HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE

11 DECEMBER 2014

ACUTE MENTAL HEALTH INPATIENT BED REVIEW UPDATE

Report from: Barbara Peacock, Director of Children and Adults

Author: Julie Keith, Head of Democratic Services

Summary

The attached report sets out the response from Kent and Medway NHS Social Care Partnership Trust in respect of the request for regular updates on the position with the acute mental health inpatient beds review.

1. Budget and Policy Framework

1.1 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 22.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

2.1. It was agreed on 18 December 2013 that the position with regards to acute beds should be kept under permanent review with a report to each meeting of the Committee until further notice.

2.2. Attached to this report is a report from Kent and Medway NHS Social Care Partnership Trust providing:

a) A report on bed usage and supporting narrative
b) A progress update related to the Transformation Programme and delivery
c) A response to the points raised at the September meeting, which included:
   - Details of the categories of the complaints and Serious Incidents received by KMPT over the period of a month
   - Responding to the Healthwatch Medway representative about the virtual ward upgrade and review of transport
   - the ‘Let’s Talk, Let’s Listen, Let’s Act Together’ event in October.

3. Risk Management

3.1. There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

4.1. There are no legal or financial implications for the Council.

5. Recommendations

5.1. Members are asked to consider and comment on the update.

Background papers:

None.

Lead officer:

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Kent and Medway NHS
NHS and Social Care Partnership Trust

TRANSFORMATION PROGRAMME

Medway Council Health and Adult Social Care O&S Committee
Highlight Report – November 2014

Version:	2.0	**Status:**	FINAL	**Date of report:**	01/12/14
Reporting Officer:	Malcolm McFrederick	**Report completed by:**	Rheanna Mitchell	**Reporting to:**	Medway HASC

Introduction:

In September, the HASC received a report from KMPT in relation to its bed usage and an update relating to the Transformation Programme, providing an update on the progress made towards delivery of the planned service developments and a report on the benefits realised to date.

The November report provides

(1) A report on bed usage and supporting narrative (Appendix A)

(2) A further progress update related to the Transformation Programme and delivery

(3) A response to the points raised at the September meeting, which include:

3.1 Details of the categories of the complaints and Serious Incidents received by KMPT over the period of a month

3.2 Respond to the Healthwatch Medway representative about the virtual ward upgrade and review of transport referred to in the appendix to the report

3.3 Invite a Healthwatch Medway representative to the 'Let's Talk, Let's Listen, Let's Act Together' event in October

(2) Progress report:

Inpatient Programme

- **Aim:** High quality care in safe, purpose-built accommodation and access to appropriate staffing (24 / 7) and bringing together our expertise into three clinical communities.
- **Updates**: The new Emerald phase 1 enablement works continue and a programme of ligature upgrades to inpatients settings is underway. As highlighted in the bed usage report, the bed stock is at 170 as at the end of October. Feedback in relation to Communities of Excellence has concluded and the KMPT Executive Management Team have reviewed the feedback. Following the useful feedback a number of changes will be made and an implementation plan devised - the revised vision will be published before Christmas.

Urgent Care Programme

- **Aim**: Develop from a bed based service to a responsive, accessible and modern service. We will provide an improved urgent response, with timely access to assessment and choice about how acute care is provided.
- **Updates:** Medway GPs invited KMPT to discuss plans for a Single Point of Access at their November PLT meeting in November. The telephone number will go live on 1st December 2014 and work will contiune to improve the urgent mental health response. KMPT and Medway CCG have been working together to agree a number of admission avoidance schemes that can be funded using Winter Resilience monies, including extension to Liaison Psychiatry hours, a Crisis Cafe for Medway residents and extension of services to the weekend for the Personality Disorder Therapeutic House.

Planned Care Programme

- **Aim:** Skilled workforce that delivers high quality assessments and interventions on the care pathways that we are contracted to provide and holistic recovery focussed care provided within environmentally healing and ecologically sustainable buildings.
- **Updates:** Experts by experience have been leading on developing user guides for service users that set out and explain care pathways, and workshops to discuss these with service users are taking place in December - the North Kent session is on 2nd December. The Medway locality is involved in a national RCT in relation to Open Dialogue. Open Dialogue is a potentially powerful, holistic model of mental health service delivery that involves the provision of services primarily at the family and social network level.

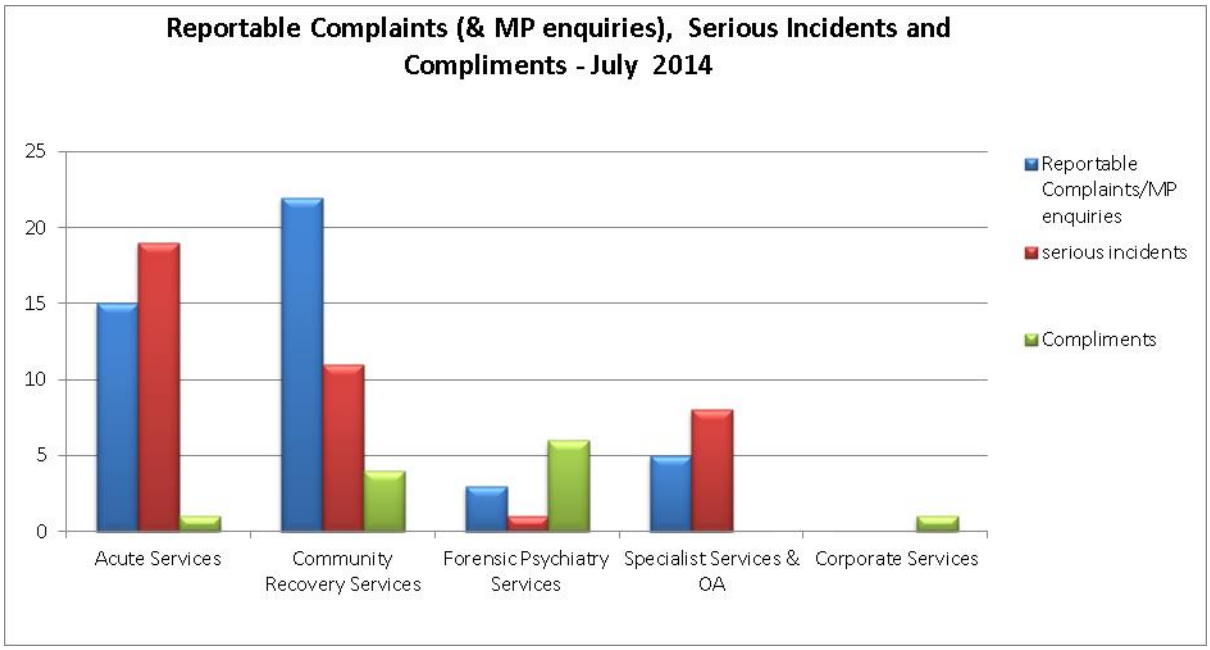
Integrated Care for Older Adults Programme

- **Aim:** Address the mental health needs of people who are being treated primarily for physical health problems and provide a collaborative response, developing a multi disciplinary and centralised approach, with our partners.
- **Updates:** KMPT has been working with other providers to develop a more integrated approach to delivery of both physical and mental health care. GPs are leading this work, which will focus on collaborative care planning across providers. Quality Leads across the CCGs are working to approve the approach. The Lead Consultant Psychiatrist for Older Adults services attended the November Medway PLT to discuss services with GPs.

(3) Responses to issues raised at the HASC in September:

3.1 Details of the categories of the complaints and Serious Incidents received by KMPT over the period of a month

As reported to the HASC in September, the total number of serious incidents recorded for July was 39, with eight cases reported up to STEIS. The Patient Experience team received 40 new reportable complaints and 5 MP enquiries in July and closed 51.



Following receipt of this information, member asked for a further breakdown to provide details of the categories of complaints and serious incidents received by KMPT over the period of this month.

Table 1
All aspects of clinical treatment
Attitude of Staff
Admissions, Discharge & Transfer arrangements
Appointments, delay/cancellation (outpatient)
Patients property and expenses
Failure to follow agreed procedures
Aids & Appliances, equipment, premises (including access)
Communication/information to patients (written and oral)

Table 1: Complaint subjects for July (level 2-4 and MP enquiries) regardless of whether upheld.

