

# Quality Account

2014 - 15



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*respect - open - accountable - working together - innovative - excellence*

# Our Values

## respect

- we value people as individuals, we treat others as we would like to be treated

## open

- we work in a collaborative, transparent way

## accountable

- we are professional and responsible for our actions

## working together

- we work together to make a difference for our service users

## innovative

- we find creative ways to run efficient, high quality services

## excellence

- we listen and learn to continually improve our knowledge and ways of working

# 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.

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# Customer Care Charter

This Charter lists the commitments we make to our customers and what we expect from them.

## KMPT's commitments to you. We will...

- 1 Listen to your concerns and respect your views** – we will treat you as an individual and in the context of your whole life. We will listen to what you have to say and record it accurately.
- 2 Involve you in planning your care** – you will be given the opportunity to determine the plan for your care, which will focus on your recovery. We will give you a copy of your care plan in a format acceptable to you.
- 3 Be informative and engaged** – we will provide you with information about conditions and services and, if you agree, also communicate with those who care for you. We will answer your questions politely and carefully. If we do not know the answer we will tell you and get the information for you as soon as possible.
- 4 Deliver best practice care** – we will learn from best practice and provide care that meets NICE guidelines. Our staff will be up to date and trained to deliver best practice in all that they do.
- 5 Constantly improve** – we will ensure that service users and carers are able to influence service development. We will learn from your feedback and the accountable to you by making changes based on your concerns.

## KMPT expects you to...

- 1 Keep your appointments** – we ask that you attend, or advise us if you cannot meet an appointment given to you. If we have to change your appointment we will give you as much notice as possible and offer another date.
- 2 Treat our staff with respect and without aggression** – while we appreciate that mental health problems can lead to frustration and anger, we ask that staff are treated with courtesy. We will be courteous and polite at all times.
- 3 Be open about your views** – let us know your expectations and any concerns so that we can together plan the most appropriate care for you.

If you do not feel that we are meeting these commitments, we ask you to raise this with your key worker, the service manager, or write to:  
Patient Experience Team, Freeport RTCS-SBAL-KBUK, St Martin's Hospital, Canterbury CT1 1TD  
or email: [patientexperience@kmpt.nhs.uk](mailto:patientexperience@kmpt.nhs.uk)

Signed

# Introduction

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 7 Part two reviews our progress on our quality improvement priorities in 2014-15 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 46.

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.

respect  
open  
accountable  
working together  
innovative  
excellence

## Key achievements in 2014-2015

This year, we have made great progress in our aim to work with partners to offer people coordinated care that fully meets their mental health needs. We were extremely proud of our psychiatric liaison service who, together with East Kent Hospitals Trust, won a national patient safety award for their work in developing a Safeguarding Managing Risk Tool that helps nurses in hospitals to assess patients' mental health risks.

Raising awareness about mental health is high priority for us. This year we have provided awareness training to over 600 staff from Kent Police. The research based course covers the cause of mental illness, the law and detainment under the mental health act preventing suicide, how medication works, the myths and facts about suicide and the safest way to restrain people with mental health problems. We are also working with service users and carers to promote safety and develop new ways of assessing and managing the risk of suicide, violence and other risks. Signing up to NHS England's 'Sign up to Safety' campaign means that, as a Trust, we have made pledges (see appendix C) and developed a Safety Improvement Plan.

The Trust is proud to be at the forefront of an innovative combined arts and music therapy project which is a possible first for the UK. The project,

which involves 100 service users across all age group producing artwork with accompanying music, places a strong emphasis on collaboration between service users and a positive experience of shared working for all those involved. A booklet is being produced to help others who want to implement similar projects.

As well as being innovative, the Trust has also been commended for several initiatives over the past year. One of our recovery clinics in Maidstone was highly commended for its work in the 'Improving Care for People in a Mental Health Crisis' Category at the National Positive Practice in Mental Health Awards in Sheffield. Academically, a psychology student together with a service user won the best submitted academic prize at the National Conference of the Faculty of the Psychology of Older People for their poster and presentation on frontotemporal dementia.

We are providing national leadership in developing a fire setting intervention group programme for mentally disordered offenders. The programme has been rolled out across 15 Forensic Services across the country.

North of the county in Gillingham we have achieved another first with the development of project for people with personality disorder. We have provided a five-bedded service for women, who need urgent help and might otherwise be admitted, with a place to stay for four nights and to take part in therapy that places the emphasis on supporting service users to take charge of their own recovery. Also in the north at the Medway Maritime Hospital A&E Department, a two year pilot project has started, funded by Public Health England, which involves the employment of two KMPT Alcohol Clinical Nurse Specialists whose role will be to work with patients attending A&E with alcohol related issues.

At the coast our memory clinics in Dover and Shepway have been accredited as being excellent by the Memory Services National Accreditation programme. The accreditation was for the provision of assessment and diagnosis of dementia. In terms of awareness raising we have developed and produced a mental health education program for GPs in Medway. In total 18 topics covering all aspects of Mental Health care were selected to be included in the program in discussion with primary care

colleagues. So far 14 topics have been presented ranging from schizophrenia, depression, bipolar disorder and dementia.

We have also placed a focus on training through various initiatives such as providing training on person centered care planning to care homes. The training was carried out by the KMPT Home Treatment Service. The training covered the following topics: What is dementia, person centered care, communication, occupation, physical health and understanding behavior. Internally, 17 of our staff are training in 'open dialogue', which is a social network based intervention.

The Trust has held several successful conferences such as our first Quality Call to Action Conference, which was attended by over 100 delegates and included presentations and workshops influenced by the Quality Account 2013 -2014 with 'carers' as the theme. We held a conference to discuss and celebrate recovery within KMPT. A number of pledges were made by attenders during the day this included the following pledge 'Improving our use of language to be more hopeful and collaborative'. We also held our first carers and service users conferences, which were hosted by the Chief Executive and provided input into service development. We will be continuing to plan future carer and service-users conferences throughout 2015.

## Chief Executive's Statement

The purpose of this our sixth Quality Account is to indicate progress made with the nine quality priorities we set last year, together with describing the nine priorities for the coming year to ensure that we continue to drive up the quality of the services we provide.

The Trust has continued with transforming its services, through the delivery of the clinical strategy, which has been designed to ensure that people who need help get the right treatment, at the right time, in the right place, thus leading to improved outcomes for service users.

From talking to service users and carers during the past year we know that we still have a lot of work to do. However the information presented in this document shows that a significant amount of good progress has been achieved. These improvements are the result of the hard work and commitment provided by all our staff and partners, in contributing to quality focused and compassionate services for service users and their carers.

On the week commencing 16th March 2015 the Care Quality Commission (CQC) conducted a comprehensive inspection of the trust, which included visits to the trust's wards and a sample of community teams. It is expected that the inspection report will be published during the summer 2015 and a quality summit will be held with all key stakeholders to discuss the findings and agree an action plan.

The information contained within this document is, to the best of my knowledge, accurate. The Directors' statement on page 10 further makes clear we have met the requirements for preparing this Account. Furthermore, our auditors have reviewed the account and their report can be found in Appendix F.



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

Angela McNab  
Chief Executive

## Trust Objectives 2013-14

1. To enhance the quality and safety of services by maintaining or exceeding required standards of care.
2. To enhance service user engagement and patient experience (5 year objective).
3. To maintain and further establish our position as the provider of choice for mental health services in Kent and Medway (5 year objective).
4. To ensure sound financial management without compromising quality of service (5 year objective)
5. To become an exemplary employer, enabling staff to reach their full potential (5 year objective).
6. To develop dynamic and innovative clinical models, enhancing the quality, safety and effectiveness of services (5 year objective).
7. To incorporate sustainability and environmental management as an essential element of healthcare delivery (5 year target).

## Our Clinical Strategy

To achieve the four key aims of our clinical strategy, set out below, we must build a culture of excellence within every part of our organisation, ensuring staff are supported, developed and valued and that clinical leadership drives improvements.

1. To provide excellent community services close to home, reducing the number of people who need inpatient care. Where such care is necessary our community services will support the length of stay being as short as possible.
2. To focus on the recovery model ensuring positive outcomes.
3. To improve the quality and dignity in services including a better physical environment and improved use of technology.
4. To expand some of our strongest specialist services, where appropriate, to potentially provide across a wider geography.



# Our Services

We are focused on providing a range of mental health services. However, we also provide a range of other specialist services, they include:

## **Adults of working age who have mental health needs:**

- Inpatient and community teams
- Rehabilitation inpatient units
- Psychological services
- Liaison Psychiatry services

## **Older adults who have mental health needs:**

- Inpatient and community teams

## **Adults who have mental health problems and learning disabilities:**

- Community teams
- Assessment and Intervention services
- Forensic mental health inpatient services

## **People with drug and alcohol problems:**

- Detoxification inpatient unit
- Alcohol addiction service

## **Forensic mental health services:**

- Medium-secure unit including specialist women's unit
- Low-secure unit
- Prison in-reach team
- Custody Liaison service

## **Specialist services:**

- Eating Disorder services
- Early Intervention for Psychosis
- Mother and Infant Mental Health services
- West Kent Neuro-Rehab service
- Limb service
- Environmental Control service
- West Kent Clinical Neuro-psychology service
- West Kent Mediation service
- Kent and Medway Chronic Fatigue/ ME service
- Community Brain Injury Team
- Personality Disorder service
- IAPT services

The Trust has reviewed all the data available to it on the quality of care in all 26 of these NHS services.

The income generated by the NHS services reviewed in 2014-15 represents 100% per cent of the total income generated from the provision of NHS services by the Trust for 2014-15.

## 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)

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

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



A handwritten signature in black ink that reads "A. Ling". The signature is written in a cursive style.

Andrew Ling  
Chairman

# Review of Quality Performance: Achieving Our 2014-15 Priorities

## The nine priorities were:

### Patient Safety

- Reduce the number of moderate and severe falls on all in-patient services by 20%.
- Reduce all serious incidents including absence without leave (AWOL), absconding, suicide and serious self harm during an in-patient admission or while in treatment with a working age adult community team.
- To ensure all adults, children and young people are effectively safeguarded.

### Patient Experience

- Better communication between our staff and service users and their carers.
- Monitoring the Patient Experience of service user views relating to the effectiveness of their CPA.
- Ensuring Service Users are informed of changes in care co-ordinators.

### Clinical Effectiveness

- We will work in closer partnership with our service users to ensure that care is always patient centred.
- We will work in closer partnership with our service users to ensure access to physical health care monitoring.
- To further develop and implement the Recovery and Wellbeing Approach for all of our service users.

## 2014-15 Patient Safety Priority 1

### Reduce the number of moderate and severe falls on all in-patient services by 20%

Reduction in the number of moderate and severe falls in older adult inpatient wards, which result in harm to the patient by 20%

#### Approach

To prevent harm and injury to service users by ensuring that Falls assessments are completed for all service users regardless of age resulting in a decrease in the number of Slip Trips & falls.

The Trust continues to be part of the South of England's Mental Health Patient Safety Collaborative. The collaborative aims to "develop and build a culture of patient safety and quality improvement". There are various work streams, and one of them is "improving the physical care of patients which includes Falls."

Through this collaborative our aim has been to reduce moderate and severe falls by 20% and we have used the NPSA definitions of harms for falls for reporting purposes.

#### Action

100% of service users admitted to all wards have received a falls assessment.

All older adult wards have falls champions in place and continue to use the productive ward's safety crosses to measure the incidents of falls. Falls assessments are part of the nursing metrics and monitored on a monthly basis through the modern matrons meeting and reported to the Trust wide patient safety group.

An e-learning package for staff is being developed.

The Trust has embedded NICE guidance CG161 on assessment and prevention of falls in older people

and produced a gap analysis against the guidance and monitors this within the Trust wide physical health group.

The national best practice from this guidance is taken forward within the Trust and implemented with all our in-patient wards.

Through the south of England patient safety collaborative we are able to benchmark our falls data with other mental health Trusts and work with them collaborative on falls prevention. Please see the graph to the right, which compares the number of KMPT

falls with two other Mental Health trusts (Berkshire Healthcare NHS Foundation Trust and Cornwall Partnership NHS Foundation Trust) who have shared their falls data with the collaborative from April to October 2014. (Cornwall have only submitted data up until October 2014).

Falls prevention will not be added as a priority for our next quality account as the work on the prevention of falls has been fully embedded within all in-patient units.

### Results

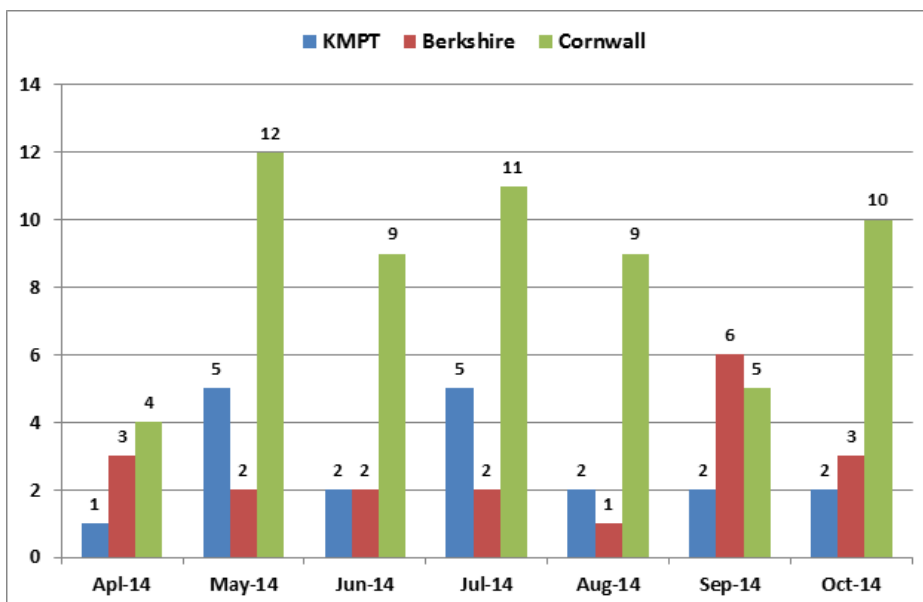
To date we have had a total of 22 moderate and 7 severe reported Falls. Although this has not met our reduction target we have decreased our severe falls by 5 as In 2013-2014 we had 12 moderate and 12 severe falls It also has to be noted that for this year opposed to previous years we have included all age into this priority.

We endeavour to work hard in ensuring that our service users remain safe and that falls are prevented whenever possible.

### Safeguarding, Managing Risk Tool wins HSJ award

An initiative which has led to general nursing staff working much more closely with mental health professionals and potentially saving lives has won a prestigious national award.

The Safeguarding, Managing Risk Tool (SMaRT) was developed following an increased need to take patients' mental health into account in a



general hospital setting in the same way as physical symptoms. It includes a chart that helps nurses assess whether a person is at risk of harming themselves or others – with green being the lowest risk and red the highest.

So impressed were the judges of the Patient Safety and Care Awards 2014 with SMaRT that it won the Patient Safety in Hospital Care category.

The SMaRT tool was championed by KMPT Consultant Psychiatrist & Clinical Lead for Liaison Services Dr Kirsten Lawson and East Kent Hospitals University Foundation Trust's Avril McConnachie, Elisa Steele and Paula Knight.

Dr Lawson said: "I am absolutely ecstatic to have won this award! Everyone who was shortlisted was a winner, making it through very tough competition. I'm sure, secretly, everyone wanted to be the one taking a trophy home!"



## 2014-15 Patient Safety Priority 2

Reduce all serious incidents including absence without leave (AWOL), absconding, suicide and serious self harm during an in-patient admission or while in treatment with a working age adult community team

### Approach:

Patient Safety is a fundamental principle when providing care for our patients and we will continue the strong focus on delivering high quality, safe and effective services. We will continue to work to reduce all serious incidents including AWOL, absconding, suicide and serious self harm during an in-patient admission or while in treatment with a working age adult community team.

The Trust has continued in its work to maintain safe and effective care within inpatient wards so as to reduce the risk of suicide, serious self harm, AWOL and absconding. Environmental improvements to minimise ligature is essential to reducing the risk of harm on inpatient wards however this does not negate the importance of effective risk assessment and risk management plans for all service users.

It is recognised that as environments have become safe the risks associated with service users harming themselves on the ward have reduced but there is a need to minimise service users going absent without leave from the ward as such event can result in patient safety incidents.

With acute care being provided within a service user's home as an alternative to admission the risk of suicide and serious self harm has moved from the ward to the Crisis Resolution Home Treatment Teams and there is a need to ensure risk assessment and effective care planning and intervention is in place to minimise this risk.

Over the past year the Trust has been part of the South of England Improving Safety in Mental Health Collaborative. One of the work streams is the safe and reliable delivery on mental health care and the aim is for:

- a reduction in deaths as a result of self harm in service users on inpatient wards.
- zero or greater than 300 days between deaths as a result of self harm in service users in receipt of care from community teams including CRHT.
- zero or greater than 150 days between severe harm in service users on inpatient wards.
- zero or greater than 300 days between severe harm in service users in receipt of care from community teams.
- zero or greater than 300 days between AWOLs and missing service users. Reduce by 50%.

### Actions:

We have worked on improving younger adult inpatient environments by refurbishing old wards to a safe standard, and closing wards where refurbishment is not practical and progressing with a new build.

In addition work has been undertaken to improve Therapeutic Observations and provide clear guidance to staff to ensure service users who are assessed to be a high risk are kept safe on inpatient wards.

It has been recognised that those with a Personality Disorder often present at increased risk after admission to acute inpatient wards and there is a negative impact on their recovery and increased incidents of self harm. A clear pathway for the care and management of those with a personality disorder has been developed in line with NICE guidelines.

We identified a theme in serious incidents resulting in severe harm or death of those on acute inpatient wards and open to CRHTs relating to service user centred care planning. Work has been on-going to improve patient centred care planning in CRHTs to involve the service user and their carer, regular monitoring is completed monthly to all teams.

### Results:

#### Suicide and Serious Self Harm

- There have been 0 deaths on inpatient wards as a result of self harm / suspected suicide.
- There have been 5 deaths as a result of self harm of a patient open to a CRHT Team. In 4 out of 5

teams the last incident of suspected suicide is greater than 300 days ago.

- There have been 32 incidents of suicide within community mental health teams.
- 2013/14 figures recorded 38 incidents of suspected suicide.
- 2014/15 has recorded 50 incidents of suspected suicides.

#### **Serious Self harm**

- There have been 5 incidents of severe/moderate self harm on younger adult inpatient wards. This is a 50% reduction from the previous year. On 1 out of 11 wards the interval between incidents of self harm is greater than 300 days.
- There have been 8 incidents of severe/moderate self harm in service users open to our CRHT Teams. This is a 40% reduction on the previous year. In 2 out of 5 teams the last incident of severe self harm is greater than 300 days ago.
- In Community recovery service line there were 17 incidents for serious self harm, which is a decrease of 35% on the previous year.

#### **AWOL and Absconding**

- There have been 14 serious incidents of patients absconding from inpatient wards or failing to return from agreed leave. This is a reduction of 65% on the previous year.
- There have been 26 new suicides and 26 incidents of serious self harm across all community mental health teams.
- All rehabilitation teams achieved zero death and 1 level 4 serious incident for over 300 days.
- The analysis of Level 4 and 5 serious incidents did not present with any meaningful information. We are continuing our analysis of suicide in the general population and how this can be integrated in local team learning.

#### **Working with Kent Police to improve understanding of mental health - 04 July 2014**

More than 600 staff from Kent Police have received training from KMPT staff to help increase their knowledge of issues surrounding mental health.

All new recruits now receive the one-day training course to supplement the force's e-learning package. Other staff who have benefitted include control staff, detention officers and custody sergeants.



The research-based course covers the causes of mental illness, the law and detention under the Mental Health Act, preventing suicide, how medication works, the myths and facts about suicide and the safest way to restrain people with mental health problems.

KMPT's Mick Hopkins, Deputy Ward Manager of Brocklehurst Ward, who delivers the training explains: *"A large percentage of police time is spent dealing with mental health-related calls so a joint approach is very important. We are both strictly governed by law and need to understand how it affects each other's work."*

*"With around half of deaths in custody being related to mental health, learning how to prevent these is a very important part of the course. Sufferers can be very vulnerable - 50 is the average age of death for a person with mental health problems due to medication and substance abuse."*

The vast majority of people the police will deal with have common mental health problems, rather than forensic problems which involve people who have been arrested, are on remand or who have been to court and found guilty of a crime.

Course students also learn the right questions to ask such as: *"What medication have you stopped taking recently?"* Following the course, to reinforce their learning, the police are invited to spend a day on an acute mental health ward.

*"I'm grateful to Brocklehurst Ward Manager Tom John and West Kent Acute Service Manager Geri Coulls for making time for me to do the training."*

*"It's a win-win – we learn from each other during the training and there is lots of information sharing. Both organisations working together can only be good for the public,"* Mick added.

