in the priority requirement.

In conclusion, the report identifies that providing a safe and effective service whilst maintaining patient's quality of care and safety is a high priority for the Trust and that this is only achieved and supported by an effective and committed workforce.






































The CCG thanks the Trust for the opportunity to comment on this document and looks forward to further strengthening the relationships with the Trust through closer joint working in the future.


















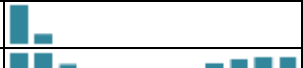














Zoe Hicks-John
Deputy Chief Nurse
Dartford, Gravesham and Swanley CCG
Swale CCG

Appendix B: Quality Performance Indicators

TRUST SUMMARY PERFORMANCE SCORECARD

Ref.	Measure	Target	Mar-18	Feb-18	Movement	Trend (Last 12 months where available, left to right)	Previous Forecast	Next Month Forecast
1 Regulatory Targets								
1.1	CPA patients receiving follow-up within 7 days of discharge 	95%	93.2%	94.0%				
1.2	CPA patients receiving formal 12 month Review	95%	90.1%	93.5%				
1.3	Delayed Transfers of Care	7.5%	7.4%	6.6%				
1.4	Admissions to Inpatient Services had Access to CRHTs 	95%	100.0%	100.0%				
1.5	Meeting commitment to serve new psychosis' cases by EIS ¹	95%	127.3%	125.3%				
1.6	MHMDS Data Completeness: Identifiers 	97%	99.7%	99.7%				
1.7	MHMDS Data Completeness: Outcomes for Patients on CPA 	50%	80.3%	80.8%				
1.8	EIP Waiting Time Proxy (Referral to Care Coordinator in 2 Weeks) 	50%	76.1%	93.7%				

¹ Possible to achieve over 100% where new cases accepted to date exceeds average cases required per month to meet target

Ref.	Measure	Target	Mar-18	Feb-18	Movement	Trend (Last 12 months where available, left to right)	Previous Forecast	Next Month Forecast
2 Workforce								
2.1	Sickness Absence 	3.9%	0.0%	4.1%				
2.2	Staff Vacancies	15%	12.6%	12.4%				
2.3	Staff Turnover 	14%	16.7%	16.8%				
2.4	Agency Spend 	5%						
2.5	Appraisals and Personal Development plans	90%	84.7%	84.9%				
2.6	% mandatory training	85%	92.5%	93.0%				
2.7	% Eligible staff with enhanced CRB check	100%	100.0%	100.0%				

Sickness figure is an early cut of data prior to official 20th return and therefore expected to rise in line with recent months performance.

Ref.	Measure	Target	Mar-18	Feb-18	Movement	Trend (Last 12 months where available, left to right)	Previous Forecast	Next Month Forecast
3 Quality								
3.1	Referral to assessment within 4 weeks	95%	80.0%	84.4%				
3.2	18 Weeks referral to treatment	95%	89.5%	90.6%				
3.3	% of patients with valid CPA care plan or plan of care	95%	87.8%	86.5%				
3.4	Crisis Plans (all patients)	95%	90.7%	90.3%				
3.5	% of Service Users in Employment	13%	14.6%	14.3%				
3.6	% of Service Users in Settled Accommodation	75%	81.5%	81.6%				
3.7	% Reviews undertaken within the maximum cluster review period	95%	78.0%	65.5%				
3.8	% of service users assessed with cluster assigned	95%	94.3%	93.8%				
3.9	% inpatients with a physical health check within 72 hours	100%	94.9%	95.3%				
3.10	Number of Home Treatment Episodes	224	279	258				
3.11	Emergency Readmission within 28 days	5%	15.0%	5.4%				
3.12	Average Length of stay(Younger Adults)	25	20.5	22.6				
3.13	Bed Occupancy: Internal Usage v's Internal Capacity (YA Acute)		86.2%	84.0%			N/A	N/A
3.14	Bed Occupancy: Internal & External Usage v's Internal Capacity (YA Acute)		86.2%	84.0%			N/A	N/A
3.15	Bed Occupancy: Internal & External Usage v's Proposed 174 Capacity (YA Acute)		81.0%	79.4%			N/A	N/A
3.16	Bed Occupancy: Internal Usage v's Internal Capacity (YA PICU)		93.6%	99.5%			N/A	N/A
3.17	Bed Occupancy: Internal & External Usage v's Internal Capacity (YA PICU)		151.9%	139.3%			N/A	N/A
3.18	Average Length of stay(Older Adults)	52	67.5	88.4				
3.19	Bed Occupancy: Internal Usage v's Internal Capacity (OP Acute)		94.3%	91.2%			N/A	N/A
3.20	Bed Occupancy: Internal & External Usage v's Internal Capacity (OP Acute)		94.3%	91.2%			N/A	N/A
3.21	Number of unplanned absences (AWOL and absconds on MHA)	0	9	8				
3.22	Serious Incidents		0	0			N/A	N/A
3.23	Number of Grade 1&2 Sis confirmed breached over 60 days					140 Grade 1&2 Sis breached in last 12 months	N/A	N/A
3.25	Complaints (Level 2-4 & MP Complaints)		0	0			N/A	N/A
3.26	Never Events	0				0 Never events in last 12 months		
3.27	Information Governance Breaches	0						
3.28	Safeguarding training Adult - Basic Introduction	85%	99.6%	99.6%				
3.29	Safeguarding training - Children	85%	99.6%	99.7%				
3.30	Safeguarding training - Children Level 2	85%	92.2%	94.3%				
3.31	IAPT Recovery Rate	50%						
3.32	IAPT 0-6 Weeks Referral to Treatment	75%						
3.33	IAPT 0-18 Weeks Referral to Treatment	95%						
3.34	Care Plans Distributed to Service User	75%	53.3%	51.6%				