Table 2
Self harm - actual
AWOL - on MHA section
Unexpected/Unexplained Death
Suspected fall
Treatment/procedure - inappropriate/wrong
Treatment, procedure - other adverse event
Fall on level ground
Physical abuse, assault or violence
Suicide (completed), whether proven or suspected
Attempted suicide, whether proven or suspected
Challenging behaviour / aggressive gesturing
Illicit use of drugs
Heart attack / failure
Mismatch between patient and medicine
Unwell / Ill - other
Natural causes

Table 2: Full list of adverse events for serious incidents for July

An latest integrated complaints and serious incident report for September 2014 is included to provide further, recent, information (Appendix B).

3.2 Respond to the Healthwatch Medway representative about the virtual ward upgrade and review of transport referred to in the appendix to the report

A survey of carers views has been undertaken. The survey conducted on the two Medway Wards Emerald and Sapphire, during the week of 8th April 2013, had 25 respondents.
As part of the Emerald relocation, KMPT will establish a patient/carer engagement group and transport group. Members will be tasked to review potential issues and solutions for users and carers post ward relocation in April 2015. Health watch will be invited and we hope they can participate in both of these areas.

3.3 Invite a Healthwatch Medway representative to the 'Let's Talk, Let's Listen, Let's Act Together' event in October

The Medway events, hosted by Medway CCG at Medway Maritime Hospital were well attended and the CCG have been coordinating an action plan using the learning from these sessions.

Appendix C: Benefits realisation

Project	Metrics	Baseline	Target	Aug-14		Sep-14		Oct-14		
Inpatient Programme - SRO: Sarah Holmes-Smith - Programme Manager: Phillipa				Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	
Increasing Acute Inpatient Capacity	Bed count against commissioned beds - with CCG breakdown	163 beds	174 beds	169	169	169	169	170	170	↑
	External OBD	NK/EK	0	0	224	0	393	0	525	↓
	Average length of stay	23.3	23	23	30.6	23	28.5	23	29.4	↓
	Occupancy rate	NK/EK	85-95%	<95%	96.90%	<95%	98.40%	<95%	98.30%	↔

Exception narrative:

- *KMPT will always use local beds wherever possible, and when appropriate to individual need. On occasions an external bed placement may be required despite a KMPT bed being available, this decision will be based on how the clinical needs of the patient are best met and a longer term view of the most effective use of beds.*
- *Mean external bed usage year to date remains below the target bed capacity of 174 and the year to date peak is below the peak in September 2013/14*
- *Whilst improvement works are undertaken in Dartford, the reduction in capacity of 4 beds is being mitigated by the acquisition of additional beds in Ticehurst.*
- *Winter Resilience bids have been agreed and additional services to support admission avoidance will be deployed, including access to crisis café services and enhanced weekend services at the Personality Disorder Therapeutic House.*

Project	Metrics	Baseline	Target	Aug-14		Sep-14		Oct-14		
Urgent Care / Crisis Programme - SRO: Chris Koen - Programme Manager: Rheanna				Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	
Street Triage	Number of s136 presentations	*92*	*N/A*	<90		<90	*81*	<90		
	Conversion rate	*20%*	*N/A*	*N/A*		*N/A*	*14%*	*N/A*		
Personality Disorder	Reduction admission with ICD- 10 coding of PD (601 - 700) Count of OBD	*744*	*<50%*	155	195	186	225	217	249	⬇
Liaison Psychiatry	2 hour urgent referral target	*79.5%*	*90%*							
Single Point of Entry	Accessible 24/7	*Not in place*	*In place*	*Not in place*	*Not in place*	*Not in place*	*Not in place*	*In place*	*In place*	⬆

Exception narrative:

- *The Service Manager for the PD service is working with the Business and Performance Manager for Specialist Services to develop a more robust and easier to collate set of metric, in order to measure performance and outcomes. In the meantime, the activity data reported as the July position represents 62 patients over the seven month period from initiation of the pathway to discharge (04.11.13 – 23.07.14). The data shows:*
  - *A decrease of 91.7% in the number of admissions*
  - *A reduction in the length of stay by 1745 days*
  - *A decrease in CRHT presentations by 82.9%*
  - *A 79.6% decline in the number of 136 presentations*
- *Data in relation to Street Triage and Liaison Psychiatry was note available within the report timeframe and will be reported to the next meeting.*

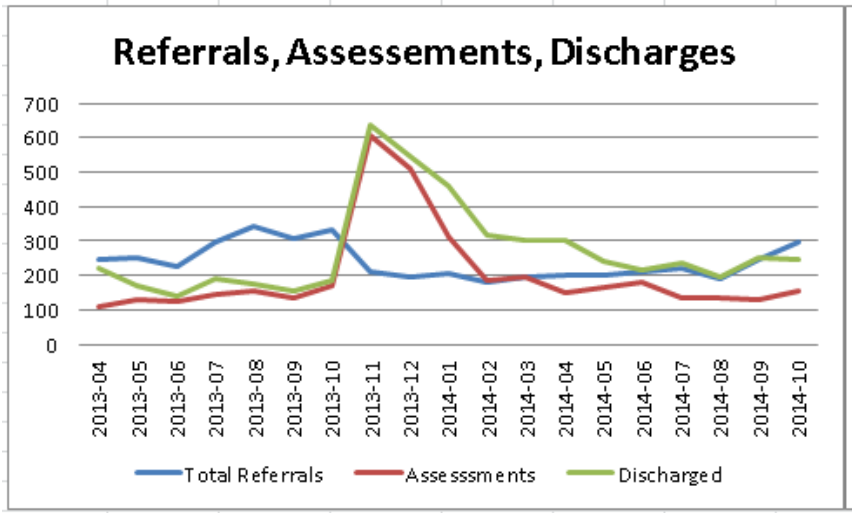
Project	Metrics	Baseline	Target	Aug-14		Sep-14		Oct-14		
Planned Care Programme - SRO: Mark Dinwiddy - Programme Manager: Rheanna				Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	
Well Being Centres	Group of expert service users established, who can advise on our building environments	0	3	3	1	6	1	6	1	⇔
	Number of Well Being Centres running well being modules	1	3	1	1	2	2	2	2	⇔
Caseload	No. of cluster days 1,2,3	*6816*	*0*	*3916*	*6301*	*3336*	*5984*	*2756*	*4705*	↓
	Reduction in rate of referrals not accepted to secondary	*8.40%*	*5.0%*	6.9%	*8.62%*	6.6%	*6.67%*	6.30%	*6.14%*	↑
	% of open referrals seen within the last 6 months	*77.80%*	*95%*	82.0%	*82.05%*	84.0%	*82.75%*	86.0%	*83.62%*	↑
	% of referrals with a pathway	*71%*	*80%*	75%	*73.90%*	75%	*68.60%*	76%	*69.05%*	↑
	Reduction in number of open referrals	*10,179*	*N/A*	*N/A*	*9964*	*N/A*	*10161*	*N/A*	*10054*	↓
	% of referrals with a cluster that is within the cluster review specified timeframe	*79.6%*	*95%*	*84%*	*73.50%*	*85%*	*67.04%*	*86%*	*63.14%*	↓
Workforce	Number of Experts by Experience employed by the Service Line	*11*	*22*	17	17	17	17	19	17	⇔
	No. of professions with a defined and agreed job plan outline.	*2*	*6*	2	2	4	3	4	3	⇔

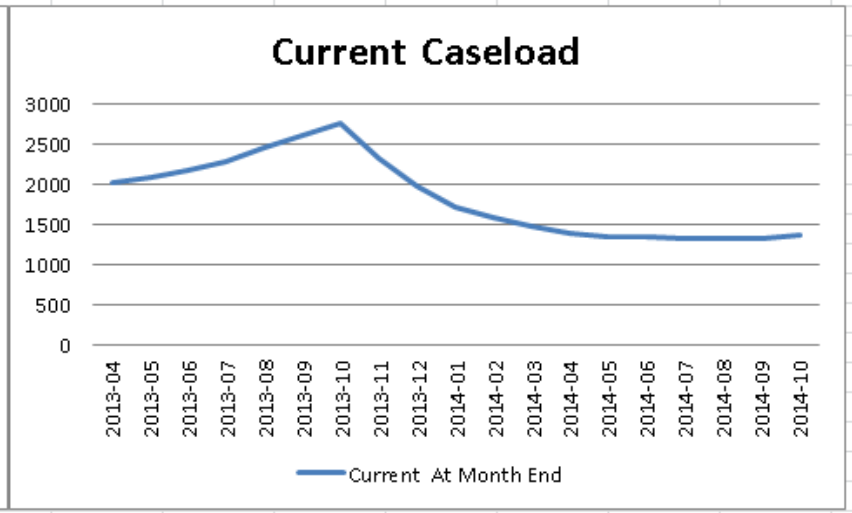
Exception narrative:

- *Well being centres: The new Service Line Director for CRSL will be working to improve the reception space and customer service delivery for the Community sites.*

- *Caseload and workforce: The Single Point of Access project, Phase 2, is being reconfigured and it is likely that the new work programme will be able to pick up and address the issues described in the Caseload and Workforce projects.*

In November 2013 the Medway Community Mental Health Team introduced a ‘One Stop Shop’ style approach to delivery of assessment within the locality from November 2013 and this has had a positive impact on community service delivery. The graphs below demonstrate the impact of this:





In November 2013, there was a marked increase in the number of assessments and discharges – this represents planned activity undertaken by the team to review the caseload and referrals awaiting assessment and to undertake target reviews and management plans with put into practice. This plan was executed by a multi-disciplinary team, with senior clinical leadership from a dedicated Consultant Psychiatrist and Senior Practitioner. The multi-disciplinary team continues to manage the assessment process and from March 2014 onwards the caseload has plateaued, indicating a position of stability.

Further evidence of improvements include:

- 99.1% of service users have a care plan
- 97.6% of service users have had a CPA review within the last 12 months
- 96.5% of service users have a crisis and contingency plan in place
- 92.5% of service users have an assessment within 28 days of referral
- 96.9% of service users commence treatment within 18 weeks

Project	Metrics	Baseline	Target	Aug-14		Sep-14		Oct-14		
Integrated Care for Older Adults Programme - SRO: Justine Leonard - Programme										
Review and redesign of Community Services for Older People	No. of cluster days, Cluster 18	*96,912*	*<10%*	*<5%*	22%	*<6%*	22%	*<7%*	34%	

Exception Narrative:

The Older Adult Service Line is working with CCGs and other providers to agree the milestones of the related CQUIN and is also negotiating around Shared Care arrangements.

Appendix B: Detailed Transformation Programme milestone tracking report

The table below provides a more detailed overview of the work undertaken to date / planned on the KMPT transformation programme.

NB: Information that relates specifically to Medway is highlighted in bold, with other information contained for information or to give context.

PROJECT / SCHEME	PROGRESS THIS MONTH	FORECAST ACTIVITY NEXT MONTH	DEPENDENCIES
Increased inpatient capacity	• ***Emerald* (new ward) phase 1 commenced**	• **Continue phase 1 of Emerald project**	• On going commissioner support in relation to additional capacity created • ***Emerald:* Plans include management of transport arrangements, in partnership with Experts by Experience and the PET.**
Personality Disorder Therapeutic House	• **Outcomes report for initial project phase – includes analysis unscheduled attendances for patients on the pathway** • **Winter Resilience monies used to provide additional capacity on the weekend.**	• **Refine outcome measurements and benefits** • Develop Business Case for East Kent CCGs	• **Securing recurrent funding post pilot.**
Street Triage	• **Trust wide service launched**	• **Commitment to Crisis Care Concordat and declaration signed with partners**	• Successful recruitment

Liaison Psychiatry	• **Operational in Medway 24/7, funding through Winter Resilience monies**		• **Finance** • **Commissioner support** • **Recruitment**
Single Point of Access	• **Single Point of Access event with Medway GPs** • Single Point of Access live in East Kent and West Kent	• **Single Point of Access live in Medway and North Kent CCGs from 1st December.**	• **Commissioner support.** • **Telephony infrastructure.**
Crisis Accommodation / Recovery Accommodation	• High level PID outlining potential future service in development under discussion internally.	• Planning phase continues and includes: o Engage with potential partners o Scope models used nationally o Develop model and business case	• Commissioner support • Support from potential partners • Resources – including estate and staffing (currently specific details, such as the locations of the premises, are yet to be determined)
Acute Day Treatment Service	• Working group, to develop future options established, to include commissioner involvement.	• Planning phase continues and includes: o Link to other services / planned developments o Develop model and business case	• Identification of suitable estate to deliver service. • Commissioner support to ensure service can be developed and is sustained. • Resources – including estate and staffing (currently specific details, such as the locations of the premises, are yet to be determined)
Caseloads Project	• Entry pathway best practice identified and shared, with improvement plans for localities agreed	• Link work to the aspirations for a fully functional Single Point of Access and Urgent Response service	• Workforce • Single Point of Access

Workforce Project	• Care Coordinator survey results analysed and shared • Review the role and contribution of professional within the MDT reviewed**.** • Job Plan review	• Review role of care coordinator and position within MDT. •	• Care Pathways and Pricing • Caseloads project • Cross Service Line workforce plans
Well-Being Centres Project	• Well Being modules delivered in Swale • **National participation in Open Dialogue RCT, commenced in Medway.**	• Further sites for Well Being Modules to be developed	• Communities of Excellence • Estates Strategy • IM&T Strategy
Embedding Care Pathways	• Care Pathway information developed by Experts by Experience • Care Pathways work published to staff	• Care Pathways workshops for Service Users planned	• Communication and engagement. • Information Management.
OASSIS	• Project steering group to continue to oversee progress in relation to the re-location of Cranmer Ward, Canterbury	• Attend Patient Consultative Committee in November/December 2014	
Older Adult Community Services redesign	• Finalise information sharing mechanism in partnership with other providers	• Agree governance arrangements in relation to shared care planning.	• Cross Service Line workforce plans • Commissioner support
Integrated Models of Delivery	• Demand and capacity work in relation to Rehabilitation services continues, with exploration of Community Rehabilitation models.	• Develop vision for future provision of step down services	

Appendix A

Younger Adult Acute Bed Usage

October 2014 Update

Contents

Notes

Notes

• The current bed capacity for KMPT is 170 - this is the position at the end of the month, although actual beds available can vary on a daily basis. The data submitted to the HASC reports a snapshot of beds occupied (as at midnight each day). Reasons for beds showing as available on the HASC report, when they can in fact not be used, include (see appendix 1):

- Maintenance of bed stock e.g. a room has been damaged and needs to be fixed
- Managerially led decisions based on specific circumstances e.g. management of infection control, such as a D&V outbreak
- Time gap in the data set between the discharge of one service user and the admission of another i.e. a bed may be vacant for a short time frame over midnight, whilst one service user is discharged and another takes up occupancy.
- Service users on leave / AWOL

In addition, KMPT has a rolling programme of maintenance to upgrade current accommodation, this is to improve the overall quality and patient experience of inpatient facilities, and may have an impact on the actual beds available daily.

• KMPT has a plan to increase total bed availability to 174 beds, with a 95% optimal operating capacity of 165 (to ensure safety and quality standards meet national guidance). This target should be reached by early summer 2015. KMPT has awarded a contract to a supplier to develop additional capacity to meet commissioner intentions to increase inpatient bed capacity.

• KMPT will always use local beds wherever possible, and when appropriate to individual need. On occasions an external bed placement may be required despite a KMPT bed being available, this decision will be based on how the clinical needs of the patient are best met and a longer term view of the most effective use of beds.

- Graph 1 demonstrates that mean external bed usage year to date remains below the target bed capacity of 174 and the year to date peak is below the peak in September 2013/14
- The 2013/14 and 2014/15 analysis shows an increase in bed usage in during the Summer period. KMPT understands this to be the impact of the holiday period, impacting on both staff and service user behaviour.
- Whilst improvement works are undertaken in Dartford, the reduction in capacity of 4 beds is being mitigated by the acquisition of additional beds in Ticehurst.
- Winter Resilience bids have been agreed by Medway CCG and additional services to support admission avoidance will be deployed, including access to crisis café services and enhanced weekend services at the Personality Disorder Therapeutic House.
- Analysis of service users with frequent attendances in the urgent care setting has been used to drive individual case discussions with senior clinicians and care coordinators – these have been able to inform and improve individual care planning and crisis management.

• There are minimal known data quality issues and where identified, these are flagged to the relevant service manager to ensure prompt resolution e.g. where a closed bed hasn't been updated on RiO.