# 2014-15 Patient Safety Priority 3

To ensure all adults, children and young people are effectively safeguarded

## Approach

The safeguarding team has continued to monitor the data held on the safeguarding pages on children under 18 years of age for those clients who are also parents. This data assists staffing being proactive in deploying the right measures for children who need that additional level of support by knowing the make up and issues for each family and hopefully preventing issues reaching child protection status with that earlier intervention. Attendance at Case conferences has also been monitored as staff need to have that follow through once they identify potential or significant harm to a child. In the care of our adult service users monitoring of Mental Capacity Act compliance and adherence to its principles has also been a focus.

## Action

1. The safeguarding team have worked with the safeguarding champions and produced a flowchart to assist staff navigate their way around the case file system (RiO) and upload data on children on the designated safeguarding pages. This has been followed up with quarterly audits. Staff have also been given practical help to complete the safeguarding pages on RiO and the champions have met quarterly and have had additional advice and support given to them to allow them to better support colleagues in their teams.
2. With case conferences we have worked closely with the administrators in the children and families social care teams to ensure the named nurses are copied into invites to conferences. This has allowed for additional assistance in completing reports but also support for those having to attend.
3. Mental Capacity compliance has been tested in teams both face to face and through review of case files.

## Results

Case file information held on children on safeguarding pages.– Target 80% Actual result = 42% of all data was written on the safeguarding children pages of RiO. This is a great improvement on the previous result of 20% data being recorded on safeguarding pages. In 100% of all files reviewed there was data on children in the core assessment, the risk assessment or progress notes.

Case conference attendance Target 80% compliance Actual results – 82%

No more than 10% of reports returned because they were inadequate Actual results – 0%

Mental Capacity Act understanding and compliance with principles Target 80% Actual Results – 85%

## Recovery clinics highly commended in national awards - 24 November 2014



The event was chaired by Dr Mark Porter MBE and medical correspondent for The Times. It was attended by a large number of VIPs including Norman Lamb MP Minister of State for Care and Support.

The 15 categories encompassed many areas across the field of mental health reflecting the diversity of mental health care. The categories also reflected a number of national priorities such as parity of

esteem for the integrating physical and mental health care award and 24-hour crisis service.

Donna Eldridge said: *"I am extremely proud of the Priority House team and their achievement. These awards have been going for a number of years but have now grown due to the founders of the Positive Practice collaborative Angie and Tony Russell."*

*"We will be inviting Angie and Tony into the Trust with their small team so that we can showcase our excellent services and more information about this will follow shortly."*

## 2014-15 Patient Experience Priority 1

**Better communication between our staff and service users and their carers**

### Approach

The trust has continued to monitor the percentage of complaints received relating to staff attitude and service line action plans are in place to improve patient experience.

### Action

Work has continued to address the issue of staff attitude during the past year with a very successful Customer Care Week taking place from June 2nd-6th. <http://staffzone.kmpt.nhs.uk/Staff-Focus/customer-care-week-strength-to-strength.htm>

The Learning and Development Team have introduced a new e-learning package 'Positive Communication' to build on the excellent work of the face to face Customer Care Training carried out during the previous financial year, and are in the process of designing an e-learning complaint training package for staff.

The Patient, Public & Community Involvement (PPCI) Team have been involved in piloting 'Carer Awareness' training in both the Older Peoples Service Line (OPSL) and the Community Recovery Service Line (CRSL) this gives staff the opportunity to hear directly from carers and help their understanding of the frustrations felt by people caring for a loved one with severe mental health

issues. The Trust continues to promote the visions and values of the organisations and has also produced a Carers Charter in partnership with carer organisations across Kent & Medway.

### Results

This indicator has been measured by setting the following targets:

The first target is reducing the number of complaints relating to staff attitude to below 29% of all complaints. Progress with this target can be seen for each quarter in the table below:

Quarter one	32.32%
Quarter Two	25.53%
Quarter Three	26.80%
Quarter Four	16.00%

The second target is to reduce the number of upheld/partially upheld reported complaints to below 10%. Progress with this target can be seen in the table below:

Quarter one	8.08%
Quarter Two	8.51%
Quarter Three	2.06%
Quarter Four	4.00%

The above results have been monitored by the Trust wide Patient Experience Group, the Quality Committee and the trust Board.

### Customer care week goes from strength to strength - 23 June 2014

Staff across KMPT went that extra mile to celebrate Customer Care and Patients' Experience Week with events taking place from Dartford to Canterbury.

In Dartford, the Jasmine Ward Team at Darenth Valley Hospital held an event for the second year running. The day started with a short presentation about Enabling Compassionate Care before the fun activities kicked off. During the action-packed event, which included well co-ordinated group exercises, games, karaoke, general chit-chats, group discussion, baking, singing and dancing.

There were lots of requests during the Karaoke session and service users danced with their relatives.



Attendees were also thrilled and entertained with a fascinating, interactive magic session performed by a member of staff.

The Jasmine Ward Team who organised the event said: *"We used the feedback after last year's event to make this one even better. Even more people attended this year and it was a great fun day out for staff, relatives and service users. We plan to make next year's event even bigger."*

In Canterbury, the teams at Gregory House and Cranmer Ward pulled out the stops to put on superb spreads for service users, former service users, carers and relatives.

At Gregory House there was a great turn out for the Strawberry Tea with guests being able to sit out on the terrace to enjoy the Young Onset Dementia Open Afternoon event and talk to staff. There was music and dancing while guests ate scones, cakes and strawberries.

Occupational Therapy Senior Practitioner Julie Johnson said: *"We were very pleased with how the event went. It was especially nice to welcome back some former service users while giving the team a chance to celebrate recent achievements and talk in a relaxed environment."*

Music was one of the highlights at Cranmer Ward's event with service users and relatives taking part in a sing along in the garden before enjoying an amazing array of savoury and sweet treats. Preparations for the event were a joint effort between staff and service users who helped make the colourful decorations. There was also a raffle with prizes donated by staff and the money raised being used to purchase items for service users. Retired staff and others came in even though it was their day off.

One of the organisers, Community Psychiatric Nurse, Leah Scott said: *"The event went really well. It was a real team effort with everyone playing their part to make it a success. The weather was perfect and everybody who attended had a great time."*

Spirit-lifting sing-a-long events also took place on service users' premises in Faversham and Canterbury with the Home Treatment Service visiting care

homes with dementia sufferers. KMPT staff took a selection of cakes and organised singing sessions which were really appreciated by the residents.

The Trevor Gibbens Unit put up a display of best work/changes made to enhance service users' and families' experiences while at the unit. There were a number of other events throughout the trust including: a Tabletop event showing Live It Library at The Beacon; Birling Centre held a coffee and chat morning for any service users' families; tabletop events showing Live It Library at Older Adults Ward, QEQM, St Martin's and Ash Easton; an event for Allington, Brookfield and Birling service users; a Community Engagement Group meeting with Executive Director of Nursing and Governance Pippa Barber at St Martin's Hospital; Engagement with East Kent Carers on Carers Awareness Training; The Canterbury and Coastal CMHTOP proactively delivered 'Customer Care' in the community.

Customer Care Week focuses on how KMPT relates to and communicates with people who access the services it provides or care for someone who does. KMPT teams, units and services are asked to hold events during Customer Care Week to engage service users, carers and staff around customer care.

Community Involvement Manager Janet Lloyd explains: *"Customer Care Week was an idea that was developed by myself, Jon Parsons and Dawn Hyde when we were producing the customer care charter in conjunction with service users and carers. There were some great events this year and we're hoping there will be even more next year."*



# 2014-15 Patient Experience Priority 2

## Monitoring the Patient Experience of service user views relating to the effectiveness of their CPA

### Approach

To work through the service line action plans monitored by the Trustwide Patient Experience Group; ensuring that all service users are encouraged to co-produce a person centered care plan aimed at supporting their recovery. Patient experience with relation to CPA effectiveness was measured using the question 'How effective was the care plan in helping you to achieve your goals?' in a 'Snap mobile Anywhere' system survey with a baseline survey being carried out by the end of quarter 1 and a repeat survey being carried out in quarter 4.

### Action

The issue of care planning has been monitored through the Trustwide Patient Experience Action plan at the performance management meeting (PMM) from the perspective of outcomes and the operational work is monitored through the service line Patient Experience Action Plans at the Trustwide Patient Experience Group (TWPEG). The CPA Compliance and Development Manager continues to work with the Expert by Experience Group to implement the 14 recommendations that arose from the Appreciative Enquiry into care planning including ongoing audits of care plans to ensure that as an organisation KMPT is providing well written person centered care plans.

### Results

We carried out a survey relating to CPA in Quarter One and Quarter Four, the question that we used for this particular indicator was 'How effective was your care plan in helping you achieve your goals?'

For those respondents answering above 7 on a scale of 1 to 10, the results were as follows:

Quarter one	38%
Quarter Two	45%

The results demonstrate that an improvement of 7% occurred between Quarters One and Four, indicating that more respondents had found their care plan had helped them to achieve their goals.

The service line action plans and the 'Snap mobile Anywhere' survey results were monitored through the Trustwide Patient Experience Group, the Quality Committee and the Board.

### PALS clinics extended following positive pilots - 30 December 2014



PALS clinics were introduced as a great way of improving communication by providing service users and carers with the opportunity to voice their concerns at an early stage.

The hope is that the clinics will help KMPT capture and deal with any issues raised in a timely manner and in a friendly environment.

Linda Stocker, Community Recovery Service Line Lead for Allied Health Professions, was involved in one of the pilots. She explains: *"If we can deal with issues at the earliest opportunity then we can prevent them from escalating into formal complaints which can sometimes become protracted and lead to those involved feeling more distressed. It was also envisaged that the clinics can help us to capture compliments."*

PALS clinics were initially piloted in two places with the view of rolling them out across the Trust if the results proved positive. The clinics were staffed by a PALS volunteer and a senior clinician and took place on two mornings each month.

Details of the clinics were advertised on a poster in reception areas and on KMPT’s website. A table was set up in the reception area decorated with flowers and a table cloth and refreshments were provided. *“Anyone walking through the door during the times of the clinic was invited to have a drink and cake and asked if they had any comments/concerns about the service. If people had comments they were asked whether they wanted them to be recorded and whether they would like a personal response – a form was provided for this purpose,”* added Linda. On average eight responses were received during each clinic and of these there was a good mix of concerns and compliments. All of the responses were given to the service managers at the pilot sites who followed up as necessary.

Linda concluded: *“Having been involved in the pilots I can say what a positive experience it was for many different reasons. For instance the nicely decorated table drew attention to what we were doing and helped to engage people. Refreshments were equally a big part of engaging people and appeared to help people feel more relaxed and be able to talk about how they felt. There were some lovely compliments.”*

Others felt that the clinics helped to break down barriers – less ‘them and us’ and more ‘us’. One of the localities now has a ‘You said, we did’ board in place and has noticeably made changes to the environment in response to comments made. The pilots have been viewed as a success in helping to improve communication and are in the process of being taken up by locations across the Trust. Suggestion and comment boxes will also be available for people to use if they are unable to get along to any of the clinics and it will be possible to book an appointment with the PALS clinic via the box.

## 2014-15 Patient Experience Priority 3

### Ensuring Service Users are informed of changes in Care Co-ordinators

#### Approach

KMPT has been aware that issues relating to service users not being kept informed of changes

in care coordination due to long-term sickness and annual leave have been raised through the Patient Experience Team and raised as a trend at the Trustwide Patient Experience Group. Service users receiving services from the Community Recovery Service Line (CSRL) will be surveyed and KMPT would expect to have a minimum of 80% of positive responses (that they are aware of who their care coordinator is), in the last quarter.

#### Action

Every Community Mental Health Team has in place a protocol to ensure that service users are not left without a named coordinator if staff are on long-term sick leave or annual leave. The purpose of this action is to ensure that no service user is left without a care coordinator to contact.

#### Results

We carried out a survey relating to CPA in Quarter One and Quarter Four, the question that we used for this particular indicator was ‘Were you advised who you could liaise with if your care coordinator was sick or on annual leave?’

For those respondents answering Yes, the results were as follows:

Quarter one	35%
Quarter Two	38%

The results demonstrate that an improvement of 3% occurred between Quarters One and Four, indicating that more respondents had been advised who they could liaise with if their care coordinator was sick or on annual leave.

In order to promote further improvement secret shopper surveys will continue to be carried out to gain assurance that all Community Mental Health Teams are following their protocols that ensure that no service user is left without a care coordinator. Issues raised and results are monitored through the Trustwide Patient Experience Group, the Quality Committee and the Board.

#### Student and service user win prize at national conference - 21 July 2014

A psychology student has been making waves with his ground-breaking work to help a service user with a rare form of dementia.

Lewis Slade from the University of Kent at Canterbury, who is spending his placement year



with KMPT's Psychology Service for Older People in Dover, supported 56-year-old former lifeboat man Chris Ryan to help him speak at a young onset dementia conference in Ashford about his frontotemporal dementia.

Lewis submitted a poster to the organisers of the Faculty of the Psychology of Older People (FPOP) Annual Conference of Psychologists about his work with Chris. The panel was very impressed by the poster and asked the pair to present the work at the national conference in Shrewsbury. Incredibly, particularly as Lewis is still a student, the presentation won a prize for best submitted academic presentation.

Around 150 clinical psychologists, who work with people diagnosed with dementia, attended the conference.

Lewis and a number of other placement students including Sophie Razzel, Alex Bone, Charlie Massingham, Charlotte Bellchambers, Jennie Russel and Sarah Hender are all making invaluable contributions to projects such as 'Forget Me Nots', which helps people living with dementia by signposting them to involvement opportunities. This enables the Trust's Dementia Service User Envoy Keith Oliver to carry out his work. Out of 'Forget Me Nots' a life writing group was formed which helps people to write autobiographically about their memories.

Reinhard Guss, Consultant Clinical Psychologist, said: *"We are very proud of Lewis and Chris. Firstly, to be asked to give a presentation at a national*



Lewis and Chris receiving their prize at the Faculty of the Psychology of Older People (FPOP) conference

*conference is a huge achievement and to then win a prize is fantastic. All our students are doing tremendous work and helping KMPT to be at the forefront of dementia work that involves service users. All the work is part of the 'recovery model' which is a different concept when it comes to dementia. We are helping people find purpose, develop new skills and demonstrate that, despite living with dementia, they can live well and have interesting lives."*

## 2014-15 Clinical Effectiveness Priority 1

**We will work in closer partnership with our service users to ensure that care is always service user centred**

### Approach:

The Trust believes that working in partnership with individual service users to develop their own care plans and working with groups of service users to further develop care plan documentation and processes, will ensure that care is always service user centred and service user led.

### Actions:

During the past few years there has been an increased focus on making care plans more person focused through staff training, on-going clinical audit and implementing the actions of the appreciative enquiry project – 'Improving Engagement in Care Planning'. This project has brought together service users and clinicians, in order to understand how to further improve our care planning process, to ensure that all aspects of care are patient centred.

### Results:

The impact of the above changes was measured through the Person Centred Care Planning (PCCP Audits). A target of 75 per cent, was set, of care plans meeting audit Item 4 'Is there evidence of service user involvement throughout all aspects of the care plan? The combined results across all service lines are shown below and demonstrate the clinical achievements made with, and for our service users.

Quarter one	76%
Quarter Two	78%
Quarter Three	78%
Quarter Four	78%



## Kent pilot benefits mental health services users in Medway - 05 August 2014

A pilot project to help women in the Medway area with personality disorders has been launched in Gillingham.

A recently renovated five-bedded house will provide services for women who need urgent help and might otherwise be admitted to hospital. Medway was chosen as there is a higher incidence of personality disorders in the area.

The project is thought to be the first of its type in the UK for people with personality disorders and is based on a therapeutic model that places emphasis on supporting service users to take charge of their own recovery. Women will be able to stay at the unit for four nights and take part in daily therapy groups. There are plans for seven-day opening in the future.

Nick Whiting, Personality Disorder Service Crisis Pathway House Manager, said: *"Service users will be referred to the unit if it is felt that they will benefit from a brief respite stay. When they are in an acute state it is the ideal opportunity to intervene with therapy as they will be more receptive to treatment. It is also far better for them to come to a facility like this with a welcoming environment as opposed to an acute ward. Despite the best efforts of staff on the acute ward, they are unable to offer the type of help needed and patients can often regress."*

The driving force behind the project was Dr Ruth Hirons, leading Psychotherapist and Psychiatrist in



*The new kitchen for service users and staff at the therapeutic house*

the field of personality disorders. With the support of others, her idea has become reality in less than a year.

Dr Hirons said: *"The project is very much about trying to reduce hospital admissions and provide a better service. The difference with this service is that we've never before been able to get people at the moment of crisis without them having to wait. Keeping people with personality disorders out of hospital wards is critical – or they become 'revolving door' service users which is not good for them or the NHS."*

## 2014-15 Clinical Effectiveness Priority 2

**We will work in closer partnership with our service users to ensure access to physical health care monitoring**

### Approach

To increase access to physical health checks for all service users admitted to our inpatient services, regardless of age and place of treatment, are supported to utilise our physical health assessment service.

To increase access to physical health checks for all our service users, regardless of age, under the care of our community teams.

### Action

For 95% of the people who are admitted to our inpatient services to have received a physical health assessment.

For 50% of people receiving care in our community settings for 6 weeks or more, to have received a physical health assessment by either the community team or via their GP.

Our two day 'physical health in mental health' bi monthly training course continues to be well attended by staff from all service lines, with 148 staff trained to date. The training includes:

- Awareness and understanding of the Trust's Physical Health & Examination Policy.
- The documenting of physical health checks

- Normal ranges for blood pressure, pulse, temperature, oxygen saturation and respiration.
- The modified early warning scoring system (MEWS).
- Diabetes, diet and exercise, medication side effects management.
- Smoking cessation Level 1 training.

Ward and community based teaching has also been delivered on MEWS, medical device training, diabetes, cardiometabolic syndrome and pressure area prevention.

We have appointed a dedicated physical health lead nurse to focus on the continual evaluation and promotion of physical health throughout the Trust.

### Results

The provision of physical health assessment in our inpatient services is monitored, with current provision standing at 83.1 per cent across adult and older peoples' services.

Community teams continue to work hard to provide physical health checks for their service users, providing innovative ways of doing this; for example providing health checks at depot clinics or memory clinics. The overall percentage of all clients who have a physical health check in all community teams across the Trust, including all service lines is 38.0 per cent.

A factor that may influence the results include service users initially declining a physical health check; when this occurs staff will work to further discuss the importance of physical health assessments to support the person to access this important health care facility.

Due to both the in-patient and community teams' physical health targets not being met, physical health care monitoring will remain to be a clinical effectiveness priority for 2015 -2016.

The Trust's involvement in the National Mental Health CQUIN on Cardiometabolic Monitoring and Interventions taking place during 2015 -2016 for In-patients and a local CQUIN on the same topic for service users in the community will contribute to improving the provision of physical health care monitoring.

### Innovative combined arts and music therapy project a possible first for NHS - 14 August 2014

An idea that was first shared at a KMPT 'story circle' event has resulted in ground-breaking therapeutic work that combines art, music and creative writing.

Funded by a bequest to Older Adult Services, the eight-month project involving more than 100 service users across different age groups has resulted in four artworks each with their own accompanying music and text. The highly colourful pictures, which are currently being displayed in Cranmer Ward, depict different seasons and have been created using Matisse-style cut outs or templates. Next to the pictures there is a music box with a button for each of the improvisations.

Elizabeth Cousins, Art Psychotherapist, said *"Working with both younger and older adults during their time as inpatients gave a broad perspective on the similarities and the differences between these two groups, the issues affecting each and the feelings and emotional needs. John Heams' creative work with the younger adults at Priority House using templates prompted my idea. I suggested we work collaboratively so the younger adults could have the opportunity to reflect on later life and the issues presented by the ideas of the older adults."*

Working with John Heams, Occupational Therapy Assistant, and Ian Spink, Music Therapist, Elizabeth came up with the unique concept of combining three different art forms. The ideas project were thought up by the Older People service users and produced by the younger adult service users across two separate sites. During the process of making the art, the service users did not meet and this played a large part in the process as the younger adults were making work for those they had not met while stimulating thoughts and conversations around others in psychiatric care.

*"I think it is the first project of its type. As an artist, my aim was always to produce something at the end of the project that had artistic value. The end results are absolutely superb and true works of art. We were very lucky with the funding as it enabled us to deliver the project to a high standard,"* Elizabeth explained.

The project started in Summer 2013 with discussions during which service users expressed what they would like to see on the walls.

*“Everyone wanted to take their inspiration from nature and gardens. They agreed that they wanted to create something bright and beautiful that reminded them of the outdoors,”* Elizabeth explained.

One service user came up with the idea of using the seasons and others chose pictures of reindeer while a member of the ward staff contributed the idea of unicorns. Out of these, the colours and styles of the paintings started to ‘germinate’. The next step of the process was asking service users to write prose and poems about the different seasons. Sharing the themes and thoughts John, and others from the Occupational Therapy team, facilitated table painting groups with one for each season. These enabled the younger adults to give spontaneous responses without worrying about not being good at art. ‘A Spring garden’, ‘Winter memories’, ‘A wild and neglected garden’ and ‘Paradise’ emerged as the titles of the artwork.