KEY	Description
	NHSi Single Oversight Framework Measure
	Denotes performance improvement from last month's position
	Denotes performance remains at the same level as last month
	Denotes performance has decreased from last month
	Performance is forecast to improve in following month
	Performance is forecast to decrease in following month

Appendix C: Glossary and Abbreviations

A & E	Accident and Emergency
AfC	Agenda for Change
AGM	Annual General Meeting
AIMS	Accreditation for Acute Inpatient Mental Health Services
ALE	Auditors Local Evaluation
ALOS	Average Length of Stay
AWOL	Absent Without Leave
BME	Black Minority Ethnic
BPPC	Better Payment Practice Code
CAB	Citizen's Advice Bureau
CAF	Common Assessment Framework
CAMHS	Children and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CIPs	Cost Improvement Programmes
CMHTs	Community Mental Health Teams
CNST	Clinical Negligence Scheme for Trusts
CoG	Council of Governors
COPD	Chronic Obstructive Pulmonary Disease
CQUIN	Commissioning for Quality and Innovation
CQC	Care Quality Commission
CRES	Cash Releasing Efficiency Savings
CRHT	Crisis Resolution Home Treatment Team
CROM	Clinician Rated Outcome Measure
CSFF	Community Services Feedback Form
CSIP	Care Services Improvement Partnership
CRS	Care Records Service
DGH	District General hospital
DOH	Department of Health
DOLs	Deprivation of Liberty Safeguards
DRE	Delivering Race Equality
DToC	Delayed Transfer of Care
EBITDA	Earnings Before Tax Depreciation Amortization
EFL	External Financing Limit
EMT	Executive Management Team
EPEX	Effective Project Executive Programme
ESR	Electronic Staff Record
EWTD	European Working Time Directives
FT	Foundation Trust
FTE	Full Time Equivalent
GIS	Geographical Information System
GP	General Practitioner
GRiST	Galatean Risk Screening Tool
HCC	Health Care Commission
HIS	Health Informatics Service
HoNOS	Health of the Nation Outcome Scale
HR	Human Resources
IAPT	Improving access to Psychological Therapies
IBP	Integrated Business Plan
ICT	Information and Communication Technology
I&E	Income & Expenditure
IFRS	International Financial Reporting Standard
IGT	Information Governance Toolkit

IM&T	Information Management & Technology
IT	Information Technology
JNF	Joint Negotiating Forum
KCC	Kent County Council
KDAAT	Kent Drug and Alcohol Action Team
KMPT	Kent and Medway NHS and Social Care Trust
KPIs	Key Performance Indicators
KSF	Knowledge & Skills Framework
LA	Local Authority
LD	Learning Disability
LDP	Local Delivery Plan
LNC	Local Negotiating Committee
LTFM	Long Term Financial Model
MAPPA	Multi-Agency Public Protection Arrangements
MDT	Multi-Disciplinary Team
MEWS	Modified Early Warning Scoring System
MH	Mental Health
MHRN	Mental Health Research Network
MHT	Mental Health Trusts
MP	Member of Parliament
NED	Non Executive Director
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
NHSP	National Health Service Professionals
NICE	National Institute of Clinical Excellence
NPSA	National Safety Patient Agency
NSF	National Service Framework
NWW	New Ways of Working
OATS	Out of Area Treatments
OBDs	Occupied Bed Days
OLAP	OnLine Analytical Processing
OPMH	Older People's Mental Health
OPMHN	Older People with Mental Health Needs
PALS	Patient Advice and Liaison Service
PbC	Practice Based Commissioning
PbR	Payment by Results
PBL	Prudential Borrowing Limit
PCT	Primary Care Trust
PDC	Public Dividend Capital
PEST	Political, Economic, Social, Technological
PFI	Private Financial Initiative
PICU	Psychiatric Intensive Care Unit
PROM	Patient Reported Outcome Measure
PSA 2	Public Service Agreement
PSPP	Public Sector Payment Policy
RAG	Red, Amber, Green
RCT	Radom Control Trial
RiO	Patient information system
SBS	Shared Business Services
SfBH	Standards for Better Health
SHA	Strategic Health Authority
SIC	Statement on Internal Control
SLA	Service Line Agreement
SLM	Service Line Management
SLR	Service Line Reporting
SMF	Senior Management Forum