Medway CCG Use of Younger Adult Acute Beds by Day

			01/10/2014		02/10/2014		03/10/2014		04/10/2014		05/10/2014		06/10/2014		07/10/2014	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald	17	Medway	8	7	7	8	5	8	6	8	7	8	10	7	10	7
Sapphire	16	Dartford	10	6	11	5	11	5	11	5	11	5	10	5	11	5
Amberwood	16	Dartford	4	12	4	12	4	12	4	11	3	13	4	12	3	13
Woodlands	16	Dartford	0	16	0	16	0	15	0	16	0	16	0	16	0	15
Amherst	18	Maidstone	0	18	0	17	0	17	0	17	0	17	0	17	0	17
Brocklehurst Ward	18	Maidstone	0	17	0	17	0	18	0	18	0	18	0	18	0	18
Bluebell	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	17	0	18
Samphire	15	Canterbury	0	14	0	15	0	15	0	15	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	17	0	18	0	18	0	18	0	17	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	17	0	18	0	18	0	18	0	18
Sub Total	**170**		22	143	22	144	20	143	21	144	21	145	24	143	24	144

Total KMPT beds used (Medway + Other)	**165**		**166**		**163**		**165**		**166**		**167**		**168**	
Total KMPT beds not used	3		2		6		4		3		2		1	
Actual Beds Available	168		168		169		169		169		169		169	

External to KMPT (see notes below)	4	10	3	9	4	8	4	8	4	8	4	8	6	7

KMPT + external beds used by group	26	153	25	153	24	151	25	152	25	153	28	151	30	151
Total beds used (KMPT + external)	179		178		175		177		178		179		181	

Medway CCG Use of Younger Adult Acute Beds by Day

			08/10/2014		09/10/2014		10/10/2014		11/10/2014		12/10/2014		13/10/2014		14/10/2014	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald	17	Medway	9	7	7	9	7	9	7	9	8	9	8	8	8	8
Sapphire	16	Dartford	10	6	11	5	11	5	11	5	11	5	11	4	11	4
Amberwood	16	Dartford	3	13	3	13	2	14	2	14	2	14	2	14	1	15
Woodlands	16	Dartford	0	16	0	16	0	15	0	16	0	16	1	15	1	15
Amherst	18	Maidstone	0	17	0	17	0	18	1	17	1	16	0	18	0	18
Brocklehurst Ward	18	Maidstone	0	16	0	18	0	17	0	18	0	18	0	18	0	18
Bluebell	18	Canterbury	0	18	0	17	0	16	0	16	0	15	0	15	0	18
Samphire	15	Canterbury	0	15	0	15	0	15	0	15	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	17	0	18
Sub Total	**170**		22	144	21	146	20	145	21	146	22	144	22	142	21	147

Total KMPT beds used (Medway + Other)			**166**		**167**		**165**		**167**		**166**		**164**		**168**	
Total KMPT beds not used			3		2		4		2		3		5		1	
Actual Beds Available			169		169		169		169		169		169		169	

External to KMPT (see notes below)			5	8	5	9	5	10	5	10	5	13	5	13	5	14

KMPT + external beds used by group			27	152	26	155	25	155	26	156	27	157	27	155	26	161
Total beds used (KMPT + external)			179		181		180		182		184		182		187	

Medway CCG Use of Younger Adult Acute Beds by Day

			15/10/2014		16/10/2014		17/10/2014		18/10/2014		19/10/2014		20/10/2014		21/10/2014	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald	17	Medway	8	7	8	8	7	8	7	8	8	8	8	8	9	8
Sapphire	16	Dartford	12	4	12	4	12	4	12	4	12	4	12	4	12	4
Amberwood	16	Dartford	1	15	1	15	1	15	1	15	1	15	1	15	1	15
Woodlands	16	Dartford	1	15	1	13	2	14	2	14	2	14	2	14	2	14
Amherst	18	Maidstone	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Brocklehurst Ward	18	Maidstone	0	18	0	18	0	17	0	17	0	17	0	17	0	17
Bluebell	18	Canterbury	0	18	0	17	0	16	1	17	1	17	1	17	1	17
Samphire	15	Canterbury	0	15	0	14	0	15	0	14	0	14	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	17	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	17	0	18
Sub Total	**170**		22	146	22	143	22	143	23	143	24	143	24	142	25	144

Total KMPT beds used (Medway + Other)			**168**		**165**		**165**		**166**		**167**		**166**		**169**	
Total KMPT beds not used			1		4		4		3		2		3		1	
Actual Beds Available			169		169		169		169		169		169		170	

External to KMPT (see notes below)			4	13	3	13	3	15	3	16	5	17	5	16	4	17

KMPT + external beds used by group			26	159	25	156	25	158	26	159	29	160	29	158	29	161
Total beds used (KMPT + external)			185		181		183		185		189		187		190	

Medway CCG Use of Younger Adult Acute Beds by Day

			22/10/2014		23/10/2014		24/10/2014		25/10/2014		26/10/2014		27/10/2014		28/10/2014	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald	17	Medway	8	8	8	8	7	8	7	8	7	9	8	8	9	7
Sapphire	16	Dartford	12	3	13	3	12	4	12	4	12	4	12	4	11	5
Amberwood	16	Dartford	1	15	1	15	1	15	1	15	1	15	1	14	2	14
Woodlands	16	Dartford	2	14	2	13	2	12	2	14	2	14	2	14	2	14
Amherst	18	Maidstone	0	18	0	18	0	17	0	17	0	16	0	17	0	17
Brocklehurst Ward	18	Maidstone	1	16	1	16	0	16	0	16	1	17	0	18	1	17
Bluebell	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Samphire	15	Canterbury	0	15	0	15	0	14	0	14	0	14	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Sub Total	**170**		24	143	25	142	22	140	22	142	23	143	23	144	25	143

Total KMPT beds used (Medway + Other)			**167**		**167**		**162**		**164**		**166**		**167**		**168**	
Total KMPT beds not used			3		2		6		4		2		1		0	
Actual Beds Available			170		169		168		168		168		168		168	

External to KMPT (see notes below)			3	18	3	20	3	19	2	19	2	19	2	17	2	16

KMPT + external beds used by group			27	161	28	162	25	159	24	161	25	162	25	161	27	159
Total beds used (KMPT + external)			188		190		184		185		187		186		186	

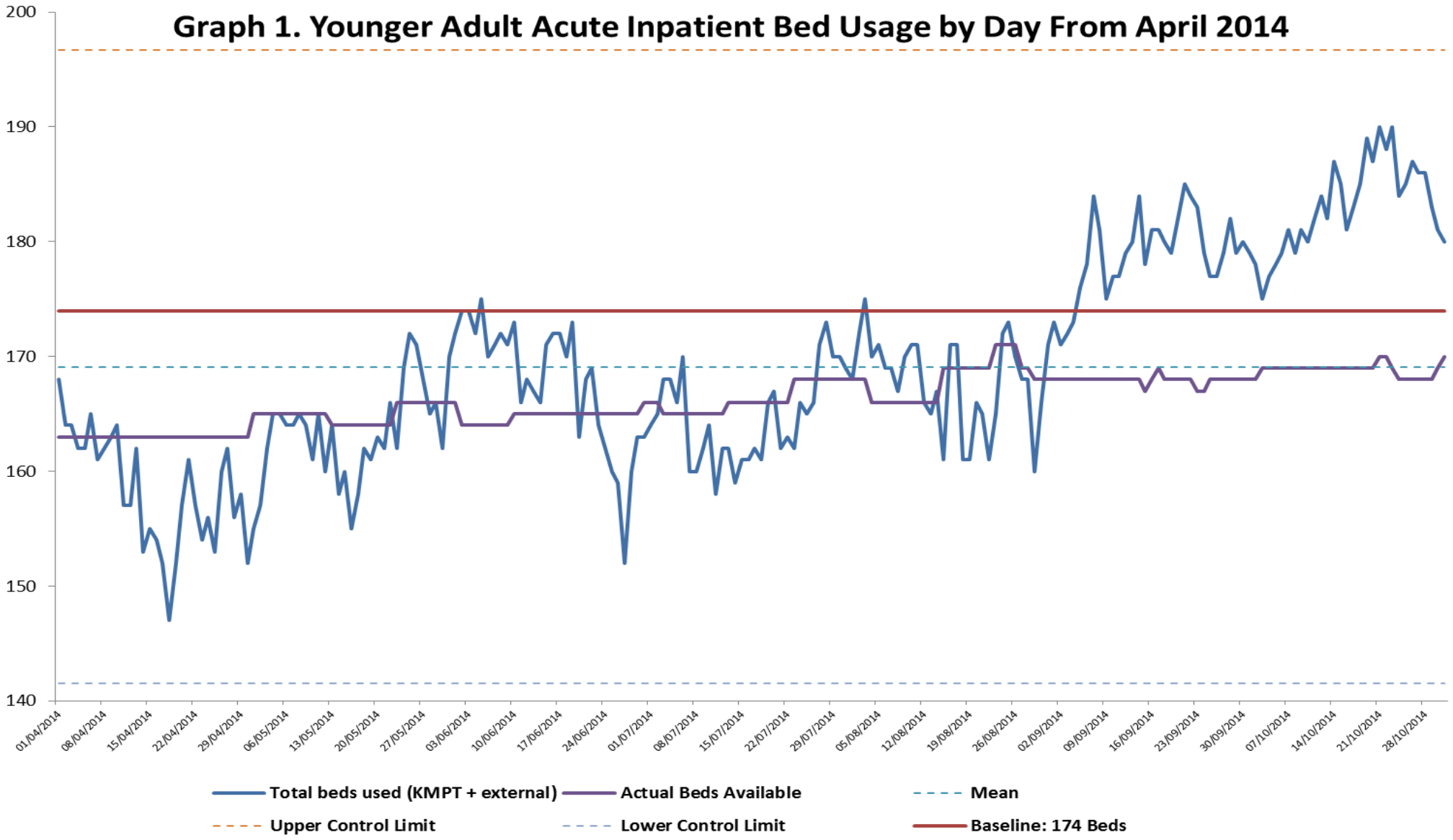
Medway CCG Use of Younger Adult Acute Beds by Day