When Iain showed the pictures of the table paintings to the older people on Cranmer Ward they used different instruments to make music to go with the pictures. This introduced a new way to inspire music in the therapy sessions.

Iain digitally recorded the music and emailed the recording to John Heams who collaborated on designing a box to make the music accessible to people on the ward. John’s father Ian Heams senior



and brother (Paul) contributed their skill, knowledge and expertise to produce a music box for the wall. As the art therapist, Elizabeth took on the role of art director. From the themes, thoughts, images, and knowledge of composition, she drew out and planned the composition for each of the four final pictures and painted the backgrounds.

John drew the templates for ‘Winter memories’ while Elizabeth drew and created the template originals for the other three. Using the colours originally chosen by the older people on Cranmer, they offered the templates to the younger adults attending the creative groups at Priority House who painted them.

The emphasis on collaboration, says Elizabeth, sparked conversation around being in hospital in old age and living with long-term illness. Some service users identified that making art work for others was an enjoyable experience as it was not self centred and allowed them to see their actions in a charitable or giving light.

A booklet is now being produced to help others who want to implement similar projects.

## 2014-15 Clinical Effectiveness Priority 3

To further improve the implementation of the Recovery Approach for service users working with our recovery teams

### Approach

KMPT has continued to drive forward the recovery and wellbeing agenda, creating the ‘culture’ and furthering its progress in embedding recovery focused practice within its mental health services.

### Action

We have given more prominence to this agenda through establishing the Recovery and Wellbeing Group as a subgroup of the Trust’s Clinical Effectiveness and Outcomes Group (CEOG). Membership of Recovery and Wellbeing Group has expanded to include representatives from Human Resources and Organisational Development Teams, as well as additional clinical colleagues and has continued input from individuals with lived

experience of using mental health services either personally as a service user or, as a carer.

Through participation in a series of ImROC Learning Sets (Implementing Recovery through Organisational Change) and the national ImROC conference, we have been able to focus on our progress towards meeting the 10 organisational challenges (those 10 indicators by which organisations might become more recovery –orientated). We held our own successful recovery conference in November 2014 to take stock.

This provided an opportunity for further discovery and exploration of what recovery means for individuals and for organisations, a time for discussion as to how we could further embrace these principles in our work, and an opportunity to celebrate what has been achieved so far from which we can grow and develop further.

## Results

The conference provided a vehicle to establish a series of pledges, a ‘manifesto’ of actions and intentions to inform and underpin service delivery, developments and improvements.

We have continued to grow our peer support workforce employed in our acute and community services. Within acute services we have increased the number of peer worker hours from 20 to 102 hours per week. They bring their unique experience and skills which provide hope and inspiration for service users and they are influencing organisational behaviours, policies and procedures. Within our community services we now have 18 peer workers employed and working in Teams – a significant development that we are proud of having achieved.

Recognising the need to maintain the integrity of these distinct roles, we have developed a Peer Lead post. This post will be recruited to in the Spring of 2015 and will support peer workers to work to their full potential and with managers, to understand and make best use of the peer worker role.

We have taken the challenge to create tools which measure the effectiveness of our Recovery focused services.

A patient reported evaluation measure (PREM) has been created collaboratively with staff and service

users across all service lines. It has been piloted in one locality with good results, and will be rolled out wider in the coming year. This measure provides valuable feedback directly to staff as to how service users are experiencing their support.

In addition a lot of work has taken place in collaboration with staff and service users to re draft the trust care plan. The new care plan when launched will incorporate recovery focused language and will be designed to measure goal achievement. Use of the recovery star will support the process of measuring goal outcomes, and will be promoted further as a useful tool in our care planning training.

The trust has also begun work to change our approach to risk assessment. We are exploring learning from other trusts who have moved to a more collaborative approach to managing risk called safety planning. This will also involve a redesign of current paperwork and these positive improvements in practice will be achieved in collaboration with service users carers and partners.

The Live it Well on line resource of human books continues to grow, hosting stories of Recovery, which challenge stigma around mental health and offer hope to people who are unwell.

Following the identification of data collection and recovery star implementation difficulties in mid-2014/15, two new processes were initiated.

- A system was put in place to ensure that all new clients are offered the use of the recovery star, with information on the recovery star now accompanying the initial correspondence sent to service users. This year a new system will be developed, which by quarters three and four will capture this information.
- A system to ensure on-going recovery measurement using the recovery star for clients with needs in care cluster 6, 10, 13, 16 and 17. This system looks to ensure that these clients have a minimum of two scores on recovery star and a target of 35 % by end of Q4 was set, with 7.5% achieved. This target will need to be reviewed after the introduction of the new system.



## Trust is at forefront of national research into fire-setting behaviour - 30 September 2014

KMPT is proving that it can lead the way nationally when it comes to research after receiving recognition for its ground-breaking fire-setting programme.

Collaborating with Kent University, the Trust developed a fire-setting intervention group programme for mentally disordered offenders which has been rolled out across 15 forensic mental health services including low, medium and high-security sites. Six prisons have also expressed interest. The research was led by Professor Theresa Gannon who works at the Trevor Gibbens Unit (TGU) one day a week as a Consultant Forensic Psychologist. Assistance was also given by Kent Fire and Rescue Service.

Sites running the Fire-setting Intervention Programme for Mentally Disordered Offenders (FIP-MO) include: TGU's Allington Ward; Broadmoor; Newton Lodge; Hellingly Centre; Guild Lodge; Arnold Lodge; Brockfield House; Ravenswood House; Vista Healthcare; Alpha Hospital Bury; Roseberry Park Hospital; Ardenleigh; St Andrews Healthcare; Dewnans Centre and Stockton Hall. This accounts for a total of 20 FIP-MO groups being run across the country with approximately 90 male and female patients taking part by the end of the pilot's completion in April 2015.

Dr Lona Lockerbie, Lead for Psychological Practice & Quality, said: *"We are extremely proud of this research as there is no nationally adopted fire-setting programme or anything else that has been properly evaluated. I think it is fair to say that KMPT and Kent are now recognised as the national leaders on fire-setting research."*



Left to right: Lona Lockerbie, Theresa Gannon and Nichola Tyler

Phd Student Nichola Tyler in the process of evaluating the programme which is a Mental Health Research Network adopted study and on the Portfolio of adopted National Institute of Health Research (NIHR) studies. The evaluation is national with a number of other forensic mental health services participating including: Alpha Hospital Sheffield; Waterloo Manor; The Dene; Reaside Clinic; Edenfield Centre; Cygnet Derby; Cygnet Stevenage and George Mackenzie House.

Nicola explained: *"The associated evaluation research project now currently involves 23 NHS and Independent Sector Hospitals. This involves recruiting a group of firesetters who have not completed the FIP-MO so we can compare their scores on a batch of psychometric measures to those who have completed the FIP-MO in order to measure treatment effectiveness."*

In addition, KMPT and Kent University are jointly funding PhD student Becky Wyatt to develop a risk assessment tool for fire setting behaviour. Dr Lockerbie hopes the tool will be adopted nationally in the same way as a similar tool called the HCR-20 has been adopted to assess the risk of inpatients being violent.



During the summer 2014 the trust has signed up to the NHS England Sign up to safety campaign which has the vision of making the NHS the safest healthcare system in the world by aiming to deliver harm free care for every patient every time.

### KMPT Sign Up to Safety Pledges

In order to work towards the above aim all health care organisations have been invited to make pledges on the action they will be taking within each of the following domains:

- Put safety first
- Continually learn
- Honesty
- Collaborate
- Support

The KMPT Pledges can be seen in Appendix D:

### Safety Improvement Plan

The KMPT Safety Improvement Plan identifies the patient safety improvement areas, building on and enhancing the KMPT Patient Safety priorities. The trust will be focusing on the following topics during the next 3 to 5 years:

- Clinical Risk Reduction (Suicides and Management of Violence)
- Safer Discharge
- Medication
- Patient Safety Culture and Risk Assessment Transformation

### Memory services in Dover and Deal are excellent – it's official - 19 August 2014

Staff at Dover and Deal's Memory Assessment Services are celebrating after being accredited as 'excellent' by the Memory Services National Accreditation Programme (MSNAP).

The 'excellent' accreditation was for the provision of assessment and diagnosis of dementia - the provision of psychosocial interventions for dementia was also accredited. The recommendation for accreditation was ratified by the Royal College of Psychiatrists' Special Committee for Professional Practice and Ethics.

Further to the aims of the National Dementia Strategy which focused on improving access to early diagnosis of dementia, the All Party Parliamentary Group (APPG) report called 'Unlocking Diagnosis' in 2012 pointed out the continuing gaps in the provision of Memory Assessment Services, leading to the Prime Minister's Challenge of increasing the rate of dementia diagnosis. The APPG also looked at standards in provision of Memory Assessment Services and made a recommendation that all services should be inspected regularly and accredited through the MSNAP programme.

Jon Parsons, Assistant Director Older People's Mental Health Services, secured funding in 2012 for all 11 KMPT Memory Assessment Services to begin working towards MSNAP accreditation, with the Ashford MAS being the first to achieve this in 2013, Dover and Deal having now followed suit, and Shepway having their accreditation visit agreed for October.

Reinhard Guss Consultant, Clinical Psychologist Psychology Service for Older People, who is based in Dover, explained: *"We are all delighted with the news about our accreditation. The MSNAP accreditation process is a thorough and intensive check of all aspects of service provision of an MAS, including the views of people with dementia, carers and families, staff and referring agencies."*



Left to right: Dr Gaurav Chakrabarti, Ian Asquith and Reinhard Guss

# Overview 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.

## Mandatory Quality Indicators

KMPT has achieved the target levels of these indicators consistently throughout 2014-15 and have performance levels above national average in most cases. 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.

### 7 day follow up

KMPT considers that this data is as described for the

following reasons: Robust processes are embedded within the Trust to aid effective discharge, planning and follow up. The data has been extracted from central NHS England 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 this percentage and so the quality of its services, by: The Community Recovery Service Line ensuring that all patients are contacted by their care coordinator, or a nominated person in their absence, within 7 days of discharge from acute services.

Indicator	Performance	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4
7 Day Follow Up	KMPT	96.7%	95.1%	95.4%	97.7%
	National Average	97.0%	97.3%	97.3%	97.2%
	Highest Nationally	100%	100%	100%	100%
	Lowest Nationally	93.0%	91.5%	91.3%	93.1%

<http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

### CRHT Gatekeeping

KMPT considers that this data is as described for the following reasons: Clear admission protocols exist within the Trust. 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 this percentage and so the quality of its services, by: ensuring every referral for admission is reviewed by the CRHT Team prior to the decision to admit to determine if intensive home treatment can be provided as an alternative to admission wherever possible.

Indicator	Performance	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4
CRHT Gatekeeping	KMPT	100%	100%	100%	100%
	National Average	98.0%	98.5%	97.8%	98.1%
	Highest Nationally	100%	100%	100%	100%
	Lowest Nationally	33.3%	93.6%	73.0%	59.5%

<http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

### 28 day readmission Rates

KMPT considers that this data is as described for the following reasons: This is a locally produced percentage based on the agreed methodology of readmissions within 28 days as a percentage of all admission. No national benchmarking has been possible as there is no recent data published. It should be noted that the increase in this rate may be caused by KMPT in-patients that had been transferred to an acute hospital and then

transferred back to a KMPT in-patient facility being included in the data. Similarly, those patients who are transferred from a KMPT ward to an external bed placement and back to a KMPT ward will show as a readmission.

KMPT has taken the following actions to improve this percentage and so the quality of its services, by: Improve discharge planning and community treatment following discharge to minimise the chance of a readmission being required.

	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4
28 day readmission rate YA Acute	14.2%	18.4%	16.1%	13.1%
28 day readmission rate OP Acute	9.2%	8.4%	9.0%	15.2%

### Staff recommending the Trust as a place for family or friends to receive treatment

KMPT considers that this data is as described because it is taken from responses to the National NHS Staff Survey 2014. It is taken from responses to the question:

“If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust”.

The figure has been arrived at by calculating the ‘agree’ and ‘strongly agree’ responses and adding them together.

We have calculated the average for Mental Health and Learning Disability Trusts by adding together the ‘agree’ and ‘strongly agree’ responses for each Trust, adding all these Trust scores together and then dividing them by the 57 mental health and learning disability Trusts who took part in the survey.

While the national staff survey results for 2014 showed improvements in staff satisfaction, effective team working and ability to contribute to improvements at work, the Joint Negotiating Forum in March acknowledged room for improvement in some areas including the score of this indicator. The Staff Forum and Clinical Cabinet are working closely with the Executive team to identify key areas for improvement.

Additionally, each service line will be focusing on key areas supported by Trustwide actions in the following areas:

1. Investigating the perceptions of bullying and harassment.
2. Improving health and wellbeing of staff and developing resilience.
3. On-going staff engagement activities and listening exercises to enable staff to identify issues that are affecting them and to ensure an ongoing dialogue is maintained.
4. Developing system wide capacity to reduce the number of staff who report working extra hours.

Indicator	Performance	2013	2014
	KMPT	47%	53%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust	National Average	59%	60%
	Highest Nationally	85%	85%
	Lowest Nationally	38%	36%

<http://indicators.ic.nhs.uk/webview>



## Patient experience of community mental health services

KMPT considers that this data is as described for the following reasons: Robust processes are embedded within the Trust to aid effective improvement in the patient experience of services provided by KMPT. The data has been extracted from the Care Quality Commission (CQC) National Community Patient Survey and correlates with the data submitted by KMPT, therefore no concerns exist over its data quality.

### PLEASE NOTE

Similar surveys of community mental health services were carried out between 2005-2008 and 2010-2013. However, the 2014 survey questionnaire was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service. New questions have been added to the questionnaire, and existing questions modified. This means that the results from the 2014 survey for all questions are not comparable with the results from previous surveys. (Taken from page 1 *National NHS Patient survey programme: Survey of people who use community mental health services, 2014, published by the CQC*).

KMPT has taken the following actions: Applying effective processes with robust action plans and monitoring regularly at the Trust wide Patient Experience Group, with feedback and learning being provided across the Trust.

In order to monitor the action plans resulting from the results of the National Patient Survey (NPS) KMPT uses a variety of different methods including Community Services Feedback Form (CSFF), the Friends and Family Test (F&F) to gather the views of service users, issue relating to patient satisfaction are also raised and discussed at the Patient Consultative Committees that meet across Kent and Medway.

Indicator 2013	Performance	2013*
Patient experience of community mental health services based on contact with a health and social care worker	KMPT	83.6
	National Average	85.8
	Highest Nationally	90.9
	Lowest Nationally	80.9

\*Please note: the scale used for the 2013 survey was up to 100.

Indicator 2014	Performance	2014**
Patient experience of contact with health and social care workers	KMPT	7.3
	National Average	7.9
	Highest Nationally	8.4
	Lowest Nationally	7.3

\*\*Please note: the scale used for the 2013 survey was up to 100.

## 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

KMPT considers that this data is as described for the following reasons; the data for National figures is taken, where available, from the National Reporting and Learning System (NRLS). We have calculated the national average by using the total figures for Mental Health Trusts (MHT) and also determined the Highest and Lowest MHT from the same set of data. Up to date KMPT Total figures for 2014-15 are taken locally from the incident reporting system (Datix) as this provides a more accurate position of the Trust against the National figures. The local figures have been reported to the Quality Committee, the Patient Safety Committee and Trust Board (public part) monthly and bi-monthly throughout the year.

KMPT is taking the following actions to improve this rate and so the quality of its services, in having a patient safety manager undertaking some of the level 5 clinical learning reviews independent of the service lines. All service lines have meetings that review serious incidents and ensure learning is shared with practitioners. The Trust is regularly reviewing how best to share learning across the Trust. This work is supported by the Trust's on-going involvement in the South of England Improving Safety in Mental Health Collaborative.

Trustwide reporting of serious incidents has become more robust and incidents are now being more accurately reported. This has included incidents which are initially reported at a higher level and are then subsequently downgraded as they did not meet the Trusts criteria for that level of incident.

Full year data for 2014/15 for KMPT for severe harm & death/all reported patient safety incidents 83 / 3408 (2.4%) as compared to 52 / 3769 (1.4%) 2013-14, which was compliant with the previous reporting requirement.

Indicator	Performance	2014-15 Total KMPT*	2014-15 Q1/Q2	2013-14 Q1/Q2	2013-14 Q3/Q4
Severe harm/ death		Internal data	Data from NRLS		
	KMPT	2.4% (83)	1.7% (31)	2.2% (46)	1.2% (20)
	National Average %		1.0% (1361)	1.6% (1747)	1.1% (1370)
	Highest Nationally %		5.9% (65)	9.4% (334)	1.5% (88)
	Lowest Nationally %		0%	0%	0%

\*Local data – KMPT incident reporting system, patient safety incidents

National data - <http://www.nrls.npsa.nhs.uk/resources/?q=0%2%acPatient+safety+incidents+resulting+in+severe+harm+or+death%2%ac>

# Participation in clinical audit and quality improvement activities

## ***National clinical audit and quality improvement activities***

During the period 1st April 2014 to 31st March 2015 Kent and Medway NHS and Social Care Partnership Trust was actively involved in 8 National Clinical Audits/Quality Improvement projects and one National Confidential Enquiry that were relevant to the services provided by the Trust.

During the above period the Trust participated in 100% of the national clinical audits and national confidential enquires which it was eligible to participate in, see table below for a list of projects that the Trust was eligible to participate in.

National Confidential Enquiry Into Suicide and Homicide by People with mental illness
POMH-UK: Prescribing Observatory Mental Health – UK: Prescribing topics in mental health services ( 2 topics)

The Kent and Medway NHS and Social Care Partnership Trust also participated in the following national clinical audits and Quality Improvement activities during 2014-2015:

Accreditation for Inpatient Mental Health Services (Two in-patient wards)
Home Treatment Accreditation Scheme (1 Crisis Resolution & Home Treatment Team)
Quality Network for Forensic Mental Health Services
National Outcome database for CFS/ME
Community of Communities: Therapeutic communities quality improvement network
Memory Services National Accreditation Programme (2 Memory Clinics)

The national clinical audits, national confidential enquires and quality improvement activities that Kent and Medway NHS and Social Care Partnership Trust participated in, and for which data collection was completed during 2014-2015 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit, enquiry or activity.

Topic	Number of Cases %
Accreditation for Inpatient Mental Health Services	100%
Home Treatment Accreditation Scheme	100%
POMH: prescribing topics in mental health services	100%
Quality Network for Forensic Mental Health Services	100%
National Audit of Schizophrenia, 2nd Round	100%
National Outcome database for CFS/ME	100%
Community of Communities: Therapeutic communities quality improvement network	100%
Memory Services National Accreditation Programme	100%
National Confidential Enquiry Into Suicide and Homicide by People with mental illness	100%

The reports of 8 national clinical audits and quality improvement activities were reviewed by the trust between 1st April 2014 and 31st March 2015.

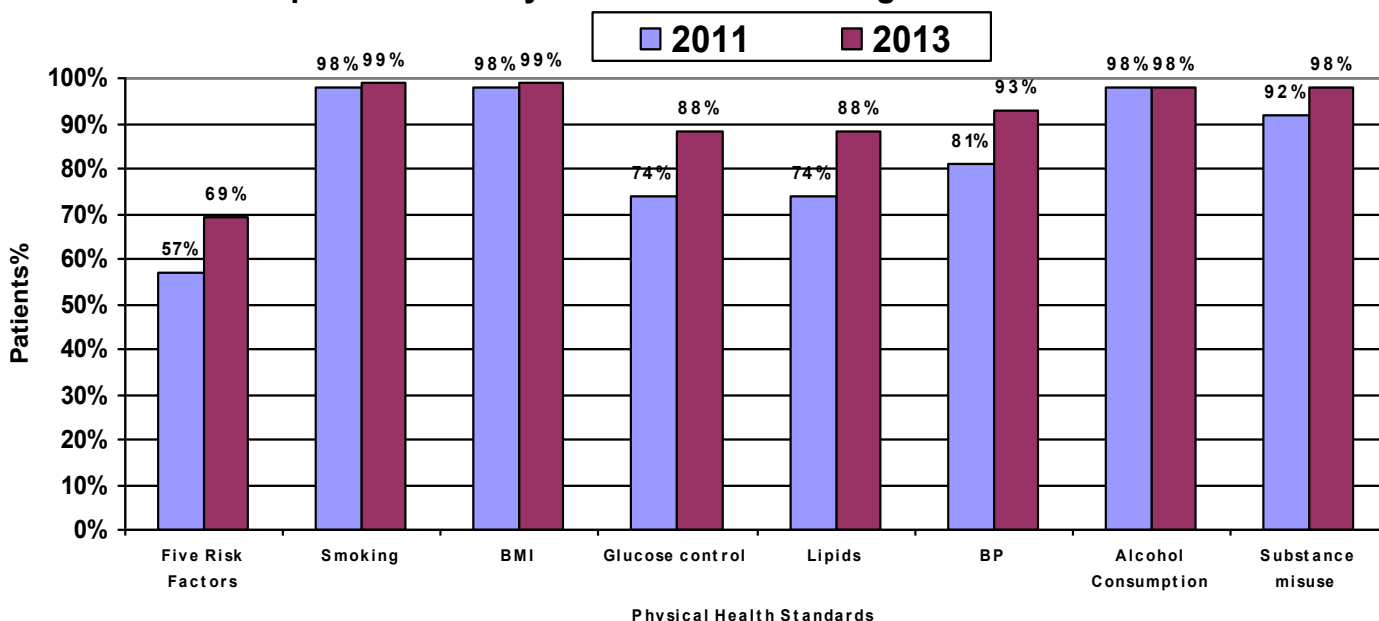
## Case study: National Audit of Schizophrenia, 2nd Round

The purpose of this national project was to re-audit standards developed from the NICE Clinical Guideline for Schizophrenia. The first audit was conducted in 2011 – 2012 and the current project was undertaken in 2013 -2014.

