



**Kent LINK External Representatives
Meeting Report**

Name of LINK Representative	Jim Hancock
Name of External Organisation	Kent and Medway NHS and Social Care Partnership Trust
Name of External Group	Board of Directors
Name of lead contact of External Group	
Date of Meeting	29 June 2011
Venue of Meeting	Trust Headquarters, Kings Hill
Summary of Meeting (If appropriate attach papers)	Monthly Board Meeting.

Recommendations / Actions eg <ul style="list-style-type: none"> • Items for LINK bulletin • Items for individual interest group • Issue to Priorities Panel / Governors' Group 	As per attached memo.
Date of Next Meeting	27 July 2011

For office use only

Recommendations / Actions

<i>For Office Use Only</i>	<i>Recommendation / Action</i>	<i>Date of Action Taken</i>	<i>Who By</i>
Name			
Date			

Memorandum

To: Cate Boland
From: Jim Hancock
Date: 11 July 2011
Subject: Kent and Medway NHS and Social Care Partnership Trust (KMPT) Board Meeting, 29 June 2011

1. Foundation Trust Status

The matter of establishing Foundation Trust status is ongoing and Mr Smallridge, Chairman, advised that the matter would be dealt with in more detail during the second (closed session) of the meeting.

Though it should be noted that the Trust have continued to be delayed in this process due to the fact that a new, permanent Chief Executive Officer (CEO) has not yet been appointed. Ms Marie Dodd will continue in her role of acting CEO pending the appointment being made. Mr Smallridge did however state that it might become necessary to appoint a temporary Chief Executive Officer on a short-term contract.

Monitor wrote to the Trust in April, requesting an update on how the concerns from the Care Quality Commission are being addressed, and KMPT expect to provide a response in early August (within the required timeframe).

The next review meeting with NHS South East Coast will be held on 21 June 2011 and will encompass the Governance Assurance interview with the Director of Nursing.

It should be noted that the current membership figure for KMPT is in excess of 10,000.

2. Safeguarding Vulnerable Adults at Risk - Improvement

The purpose of this plan is to ensure that the Trust maintain, develop and promote the safeguarding of vulnerable adults at risk in all of its regulated and partnership services. The development actions are being responded to by the safeguarding team and the operational service line managers. Quality assurance processes are being more robustly applied and circulated directly to the Director to continue supporting the Community Recovery Services Directorate in identifying and delivering safeguarding actions, as appropriate, for all vulnerable adults at risk, this includes the formal embedding of safeguarding supervision for all adult protection activity within KMPT.

KMPT have secured agreement in principle from the Social Care Lead at Kent County Council (KCC) for partnership resources to be committed to the appointment of an adult protection coordinator in the Directorate.

This matter will be continually monitored on a quarterly basis via the Trust governance structure and reported to the Board in six months.

Medway Council formerly wrote to the Trust terminating the Contract between the Council and the Trust for the provision of mental health care provisions with effect from 1 February 2012. Both organisations are working together to agree a joint resolution to any outstanding matters and to ensure a smooth transition that is not detrimental to the outcomes of service users or the morale of staff.

3. Child and Adolescent Mental Health Services (CAMHS)

Commissioners have advised that following the scrutiny and challenge recently, through the Department of Health (DH) National Support Team (NST) visit to Kent in October 2010, followed by the Office for Standards for Education, Children's Services and Skills (OFSTED) and Care Quality Commission (CQC) inspections of children's services in relation to Safeguarding Looked after Children, a review of the model of commissioning and service provision has been undertaken. This is in line with the NST challenge for Kent to develop strategic 'whole system' model and provide a framework for much better integration of commissioning, planning and delivery of all CAMHS.

Commissioners will be recommending to NHS Boards that the investment for current services is aligned, and that services are re-procured in line with a new model of integrated service delivery. In Medway this will involve re-tendering Tier 3 to align the activity more closely to the developing Tier 2 provision.

It is understood the procurement process will include:

- KCC investing £2.4million in Emotional Wellbeing Services
- The new contract being awarded for commencement in July 2012
- A separate and aligned procurement processes for:
 1. Emotional Well Being Services linked with Early Intervention
 2. Community CAMHS (Tier 3 / Specialist Pathway)
- Medway will not procure their Tier 2 Services but will commission the same outcomes from a community CAMHS model.

4. Information Governance Toolkit Targets

Following the Clinical Coding Audit conducted in early June 2011, the Trust has reached level 2. This relates to the information toolkit targets missed last year.