SMT	Senior Management Team
SSAS	Specialist Supported Accommodation Services
STR	Support Time Recovery
SUIs	Serious Untoward Incidents
SWOT	Strengths, Weaknesses, Opportunities, Threats
TFT	Thought Field Therapy
ToC	Triangle of Care
VTE	Venous Thrombus Embolism
VfM	Value For Money
WC	Working Capital
WF	Workforce

Acute

Acute, in medicine, refers to an intense illness or affliction of abrupt onset.

Admission

The point at which a person begins an episode of care (see definition), e.g. arriving at an inpatient ward.

Advance statements/directives

There are various types of advance statement/directive. They can include statements of an individual's wishes in certain circumstances, for example instructions to refuse some or all medical treatment or requests for certain types of treatment. They can also state someone to be consulted at the time a decision needs to be made. The individual should seek advice about the legal status of these statements/directives. They might be called Living Wills.

Advocate

An advocate is a person who can support a service user or carer through their contact with health services. Advocates will attend meetings with service users and help service users or carers to express concerns or wishes to health care professionals. Although many people can act as an advocate (friend, relative, member of staff), there are advocacy services available that can be accessed through the Trust. These advocates are trained and independent.

Aftercare

This is the support or care that a person can expect to receive once discharged from inpatient care. Typically a discharge plan will be developed by the multidisciplinary team with the service user which will make clear what care and support will be provided. (See Care Plan, CPA).

Agenda for change

Is the current National Health Service (NHS) grading and pay system for all NHS staff, with the exception of doctors, dentists and some senior managers.

Appropriateness of care

When in a clinical situation, the expected benefits (e.g. improved symptoms) of care outweigh the expected negative effects (e.g. drug side effects) to such an extent that the treatment is worth carrying out.

Approved Social Worker (ASW)

Approved Social Workers (ASW) have specialist training and experience in identifying disorders of mental health and are familiar with the problems experienced by users of mental health services and their families. They are employed by Local Authority Social Services and work in hospitals and in the community as part of the community mental health teams. They will organise social care support for people in contact with mental

health services, such as helping with housing and getting welfare benefits. They work closely with health professionals and, under the current Mental Health Act, they work with two doctors to assess a person who may need admitting to hospital. Social workers can also act as care coordinators for people on care programmes.

Assertive Outreach

Assertive outreach services aim to support people in the community who find it difficult keeping in contact with mental health services.

Assessment

Assessment happens when a person first comes into contact with health services. Information is collected in order to identify the person's needs and plan treatment.

Caldicott Guardian

A senior healthcare professional in each NHS organisation is responsible for safeguarding the confidentiality of patient information. The name comes from the Caldicott Report, which identified 16 recommendations for the use and storage of patient identifiable information.

Care Co-ordinator

A care co-ordinator is the person responsible for making sure that a patient gets the care that they need. Service users and carers should be able to contact their care co-ordinator (or on-call service) at any reasonable time. Once a patient has been assessed as needing care under the Care Programme Approach they will be told who their care co-ordinator is. The care co-ordinator is likely to be a community mental health nurse, social worker or occupational therapist.

Care plan

A care plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy (see Care Programme Approach).

Care Programme Approach (CPA)

The Care Programme Approach is a standardised way of planning a person's care. It is a multidisciplinary (see definition) approach that includes the service user, and, where appropriate, their carer, to develop an appropriate package of care that is acceptable to health professionals, social services and the service user. The care plan and care co-ordinator are important parts of this. (See Care Plan and Care Co-ordinator).