The following improvements in practice were noted to have occurred since the last audit in 2011.

Physical Health, Physical Health Monitoring (see graph below)  
Other

**Compliance with Physical Health Monitoring Standards 2011 & 2013**



*Other Improvements noted since 2011 were:*

Physical Health, Interventions offered - Smoking: 2011 = 62%, 2013 = 78%, - BMI: 2011 = 68%, 2013 = 87%, - High Blood Pressure: 2011 = 21%, 2013 = 24%, - Substance misuse: 2011 = 88%, 2013 = 90%.

Prescribing Practice, Provision of information about medication- Service users said they received information : 2011 = 51%, 2013 = 63%, - Trusts said that they provided information :2011 = 42%, 2013 = 73%.

Antipsychotic monotherapy - Frequency of polypharmacy (cases not on clozapine): 2011 = 15%, 2013 = 9%.

Dose above BNF maximum - - Rationale documented for High dose : 2011 = 0%, 2013 = 30%.

*Areas of practice requiring improvement:*

A higher than average proportion of service users whose illness was not in remission did not appear to have an acceptable reason for not having had a trial of clozapine.

Crisis planning (Format of questions changed since 2011) Service users reporting they know how to get help from mental health services in a crisis: KMPT= 69%, National sample = 74%.

CBT Offered : Service users offered CBT: KMPT= 47%, National sample = 39%, - Service users taking up CBT : KMPT= 26%, National sample = 19%, Service users reporting they had received CBT : KMPT= 16%, National sample = 18%.

Family Intervention offered: Service users offered family intervention: KMPT= 13%, National sample = 19% Service Users taking up family intervention: KMPT= 5%, National sample = 8% , Service users reporting that they had received family intervention: KMPT= 9%, National sample = 12%.

Representatives of KMPT attended a regional learning event to share learning and best practice. An action plan workshop was held at the 2014 CA&SE Conference in November 2014, the purpose was to engage as many staff in the action planning process. A draft Action Plan is currently in consultation for implementation in April 2015.



Examples of action being taken to improve services as a result of involvement in national clinical audits and quality improvement activities are given below (title of project shown in brackets):

- Send written information about the memory service to GP surgeries and other public areas, e.g. day centres. (Memory Services National Accreditation Programme: Dover Memory Service Final Report).
- Ensure all patients are offered the opportunity to register their interest in participating in research – the team is working with DeNDRoN and when their portal is ready they plan to use this. . (Memory Services National Accreditation Programme: Ashford Memory Service Final Report).
- Management of Alcohol Detoxification training to be incorporated into Junior doctors induction. (POMH-UK Topic 14a Prescribing for Substance Misuse (Alcohol detoxification)).
- All patients prescribed Lithium must have a Six monthly CPA review. The following tests and measurements must be carried out and recorded at every CPA review: U&ES including creatinine (or e-GFR or creatinine clearance), TFT, Weight or BMI or waist circumference. (POMH-UK Topic 7d *Monitoring of patients prescribed lithium*).

The learning points and action taken from all national clinical audit projects and quality improvement activities reported during 2014-15 can be found in the Kent and Medway NHS and Social Care Partnership Trust Annual Quality Improvement Projects Report 2014 -2015, please email [clinicalaudit@kmpt.nhs.uk](mailto:clinicalaudit@kmpt.nhs.uk) for further details.

### **Local Clinical Audit and Quality Improvement Activities**

The reports of 66 local clinical audits and service evaluation projects were reviewed by the trust between 1st April 2014 and 31st March 2015.

## **Case Study: Local Service Evaluation**

### **Care Programme Approach (CPA) Reviews within the Community Recovery Service Line**

The CPA is a standardised way of planning a person's care, an integral part of the CPA process is having a CPA review. A CPA review is the means of checking a service user's progress and agreeing any changes to their care plan.

#### **Evaluation Criteria**

The following questions were asked to determine whether the service user had a CPA Review and the quality of that review-

1. Was the CPA Review planned in advance?
2. Was the service user and care coordinator present?
3. Was the service user involved within their review?
4. Were the details of the CPA Review correctly recorded on RiO?

If all four criteria were met the CPA review was defined as being of a 'good standard'

If the majority of these criteria were met but there was a lack of service user involvement or the review was recorded in the wrong place, this was defined as an 'adequate standard'.

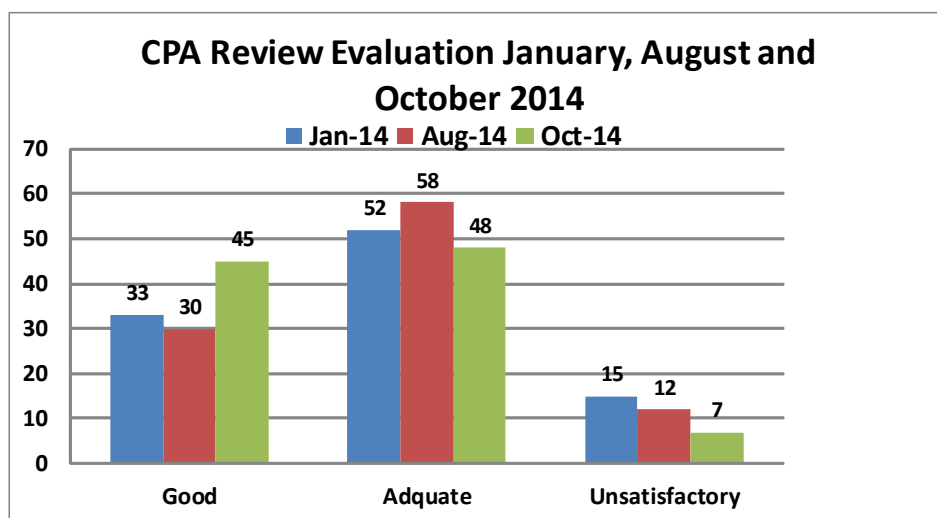
If the service user was clearly not present or there was insufficient evidence detailing why there were not present this was classified as an 'unsatisfactory standard'.

#### **Methodology**

10 records were evaluated against the above criteria from each Community Mental Health Team and 5 records from each Early Intervention Psychosis Team. The Evaluation was carried out in January, August and October 2014.

## Results

The results as shown in the graph on the next page show that an increase in good standard reviews and a decline in unsatisfactory standard CPA reviews:



The following actions have been taken:

- Message sent out from Medical Director to all Psychiatrists highlighting the results of the re-evaluation together with the Trust policy of CPA Reviews.
- Continuation of care co-ordinator training.
- Results published and shared across the trust via reports and newsletters.
- Production of guidance on what to do if a service user disengages and does not attend a review .

**Examples of action being taken to improve services as a result of local clinical audit and service evaluation projects are given below (title of project shown in brackets):**

- To continue monthly hand hygiene audits in the Older Persons / Specialist service line Monthly hand hygiene audit submissions to the Infection Control Team (*Trust Annual Hand Hygiene Audit*).
- Develop protocols with Kent Police to prioritise allocation of supporting s135(2) warrant execution (*Community Treatment Order Service Evaluation*).
- A general clear message has been sent out to clinicians stating the good work which occurred in crisis planning but also emphasising the need to maintain these standards and build upon them. (*Report on an evaluation of the quality of Crisis and Contingency Plans within CRSL*).
- To provide regular teaching sessions to all doctors and nurses within the trust on the importance of monitoring blood glucose/HBA1C in patients on atypical antipsychotics. (*Monitoring Blood Glucose in adult inpatients on regular antipsychotics*).

- For ward staff to routinely record when leave has been requested by patients and if it cannot be facilitated, record the reason behind this. (*Evaluating use of Section 17 leave on Walmer Ward, Trevor Gibbons Unit*).
- Two or three speakers all to be available to attend the same session to enable a 'one-stop shop' model wherein service-users can choose who is most appropriate to speak to for their needs. (*A service evaluation to measure the effectiveness of a post-diagnostic support group from the perspective of health care professionals and service users with a recent diagnosis of dementia and their carers*).
- Better pre-planning needed with time-slots for individual clients and key-worker to go through agenda with client in written form. (*Service evaluation of Client Review Meetings within the Kent & Medway Rehabilitation Services*).
- Improve communication with GP regarding what physical monitoring has been done and encourage adequate record keeping (*Physical monitoring of patients receiving depot injections: Compliance with the Maudsley Prescribing Guidelines at Maidstone Recovery Services*).

The learning points and action taken from all local clinical audit projects and quality improvement activities reported during 2014-15 can be found in the Kent and Medway NHS and Social Care Partnership Trust Annual Quality Improvement Projects Report 2014 -2015, please email [clinicalaudit@kmpt.nhs.uk](mailto:clinicalaudit@kmpt.nhs.uk) for further details.

## Dementia assessment services in Shepway achieve 'excellent' accreditation - 03 March 2015

Shepway's Memory Assessment Service, part of Shepway CMHSOP, is celebrating after being accredited as 'excellent' by the Memory Services National Accreditation Programme (MSNAP).

The 'excellent' accreditation was given for the dementia assessment and diagnosis services run by Kent and Medway Social Care Partnership Trust (KMPT) in Shepway. The accreditation was ratified by the Royal College of Psychiatrists' Special Committee for Professional Practice and Ethics.

The team is delighted with the accreditation. The MSNAP accreditation process is a thorough and intensive check of all aspects of service provision including the views of people with dementia, carers and families, staff and referring agencies.

To achieve accreditation requires extensive data collection and audits, a self-review process that checks the service against the MSNAP standards, gathering and providing evidence on meeting these standards as well as presenting the evidence to a visiting team of service users, carers and professionals from the Royal College of Psychiatrists/

MSNAP team. Their findings are then scrutinised by the multi-professional accreditation committee and signed off by the standards board of the Royal College of Psychiatrists.

Justine Leonard, Service Line Director for Older Adults, said: *"Memory Clinics play an important role in helping people with dementia and their families to access an explanation of what the disease is and what can be done about it. This can help people feel empowered and reduce some of the worry caused by uncertainty."*

*"Achieving 'excellence' is a fantastic achievement and represents a significant amount of hard work, commitment and professionalism by the team. It is always pleasing to get third party endorsement that we are providing the best possible service for our patients."*

KMPT secured funding in 2012 for all 11 KMPT Memory Assessment Services to begin working towards MSNAP accreditation. Shepway is the first service to be assessed under the latest set of MSNAP standards that now integrates 'psychosocial interventions' standards, rather than being an optional set of standards.



## Research and Development

The number of service users receiving NHS services by the Trust in 2014-15 recruited to participate in research approved by the Research Ethics Committee and adopted by the Mental Health Research Network (MHRN) was 252 as of early March exceeding our target of 250.

Nineteen National Institute for Health Research (NIHR) Portfolio studies were actively recruiting this year, with an additional 6 in Set Up. On these, 4 are Industry funded studies which is an increase from the two opened last year. Increasing Industry study involvement was a key aspect of the R&D strategy for the 2014/2015 year.

For the ALTO study, with Dr Sawa as Principal Investigator (PI), KMPT recruited the first participant in the UK and achieved the third highest recruitment total out of 21 Mental Health Trusts in the UK.

Dr Lucy Elias was selected as the Chief Investigator (CI) for an International Dementia Study, consequently KMPT is the lead for the UK and Dr Elias has become the first KMPT staff member in the Mental Health Older Adults Services to achieve CI status. This study is an industry care home drug trial and is a first for portfolio research in the UK.

Dr Mo Eyoboyibo was also chosen as CI for an International study into Down Syndrome. KMPT are the lead site for this Phase II study, another first for the Trust.

KMPT is clearly demonstrating success in its strategy to increase Portfolio and Commercial study activity.

There have been other successes too, for instance the E-Sibling Study was set up and began recruiting within 4 weeks. This is an exceptional achievement. In addition to the Portfolio Studies as further nine studies were undertaken by professional trainees and staff at the Trust. These were all approved by the Research Ethics Committee, but were small scale unfunded studies.

KMPT was awarded Research Capability Funding from The NIHR, which funded the Research Associate posts at the Trust whose role is to help develop grant proposals and research activity.

KMPT has an active partnership with the University of Kent. The Forensic Service Line and Kent are jointly funding a PhD student to develop and evaluate a structured risk assessment tool for fire setting. A joint Clinical Academic post has been established. They will support Professor Gannon's fire setting research and other clinical research.

The Fip-mo Study, a joint venture between KMPT and Kent University involving the development of a fire-setting intervention for Mentally Disordered Offenders was awarded the prize for Best Research Study in the faculty of Social Sciences, by Kent University.

The Com Qual study has successfully completed and data analysis of this RCT is underway with results to be published in July.



## First Quality Call to Action conference is huge success - 17 July 2014

There was a clear message from the inaugural Quality: Call to Action conference – KMPT staff are doing some outstanding work but there are many ways we can make improvements and everyone must take responsibility for driving up quality.

Around 100 people attended the event, including clinicians, managers and experts by experience, which offered a packed programme of internal and external speakers and different workshops.

The event was opened by Professor Margaret Andrews, KMPT's Deputy Chairman and Non-executive Director, who urged everyone to leave at the end of the conference with an idea for one thing they could improve.

Very thought provoking and powerful was a talk called 'Why Did you Kill My Dad?' by Julian Hendy, founder of charity Hundred Families, whose father was killed by a psychotic man known to and in the care of mental health services in Bristol. The central theme of his presentation was that there is an imbalance between the rights of the perpetrator and the rights of the victim's family.

*"Family members of victims need to be given information. In our case, the Trust concerned wrote to the family of the perpetrator but they didn't write to us,"* Julian said.

He urged KMPT to write to victims' families, express sympathy and be forthcoming with the outcomes of any investigations in a timely manner. He also said that it is rare for mental health staff anywhere to meet the family of a victim – 40 per cent of Trusts have no contact with families whatsoever, according to Julian's research. Included in his talk were some other staggering statistics – for instance the legal and investigation costs of each homicide is £2.3 million.

As you would expect, the Quality Account 2014/15 was central to the conference. It was introduced by Executive Director Dr Catherine Kinane who thanked everyone who had been involved in the document and stressed the point that quality makes a difference to the lives of KMPT staff, as well as the service users. She outlined the forthcoming



priorities with patient safety being one of the most important.

Five different workshops run in parallel on topics that included serious incidents, challenging prejudice, risk assessments and using high-quality data to deliver high-quality services.

In the afternoon, speakers included Dr Douglas MacInnes from Christchurch University who talked about the importance of carers and the vital role they play. He also outlined some research into carers that had been carried out on behalf of KMPT which is being used to inform the development of a carers' app scheduled for launch in September.

Consultant Addictions Psychiatrist Dr Michelle Butterworth was the last speaker of the day on the topic of substance misuse and psychiatric co-morbidity. She also outlined some of the great work taking place at Bridgehouse to help service users.

In the run up to the conference, delegates were challenged to design posters with a quality theme to illustrate work they have been involved in such as practice or service innovation, research, evaluation or clinical audit projects, research or service delivery. The winner was Forensic Psychologist in Training Sarah Cooper and the runners up were Dr Rosemary Steadman-Allen and Dr Jinny McDonald.

Delegates had the opportunity to record their suggestions for quality improvement ideas on flip charts throughout the day and these are now being used alongside the evaluation feedback provided by delegates which will be considered by the organising committee for future planning. Everyone who attended and contributed is thanked.

# Equality and Diversity Developments 2014 – 2015

Since 2011, KMPT has relentlessly sought to deliver its statutory duty defined by the Equality Act 2010 and the Human Rights Act 1998. The Department of Health, now NHS England designed a performance measuring tool with the active involvement of users, interest groups, stakeholders, NHS staff, voluntary organisations and Trade Unions. The tool named the Equality Delivery System (EDS) and launched in 2011 aimed to assist health organisations to meet their equality & diversity legal obligations. The EDS has since been reviewed and NHS organisations are tasked with implementing the refreshed recommendations. NHS England Senior Equality Officer commented on KMPT's EDS2 as follows

*"You (KMPT) must be congratulated on your approach and implementation of EDS2. I am particularly impressed with the detailed reporting and other materials that you have on your website.*

The following provides a brief snapshot of some key equality and diversity activities by KMPT:

- KMPT launched its Community Engagement Strategy (a key component of the EDS) for involving its customers, stakeholders, partners and staff in local conversations to help shape its services. Since then work in the Equality & Human Rights arena, engagement with communities and services users has grown from strength to strength and enhanced quality patient experience.
- Two major conferences in 2012 & 13 provided a much needed insight into the differential needs of different communities.
- KMPT's equality & diversity strategic objectives has benefited from the input of varied stakeholders, namely, Mental Health Action Group, Health watch, Internal Staff Forum, Rethink. In a report by Rethink Mental Illness into the community engagement activities of KMPT it stated that.

*"One of the most striking differences in the way KMPT has begun to engage with the wider community has been as part of a general culture*

*shift across the whole organisation, as one Carer put it, the Trust "grew a set of ears". It has become evident that the idea of engagement has moved away from KMPT putting on an event and saying 'come along if you want to', to a much more outward-looking, inclusive, approach. There appears to be much more openness to searching for opportunities that are out in the local communities, and turning up, at times supporting financially, and at other times, by simply 'rolling up sleeves' and getting 'stuck in" (p.14 Rethink Mental Illness CDW Service Project Quality Through Inclusion Report March 2014.*

- KMPT has led on a piece of work on the experiences of people with transgender reassignment needing mental health treatment. This is in recognition of the long process they have to go through to change their gender identity contributes to crisis and acute mental health care. The focus on this piece of work is to explore better care pathways to address the needs of transgender people coming into the service.
- A targeted training for clinicians and those who come in contact with Gypsy Traveller group will happen in May. So far the training is over subscribed and will be delivered by a traveller family. The training is titled Gypsy Traveller Training From the Horses Own Mouth.
- KMPT analyses complaints data against protected groups as defined by the Equality Act 2010. Evidence shows that people are reluctant to report on their ethnicity. Work is in hand to ensure that this area is given much needed attention and publicity so that service users understand the reasons for gathering the information.
- KMPT in 2014 reviewed its Equality Impact Assessment Template to make it more user friendly. An E-learning on Equality Impact Assessment is available for staff who need to carry out equality impact assessment.
- Equality & Diversity Training is mandatory for all staff.
- Translation and interpreting service was given greater scrutiny so that accessibility issues are addressed effectively.

Any person needing more information on the above points should contact KMPT Equality Manager.



### Diversity training helps reduce fear of mistakes - 26 November 2014

For most people the task of managing equality and diversity across an area as wide as Kent and Medway, with its constantly changing demographics, would be overwhelming.

But for highly experienced Equality and Diversity Manager Audrey Quansah-Abakah it all boils down to understanding differences, sensitivities and removing the fear of getting it wrong.

*"The law is here to help us all but many people are fearful that they might say the wrong thing, rather than simply asking the person involved whether they have been provided with what they need. It's all about dignity and respect for everyone, but I do understand that some staff are under a lot of pressure and feel overwhelmed with work which makes things more challenging,"* Audrey explains.

Audrey joined KMPT three years ago from Enfield Primary Care Trust as its Equality & Diversity Lead. She worked for the Commission for Racial Equality (now Equality and Human Rights Commission) for 18 years in varied roles. She spent her final years there as the Education Equality & Diversity Policy Lead for London & the South Region and worked with a range of educational institutions/public authorities and voluntary sector organisations across the UK and Northern Ireland.

*Audrey said: "The main challenge is getting people to understand what equality and diversity is and there are often misconceptions which are perpetrated by the media. There is a fear generally about political correctness - we need to get people to understand that it is not about punitive responses but rather having the awareness of the subject matter to put them at ease to do what they are great at doing. Promoting equality and diversity benefits everyone and, in a nutshell, it's about the message that everybody counts and matters whoever they are."*

Increased training is one of the ways Audrey is trying to improve understanding. A new programme of classroom-style lectures has started which complements the mandatory e-learning module. *"The new training sessions are getting very popular*

*as they allow people to engage and interact. We cover the legislation so individuals understand that they have a legal responsibility, along with the implications for the organisation and themselves if they do something wrong. Once we've looked at the legislation, we take people beyond that and look at the relationship with the Human Rights Act and, finally, what it means in practical terms to deliver equality and diversity within their specific areas of work. After all, working with our customers is all about rights and responsibilities."*

Audrey explains that until the 2010 Equality Act came into existence, there was no parity as far as legal protection was concerned. Areas which enjoyed greater protection were limited to disability, gender and race, but it has since broadened to include same protection for age, faith, transgender, sexual orientation, marriage, civil partnership, pregnancy and maternity.