Work continues to meet the remaining two targets:

- Data Quality Audits
- Document Management

Further audits will be undertaken throughout the year to meet the Data Quality Audit target and a business case is now being developed for the Office Systems Strategy, which will include a staff portal, and will meet the document management target.

5. Quality Strategy 2011 – 2014

The Clinical Governance Group has taken the opportunity to raise the profile of quality within the organisation and to external audiences. It has developed a Quality Strategy to replace both the existing Quality Strategy and the Clinical Governance Strategy. As clinical governance represents methodologies used to ensure service quality improvement, it is felt appropriate to have one unified strategy.

The strategy makes clear the Trust's commitment to improving the quality of its services and demonstrating that through its governance process. It describes an improved clinical governance structure whereby a Board Quality Committee, chaired by a non-executive director, focuses exclusively on clinical governance. At present, the Trust-wide Clinical Governance Group reports to the Governance and Risk Committee. The Trust-wide Clinical Governance Group will be replaced by three quality forums, which each focus on one of the three dimensions of quality.

The strategy also makes clear the Trusts wish to involve service users and carers in quality improvement, in ways, which are meaningful to those participating. This will provide a more flexible approach than expecting people only to attend meetings.

It is hoped that the new Quality Strategy will be launched at the same time as the Quality Account 2010 – 2011 is published in order to highlight the links between the two to staff and external stakeholders.

6. Infection Prevention and Control Update

This report aims to show development and risks of all infection prevention and control issues. There were eight issues raised with the Trust during May 2011. These included three cases of MRSA, one case of E. coli UTI and three cases of diarrhoea (including one staff member).

1. Training

The target numbers have been revised in accordance with the Trust headcount as at 1 May 2011.

Advanced training = 85% (achieved)

Basic training = 100% (achieved)

2. Monthly Observational Hand Hygiene Audits

The results of the monthly observational hand hygiene studies for May 2011 show an 86% compliance rate.

7. Quarterly Trust Complaints Report – January to March 2011

The numbers of complaints appear to be increasing, and there also appears to be an increase in the number of complex cases and people not being satisfied with the initial response. There is also an increase in the complexity of the complaints, and requests are now being made for a financial remedy.

On a positive note, two complainants have written to the Trust to express their satisfaction with the outcome and handling of their complaint and one has offered to make a donation of a mosaic in remembrance of her late daughter.

Several issues have been identified in relation to a complaint and the Assistant Medical Director (Acute) has been asked to progress and report on the following actions:

- All clients who are still unwell and want to leave hospital against medical advice but are not detainable should be referred to the appropriate Crisis Resolution and Home Treatment Teams (CRHTTs) for intensive follow up in the initial period after discharge
- When clients who are unwell or have a high risk of relapse move to another area, the Trust need to refer to the other areas providers and request a follow up. Consideration should also be given to alerting the Police if there is sufficient concern and the person's whereabouts are unknown
- Staff need to consider the difficulty Carers have when their relations / partners are unwell especially if they are not engaging in services. All carers should be offered a carers assessment and given information regarding local voluntary services and also to their own personal circumstances
- All staff in inpatient wards needs to be trained and made aware of what needs to occur when patients become very unwell physically
- Junior Doctors need to be informed as part of their induction that most psychiatric nurses are Registered Mental Health Nurses (RMNs) not Registered General Nurses (RGNs) and if someone needs acute general medical care they need to be referred for assessment to the medics
- Inpatient Services need to be covered at all times by duty doctors
- It should be noted that of the four complaints referred to the Parliamentary and Health Service Ombudsman (PHSO) two were referred back to Local Resolution, one was declined – no further action by PHSO – and one is proceeding with investigation by PHSO.

8. Quality Account 2010 – 2011

The Trust is required to publish its Quality Account 2010 - 2011 by 30 June 2011. The Account includes a review of the Trust's achievements in the past year in regard to their quality improvement priorities, and a number of mandatory areas. Overall the achievements are positive and have shown how those achievements have assisted in setting the priorities for the coming year to further improve services.

Full details of the Quality Account can be found at <http://www.kmpt.nhs.uk/publications>

9. Financial Report

The finance summary shows a near breakeven to budget position of £441,000 deficit for the first two months, which is an improvement on last month.

The Strategic Health Authority have confirmed approval for the capital plan regarding the Canterbury new build, the loan has been granted and will be drawn down during July 2011.

10. Assurance Framework

The risks, which are also reflected in the Trust Risk Register, have been identified through the systematic risk assessment process undertaken across the organisation. There have been eight amendments or additions made to the Assurance Framework this month.

NOTE: The Trust Annual Report has now been published and is available to view on the KMPT website.

Jim Hancock
Kent LINK External Representative
July 2011