			29/10/2014		30/10/2014		31/10/2014	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald	17	Medway	10	5	10	6	11	5
Sapphire	16	Dartford	11	5	11	5	11	5
Amberwood	16	Dartford	1	14	1	14	1	15
Woodlands	16	Dartford	3	13	3	12	3	13
Amherst	18	Maidstone	0	17	0	17	0	17
Brocklehurst Ward	18	Maidstone	0	18	0	18	0	18
Bluebell	18	Canterbury	0	18	0	18	0	18
Samphire	15	Canterbury	0	15	0	14	0	14
Fern Ward	18	Canterbury	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	1	17	1	16
Sub Total	**170**		25	141	26	139	27	139

Total KMPT beds used (Medway + Other)	**166**		**165**		**166**	
Total KMPT beds not used	2		4		4	
Actual Beds Available	168		169		170	

External to KMPT (see notes below)	2	15	2	14	2	12

KMPT + external beds used by group	27	156	28	153	29	151
Total beds used (KMPT + external)	183		181		180	


Graph 1. Younger Adult Acute Inpatient Bed Usage by Day From April 2014
200
190
180
170
160
150
140
01/04/2014
08/04/2014
15/04/2014
22/04/2014
29/04/2014
06/05/2014
13/05/2014
20/05/2014
27/05/2014
03/06/2014
10/06/2014
17/06/2014
24/06/2014
01/07/2014
08/07/2014
15/07/2014
22/07/2014
29/07/2014
05/08/2014
12/08/2014
19/08/2014
26/08/2014
02/09/2014
09/09/2014
16/09/2014
23/09/2014
30/09/2014
07/10/2014
14/10/2014
21/10/2014
28/10/2014
Total beds used (KMPT + external)
Actual Beds Available
Mean
Upper Control Limit
Lower Control Limit
Baseline: 174 Beds

External Bed Day Usage Costs

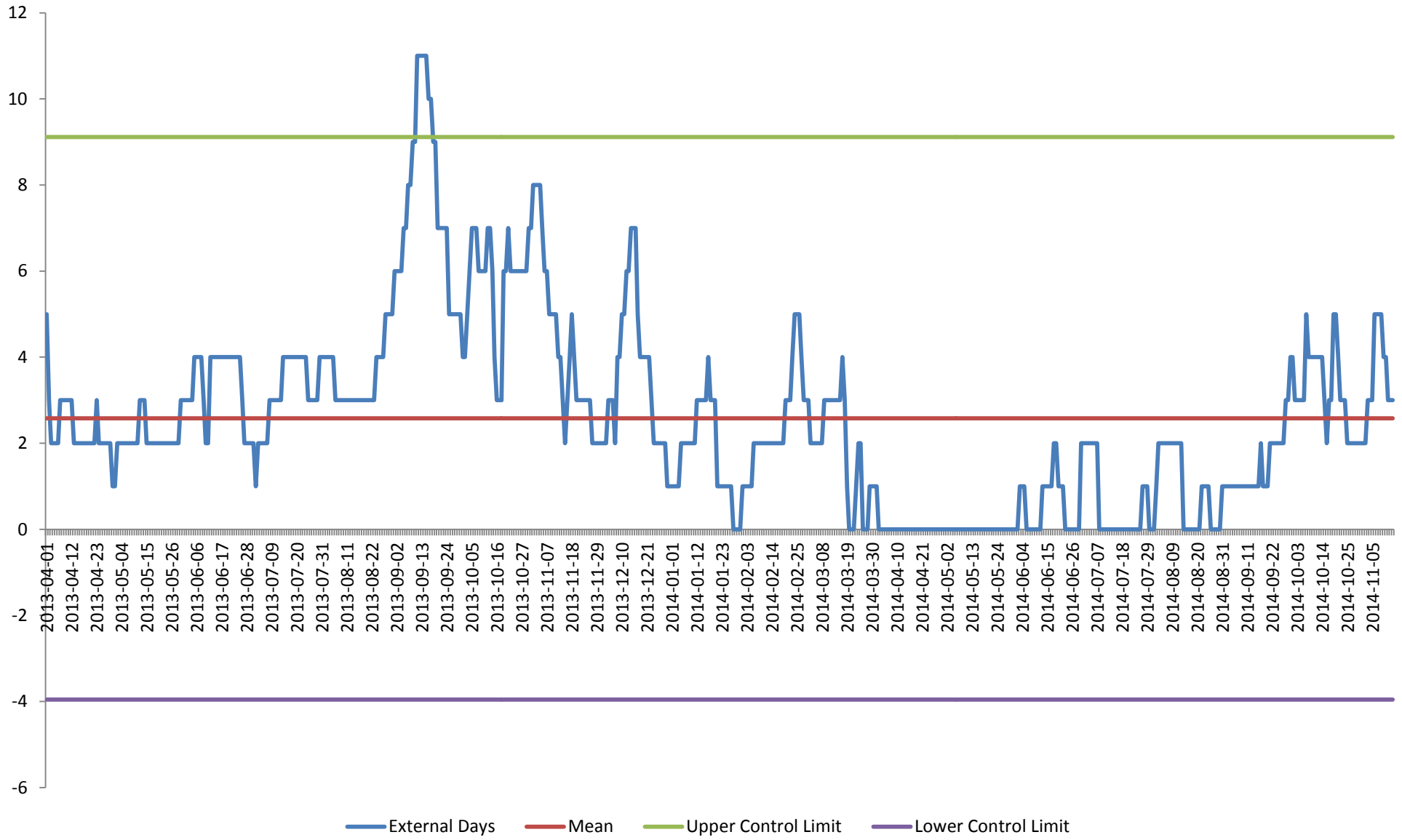
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15
Medway CCG External Bed Days Used	1	0	17	17	28	45	114						222
Other External Bed Days Used	43	126	210	141	136	344	411						1411
Total External Bed Days Used	44	126	227	158	164	389	525						1633
Cost per day	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	
Total Cost	£34,320	£98,280	£177,060	£123,240	£127,920	£303,420	£409,500	£0	£0	£0	£0	£0	£1,273,740