Feedback following the courses has been very positive. Ranoja Singh, Community Psychiatric Nurse, said: *"The training was very useful particularly the aspects of the course that covered how to treat service users and others equally regardless of age, sexuality, disability, race, religion, beliefs or gender. The updated knowledge will help me to deliver a better service and treat others with dignity and respect having increase awareness to cultural sensitivities and differences."*

Clear ownership and commitment from the top was affirmed when Audrey delivered training to the KMPT Board recently. Her work was also given positive recognition following an internal audit last year when the Trust was rated as having 'Significant Assurance' with regard to Equality and Diversity. Another milestone will be reached and celebrated next month when a revised Equality and Diversity Strategy, which focuses on staff and service users, is published. Organisations on the Trust's Equality and Diversity Steering Group who have been involved with the strategy include Healthwatch, the traveller community and Mental Health Action Group.

Challenges faced by staff result from 5 per cent of Kent and Medway's population not being able to speak any English. There is also a large traveller community and the fact that Kent is a 'gateway' county means the diversity of the population is constantly shifting. Current statistics show that 10 per cent of the population was not born in the UK and that 100 different languages are spoken, including sign language.

## Goals agreed with commissioners - use of the CQUIN payment framework

A proportion of the Trust's income in 2014-15 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, the South East Commissioning Support Unit (SECSU) and KMPT.

Local quality improvement priorities and progress in achieving them in 2014-15 were discussed and agreed at board level and monitored at monthly internal CQUIN Programme Group and Service Line Performance Review Meetings, and at external Contract Quality and Performance Review Meetings between the Trust and CCG throughout the year.

The CQUIN framework made part of KMPT's income dependent on locally agreed quality and innovation goals (2.5% of annual contract value in 2012-13, 2013-14 and 2014-15). The use of the CQUIN framework indicates that KMPT has been actively engaged in quality improvements with commissioners.

The 2015-16 CQUIN scheme is available to providers which have chosen the enhanced alternative – the Enhanced Tariff Option for the full year 2015/16. KMPT elected to take this option. For CQUINs 2015-16 this will be an evolutionary year: as it offers an opportunity to consolidate efforts on national goals from previous year's schemes whilst also shifting the focus on new national goals.

Given the financial challenge facing the NHS in 2015/16, and the need to continue to deliver high quality care for patients, the national goals seek to incentivise quality and efficiency and to reward transformation across care paths that cut across different providers. For mental Health the national priorities are dementia care, improving the physical health of patients with SMI and enabling care to be provided closer to home for those that need access to urgent and emergency care.

Please see Appendix B for details of the full CQUIN Payment Framework for 2014-15. Appendix C shows the other Quality Performance Indicators reported to our commissioners in 2014-15.



## CQUIN funding helps improve services - 21 August 2014

The permanent employment of new peer support workers to help recovery is just one of the 26 projects made possible as a result of CQUIN funding.

CQUIN is a national scheme that enables Trusts to earn additional funding for improving and to improving the quality of services.

Vicky Boswell, Director of Performance, explains: "We agreed with CCGs some very challenging CQUINs last financial year and have succeeded in delivering the vast majority of them. Not only have we managed to secure additional income but, most importantly, the changes we have made have really helped to improve our quality of service across the Trust."

Compared with other Trusts, Vicky feels that KMPT is leading the way in collaborative working: *"Our focus for CQUINs is very much on quality and outcomes and more and more on increased collaborative working in the community, acute hospitals and with the community trust."*

One CQUIN focused on 'Recovery Orientated Practice' and funded jobs for 11 new Peer workers on a permanent basis, along with a training programme. To support the new staff, a steering group involving the voluntary sector was launched. Funding also helped the Live it Well Library project. Also on the theme of recovery, the funding helped KMPT's Recovery Group with 287 people completing modules designed to support recovery.

A CQUIN concerned with improving the quality of liaison services in North Kent resulted in a reduction of the numbers of patients known to KMPT



attending A&E and a reduction of non-elective admissions for patients with primary mental health diagnosis. The quality of patient experience within Liaison Service was also improved while generating cost savings for Acute Trusts.

Urgent care crisis planning was the focus of another CQUIN that aimed to ensure service users had an agreed crisis plan to give them direct access to agreed services, rather than A&E or other emergency services. The figures improved from 36.2 per cent having a crisis plan in planned care clusters to an agreed target level of 85 per cent – a huge success.

A system called SNAP was implemented in 2013. Thanks to CQUIN, SNAP has become the Trust standard for collecting patient questionnaires. SNAP enables the collection of service user feedback in real time on iPads along with views of carers and stakeholders. It means there is now a robust feedback mechanism for all service lines and clinical services. Following the successful implementation of the system throughout the Trust, the CQUIN target has now been exceeded with 710 real time surveys collected in the last year. SNAP Mobile Anywhere is now the main surveying tool being used in the Trust.

## 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 19 registered locations.

The CQC conducted a comprehensive inspection at these locations on the week commencing 16th March 2015 and the trust was assessed on the five CQC domains, caring, responsive, effective, well-led and safe. During the inspection, all acute, older adult, forensic wards and rehabilitation units and a sample of specialist services and community services were visited. Staff were engaged with through focus groups and patients were asked to complete a short survey asking about the care they had received. Initial feedback has been provided and a number of concerns were raised, all of which are being addressed. On 31st March 2015, the trust was issued with two warning notices with regards to Littlestone Lodge in respect of Regulation 9 (Care and Welfare of Service Users) and Regulation 10 (Assessing and monitoring the quality of service provision). The results of this inspection are expected to be published in the summer of 2015 and a quality summit will be held around this time involving all key stakeholders, to discuss the findings and agree an action plan to be taken forward.

In January 2015, the trust was part of the CQC's national thematic review of crisis care. The aim of the review was to explore how people are likely to receive mental health care in a crisis by focusing on those who attend accident and emergency departments, those who access and obtain support from specialist mental health services and those who are detained under Section 136 of the Mental Health Act (the power that police officers have to detain people, believed to have a mental disorder, in a public place and to take them to a place of safety for assessment). As well as undertaking an analysis of data, the CQC have also conducted local area inspections directed by local authority area. A small team visited the trust over a two day period and met with staff in the crisis teams and A&E liaison

psychiatry services and also heard about the street triage programme. A national report is due to be published on the CQC website as well as the findings from the local area inspections. Once published, the trust will review the national report and local inspection findings, producing an action plan for implementation.

The trust continued to receive CQC mental health act reviewer visits across its acute, older adult and forensic wards in 2014-15. The purpose of these visits is to ensure that the powers of the mental health act are being applied appropriately to people using services. Following each visit a provider action statement is completed and returned to the CQC. Compliance is monitored by the MHA good practice group and themes/trends are also reviewed.

During 2014-15, internal compliance reviews have continued to be provided by the Compliance and Assurance Manager. At these reviews, evidence is reviewed against the five CQC domains and areas of both good practice and those for improvement are identified. Feedback is given at the time of the review and following this a report is produced highlighting recommendations to be taken forward. The team/ward themselves are then responsible for producing an action plan for implementation. The implementation of these action plans are then monitored within each service line's governance framework. A peer review audit tool was also developed in early 2015 and all service lines used this prior to the comprehensive CQC inspection as a way of not only scrutinising the care provided but also for gathering learning and good practice ideas that could be implemented locally.

The CQC compliance monitoring group which meets bi-monthly has been seeking assurance from across the services lines for the five CQC domains and also reviewing learning from other Mental Health Trusts' inspection reports. Where issues have been identified, these have been monitored by the group.

Key staff continue to meet regularly with the Trust's Lead CQC Compliance Inspector ensuring that a positive working relationship with the CQC is developed.



### Walmer Ward working Collaboratively with Patients

The Walmer Ward patients and Clinical Team at the TGU have been working collaboratively in order to improve the ward environment, to increase patient engagement in their own treatment, and for them to have more say about how the service is run. This has been achieved in a number of ways including:

- 1) **A complete ward refurbishment:** A focus group was held on the ward to give patients the opportunity to voice how they would like the ward to look. This information will be used to form the application for funding to make Walmer into a 'Trauma Informed' Ward. Suggestions included: changing the names of the corridors from acute/rehab to 'Lakeview' and 'Sunnyside'; changing the décor; and choosing potential colour schemes.
- 2) **Adapting the Patient Information Board:** The initial idea was that the board would be managed by patients and staff but it is now entirely organised by patients. It is actually the most informative and best kept board on the ward. Regular items on the board include: minutes of Community & Patient's Council meetings; Therapeutic Activity Team trips; 'what you said, what we have done' posters; and information about any general changes. The board also informs of current projects such as the on-going Walmer refurbishment and displays patient's views on what should be included.

## Data Quality

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

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

Quality Strategy. It is based on addressing the three key areas that the Audit Commission report 'Figures you can Trust: A briefing on data quality in the NHS'. The focus is on:

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

This 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 MHMDS [Mental Health Minimum Data Set] and to support the accurate clustering in preparation for the move to Payment by Results.
- Developing, implementing and embedding a Trustwide 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.

## NHS Number and General Medical Practice Code Validity

Kent and Medway Partnership Trust has submitted records within prescribed deadlines for 2014-15 to the MHLDDS. Results are published at: <http://www.hscic.gov.uk/mhmdsmoonthly>

The percentage of records in the published data which included the patient's valid NHS number was:

29,630 of 29,640 = 99.97% for valid NHS Number.

29,270 of 29,635 = 98.77% for valid General Medical Practice Code.

*(data as at December 2014 provisional - MHLDDS publications run some months in arrears)*

# 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 the Health and Social Care (HSCIC). Where partial or non-compliance is revealed, the Trust must take appropriate measures (e.g. assign responsibility, put in place policies, procedures, processes and guidance for staff) with the aim of making cultural changes and raising Information Governance Standards through year on year improvements.

The IGT includes 45 initiatives to be scored (from level 0 to level 3, see key below) and evidenced in a baseline audit in July 2014, an update in October 2014, in a compliance audit in January 2015 and in the final submission (of completeness) in March 2015.

Compliance with the IGT audit is part of the programme of assurance with which the Trust must comply, both now and after Foundation Trust Status has been granted. All Trusts must work to achieve a level 2 in all initiatives.

The trust obtained a overall compliance score of 88%, scoring at least a level 2 in all 45 elements (67% at level 3 and 33% at level 2). This means that the trust is classified as 'Satisfactory' overall. There are only two classifications available satisfactory or not satisfactory.

## Key to Scores

Score	The Trust has...
0	Nothing in place to manage the requirement
1	A named person has been identified to take responsibly and they have produced an action plan to achieve compliance
2	Suitable polices and procedures in place or has conducted the necessary training or audit required
3	Robust processes in place to manage the requirement and these processes are regularly reviewed

The total score is calculated by adding together all the scores and dividing by the maximum possible score the whole toolkit.

## Clinical Coding Audit

The Trust was not subject to the Audit Commissions payment by results clinical coding audit during 2014-15. 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 from episodes audited	Total	% correct 2014-2015	% correct 2013-2014
Primary diagnosis	50	45	90.00%	88.00%
Secondary diagnosis	169	143	84.62%	81.03%

Of the 50 episodes audited, 90.00% were correct compared to 88.00% last year; and secondary diagnosis: 84.62% this year compared to 81.03% last year. Historic system constraints identified on previous audits prevent the recording of procedures codes.

The quality of primary diagnosis coding accuracy is very good rising to excellent with the exclusion of non-coder documentation errors. Secondary diagnosis coding quality is good. This year the Trust attained level 3 for Information Governance Requirement 12-514. This demonstrates a significant improvement in all areas on last's years results, where overall the Trust achieved level 1.



## A&E alcohol pilot up and running in Medway - 19 February 2015

A new intervention service has been launched at Medway Maritime Hospital to help people who are identified by A&E staff as having a potential alcohol-related problem.

Funded by Public Health England, the service is a two-year pilot which has been set up by KMPT's Lisa Purland, A&E Alcohol Clinical Nurse Specialist, who has in-depth experience of working with alcohol and substance abuse cases. Medway was identified in a White Paper as needing the service.

Lisa had worked in alcohol and drug related services for just over four years at Detoxification Unit Bridge House in Maidstone. Working with Lisa is Emma White who has experience in general nursing as well as end of life and acute services. The pair also have some support from liaison psychiatry nurses who have specialist training and experience of working with people who have mental health problems, alcohol and/or substance misuse issues.

KMPT's alcohol nurses offer an appointment within 24 hours of a patient being admitted to A&E followed by referral to the appropriate intervention and treatment.

Lisa explains: *"We are a specialist team working closely with A&E colleagues. The aim of the service is to help reduce A&E attendances and physical problems through intervention, education and motivation. Research has shown that Identification and Brief Advice (IBA) can be very effective – we also hope that the service will increase the take up of resources in the community and reduce A&E attendances.*

*"Sometimes our job is about getting people to recognise that they have a hazardous drinking problem. We also work with people who are very dependant and we will recommend medication to help with their withdrawal. The administration of these drugs can be very complex depending on the problem and doctors and nurses are sometimes nervous about using them so they really appreciate our expertise."*

There are certain referral criteria which include the completion of a Fast Alcohol Screening Tool (FAST) audit by A&E staff who might be nurses, doctors or paramedics. If the patient scores nine or more in the rating scale they can be referred. The patient must also be over 18 years of age and live in Kent or Medway. Referrals can be made by A&E staff to this seven-day a week service for a follow up appointment within 24 hours and the team are keen to stress that it is not designed to be used in a crisis.

Once referred, KMPT staff carry out a comprehensive assessment of patient needs, problems, resources and circumstances. Each intervention takes an hour to complete during which the team provides Identification and Brief Advice (IBA), support, education and reviews blood tests. Psychosocial interventions such as Motivational Interviewing are used and patients are linked to community recovery groups where appropriate. If the patient is not admitted to hospital, they are referred to their GP, (Medway Alcohol Recovery Service) MARS or the community detox team.

Lisa added: *"I have had advice from Public Health England and my colleagues in Liaison Psychiatry but setting up a service from scratch has been hard work. I am really enjoying it, I have learnt so much along the way. It's very exciting and it's not often that nurses get the opportunity to do something like this."*



## Our 2015-16 Priorities

For 2015-16 the Trust has set nine priorities for improvement; divided into the three areas that constitute quality, these are patient experience, patient safety and clinical effectiveness.

The nine priorities are:

### Patient Safety

- Reduce all serious incidents including AWOL, absconding, suicide and serious self harm during an in-patient admission or while in treatment with a working age adult community team.
- To ensure all adults, children and young people are effectively safeguarded.
- To increase the health promotion smoking cessation advice and intervention to encourage people to stop smoking.

### Patient Experience

- To ensure that service users and carers receive the appropriate information relating to prescribed medication.
- To ensure that service users and carers receive adequate notice of cancelled appointments, to ensure that service user and carers are kept informed about unavoidable cancellations in a timely and appropriate manner.
- To produce a standard discharge letter across KMPT.

### Clinical Effectiveness

- We will work in closer partnership with our service users to ensure that care is always patient centred.
- We will work in closer partnership with our service users to ensure access to physical health care monitoring.
- To further develop and implement the Recovery and Wellbeing Approach for all of our service users.

On the following pages we outline, for each priority, the reason for the choice, where the Trust is currently positioned (at the start of 2015-16), the way that the priority will be measured and the means of monitoring progress.

## Who has been involved in setting our 2015-16 Priorities?

During 2014-15 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 Consultative Committees, Community Engagement Strategy Monitoring & Implementation Group (CESMIG) and Experts from Experience Research Group have identified issues through their involvement with the organisation which they wished the Board to include in the Account, particularly those included in the Patient Experience section supported by an understanding of the NICE guidelines relating to patient experience in mental health services.

The Trust Board has continued to receive presentations from service users and carers throughout 2014-15. 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, always play a key role in priority setting. Our Quality Committee and its sub-groups, including the Patient Safety Group, Patient Experience Group and Clinical Effectiveness and Outcomes Group, have discussed and approved the 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.

# 2015-16 Patient Safety Priority 1

## serious self harm during an in-patient admission or while in treatment with a working age adult community team

### Rationale:

Patient Safety is a fundamental principle when providing care for our patients and we will continue the strong focus on delivering high quality, safe and effective services. We will continue to work to reduce all serious incidents including AWOL, absconding, suicide and serious self harm during an in-patient admission or while in treatment with a working age adult community team.

Through our continued work as outlined within the South of England Patient Safety Collaborative we will continue to further reduce incidents of suicide and self harm to zero or greater than 300 days between. Through a programme of improved environmental work in all our inpatient wards we will further reduce ligatures and also ensure lessons are learned from all incidents of suicide and serious self harm in order to prevent them from happening again.

We recognise that those who abscond from inpatients ward are at risk of harm and therefore will continue our work on reducing the number of patients who abscond from inpatient wards or fail to return from agreed leave so as to reduce the risk of harm following such incidents.

### Current status:

In 2014-15

#### *Suicide and Serious Self Harm*

- There have been 0 deaths on inpatient wards as a result of self harm / suspected suicide.
- There have been 5 deaths as a result of self harm of a patient open to a CRHT Team. In 4 out of 5

teams the last incident of suspected suicide is greater than 300 days ago.

- There have been 32 incidents of suicide within community mental health teams.
- 2013/14 figures recorded 38 incidents of suspected suicide.
- 2014/15 has recorded 50 incidents of suspected suicides.

#### *Serious Self harm*

- There have been 5 incidents of severe/moderate self harm on younger adult inpatient wards. This is a 50% reduction from the previous year. On 1 out of 11 wards the interval between incidents of self harm is greater than 300 days.
- There have been 8 incidents of severe/moderate self harm in service users open to our CRHT Teams. This is a 40% reduction on the previous year. In 2 out of 5 teams the last incident of severe self harm is greater than 300 days ago.
- In Community recovery service line there were 17 incidents for serious self harm, which is a decrease of 35% on the previous year.

#### *AWOL and Absconding*

- There have been 14 serious incidents of patients absconding from inpatient wards or failing to return from agreed leave. This is a reduction of 65% on the previous year.

### Plans:

Crisis Resolution Home Treatment Teams and Community Mental Health Teams will continue to work together and improve the risk assessment and risk management process to ensure that the risk of suicide or self harm is identified and patient centred care plans, including what to do in the event of a crisis, are developed in collaboration with patients and carers.

Intensive home treatment to support the management of self harm will be increased at times of identified risk to ensure patient safety. Particularly emphasis will be during the period when a patient is waiting for admission to hospital.

We will complete our planned refurbishment of all inpatient wards to reduce ligatures and ensure effective risk management is in place in all inpatient service where ligatures are currently identified.

To further reduce the risk of patients absconding, acute inpatient wards will ensure more meaningful engagement with patients to ensure effective assessment, planning, implementation and evaluation of care through 1:1 contact and a structured therapeutic day.

We will continue to implement our Suicides and Homicide Prevention Action Plan, which is monitored by the Prevention of Suicides and Homicides Group.

Reducing suicides and serious self harm is a Clinical Risk Reduction objective in the KMPT Sign up to Safety Implementation Plan.

### **Measures:**

The incidents of suicide, serious self harm and service users absconding or failing to return from agreed leave (AWOL) will be recorded by each team, measuring the interval between each incident in each team.

The following indicators will be measured:

- a reduction in deaths as a result of self harm in service users on inpatient wards.
- zero or greater than 300 days between deaths as a result of self harm in service users in receipt of care from community teams including CRHT.
- zero or greater than 150 days between severe harm in service users on inpatient wards.
- zero or greater than 300 days between severe harm in service users in receipt of care from community teams.
- zero or greater than 300 days between AWOLs and missing service users. Reduce by 50%.

### **Monitoring:**

The community and acute service lines have robust monitoring processes through the locality leadership groups, the serious incident panel and the service line clinical governance process, which are monitored by Patient Safety Group, Quality Committee and Board.



## Supporting clinical judgement for suicide, violence and other risks - 12 March 2015

All registered professionals, whether they work with inpatients or in community settings, will soon be able to benefit from a new approach for assessing and managing the risk of suicide, violence and other risks.

The new approach involves a three-tiered system with a framework designed to support professional clinical judgement. A Trust initiative, the new system was developed by a wide number of clinical colleagues working in task groups together with Service Line representatives. It was initiated through the Prevention of Suicide and Homicide Group and the KMPT Patient Safety Group.

Malcolm Brown, Forensic Psychotherapist and Lead for Training in Clinical Risk Assessment and Management and Suicide Prevention, explains: "We all have an interest in keeping service users safe and the safety of the public. This new system is about supporting and informing clinicians to make the best possible clinical judgement with the aim of preventing suicide, violence and other risk outcomes. On a practical level, it really helps to identify risk and is a very useful aide-memoir without resulting in any additional work.