Carer

A carer is someone who looks after their relatives or friends on an unpaid, voluntary basis often in place of paid care workers.

Client (see also service user)

An alternative term for patient which emphasises the professional nature of the relationship between a clinician or therapist and the patient.

Cognitive Behaviour Therapy (CBT)

Cognitive Behaviour Therapy (CBT) is a talking treatment designed to alter unwanted patterns of thought and behaviour; it addresses personal beliefs which may result in negative emotional responses, concentrating on understanding behaviour rather than the actual cause of a problem.

Commissioning for Quality and Innovation (CQUIN)

CQUIN stands for commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of a NHS Trust's income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

Community Mental Health Team (CMHT)

A multidisciplinary team offering specialist assessment, treatment and care to people in their own homes and the community.

Gatekeeping

A process used to manage fair and equitable access to services.

Consent to treatment

If you are an informal patient, you have the right to refuse any treatment you do not wish. You have a right to receive full information about the treatment, its purpose and possible side effects. If consent is not obtained the treatment cannot normally be given.

Discharge

The point at which a person formally leaves services. On discharge from hospital the multidisciplinary team and the service user will develop a care plan (see Care plan).

Episode of care

The period when a service user enters the care of the Trust to when they are discharged from all services provided by the Trust. This care could be, for example a combination of care provided by inpatient stays, outpatient attendances, a CPN, or use of services from an OT and a day hospital.

Home treatment team

A team usually consisting of a psychiatrist, nurse and social worker. The team provides a mobile service offering availability 24 hours, seven days a week and an immediate response. The team provides a gate keeping function to hospital admission and enables earlier discharge from hospital.

Integrated Care Pathway

Integrated Care Pathways are a multi-disciplinary and multi-agency approach to mapping service users' care from admission through to discharge and ongoing care. The aim is to pull together all the information into one file that will make it easier for the clinicians involved to give the best care for the patient.

Mental Health Act (1983) (MHA)

The Mental Health Act (1983) is a law that allows the compulsory detention of people in hospital for assessment and/or treatment for mental disorder. People who are detained under the Mental Health Act must show signs of mental disorder and need assessment and/or treatment because they are a risk to themselves or at risk to others. People who are detained have rights to appeal against their detention.

National Institute for Clinical Excellence (NICE)

It provides clinical staff and the public in England and Wales with guidance on current treatments. It coordinates the National Collaborating Centres from whom it commissions the development of clinical practice guidelines.

Patient Advice and Liaison Service (PALS)

All NHS Trusts are required to have a Patient Advice and Liaison Service. The service offers service users information, advice, quick solution of problems or access to the complaints procedure.

Person Centred Care Planning

Personalised care planning is a fundamental part of the personalisation agenda that places service users at the centre of the care planning process, and recognises that they are best placed to understand their own needs and how to meet them.

Primary Care

Primary care is the care that you will receive when you first come into contact with health services about a problem. These include family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and some social workers.

Recovery Star

Is a tool for optimising individual recovery and gaining the information to create a recovery-focused Care Plan.

RiO

RiO is the Trust's Clinical Patient Information System, which is a secure electronic system used by clinicians to record the care provided to service users.

Secondary care

Secondary care is specialist care, usually provided in hospital, after a referral from a GP or health professional. Mental Health Services are included in secondary care (see also tertiary care).

Section

This is used to refer to one of the sections of any Act of Parliament. A person who is detained in hospital under the Mental Health Act (1983) is commonly referred to as 'sectioned'.

Service user

This is someone who uses health services. Other common terms are patient, service survivor and client. Different people prefer different terms.

Single Assessment Process (SAP)

The Single Assessment Process (SAP) for older people was introduced in the National Service Framework for Older People. The purpose of the single assessment process is to ensure that older people receive appropriate, effective and timely responses to their health and social care needs, and that professional resources are used effectively.

Talking treatments

These are psychological treatments in which improvement in a person's symptoms or wellbeing is achieved by talking with a therapist or counsellor rather than, or as well as, taking medication.

Therapeutic relationship

The therapeutic relationship (also called the helping alliance, the therapeutic alliance, and the working alliance) refers to the relationship between a mental health professional and a service user. It is the means by which the professional hopes to engage with, and effect change in, a service user.

User involvement

User involvement refers to a variety of ways in which people who use health services can be involved in the development, maintenance and improvement of services. This includes patient satisfaction questionnaires, focus groups, representation on committees, involvement in training and user-led presentations and projects.