Bed prices are calculated on 2013/14 averages including specialty costs

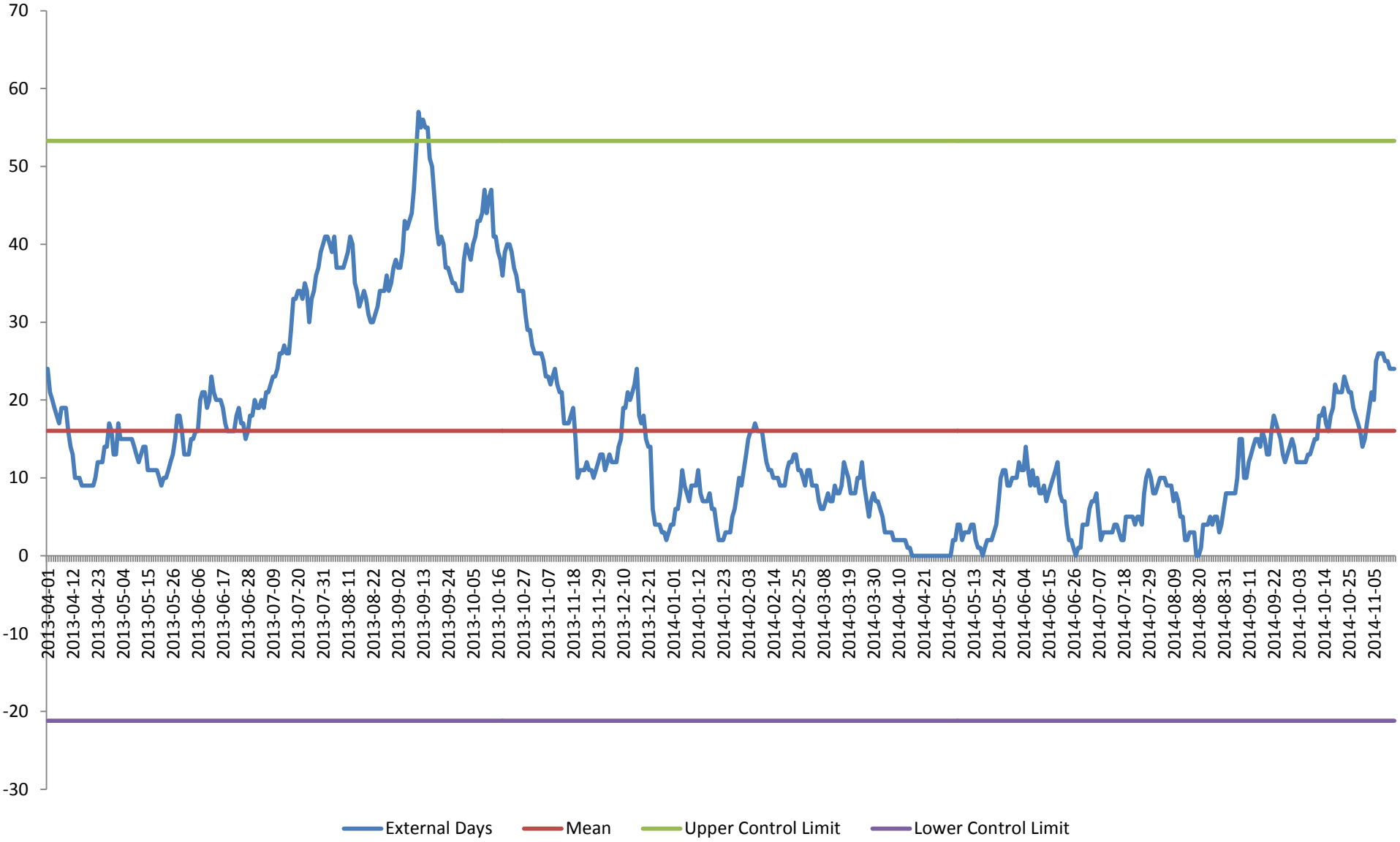
Appendix 1. Available bed days per day by ward

	20141001	20141002	20141003	20141004	20141005	20141006	20141007	20141008	20141009	20141010	20141011	20141012	20141013	20141014	20141015	20141016	20141017	20141018	20141019	20141020	20141021	20141022	20141023	20141024	20141025	20141026	20141027	20141028	20141029	20141030	20141031
Emerald	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	17	17	16	16	16	16	16	16	16	16	17
Sapphire	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Amberwood	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Woodlands	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Amherst	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	17	17	17	17	17	17	18	18
Brocklehurst Ward	17	17	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Bluebell	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Samphire	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Fern Ward	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Foxglove Ward	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Grand Total	**168**	**168**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**170**	**170**	**169**	**168**	**168**	**168**	**168**	**168**	**168**	**169**	**170**

Medway CCG YA Acute External Bed Usage 2013/14 & 2014/15 To Date



KMPT YA Acute External Bed Usage 2013/14 & 2014/15 To Date



Kent and Medway NHS
NHS and Social Care Partnership Trust

Meeting:	Quality Committee
Date:	21th September 2014
Subject:	Quality Digest Complaints and Serious Incidents [SI] Integrated Report – September 2014 data
Reporting Officers:	Catherine Kinane - Executive Medical Director Pippa Barber – Executive Director of Nursing and Governance/ Executive Complaint Board Lead
Purpose:	For Information and Discussion

Please indicate as appropriate	
Trust Objective:	Improve Patient Experience Improve our Clinical Models Maintain and Improve Standards
Risks identified:	Failure to learn from Serious Incidents will put patients at risk of harm. Failure to learn from Complaints could put patients at risk of harm. Failure to achieve compliance could impact on Trust reputation.
Impact on Quality:	It is essential that any learning from Complaints and SIs leads to improvements in service delivery and the quality of the services being provided.
Impact on Equality:	SIs are monitored to ensure patient safety is maintained for all. Ensuring equal access to safe services as some Complaints could impact on Equality.
Legal Implications	Ensuring compliance with relevant legislation. Some SIs and Complaints might also have a potential for litigation.

Summary:

This report contains headline information regarding the complaint and SI activity for September 2014.

The total number of serious incidents recorded for September is 13. Seven cases were reported up to STEIS in September. There were four closures in September by the closure groups. There were 29 internal closures.
There were no breaches in September.

The Patient Experience team received 28 new reportable complaints and 7 MP enquiries this month and closed 29.

Learning from Complaints
All aspects of clinical treatment (22 issues) record the highest number of issues highlighted in complaints this month whilst the next largest trend was Admissions, discharge and transfer arrangements (4 issue) and then Appointments delay and cancellations (3 issues).

Of the 29 complaints and MP enquiries closed in September, 4 were upheld and a further 7 were partially upheld whist 6 more were closed as the issue giving rise to the complaint was resolved or assistance given. Issues in upheld and partially upheld complaints closed in September included a number of issues around how we engage with carers. Acute care identified the need to ensure carer engagement around discharge whilst CRSL and older adult complaints have included communicating with carers as an area of concern. Communications around the protocols for visitors to Forensic inpatient services were also highlighted in a forensic complaint which also highlighted the need to demonstrate respect towards a client's faith.

Communications were also highlighted in other upheld complaints with concerns that written information is not always provided in a timely fashion – it was stated that the Trust has a 7 day standard to send letters following an appointment but this is not always met - and that referral letters ought to give an indication of how long a wait will be for an appointment if the appointment date cannot be provided. The accuracy of reports was challenged in one upheld CRSL complaint and the need to ensure GP letters are shared with patients was noted.

Further issues highlighted in Acute were the need for environmental improvements on a ward which is already in hand as is the need for improved guidance for visitors. CRSL also highlighted some concerns around care coordination, returning telephone calls and ensuring cover when a staff member is off sick.

Each of the issues above is highlighted to the relevant service line that is responsible for responding to the lessons learned. Please note that as of October 1st all specialist services have moved from their former service line in conjunction with older adult service and will be managed within the Forensic and Addiction service line, except for PCPTS that are moving into the CRSL. Our complaints management processes will change to reflect this with Specialist services being managed through our Maidstone office along with the other Forensic services, and older adult services being managed geographically across Kent i.e. West Kent and Medway via Maidstone and East Kent via Canterbury.

Serious incident

The number of serious incidents has declined by 10 from last month the largest decrease can be seen with the Community Recovery Service Line.

There were no recorded suspected suicides in September.

A serious incident, resulting in no harm, was reported where a patient managed to fix a ligature to an incorrect fitting of a magnetic anti-ligature collapsible curtain rail. Dr Kinane visited this ward and other wards on the site and reviewed the fixings. As a result of this the risk lead, H&S lead and Patient safety manager are developing a new ligature risk assessment tool with a change of emphasis on not just identifying but testing and evaluating how much risk each ligature point poses. This will be discussed at the next ligature audit group on the 15th October and will report to the TPSG.