*"Clinicians can identify risk factors and/or protective factors, conduct the risk enquiry and then determine the level of risk and intervention all within a tiered process. We all know that risk may change as circumstances change e.g. mental illness, age,*

*moving wards, or a condition such as dementia worsening. It goes without saying that, at every stage, the clinician has to use their professional judgement but the system supports them through a process and will help them be confident in their clinical judgement."*

Malcolm stresses that working collaboratively is at the heart of effective risk management. *"The process respects the patient and their carer. By working with the patient, carer and other agencies we can reduce risk. The process also encourages and promotes team discussions about clinical risk. All of which contributes to patient safety and the safety of others."*

Each Service Line will be responsible for rolling out the Clinical Risk Transformation process to their staff. As part of the Rio Risk Summary, the system has been designed as a continuous process that works towards recovery whether it is used during the first contact with a service user or during regular reviews.

Using research and best practice, the new process has taken a year to develop and has been approved by the Trust's Prevention of Homicide and Suicide Group and the Clinical Governance Group. The Clinical Risk Transformation process is in line with the National Suicide Strategy, The Public Health Strategy, the National Health Strategy as well as KMPT's strategy and Quality Account – all of which aim to improve professional judgement and reduce suicides, violence and other risk outcomes.



## 2015-16 Patient Safety Priority 2

To ensure all adults, children and young people are effectively safeguarded

### Rationale

Safeguarding is a priority for the organisation and we aim to ensure all children, young people and adults are appropriately safeguarded. We will provide support to all through the use of appropriate systems and processes. We will provide support through skilled and timely contacts and assessments.

### Current status

The application of the principles of the Mental Capacity Act requires further scrutiny to ensure we have consistency in standards of practice across the organisation (Current compliance rate 56.5%). Auditing will therefore continue. Staff need to demonstrate in a robust manner that they are fully compliant with the Act in their daily practice. We are striving for consistency in the recording of data with regards to service users who are parents. This information is vital in safeguarding the children but also in obtaining services appropriately for the family (Current status 20%). We aim to maintain the audits in this area of practice. Not only do we need to maintain the right level of information but it must be shared appropriately and to that end we will continue to monitor closely our attendance at case conferences and the provision of quality reports for such meetings (current status 68.5% attendance and 0% reports inadequate).

### Plans

The following are 2 year targets:

- To audit case files of those with children to ensure data collation remains focused a compliance target of 80% by September 2015.
- To monitor the attendance of staff at Child Protection conferences and quality of reports provided. A target to sustain and improve compliance with attendance has been set at 85%

attendance by the end of 2015 -2016 and for quality of reports no more than 10% returned because they are below expectations.

- To provide information on Mental Capacity Act compliance and consistency in recording in case files. In order to sustain and improve on current practice a compliance rate of 90% has been set by the end of 2015 -2016.

In order to improve practice the following actions will be taken:

- Provision of bespoke training and workshops on safeguarding and MCA with individual teams as well as with staff members.
- Increased supervision around safeguarding.
- Named nurses basing themselves with the teams on a regular basis therefore staff treat it as a 'drop-in' surgery.
- Reporting directly to line managers when the concerns are around individual practitioners.
- Liaising directly with local authorities to ensure that the safeguarding team are notified of correspondence sent to frontline staff so that they can receive appropriate support.

### How measured

Case file audits on service users who are parents will continue quarterly with 3 deep dive exercises in Medway, Shepway and Dartford & Gravesham but also returning to monthly random audits. Actions taken during the previous year should allow for an improved picture across the localities. Information on case conferences and reports for the same will be collated quarterly. The compliance and recording of mental capacity issues will be audited quarterly using case files.

### How monitored

This will be monitored internally by the Safeguarding Team, the Trustwide Safeguarding Group and the Executive Lead for Safeguarding, Patient Safety Group, Quality Committee and the Board. Trust safeguarding practice is monitored by the Medway Safeguarding Children Board, Kent Safeguarding Children Board, NHS Kent and Medway Clinical Commissioning Groups and Adult Safeguarding Board.

## Conference starts count down to smoke free Trust - 07 October 2014

More than 100 delegates attended a conference at Gillingham Football Club to hear about KMPT's plans to become smoke free and listen to experts on the subject.

With just over six months before KMPT becomes smoke free, the conference was part of a programme to make sure all staff understand what is happening and the help available before and after 1 April 2015.

The conference involved national and local speakers as well as representatives from Cheshire & Wirral Partnership NHS Foundation Trust which has already gone 'smoke free'. There was also an opportunity to ask the experts questions.

Donna Eldridge, Donna Eldridge Deputy Director of Nursing who is the 'smoke free' lead, says it is important for staff and service users to understand that it is not about stopping people having nicotine, it's about not allowing people to take nicotine in through smoke.

Nicotine replacements will be made available and all staff will be fully trained to help make the transition as smooth as possible.



## 2015-16 Patient Safety Priority 3

### To increase the health promotion smoking cessation advice and intervention to encourage people to stop smoking

#### Rationale

People with a mental health problem die on average 16-20 years sooner than the general population. It is physical illness rather than mental illness which is the primary cause of premature death.

It is estimated that achieving smoking cessation in 25 %, 50 % and 100 % of people with mental health disorders would, respectively, result in a gain of 5.5 million, 11 million and 22 million undiscounted life-years in the UK.

#### Current status

KMPT operates a 'smoke free policy' within their grounds and buildings. Inpatients are permitted to smoke in designated courtyards across all sites.

#### Plans

We will implement a smoke free policy across all hospital grounds and buildings. This will include ensuring there are no designated smoking areas, and no staff-supervised or staff-facilitated smoking breaks for people using our inpatient services.

Service users who smoke and are admitted to our inpatient units will be supported to remain smoke free during their stay. The key interventions will be:

- Providing information on the hospital policy and the benefits of stopping smoking to all service users including on, or prior to, admission.

- Providing support to smokers or those on Nicotine Replacement Therapy (NRT) on admission  
Provision of a personal stop smoking plan for all those who smoke or have recently stopped smoking or use NRT.
- Providing a range of NRT pharmacotherapies.
- Ensure service users who require NRT have access to stop smoking pharmacotherapies at all times.
- Ensure service users have access to intensive behavioural support if they require it.

When service users are discharged from our service and wish to remain smoke free, the key interventions will be:

- Ensure all ex-smokers to have a care plan that addresses remaining abstinent upon discharge.
- All ex-smokers are offered a referral to community based stop smoking service.

Community teams will assess service users smoking status and provide very brief advice (VBA) to those who currently smoke. They will provide information and support to their service users and will offer a referral to community based stop smoking advisers.

## Measure

We will monitor the percentage of people admitted to our inpatient services who have had their smoking status recorded and we will set a target of 95%.

We will monitor the number of service users who are admitted to our inpatient units and smoke, who were offered a smoking cessation intervention and we will set a target of 90%.

We measure and monitor the percentage of service users under the care of our community teams for 6 weeks or more, who have had their smoking status recorded and we will set a target of 50%.

We will measure the percentage of those service users under the care of our community teams and smoke and have been offered a smoking cessation (VBA) advice annually and we will set a target of 50%.

## How monitored

Progress on this priority will be monitored through the Trust Wide Smoke Free Group, Quality committee and Board.



## Partners and public come together for 'common purpose' event - 22nd September 2014

KMPT staff took part in the second of two important conferences aimed at agreeing a vision for mental health services in Medway.

With the support of KMPT's Patient Experience Team, Medway Council and NHS Medway Clinical Commissioning Group arranged the stakeholder event to look at the progress that has been made in local mental health services. The event followed on from an extremely successful and positive service user event held in July.

Around 100 Medway residents, service users, their carers and local stakeholders who use mental health services attended the event to hear about the improvements that are happening in services and ask questions. The focus was on five key areas: emotional wellbeing of people; primary mental health care; social isolation; dementia strategy and experience of secondary mental healthcare.

Directors, senior managers and other staff attended the event to represent KMPT and answer questions. The Trust's stand included a 'mindfulness tree' which is an initiative introduced by KMPT's Community Engagement group.



Janet Lloyd, Patient and Public Involvement Lead, explains: "Attendees were encouraged to add post-it notes describing 'What do you do to keep well?', 'What makes you happy?'. There was a variety of responses from 'Scottish dancing' 'walking by the sea' to 'volunteering. All of the suggestions gathered at these engagement events will appear on the KMPT website."

Other exhibitors included Re-think, Healthwatch, Sunlight Development Trust and Carers First.

Following presentations by commissioners and Medway Council, Nick Dent, Manager of the Patient Experience Team, gave a presentation on 'appreciative enquiry' before leading a workshop using the four 'Ds' - discover, dream, design and destiny to focus discussion on agreeing a common purpose for developing mental health services in Medway.

The GPs said a key focus in the future would be preventing illness in the first place and tailoring services so people can be seen in the community where they want to be seen.

Progress already made was noted such as the introduction of a single point of access telephone number for KMPT but, the participants confirmed, there is still a need to increase mental health awareness, celebrate recovery and combat stigma. Plans are in place for improved partnership working with joint meetings being arranged between Social Services and KMPT. There is also joint training for KMPT and social care staff in Medway. The need to engage better with schools and improve the transition between children and adult mental health services was also highlighted.

The event was a great success and we look forward to hearing the progress that will be made on the issues raised.

# 2015-16 Patient Experience Priority 1

To ensure that service users and carers receive the appropriate information relating to prescribed medication

## Rationale

To ensure that service user and carers are satisfied with the information that they are given relating to prescribed medication. Improve the satisfaction rating of service users and carers.

## Current status

In the 2014 National Patient Survey one of the questions asked was; *The last time that you had a new medicine prescribed, were you given information about it in a way you were able understand?*

KMPT achieved a score of 6; the highest score achieved by a mental health trust was 7.9.

## Plans

- To publicise the KMPT 'Choice and Medication' website, this allows staff to support service users and carers to download medication information leaflets.
- To publish information leaflets on the Patient Portal.
- To ensure that staff are aware of the 'Choice and Medication' website.
- To recruit more Community Pharmacists.
- To ensure that Doctors, Care coordinator's, pharmacists and nurse prescribers are aware of their responsibility to actively promote understanding.

## Measures

To carry out Community Services Feedback Surveys across the Community Recovery Service Line. Each CMHT will be visited by the Expert by Experience Team in turn and service users surveyed one of the questions will be *The last time that you had a new medicine prescribed, were you given information about it in a way you were able understand?*

Compare the results of the National Patient Survey 2015, aim for an ambitious increased score of 7.5 or higher.

## Monitoring

Monitored through the Trustwide Patient Experience Group (TWPEG), Quality Committee and Board.

## Service users represent KMPT in Kent Disability League - 27 August 2014



*Left to right: Back row - Charles Porter, HCW; Jin Bratch, HCW; Radoslav, service user; Darren, service user; Namar, service user; Trevor, service user; Dawn Koregi, HCW; Mathew Alwright, HCW and Lucky Kalu-Ayozie, HCW. Front row – Elliot, service user; Wendy Hancock, Admin co-ordinator; Sam, service user; Aaron, service user; Peter, service user and Ayo, service user.*

For patients at the Tarentfort Centre football has gone from casual kick-around to forming a team called RNB United that is now part of the Football Association League.

Nine patients from Tarentfort and Brookfield Centre coached by very keen healthcare workers train at Championship Team Charlton Athletics' ground and play league fixtures in the Kent Learning Disability League.

Fouad Ketfi, Healthcare Worker, said: "Sport is a huge part of the therapeutic and recovery services offered to the patients. We are very proud of the service users and the fact that they are representing KMPT in this way in tournaments all over Kent. "Staff feel working with service users in this way is very rewarding as many staff are passionate about football, exercise, keeping fit and love helping service users to improve."

The team has a new strip and are now looking for a sponsor to pay for things like FA coaching qualifications for staff. Their next match is on 9 September.

Football is just one of the activities service users at Tarentfort Centre in Dartford get involved in. There are table tennis tournaments, walking groups, fishing trips, golf sessions and volleyball. There are also opportunities to do voluntary work on Dartford Heath, attend Adult Education classes, gardening and growing vegetables which are cooked on the ward.

The Tarentfort Centre staff offer inpatient provision to male service users with a learning disability who have been detained under the Mental Health Act. For more information contact the team Treasurer and Ward Manager Wendy Hancock on 01322 622031.

## 2015-16 Patient Experience Priority 2

To ensure that service users and carers receive adequate notice of cancelled appointments, to ensure that service user and carers are kept informed about unavoidable cancellations in a timely and appropriate manner

### Rationale

During 2014-15 there have been several concerns/complaints raised about the management of clinical appointments. KMPT needs to address the administration issues relating to clinical appointments.

### Current status

32 concerns/complaints were raised regarding the management of clinical appointments within the Community Recovery Service Line during 2014 – 2015.

The total number of appointments offered by the Community Recovery Service Line during 2014 – 2015 was 30,1620. The number of appointments cancelled by the Community Recovery Service Line during the same period was 7854.

The number of appointments cancelled within the Community Recovery Service Line by KMPT as a percentage of all the appointments offered by KMPT is 2.60%

### Plans

- To ensure that all administration staff are aware of the importance of informing service users and carers of changes to appointments in a timely and appropriate manner.
- If a clinician has to cancel an appointment an earlier appointment should be offered to the service user.

### Measures

To highlight the issue of cancelled appointments in the 'Listening, Learning, Improving' Bulletin that is available to all staff.

To reduce the number of concerns/complaints regarding the management of clinical appointments within the Community Recovery Service Line by 5%.

To reduce the number appointments cancelled by the Community Recovery Service Line by 5%.

### Monitoring

Monitored through the Trustwide Patient Experience Group (TWPEG), Quality Committee and Board.



## Newhaven Lodge project brings out service users' positive qualities - 22 October 2014

Helping service users to remember their skills and strengths was just one of the many benefits of a therapeutic project run at Newhaven Lodge in Medway.

Molly Stevens, Occupational Therapist, worked with service users on a project called 'I'm more than an illness' which helped them look at different aspects of their lives in a positive way over a six-week period.

Molly explained: *"It was about celebrating the skills people have that are separate from their illness and looking at their ambitions. We also examined how they felt when they were well and the things that led to relapses. The information we gathered was used to put together a picture of the person and who they really are."*

*"We worked in groups and everyone engaged really well in the work which reminded people of their*

*talents. The end result was a large collage that is displayed in one of the recreation rooms."*

One service user used to be a professional artist so they were able to help with the design of the collage.

Molly worked with an assistant psychologist during the project and, together with service users, they looked at care plans, assessments, recovery and re-lapse prevention.

Molly added: *"There is lots of evidence about creative narrative, writing stories and shared experiences helping recovery and it has certainly been beneficial at Newhaven."*

Newhaven is an eight-bed, mixed unit for service users with enduring mental health problems. During their time at the unit, service users are supported in their recovery with a view to optimising their independence and maintaining fulfilling lives in the community.





# 2015–16 Patient Experience Priority 3

## To produce a standard discharge letter across KMPT

### Rationale

During 2014-15 there have been concerns raised by the Kent-Wide Mental Health Action Group (MHAG) and Kent HealthWatch about the lack of a consistent discharge letter across KMPT.

### Current status

Several non-statutory service user and carer groups across Kent and Medway have highlighted the fact that there is not a standard discharge letter format used across the organisation.

During 2014 – 2015, 189 discharge summaries had not been uploaded on to the patient information system within 10 working days.

### Plans

- To organise a 'Task and Finish' group made up of service user groups, carers groups and KMPT staff to draft a discharge letter for use across KMPT.
- To agree the format/content of the letter through KMPT governance processes.
- To disseminate the discharge letter through the clinical teams.
- To monitor the use of the discharge letter.
- To gather service user /carer views on the use of the discharge letter.

### Measures

90% of Discharge letters are sent to service users.

Service Users to be surveyed on a quarterly basis regarding their views on the use and content of discharge letters.

To increase the number of discharge summaries uploaded on to the patient information system within 10 days by 60%.

### Monitoring

To monitor the use of the letter through the clinical service lines.

To survey service users/carers on the use of the standard discharge letter.

Monitored through the Trustwide Patient Experience Group (TWPEG), Quality Committee and Board.

### Educational programmes for GPs in Medway prove positive - 18 September 2014



A mental health education programme for general practitioners is proving a huge success and is set to continue for a second year.

Around 30 to 40 GPs attend monthly meetings organised by Dr Soundararajan Munuswamy, Consultant Psychiatrist, which cover a different mental health topic each time followed by a dinner and discussion. They are held at the Postgraduate Centre at Medway Maritime Hospital on every first Tuesday of the month between 6.45 and 9.00pm and resourced by KMPT staff based in Medway. At the start and end of each event, attendees complete a brief questionnaire to demonstrate their understanding of the subject that was talked about.

In total 18 topics covering all the aspects of mental health were selected in discussion with primary care colleagues. So far, 14 different topics have been covered on subjects ranging from schizophrenia, depression, bipolar disorder and dementia to accessing secondary mental health services. The educational program for GPs came about following a survey of general practitioners' perception about Medway secondary mental health services which formed the basis of the 'interface strategy'.

Dr Munuswamy explained: *"We asked for feedback about our services and had a great response. GPs explicitly expressed their views about various aspects of mental health services. Using the survey findings, we started to map out a series of improvements. We formed the Medway Interface Forum which meets on monthly basis and has managers and clinicians from both primary and secondary care as members."*

The monthly events are just one of the improvements that have been made. Other initiatives include the introduction of a new GP referral form for use when referring patients which prompts GPs to ask the right questions.

To help GPs seek timely advice, a dedicated telephone line has also been developed so they can speak to the duty consultant any time between 9am to 5pm. An on-line directory has also been designed to provide a snap-shot view of the mental health services provided by KMPT in Medway and help GPs to make fast and appropriate referrals.

Dr Soundararajan added: *"In July we celebrated running a year of the programme. I am very grateful to all my colleagues particularly GP mental health advisor Dr Akinwande Oluwabamise, all the speakers who made themselves available for these important events in their personal time and the sponsors of the program. We know that the GPs who have attended the events are more confident in dealing with mental health problems and this has huge benefits to service users and the referrals."*

Other benefits of the educational programme include opening up communication channels between KMPT and GPs and discovering faces behind names.

Dr Soundararajan is a Professor of Psychiatry from India who joined the Trust in the year 2004. He gained his interest in research and service development in Southern India where worked in a large mental health institute. In addition to being a professor, he was also the secretary to the State Mental Health Authority and coordinator for the District Mental Health Program. He was instrumental in closing down a number of unlicensed mental asylums and unchaining mentally-ill patients following a fire disaster. Dr Soundararajan also played a key role in implementing community based mental health programs which involved healthcare delivery, training doctors and paramedics and educating the public. He chairs the Trust's Clinical Audit group and West Kent and Medway Medical Staff Committee as well as the Medway Interface Forum. A Trust-wide audit of consultant case loads, the Trust's action plan for the National Audit on Schizophrenia, the Prescribing Observatory for Mental Health (POMH) UK audit on lithium and depot antipsychotics are some of his contributions to service improvement.

Another GP survey is being planned to assess the success of the measures put in place so far and CCGs are planning to replicate the programme in the rest of North Kent. The improvements are part of the KMPT's Medway Interface Strategy to Improve Primary and Secondary Care Interface in Mental Healthcare Delivery.

# 2015 -16 Clinical Effectiveness Priority 1

## We will work in closer partnership with our service users to ensure that care is always patient centred

### Rationale

Patient centred care and effective patient involvement in all aspects of their care improves patient outcomes, they get well quicker, go home sooner and stay well longer.

The 2014 -15 target of 75% of care plans audited having evidence that patients had been involved throughout all aspects of their care plan was exceeded as the overall result from all the Person Centred Care Planning Audits was 77%.

During the last year work has continued to implement the actions of the appreciative enquiry project – 'Improving Engagement in Care Planning'. This project has brought together service users and clinicians, in order to understand how to further improve our care planning process, to ensure that all aspects of care are patient centred.

### Plans

Further plans have been agreed to improve consistency in patient involvement across all service lines and improve the number of patients who receive a copy of their care plan.

The work is being coordinated through the newly formed Trust wide care planning group.

Work includes:

- Ward based care planning feedback sessions.
- Development of new tools to improve person centred thinking.
- Use of technology to ensure patients receive copies of care plans.

### Measures

Though the nursing metrics which measure the frequency of care plan audits The trust wide audit tool specifically the following questions:

Item 4

'Is there evidence of service user involvement throughout all aspects of the care plan? We will set a compliance target of 85%.

Item 7

'Is there evidence that the service user has been offered a copy of the care plans?' We will set a compliance target of 85%.

### Monitoring

Monitored through the Modern Matrons meeting and the trust wide Care planning group.

### Person-centred care training helps care home staff see person first rather than their condition - 06 October 2014

People with dementia living in care homes across East Kent are receiving a better quality of care thanks to training from KMPT staff.

The training programme is also helping to improve communication between care homes and the Trust. There is no charge to the care homes apart from paying their staff to attend.

The Home Treatment Service (HTS) includes six teams across East Kent made up of occupational therapists, community psychiatric nurses, psychologists and skilled support workers. Several years ago the team piloted the training after recognising that residential and nursing homes offering care for people with a dementia might benefit from support to deliver person-centred care in an environment where there are often difficult working conditions and high support needs.