Appendix D: Directors' statement

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements) and on arrangements Trust Boards should put in place to support data quality for the preparation of the quality report.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the content of the Quality Account is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2017 to March 2018
 - papers relating to quality reported to the board over the period April 2017 to March 2018
 - feedback from commissioners dated 5 and 30 April 2018
 - feedback from local Healthwatch organisations dated 1 May 2018
 - feedback from Overview and Scrutiny Committee dated 26 and 30 April 2018
 - Trust Complaints report
 - the 2017 national patient survey
 - the 2017 national staff survey
 - the Head of Internal Audit's opinion of the Trust's control environment dated 22 May 2018
 - CQC inspection report dated 12 April 2017
- the Quality Account presents a balanced picture of the trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance

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



Andrew Ling
Chairman

Appendix E: Independent Auditor's Report on the Annual Quality Account

Independent Practitioner's Limited Assurance Report to the Board of Directors of Kent and Medway NHS and Social Care Partnership Trust on the Quality Account

We have been engaged by the Board of Directors of Kent and Medway NHS and Social Care Partnership Trust to perform an independent assurance engagement in respect of Maidstone and Tunbridge Wells NHS Trust's Quality Account for the year ended 31 March 2018 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS Trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, as subsequently amended in 2011, 2012, 2017 and 2018 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death;
- Percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and NHS Improvement has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health and NHS Improvement guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2017 to June 2018;
- papers relating to quality reported to the Board over the period April 2017 to June 2018;
- feedback from commissioners dated April and May 2018;
- feedback from local Healthwatch organisations dated May 2018;
- feedback from the Overview and Scrutiny Committee dated 26 April 2018;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 7 July 2017;
- the national patient survey dated 13 June 2018;
- the local patient survey dated December 2017;
- the national staff survey dated 6/3/2018;
- the local staff survey dated July 2017;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2018;
- the Annual Governance Statement dated 23 May 2018;
- the Care Quality Commission's inspection report dated 12 April 2017;

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Directors of Kent and Medway NHS and Social Care Partnership Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Kent and Medway NHS and Social Care Partnership Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health and NHS Improvement. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Kent and Medway NHS and Social Care Partnership Trust.

Our audit work on the financial statements of Kent and Medway NHS and Social Care Partnership Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as Kent and Medway NHS and Social Care Partnership Trust's external auditors. Our audit reports on the financial statements are made solely to Kent and Medway NHS and Social Care Partnership Trust's directors, as a body, in accordance with the Local Audit and Accountability Act 2014. Our audit work is undertaken so that we might state to Kent and Medway NHS and Social Care Partnership Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Kent and Medway NHS and Social Care Partnership Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such directors as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Kent and Medway NHS and Social Care Partnership Trust and Kent and Medway NHS and Social Care Partnership Trust's directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants
Gatwick

29 June 2018

Your Views

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

Communications
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Maidstone
Kent
ME16 9PH

Tel: 01622 724100 e-mail: communications@kmpt.nhs.uk

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

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

If you require any information about the Trust, its services or your care, please ask our staff to arrange for some information to be provided in your preferred language.

Bengali

ট্রাস্ট, এর সার্ভিসসমূহ, বা আপনার কেয়ারের (যত্নের) ব্যাপারে আপনি কোন তথ্য চাইলে, অনুগ্রহ করে আপনার পছন্দসই ভাষায় কিছু তথ্য সরবরাহের আয়োজন করার জন্য আমাদের কর্মীদের বলুন।

Chinese

如果你需要什麼訊息有關這個基金信託會、它為你提供的服務或你得到的照料，請向我們的工作職員要求將一些相關訊息翻譯成你能閱讀的語言。

Polish

Jeśli potrzebujesz informacji na temat Trustu, zakresu naszych usług lub otrzymywanej opieki, poproś kogoś z personelu o udostępnienie informacji w Twoim języku.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਟ੍ਰਸਟ ਬਾਰੇ, ਇਸ ਦੀਆਂ ਸੇਵਾਵਾਂ ਬਾਰੇ ਜਾਂ ਤੁਹਾਡੀ ਕੀਤੀ ਜਾਂਦੀ ਦੇਖ-ਭਾਲ ਬਾਰੇ ਕਿਸੇ ਵੀ ਪੁੱਛਾਰ ਦੀ ਜਾਣਕਾਰੀ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਤੁਹਾਡੀ ਪਸੰਦ ਦੀ ਬੋਲੀ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਦਾ ਪ੍ਰਯੋਗ ਕਰਨ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਕਰਮਚਾਰੀਆਂ ਨੂੰ ਪੁੱਛੋ।

Turkish

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