The Complaints, serious incident and legal teams have restarted, after the summer break, the training program on why we investigate and the role of the coroner.

Work is continuing with British Transport police in attempts to reduce deaths on the railways. A preliminary meeting is being planned to see if the Trust can help with Mental Health awareness training for the British Transport Police. A meeting is scheduled for the 16th October to discuss and plan the Mental Health awareness training.

A Kent wide working group led by Medway and North Kent CCG are leading on a new Framework and universal documentation used by all providers across Kent. There are different working groups that will be looking at aspects of the investigating serious incidents framework. KMPT will be active in the work stream covering and defining what covers a serious incident. The patient safety manager will report back to the TPSG.

High Level monthly figures for Serious incidents September:
Total Sis: 13 (decrease of increase of 10)
Suspected suicides in Month: 0 (decrease of 3)
Serious self harm: 3 (decrease of 2)
AWOLS: 2(increase of 1)
Absconded: 0 (same)
Falls: 2 (same)
Internal Incident Closure: 28 (a decrease of 19)

Deprivation of Liberty Safeguards
The DoLS applications from KMPT wards were:
April – June = 12
July = 3
September = 13
All above were authorised.

Recommendation:

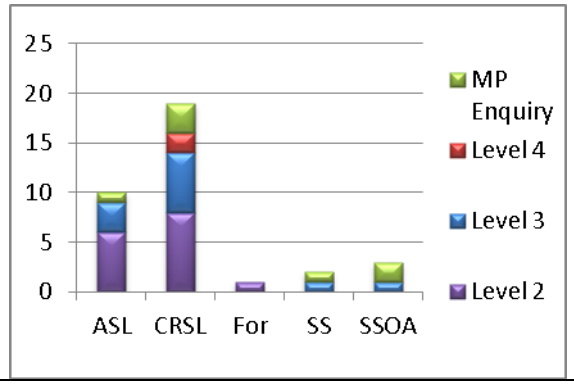
- To note the change in arrangements for managing patient experience contacts in specialist services and older adult services
- To Note there have been no reported suspected suicides in September
- To continue to receive feedback from service lines relating to the closure of serious incidents and complaints.
- To discuss how actions and learning are reported and communicated throughout the service lines.
- The Group is requested to discuss the contents of this report and offer any comments and feedback in relation to the issues arising from the cases identified.

Quality Digest Dashboard for September 2014 – Integrated Complaints and Serious Incident Analysis

COMPLAINTS/MP

Complaints by Service Line and Level

Total 35



Subject with highest number of complaints

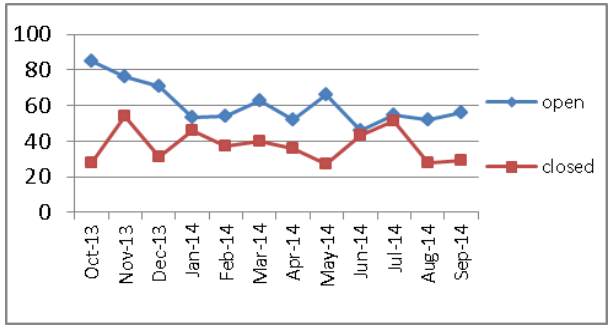
All aspects of clinical treatment	22
Admissions, Discharge & Transfer arrangements	4
Appointments, delay/cancellation (outpatient)	3

This month there was one complaint for communication and attitude of staff.

Closed Reportable Complaints

	Closed Sept	All open
ASL	8	10
CRS	16	31
FOR	3	2
SS	0	3
SS OA	2	10
Total	**29**	**56**

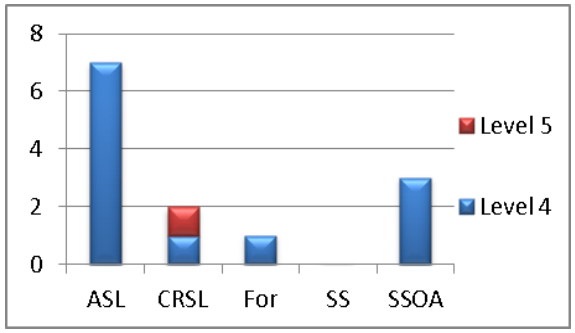
All Open/closed Reportable Complaints



SERIOUS INCIDENTS

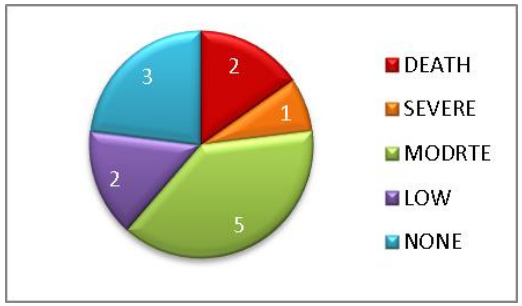
Serious Incidents by Service Line and Level

Total 13



No never events

Severity

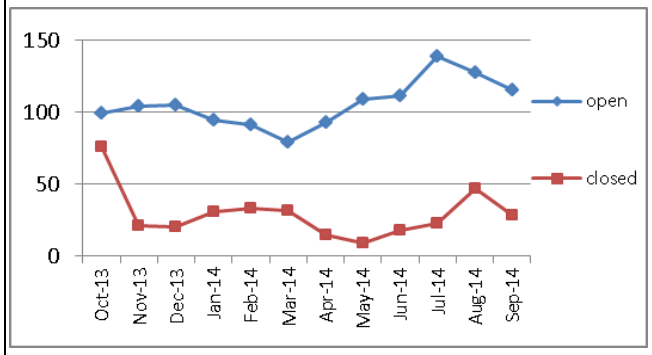


2 deaths =1 unexpected, 1 natural
3 Self harm = 2 moderate, 1 severe
2 AWOL on MHA -no harm

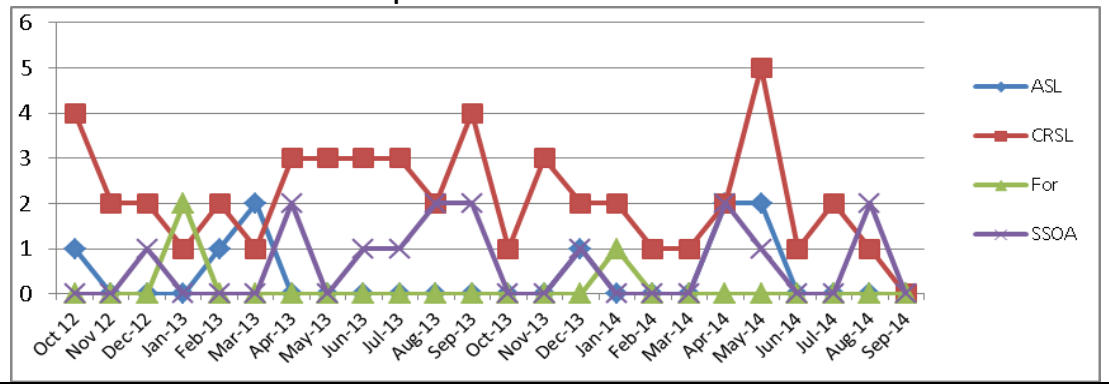
Closed Serious Incidents

	Closed Sept	All open
ASL	14	38
CRS	6	42
FOR	0	6
SS	1	3
SSOA	7	26
Total	**28**	**115**

All Open/closed Serious Incidents



All Suspected Suicides over last 24 months



There were no never events
There were no medication incidents.

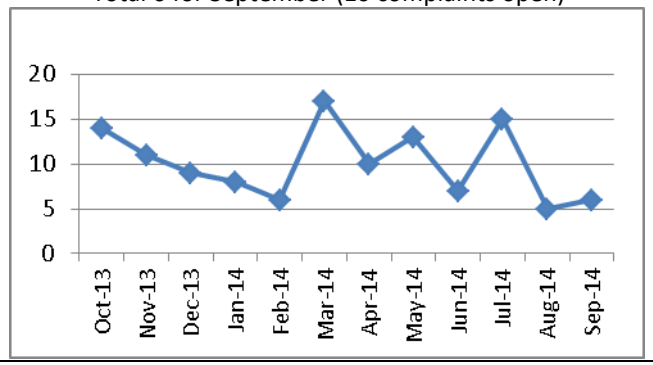
The Quality Account monitors all inpatient falls of severity moderate and severe :
From April 2014 to September 2014 there have been 16 recorded.