The starting point was a telephone survey with care homes across East Kent to research training needs. Literature and guidelines relating to good practice in dementia care such as NICE guidelines and SCIE briefing papers on dementia care were studied and guided the design of the workshop programme. The care home training initiative started in October

2012 with eight workshops facilitated at Hengist Nursing Home near Swale.

All of the workshops aim to help participants gain an understanding of person-centred care in dementia but, more importantly, learn how this can be applied to everyday practice. At the end of one workshop a participant said: *"I now see the person first not their dementia."*

During the sessions KMPT staff cover: What is dementia?; person-centred care, communication, occupation, physical health and understanding behaviour.

Care homes whose staff have completed the training include: Woodchurch; Hawkinge House, Madeira Lodge; Sandbanks; Westview; Kingsfield; Hayden Mayer; Mill House; Connors House; Hengist Field Care Home; Alma; Alexander House; Carleton Mead; Carleton Lodge; Ivybank; The Willows; Elizabeth Ann; Grovesnor Court; Appleton; Newlyn Residential Home; Rosehurst and Ashcroft.

When they followed up the courses after six weeks, the HTS team were delighted to see how many recommendations has been implemented at different care homes including: memory boxes and life histories for all residents; completion of the "This is me" document for all residents; addition of the 'Kitwood flower' to residents' care plans; hiring domestic help for weekends to allow staff more time with the residents and iPods for each resident. One care home even organised a reminiscence event based in the 1950/60s to which residents and relatives were invited.

A member of staff at a care home said: *"I just feel the activities have come on leaps and bounds, the relationships I have with the residents have improved no end and I have really got to know them."* Another said: *"I have seen a total transformation where we used to do certain things certain ways and since we have been on the course we've been trying to educate everyone."*

Other changes have included: making meal times more appealing by dressing the tables appropriately;

establishing protected meal times; developing a suggestion box for staff in order to improve communication and weekly meetings to discuss these suggestions.

Lisa Doherty, Senior Occupational Therapist for Dover and Shepway Home Treatment Service, said: *"Overall the examples of improved communication with residents is extremely positive; especially when the quality of communication between healthcare staff and individuals who suffer with dementia has a major impact on their quality of life. They are realising that people with dementia are often trying to communicate something when they exhibit challenging behaviour. We also had feedback that incidents had been reduced."*

Another benefit noticed by the HTS team is that the process of working alongside each care home to facilitate the training has often led to improved working relationships between the service and the home.

As well as care homes, the HTS team has carried out training at community hospitals in Sheppey and Faversham, with ICT physiotherapists, for Palliative Care for People with Learning Disabilities Network and at Pilgrims Hospice.

In some areas such as Thanet there is a waiting list for the course.





# 2015 -16 Clinical Effectiveness Priority 2

## We will work in closer partnership with our service users to ensure access to physical health care monitoring

### Rationale

People with a mental health difficulty have a significantly increased risk of developing a range of physical health problems. People with concurrent physical and mental health challenges have a further increased risk of these conditions compounding and greatly impacting on their overall wellbeing.

### Current status

The provision of physical health assessment in our inpatient services is monitored, with current provision standing at 83.1 per cent across adult and older peoples' services. If a service user initially declines this assessment, staff will work to further discuss the importance of physical health assessments to support the person to access this important health care facility.

Community teams continue to work hard to provide physical health checks for their service users, providing innovative ways of doing this; for example providing health checks at depot clinics or memory clinics. The overall percentage of all clients who have a physical health check in all community teams across the Trust, including all service lines is 38.0 per cent.

### Plans

All service users admitted to our inpatient services, regardless of age, will be supported to utilise our physical health assessment service and we will set a target of 100% of people to have received an assessment.

All service users within the community setting will be supported to access a physical health assessment with an appropriate community mental health care professional or with their GP. We will work to initially increase the numbers of people actually receiving an assessment in the community to 60 % in 2015/16 and raise targets thereafter.

We have appointed a dedicated physical health lead nurse to focus on the continual evaluation and promotion of physical health throughout the Trust.

Our two day 'physical health in mental health' bi monthly training course continues to be well attended by staff from all service lines, with 148 staff trained to date. This training will continue to be offered and will include:

- Awareness and understanding of the Trust's Physical Health & Examination Policy.
- The documenting of physical health checks.
- Normal ranges for blood pressure, pulse, temperature, oxygen saturation and respiration.
- The modified early warning scoring system (MEWS).
- Recognising the physically deteriorating service user, Healthy diet, physical activity, venous thrombus embolism (VTE), coronary heart disease and chronic obstructive pulmonary disease (COPD), pressure injury prevention, diabetes, diet and exercise, medication side effects management.
- Smoking cessation Level 1 training

In addition to the physical health in mental health training, ward and community based teaching is also delivered on MEWS, medical device training, diabetes, cardiometabolic syndrome and pressure area prevention.

The trust will participate in the National Mental Health CQUIN on Cardiometabolic Monitoring and Interventions for in-patients and a Local CQUIN on the same topic for service users in the community.

### Measures

We will set a target of 100% of people admitted to our inpatient services will have had a physical health assessment within 72 hours of admission.

We will set a target of 60% of people receiving care in our community settings for 6 weeks or more, will have received a physical health assessment by either the community team or via their GP.

### Monitoring

Physical health assessments will be measured and monitored for inpatient services through the nursing metrics, with data collated via the Business Intelligence system and the same process will be used for our community service users and will be monitored by the TW Physical Health Group, Clinical Effectiveness and Outcomes Group, Quality Committee and the Board.

## New role for Diane... - 10 July 2014

A new initiative in Maidstone to monitor and improve service users' physical health is proving a great success.

Interested in the physical aspects of mental health since she qualified in 2002, Amherst Ward Manager Kim Terry knew that service users' physical health was often not getting as much attention as it needed.

*"People with mental health problems die 20 to 25 years younger than others. There is also an increased risk of heart disease and many people with mental health problems smoke,"* Kim explained.

Kim knew it was time to do something radical after a service user had to be transferred to general hospital with renal failure.

*"It was a very serious incident that highlighted the fact that the mental health nurses on the ward didn't realise the importance of monitoring physical health. Despite the Trust increasing their physical health training packages, there was still a lack of training in the basic physical signs that staff should be aware of and look for and training regarding the consequences of not acting on these signs and symptoms,"* Kim said.

Knowing any changes to working practices needed to use existing resources, Kim came up with the idea of using team member Diane Tompsett, who is a qualified adult nurse, in a different way. The solution was to expand her role and give her the time to carry out physical checks on service users, offer smoking cessation help and nutritional assessments.

*"Amherst is a very busy acute ward and it was difficult for staff nurses to carry out all the physical checks needed and they simply don't have the expertise. The new system is working brilliantly and benefitting service users as well as staff who, as a result of the training from Diane, have been given development opportunities,"* added Kim.

Diane started her new role in April which involves focusing on physical health three days a week. Every service user is seen by Diane on admission so any issues can be picked up and dealt with at the earliest opportunity, referred to the medical team if necessary and documented onRIO. On a Thursday she has a drop-in clinic on the ward for service users. Diane's other duties include all electroconvulsive therapy (ECT) pre-checks, taking service users for ECT, helping with recovery and taking blood which eases pressure on junior doctors.

Very importantly, Diane is now providing educational support to the nursing team and running training sessions that look at dehydration, urine infections, symptoms, causes and effects and how to deal with them, as well as other common medical conditions.

To complement the checks that are carried out, Diane promotes and provides well-being information to all service users while offering them time to discuss any health concerns in a protected environment. This might include encouraging them to go to the dentist, help with stopping smoking or diabetes management.

According to Kim, people who are mentally unwell often become pre-occupied with physical health and the new initiative means there is time to talk about their health concerns.

*"So far the feedback has been very positive and it's been great to take advantage of the skills we already had in the team but use them in a different way and without spending extra money. It's also helped us to catch problems earlier than they might otherwise have been noticed. Examples include several diabetic service users who didn't understand what they were doing and why."*

*"The benefits to staff are huge too with mental health nurses having more time to do things they are good at. Diane loves the change in her role too – she's doing what she does best and really helping service users,"* Kim said.

Following the successful trial in Amherst Ward, Kim and Ward Manager Tom John, from Brocklehurst Ward, are hoping to extend the initiative across both wards, starting with the training information sessions for the nursing team.



# 2015-16 Clinical Effectiveness Priority 3

To further develop and implement the Recovery and Wellbeing Approach for all of our service users

## Rationale

Fully implementing the national Mental Health Recovery and Wellbeing agenda is critical to the development of our services.

## Current Status

We have further implemented the use of the Recovery Star with service users in 2014/15. The Recovery Star enables clients to identify their needs and track their individual recovery.

We have put systems in place to ensure that clients are routinely offered the use of the Recovery Star right at the start of their care with the Trust and we are now specifically monitoring the use of the Recovery Star for clients with needs in care clusters 6, 10, 13, 16 and 17.

## Plans

We will continue to implement and monitor the use of the Recovery Star and we will work with commissioners to agree further meaningful clinical outcome measurements for all service users receiving care across all care clusters and care groups.

In addition, it is important that we routinely seek feedback from services users about the effectiveness of our interventions as they progress through their recovery journey. We will therefore establish a subgroup within our Clinical Effectiveness and Outcomes Group which will pilot a project in the community mental health services in South West Kent. This pilot will invite all service users visiting our Highlands House services to feedback on the effectiveness of the help they received during their appointment that day.

Highlands House provides services to service users of all ages from 18 upwards and also serves people with a learning disability who are experiencing mental health difficulties and thus is a site where we can capture the views of service users from all of our main care groups. The pilot will involve a psychology research assistant meeting with service users directly at Highlands House over a 6 month period and the information gathered will be used to inform the development of an on going robust measure of the effectiveness of our daily care for people which can directly inform clinical practice throughout an entire episode of care.

## How measured

We will measure the number of clients who are assessed using a recovery star as part of their usual care. We will set a target of 30% of all appropriate clients to have received a recovery star assessment during quarters three and four.

The direct service user feedback pilot project will commence in July 2015 and will finalise the measurement tool to be used and then implemented from August 2015.

## How monitored

The following will be routinely and formally reported to the Clinical Effectiveness and Outcomes Group (CEOG), with highlight reports being sent to the Quality Committee and the Board as appropriate:

- Progress and outcome reports from service lines regarding the further introduction of the Recovery Star, including recovery outcome data.
- Progress and outcome reports from the Recovery & Wellbeing Development Group.



## Recovery event gathers ideas for improvement - 03 December 2014

One of the most important conferences of the year took place recently with more than 100 clinicians, managers, peer support workers and experts by experience gathering in Ashford to discuss and celebrate recovery.

There were many highlights to the day including presentations from recovery experts Dr Julie Repper and Dr Anne Markwick who shared their experience in different Trusts. Also taking part were Eleanor Longden, a psychologist and expert by experience, from the University of Liverpool and Recovery Champion and Expert by Experience Louise Jessup.

Debbie Bray, Trust Lead for Allied Health Professions, said: *"It was a great event with lots of open discussions. A great deal of recovery related activity has been going on in the Trust and it felt timely to come together and take stock. The event gave us time to explore what recovery means for individuals and organisations such as ours. It was also an opportunity to celebrate what has been achieved so far and look at how we can do even better."*

The conference included a market place where staff were able to share many examples of recovery in action. Exhibitors included clinicians, researchers, students, carers, peer support workers and service users.

Feedback from the event included comments like: *"Great event, thought provoking, challenging and inspiring", "As a Peer Support Worker it has been inspirational to hear the positivity about recovery", "Amazing presentations", "What a great morning! I am leaving totally invigorated and feel full of ideas about how we might embed the recovery philosophy throughout the Trust", "Very productive day because everyone was open and truthful and the event gave a platform for progress".*

Pledges were gathered from attendees during the day which included:

- Improving our use of language to be more hopeful and collaborative.
- Valuing the lived experience of staff.
- Supporting staff.
- Working with service users to improve service delivery and experience (including care planning).
- Involving service users and carers more in staff training.
- Increase our partnerships with the voluntary sector.
- Changing the way we approach risk assessment – making the process better shared with our service users.





# Appendices

**A: Comments on our 2014-2015 Performance**

**B: CQUIN framework 2014-15**

**C: Quality Performance Indicators**

**D. Sign Up to Safety Pledges**

**E: Glossary and Abbreviations**

**F: Auditor's Report**

## Appendix A: Comments on our 2014-2015 Performance

The Quality Account guidance and toolkit require us to ask external stakeholders and partners for their comments on our Quality Account.

We are required to ask our commissioners, Healthwatch Kent, Healthwatch Medway, Kent County Council Overview and Scrutiny Committee and Medway Overview and Scrutiny Committee (Quality Accounts, reporting arrangements 2014/15, NHS England Letter 4th March 2015, Gateway Reference : 03123) .

### Response from North Kent CCGs

**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 is well structured, clear and concise and follows a consistent format throughout the report. The report acknowledges individuals and service successes within the report and links how they have influenced 2014/15 priorities.

The CCG confirms that all required data has been included within this document in relation to the NHS Services provided or sub contracted. However, It should be noted that local contracts were established from April 2013 for CCG's throughout Kent and Medway. Therefore, contracts are in place for North Kent CCGs, West Kent CCG and East Kent Confederation CCGs. Results, as incorporated within this Quality Account, are reported Trustwide and North Kent CCGs are unable to verify the results, as included. It is however noted, of the 2014/15 results reported, many of the priority area targets have not been achieved.

The Trust has identified nine priorities for 2016/17, which include projects within the themes of Patient Safety, Patient Experience and Clinical Effectiveness. It has outlined clearly the rationale, current status and how each priority will be monitored and measured. The CCG would welcome the opportunity to work with the trust to ensure targets remain on track throughout the year and reported against at CCG level in the 2016/17 Quality Account, where appropriate.

The CCG are in agreement of the areas selected by the Trust and are reflective of areas of focus identified by the CCG, for on-going monitoring and review during the forthcoming year. Delivery of the objectives set will support improvements in the quality of care provided by the Trust and drive forward improvements in patient safety and care. The CCG would welcome the opportunity to work with the Trust and support the improvements as outlined within the report.

In conclusion, the report identifies that quality remains a clear focus for the Trust and at the forefront of its service provision.

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.

## Response from South Kent Coast CCG and Thanet CCG

**NHS South Kent Coast Clinical Commissioning Group**

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BY EMAIL

15 May 2015

Angela McNab, Chief Executive  
KMPT, Farm Villa, Hermitage Lane  
Maidstone Kent ME16 9PH

Dear Angela

Response to KMPT Quality Account 2014/15

South Kent Coast and Thanet CCGs welcome the publication of the Quality Account for 2014-2015 and notes all required aspects are included. As far as the CCGs are able to comment, the Quality Account does describe the broad and representative range of services provided, is accurate and is a reflection of the services provided in 2014/2015.

As indicated in their Quality Account. The Care Quality Commission, (CQC) undertook an Inspection of the Trust in March 2015. The results are not expected to be published until summer 2015, the CCGs are therefore not in a position to comment on the outcome of the Inspection.

The CCGs note the data is provided at Trust level. There is insufficient data at a CCG level, this impacts the CCGs' ability to be assured on quality of local services. The CCGs' requests for the 2015/2016 account that data is provided at CCG level.

From the information in the Quality Account, the CCG has concerns regarding the use of clinical audit. Audits need to be statistically significant and provide the Trust with robust information to make the right decisions about patient care.

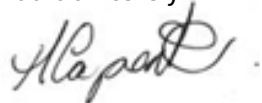
The CCGs do not have assurance from the reports provided by the Trust regarding the robustness of Serious Incident investigations to identify learning and prevent recurrence. The CCGs have been working with the Trust to improve their investigation reports and look forward to being able to gain assurance for 2015/2016.

The CCGs have been working with the Trust to understand the local impact on services related to workforce. This continues to be a concern for 2015/2016.

The CCGs welcome the nine priorities for improvement for patient safety, experience and clinical experience for 2015/2016.

The CCGs note the NHS staff survey results for 2014 show improvements in staff satisfaction for the Trust and welcome the continuing actions to support staff. The Trust has worked hard to achieve the CQUINS for 2015/2016 and the CCGs recognise the excellent collaborative work undertaken in relation to the transition CQUIN.

Yours sincerely



Hazel Carpenter  
Accountable Officer  
NHS South Kent Coast and Thanet CCGs

## Response from Healthwatch Kent



### Healthwatch Kent response to the Quality Account for Kent and Medway NHS and Social Care Partnership Trust

As the independent champion for the views of patients and social care users in Kent we have read your Quality Accounts with great interest.

Our role is to help patients and the public to get the best out of their local health and social care services and the Quality Account report is a key tool for enabling the public to understand how their services are being improved. With this in mind, we enlisted members of the public and Healthwatch Kent staff and volunteers to read, digest and comment on your Quality Account to ensure we have a full and balanced commentary which represents the view of the public.

On reading the Account, our initial feedback is that the account is still very lengthy and we would advise that an additional summary document be published separately to make the information more accessible to the public reading it. We would recommend that a decode statement or some explanation follow a lot of the acronyms or terminology that a lay member might not understand. However, the "Approach, Action, Result" headings give the document a consistent style making it easier for the reader to follow. Furthermore, future priorities are set out and plans on achieving these targets are clearly stated.

The report references several actions that were implemented with the aim of improving Patient Experience which is encouraging. It appears as though the Trust Wide Patient Experience Group have a genuine influence on the Trust's work plan with input into projects such as "carer awareness" and developing a Patient centred care plan. There is also reference to the Friends and Family Test (FFT) and a Community Services Feedback Form. We are keen to understand the other ways in which the Trust has engaged with the public and involved them in their decision making. We welcome the efforts being made to reach seldom heard groups included in the "Equality and Diversity Developments" section and would like to be kept informed of further progress in this area. It must also be noted that one of the future priorities is to produce a standard discharge letter after organisations, including Healthwatch Kent, had raised concerns.

Healthwatch Kent met with the Trust between September 2014 and February 2015 to follow up on their response to our recent project reports. The Trust were able to point to a number of areas where they have responded to our recommendations to improve things for patients:

These are positive developments by the Trust. We look forward to developing our partnership working to ensure effective involvement of patients and the public and continue to improve services.

In summary, we would like to see more detail about how you involve patients and the public from all seldom heard communities in decisions about the provision, development and quality of the services you provide. We hope to continue and develop our relationship with the Trust to ensure we can support you with this.

Healthwatch Kent May 2015

## Response from Kent County Council Overview and Scrutiny Committee



Angela McNab  
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5 May 2015

Dear Angela

### **Draft Kent and Medway NHS & Social Care Partnership Trust Quality Account 2014/15**

In recent weeks, the HOSC has received a number of draft Quality Accounts from Trusts providing services in Kent, and may continue to receive more. I would like to take this opportunity to explain to you the position of the Committee this year.

Given the large number of Trusts which will be looking to the HOSC at Kent County Council for a response, and the standard window of 30 days allowed for responses, the Committee does not intend to submit a statement for inclusion in any Quality Account this year.

Through the regular work programme of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of effective healthcare across Kent and the decision not to submit a comment should not be interpreted as a negative comment in any way.

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

Kind regards

**Robert Brookbank**  
Chairman  
Health Overview and Scrutiny Committee  
Kent County Council

kent.gov.uk



## Response from Medway Council Overview and Scrutiny Committee Quality Account response re Kent and Medway NHS and Social Care Partnership Trust – 2015

Throughout 2014/2015 KMPT were requested to attend meetings of the Health and Adult Social Care O&S Committee as the Committee has kept under review the plans for acute mental health inpatient beds over which they have serious concerns particularly noting the ongoing high level of use of out of area beds. As part of this review the introduction of a 5 bedded unit in Gillingham for women with a personality disorder, has been particularly welcomed by Members.

The Committee welcomes the opportunity to comment on this draft KMPT 2014-2015 Quality Account Report which was found to be informative, giving a rounded picture of both the processes and actions taken on quality around safeguarding and safety, patient/user experience and engagement, staff contributions and views and organisational culture. The Committee welcomes this approach and welcomes the inclusion of examples of the Trust's work in Medway. It is clear that the report provides useful insight into the current status of the Trust through its own measures, through national audits, awards and surveys and this has informed the priorities for 2015/16.

The Committee would welcome more examples of partnership working with other health trusts, including Sussex Partnership NHS Foundation Trust as the children and young people mental health service provider (for example, joint 2 year CQUIN work on transitioning of young people nearing 18 years) its work with Medway Council and work with the local voluntary sector and community groups in Medway. It would also be helpful to cross reference the working relationship which KMPT has with the mental health social work and other care teams at the Council to demonstrate the importance of a seamless approach as far as service users are concerned.

It would perhaps also be helpful to have more comparisons between previous years and 2014/2015 to show where progress has been made.

There are a number of specific points made overleaf concerning particular areas in the Quality Account for you to consider.

The Committee looks forward to receiving the final published version in due course.

Yours sincerely

**Councillor David Wildey on behalf of the Health and Adult Social Care Overview and Scrutiny Committee**

### Specific points/matters of clarification:

- On page 7 and 68 of the Quality Account it needs to be amended to show that the alcohol service at Medway Maritime Hospital is funded/supported by the Public Health Directorate of Medway Council and not Public Health England.
- The Committee would welcome the Trust's approach to supporting patients quitting smoking. The Committee's task group on health inequalities recognised the health inequalities experienced by people with mental health problems and commend this approach to address one of the causes of poor physical health in this group.
- **Key achievements page 6, para 2**  
Providing mental health awareness training to 600 police staff across Kent is valuable if the training changes behaviour and patterns of operational response to mental illness by Kent Police.
- The Committee noted that at the Medway Health and Wellbeing Board on 12 March 2015, the Council was informed that 192 Section 136 detentions were made in Medway during 2014, with the highest activity recorded during July (22) and August (21). Some of these detentions were related to women using the local 5-bedded unit in Gillingham). This is the highest recorded Section 136 use of any Kent locality during 2014, and there is no place of safety in Medway, other than Police cells. The Committee asks that you evaluate the effectiveness of your training as contributing to better responses to mental health crisis.
- It is vital that patients know who their care co-ordinator is, and prompt contingencies are put in place where there is staff sickness absence. The Council has had a number of experiences, as a partner organisation, in struggling to find out who to contact. The lack of data around this priority is concerning. This appears to relate also to only 68% of KMPT users (audited as part of the schizophrenia study, page 68) knowing what to do in a crisis.
- **Staff recommending the Trust as a place for family or friends to receive treatment, page 43.**  
The Committee considers this to be a disappointing result, with little more than half of staff happy for a friend or relative to be treated by the Trust they work for. This represents only a marginal improvement of last year's survey.

## Appendix B: CQUIN framework 2014-15

Ref No	Indicator name	Description of indicator	CQUIN Value	CQUIN Achievement	RAG Status	Outcome
	<b>CQUIN agreed with CCGs (West, North and East)</b>		<b>3,131,552.0</b>	<b>£2,881,377.0</b>		
1a	<b>National CQUIN Friends and Family 1 (all CCGs &amp; NHS England)</b>	Friends and Family Test – Implementation of staff FFT (through quarterly pulse surveys).	£65,769	£65,769		Staff FFT delivered across all staff groups as outlined in national guidance.
1b	<b>National CQUIN Friends and Family 2 (all CCGs &amp; NHS England)</b>	Friends and Family Test – Early implementation (services)	£65,769	£65,769		Full delivery of FFT across all services delivered as outlined in national guidance.
1c	<b>National CQUIN Friends and Family 3 (all CCGs &amp; NHS England)</b>	Friends and Family Test - Phased expansion.	£65,769	£65,769		Full delivery of national milestones of FFT including data to UNIFY achieved by January 2015.
2	<b>National CQUIN: Thermometer Falls reduction (all CCGs &amp; NHS England)</b>	Reduction of severe and moderate falls by 20%.	£197,307	£99,129		The target reduction was not achieved in West and East CCGs. However a reduction was achieved a in North Kent CCGs, and within the Forensics wards (NHS England).
3	<b>National CQUIN: Cardio metabolic assessment for patients with schizophrenia (all CCGs)</b>	To demonstrate, through the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia.	£151,997	£0		The results of the audit indicated that from a patient sample of 100 in-patients, selected at random, only 15% of patients had the required screening and , if required, interventions recorded for ALL seven cardiometabolic risk factors. The target for full CQUIN payment was 90% of ALL patients in the patient sample.

Ref No	Indicator name	Description of indicator	CQUIN Value	CQUIN Achievement	RAG Status	Outcome
4	National CQUIN: Communication with General Practitioners (all CCGs)	Completion of a programme of local audit of communication with patients' GPs, focussing on patients on CPA, demonstrating by quarter 4 that, for 90% of patients audited, an up-to-date care plan has been shared with the GP, including ICD codes, medications.	£151,997	£151,997		Evidence provided that all milestones have been achieved on Communications with GP CQUIN. The results from the final 100 patients audited in Q4 are: <ul style="list-style-type: none"> <li>• ICD 10 coding = 90% compliance</li> <li>• Medications = 100%</li> <li>• Physical health = 100%</li> <li>• On- going monitoring and treatment needs = 100%</li> </ul>
5	Safe and Effective transition of Adolescents from CAMHS services to Adult mental health services (all CCGs)	Implementation of the ratified multi-agency transition pathway with each organisation delivering personalised care plan, mitigation of patients being 'lost' to the system and improving patient/ carer satisfaction with transition.	£520,193	£520,193		Evidence provided that all milestones have been achieved in year 1 of the CQUIN, including the development and implementation of the Transition protocol agreed by Sussex Partnership FT and KMPT.
5	Dementia –Safe compassionate care for older people with Dementia and other age related mental health conditions (East & West CCGs)	Implementation of a ratified multi agency integrated care pathway for patients with dementia to improve patient experience.	£477,137	£477,137		Over 90% of service users on a CPA pathway had a person centred care plan and crisis plan in place at end of 14/15.

Ref No	Indicator name	Description of indicator	CQUIN Value	CQUIN Achievement	RAG Status	Outcome
5	Improved multiagency collaboration for urgent access to crisis support (East & West CCGs)	Work collaboratively with Primary care, the Police, NHS 111, SECAMbs, Social Care and Emergency Departments to ensure pathways in place for urgent response and crisis support .	£477,137	£477,137		Pathway redesign evidences through SECAMbs pathway review, use of IBIS and through submission of Crisis concordat gap analysis and delivery plan. KMPT also achieved an increased number of patients in agreed clusters (planned care) who have an agreed crisis plan in East Kent (90.4%) and West Kent (94.2%).
5	DGS Whole system /Liaison services (DGS CCG)	Scheme to reduce non-elective admissions by ten per cent at Darent Valley Hospital across the whole health economy.	£309,735	£309,735		Achievement based on demonstration of positive support to Acute colleagues from liaison and dementia services.
5	Medway and Swale CCG Urgent Care response	Redesign current urgent response in Medway and Swale to deliver Single Point of Access. Partnership workings with internal teams, Police, SECAMB, community providers, primary care and KCC and Medway Council.	£509,321	£509,321		Single Point of Access implemented across the Trust and proposals agreed to establish an Urgent Response team. Evidence of partnership working provided.
5	7 Day follow up (West CCG)	All service Users receive appropriate contact in the community within 7 days of being discharged from an inpatient stay with crisis plan and GP notification of discharge.	£139,421	£139,421		Achievement based on KMPT demonstrating quality of care given to patient following discharge from an inpatient stay through 7 day follow up. 100% of service users on all pathways received a 7 day follow up contact and 94.4% of service users on all pathways received a 7 day follow up contact that was face to face.



Ref No	Indicator name	Description of indicator	CQUIN Value	CQUIN Achievement	RAG Status	Outcome
Forensic Service CQUINS NHS England			£362,482	£362,482		
1	Collaborative Risk Assessment (NHSE)	Collaborative Risk Assessment: The provision of an education training package for patients and qualified staff around collaborative risk assessment and management.	£90,621	£90,621		Achievement based on KMPT detailing the delivery of the educational programme to staff and service users on risk assessment and risk management. 90 % of qualified clinical staff have received training in collaborative risk assessment. All service users have been offered education and training.
2	Supporting Carer's involvement (NHSE)	To support carer involvement with their relatives in secure care, (particularly in the first three months of care) and then on to the point of discharge.	£45,310	£45,310		Achievement based on service making use of carer satisfaction surveys to improve service provision in accordance with the service's carer strategy.
3	Preadmission Formulation (NHSE)	To provide the service user information detailing a formulation of both current and potential future needs and how the proposed service might best meet them.	£22,655	£22,655		Achievement is based on forensic services reporting that 100 % of service users have agreed for admission or been admitted received a formulation of need prior to or within 1 week of their admission / transfer.
4	Quality Dashboard (NHSE)	To collate and provide data to meet the requirements of the Quality Dashboard.	£22,655	£22,655		Achievement is based on submission of data for Q4 in line with the dashboards reporting arrangements.
5	QIPP Delivery -Delayed discharges (NHSE)	The scheme to identify delays to allow for the actual cost of the OBD rate to be collated to provide the excess costs of delay.	£181,241	£181,241		Achievement based on evidence demonstrating proactive work to minimise and reduce delayed transfers of care from the secure care pathway. There were no delayed discharges to report in year.
<b>Grand Total(CCG &amp; NHS England)</b>			<b>£3,494,034</b>	<b>£3,243,859</b>		

## Appendix C: Quality Performance Indicators

NHS Outcomes Framework domain	QPI ref	QPI	13/14 YTD	14/15 YTD
Domain 1	<b>Preventing people from dying prematurely</b>			
	1	Never Events - inpatient suicide using non-collapsible rails.	0	0
	2	Death or severe harm as a result of a patient falling from an unrestricted window.	0	0
	3	Number of suicides (suspected) while in KMPT care - inpatient or community	38	50
	4	Number of patient safety incident related deaths reported to NPSA	44	65
Domain 2	<b>Enhancing Quality of Life for people with long term conditions</b>			
	5	Number and % of service users in PR clusters 4, 8 & 10 who have a designated care co-ordinator	14451 / (79%)	15078 / 74.92%
	6	Number and % of service users in PbR clusters 4, 8 & 10 receiving a comprehensive assessment. Definition agreed was those who had a Care plan, HoNOS (under 12 months old) and Risk assessment (under 12 months old)	12638/ (69%)	15150 / 75.29%
Domain 3	<b>Helping people to recover from episodes of ill-health</b>			
	8	*All inpatients who have Risk assessment within 72 hours *All inpatients who have Risk assessment in total	100%	80.3%
	9	CPA clients in all clusters who have advance care plans in place	91.2%	757
	10	Number and percentage of service users using a Recovery Star: Open pathways on cluster 6, 10, 13, 16 & 17 for a minimum of 8 weeks who have a recovery star	new	179 / 10.3%
Domain 4	<b>Ensuring people have a positive experience of care</b>			
	11	*All inpatients who have nutritional assessment within 72 hours *All inpatients who have nutritional assessment in total	99%	49.8% 67.4%
	12	Complaints - number - report trends & actual (not including MP enquiries)	380	420
	13	Complaints - ratio to contacts - report actual	0.09%	0.10%
	14	Complaints - number - report trends & actual - COMMUNICATION & ATTITUDE OF STAFF	117	167
	15	Complaints - % of all formal complaints relating to COMMUNICATION & ATTITUDE OF STAFF	31%	41%
Domain 5	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>			
	16	Incidents of serious self harm by inpatients (only SIs) includes mood and severe	12	12
	17	Incidents of serious self harm by inpatients (only SIs) severe only	2	1
	18	Total and percentage of Acute inpatients (all age) experiencing one or more incidents of control and restraining (MH02) - Quarterly reported	15%	650 (19%)
	19	Total and percentage of Acute inpatients (all age) experiencing one or more incidents of seclusion (MH03) - excludes forensics	7%	151 (8%)

NHS Outcomes Framework domain	QPI ref	QPI	13/14 YTD	14/15 YTD
	20	Number of all patients who had recorded incidents: physical assault on the patient (MH10) (all levels)	649	425 (Distinct patient count = 266)
	21	The proportion of detained acute inpatients who have absconded in <b>last three months</b> (incl. AWOL on MHA) (MH14) (Sis)	AWOL 42 ABSC 27	AWOL 10 ABSC 5
	22	Number of Serious incidents - reported on STEIS, trends, ethnicity & actual	120	133
	22b	Number of ALL serious incidents (including those not recorded on STEIS) (All Sis)	346	286
	23	Number and % of Grade 1 SIS that are breached over 45 working days on STEIS	13 (57%) 2 breaches	0
	24	Number and % of Grade 2 SIS that are breached over 60 working days on STEIS	1(50%) 0	0
	25	Number of medication errors (all levels)	180	141
	26	Falls - OPMH inpatients over 65 - Assessments of risk within 24 hours of admission to acute inpatients (NPSA definition)	97%	100%
	28	% eligible staff receiving child safeguarding training at level 1	97%	99%
	29	% eligible staff received adult safeguarding training at level 2 = KMPT level 1	92%	99%
	30	% eligible staff who have received an enhanced CRB check	100%	100%
	31	Hand Hygiene training - (2 yearly)		91%
	32	Hand Hygiene audit		94%
	33	Violence against MH Staff ( <b>community</b> ) assaults (MH11) - actual (all levels)	11	16
	34	Violence against MH Staff ( <b>inpatient</b> ) assaults (MH11) - actual (all levels)	969	819
	35.a	The number of all falls in <b>older adult inpatient wards</b> which result in <b>harm</b> to the patient (incl. suspected) (all levels)	497	244
Quality Account	35.b	Number of falls in <b>older adult inpatient wards</b> which result in harm to the patient (incl. suspected) <b>moderate/severe harm - serious incidents</b>	21	27 (22 distinct patients)
Quality Account	36	1. Reduction in the number of patients who take their own life during an <b>inpatient</b> admission 2. Reduction in the number of patients who seriously self harm (SSH) themselves during an <b>inpatient</b> admission. ( <b>severe</b> )	0 2	0 1
	37	*The percentage of inpatient service users who have had physical health checks within 72 hours (consistent with IQPR). This looks at: Nutrition, Weight, Height, Smoking, Blood Pressure, Pulse and Respiration. This measure is subject to review in Q1 2015-16	98.0%	83.1%

NHS Outcomes Framework domain	QPI ref	QPI	13/14 YTD	14/15 YTD
	38	The percentage of community service users who have been in the team for 6 weeks or more, who have received a physical health assessment by either the community team or via their GP.	28%	38.0%
	39	Clostridium difficile actuals	0	0
	40	MRSA Bacteraemia - actuals	0	0
	41	Infectious diseases (TB, Norovirus )	new	0
	42	Number of incidents of patients experiencing mixed sex accommodation	0	0
	43	Number of incidents reported of patients using wrong gender bathroom	0	0

#### \* Note

The measure definitions for Indicators 3 (% inpatient risk assessments), 11 (% inpatient nutritional assessments) and 37 (% inpatient physical health assessments) have been reviewed. The reported figures are therefore not comparable with the previous year.

2013/14 – the reports were taking from a snapshot of patients on inpatients ward on a given day in each month from the Nursing metrics.

2014/15 – the reports include all inpatients who have been on the ward during the month, thereby providing a comprehensive measure of compliance reported from Rio records.

## Appendix D: Sign Up to Safety Pledges

**Put safety first.** Commit to reduce avoidable harm in the NHS by half and make public our goals and plans developed locally. We will:

- Publish our annual patient safety priorities in the trust annual Quality Account.
- Implement safer staffing reports to the board in order to ensure that nurse staffing levels are adequate to meet the “acuity and dependency” of their patient population.
- Produce and publish our patient safety improvement and implementation plan.
- Contribute to National Mental Health data on Cardiometabolic Monitoring of our in-patients with a psychosis illness, which will be published on the NHS England web site.

- Promote best practice in reducing restrictive interventions.

**Continually learn.** Make our organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are. We will:

- Share learning from incidents, complaints, investigations and quality improvement/assurance projects from both external and internal sources through the Trust Learning from Experience Group, Patient Safety Group, Video linked Learning events and Annual Quality Conference.
- Join the South East Coast Patient Safety Collaborative.
- Participate in a portfolio National Clinical Audit and Patient Outcomes Programme projects that we are eligible to take part in.
- Develop further checks and measures, including trends and analysis of incidents.



- Publish a monthly Learning, Listening and Improving Bulletin.

**Honesty.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong. We will:

- Embed openness as our Trust value across the organisation with honesty, kindness and Compassion.
- Continue with the roll out of the face to face Customer Care Training and to implement a Customer Care e-learning package.
- Maintain the annual Customer Care Week to ensure that trust visions and values are embedded throughout the organisation.
- Publish lessons from serious incidents.
- Promote patient and carer engagement in research and service development.

**Collaborate.** Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use. We will:

- Participate in South East Coast Patient Safety Collaborative.
- Continue to participate in South of England Improving Safety in Mental Health Collaboration.
- Identify a patient safety champion within each service line to regularly disseminate safety information across their service line.
- Promote a Patient Safety Award as part of the trust annual staff awards programme.
- Continue sharing information on learning and best practice with GPs, local authorities and other partners in order to embed shared learning.

**Support.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress. We will:

- Encourage the sharing and discussion of improvement experiences associated with patient safety learning and best practice at patient engagement groups and team meetings.

- Publish examples of Reflective practice in order to embed its use.
- Continue to promote the 'Support Line Services' and 'The Big White Wall' on line support service
- to staff, together with the implementation of the Staff engagement and Wellbeing Action Plan 2013/2014.
- Ensure that staff receive supportive supervision and have Performance Development Plans.
- 'Inspiring Innovation' scheme that awards funding to clinical teams to support and pump prime local patient safety and quality improvement initiatives within clinical areas.

## Appendix E: 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	IAPT	Improving access to Psychological Therapies
COPD	Chronic Obstructive Pulmonary Disease	IBP	Integrated Business Plan
CQUIN	Commissioning for Quality and Innovation	ICT	Information and Communication Technology
CQC	Care Quality Commission	I&E	Income & Expenditure
CRES	Cash Releasing Efficiency Savings	IFRS	International Financial Reporting Standard
CRHT	Crisis Resolution Home Treatment Team	IGT	Information Governance Toolkit
CSFF	Community Services Feedback Form	IM&T	Information Management & Technology
CSIP	Care Services Improvement Partnership	IT	Information Technology
CRS	Care Records Service	JNF	Joint Negotiating Forum
DGH	District General hospital	KCC	Kent County Council
DOH	Department of Health	KDAAT	Kent Drug and Alcohol Action Team
DOLs	Deprivation of Liberty Safeguards	KMPT	Kent and Medway NHS and Social Care Trust
DRE	Delivering Race Equality	KPIs	Key Performance Indicators
DToC	Delayed Transfer of Care	KSF	Knowledge & Skills Framework
EBITDA	Earnings Before Tax Depreciation Amortization	LA	Local Authority
EFL	External Financing Limit	LD	Learning Disability
EMT	Executive Management Team	LDP	Local Delivery Plan
EPEX	Effective Project Executive Programme	LNC	Local Negotiating Committee
ESR	Electronic Staff Record	LTFM	Long Term Financial Model
EWTD	European Working Time Directives	MAPPA	Multi-Agency Public Protection Arrangements
FT	Foundation Trust	MDT	Multi-Disciplinary Team
FTE	Full Time Equivalent	MEWS	Modified Early Warning Scoring System
GIS	Geographical Information System	MH	Mental Health
GP	General Practitioner	MHRN	Mental Health Research Network
GRiST	Galatean Risk Screening Tool	MHT	Mental Health Trusts
HCC	Health Care Commission	MP	Member of Parliament
HIS	Health Informatics Service	NED	Non Executive Director
HR	Human Resources		

NHS	National Health Service	SHA	Strategic Health Authority
NHSLA	National Health Service Litigation Authority	SIC	Statement on Internal Control
NHSP	National Health Service Professionals	SLA	Service Line Agreement
NICE	National Institute of Clinical Excellence	SLM	Service Line Management
NPSA	National Safety Patient Agency	SLR	Service Line Reporting
NSF	National Service Framework	SMF	Senior Management Forum
NWW	New Ways of Working	SMT	Senior Management Team
OATS	Out of Area Treatments	SSAS	Specialist Supported Accommodation Services
OBDs	Occupied Bed Days	STR	Support Time Recovery
OLAP	OnLine Analytical Processing	SUIs	SeRiOus Untoward Incidents
OPMH	Older People's Mental Health	SWOT	Strengths, Weaknesses, Opportunities, Threats
OPMHN	Older People with Mental Health Needs	TFT	Thought Field Therapy
PALS	Patient Advice and Liaison Service	VTE	Venous Thrombus Embolism
PbC	Practice Based Commissioning	VfM	Value For Money
PbR	Payment by Results	WC	Working Capital
PBL	Prudential Borrowing Limit	WF	Workforce
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		

### 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).

## **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 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.

**Community Mental Health Team (CMHT)**

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

**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 a 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.

**National Service Framework for Mental Health**

The Department of Health's National Service Framework for Mental Health sets national standards for promoting mental health and treating mental illness.

**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.

**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.

## **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 F: Independent Auditor's Limited Assurance Report to the Directors of Kent and Medway NHS and Social Care Partnership Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of Kent and Medway NHS and Social Care Partnership Trust's Quality Account for the year ended 31 March 2015 ("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, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

## Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- Percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge; and
- Percentage of inpatients admissions gatekept by the crisis resolution home treatment team presented in the 2014/15.

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

## Respective responsibilities of directors and auditors

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health 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 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 DH 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 to 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 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated May 2015;
- feedback from Local Healthwatch dated May 2015;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated May 2015;
- feedback from other named stakeholders involved in the sign off of the Quality Account;
- the latest national patient survey 2014;
- the latest national staff survey 2014;
- the Head of Internal Audit’s annual opinion over the trust’s control environment dated May 2015;
- the annual governance statement dated June 2015; and
- the Care Quality Commission’s Intelligent Monitoring Report dated June 2015.

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.

This report, including the conclusion, is made solely to 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 save 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;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicator back to 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 which can result in materially different measurements and can impact 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 thereof, 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. 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 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.

**Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015

- 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 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.



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19 June 2015

## Your Views

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

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