Acute Service Line
Quality Digest Dashboard for September 2014 – Integrated Complaints and Serious Incident Analysis

COMPLAINTS/MP Enquiries

Complaints & MP Enquiries

Total 6 for September (10 complaints open)



Subject with highest complaints

	Total
All aspects of clinical treatment	7
Admissions, Discharge & Transfer arrangements	1
Patients property and expenses	1
Attitude of Staff	1

Location with highest complaints

	Total
Bluebell	1
Maidstone Liaison Team	1
Emerald Ward	1
Samphire Ward	1
Woodlands Ward	1
Maidstone and SWK CRHTT	1
Liaison Psychiatry Team	1

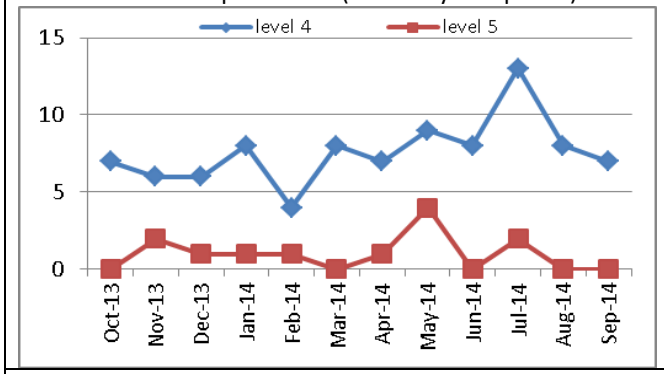
Complaint outcomes

Concerns resolved	3
LR Not Upheld	2
LR Upheld	1
No Action/Response Required	1
LR Partially Upheld	1

SERIOUS INCIDENTS

Serious Incidents by Month and level

Total for September 7 (Currently 38 open SI)



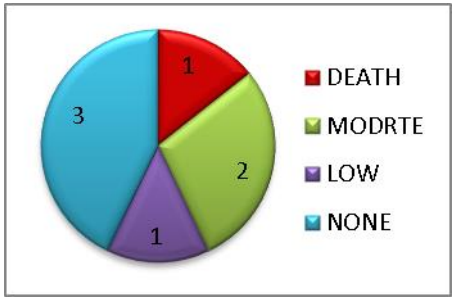
Adverse Events

	Total
AWOL - on MHA section	2
Natural causes	1
Physical abuse, assault or violence	1
Self harm - actual	1
Unwell / Ill - other	1
Verbal abuse or disruption	1

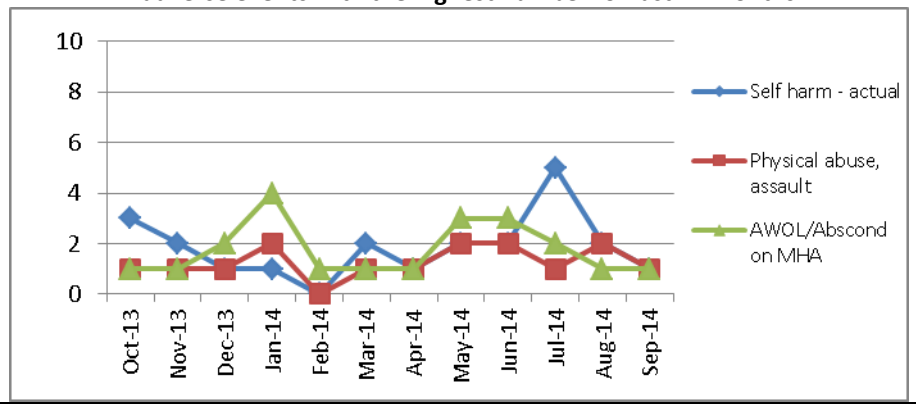
Sis by Location

	Total
Amhurst Ward	1
Brocklehurst Ward	1
Emerald Ward	1
Fern Ward	1
Foxglove Ward	1
Medway/Swale CRHT	1
SEK CRHT	1

Severity



4 adverse events with the highest number for last 12 months



There were no never events

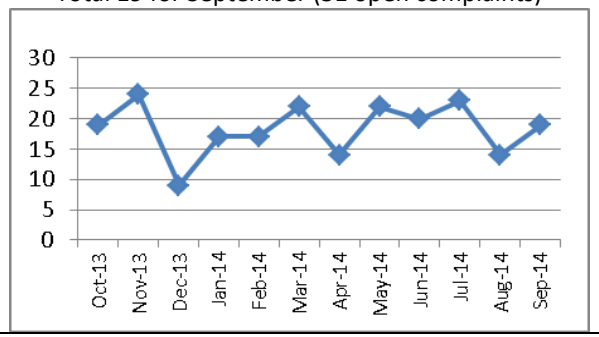
.

Community Recovery Service Line
Quality Digest Dashboard for September 2014 – Integrated Complaints and Serious Incident Analysis

COMPLAINTS/MP Enquiries

Complaints & MP Enquiries

Total 19 for September (31 open complaints)



Subject with highest complaints

	Total
All aspects of clinical treatment	11
Appointments, delay/cancellation (outpatient)	3
Admissions, Discharge & Transfer arrangements	2

Location with highest complaints

	Total
Medway C.M.H.T.	4
Maidstone CMHT	4
DGS CMHT	3
Ashford CMHT	3
Thanet CMHT	2

1 locations had one complaint.

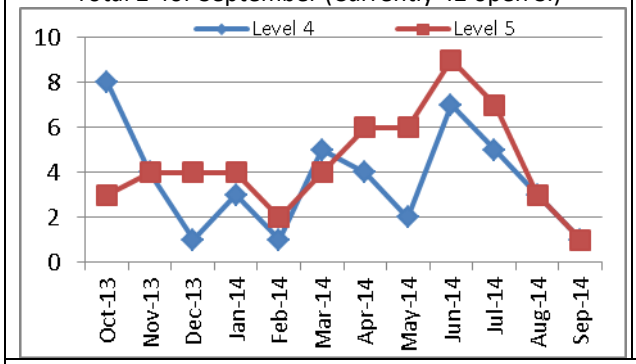
Complaint outcomes for September

LR Partially Upheld	4
LR Not Upheld	4
Assistance Given	3
LR Upheld	2
LR Withdrawn	1
Insufficient Evidence	1

SERIOUS INCIDENTS

Serious Incidents by Month and level

Total 2 for September (Currently 42 open SI)



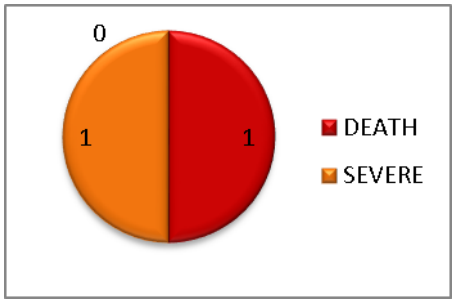
Adverse Events

	Total
Unexpected/Unexplained Death	1
Self harm - actual	1

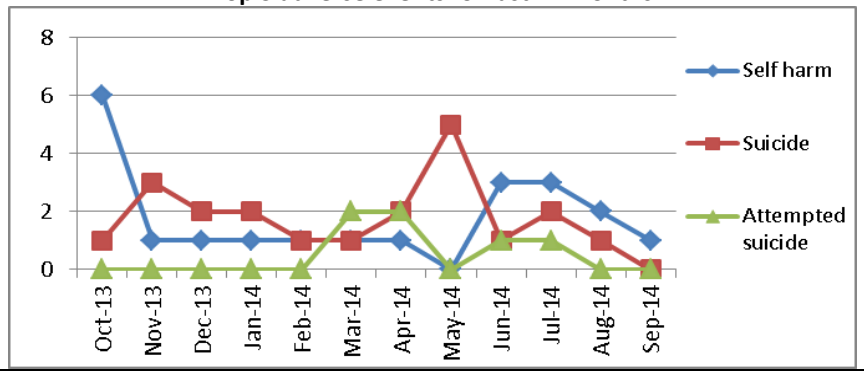
Sis by Location

	Total
Canterbury Coastal CHMT	1
Maidstone CMHT	1

Severity



Top 3 adverse events for last 12 months



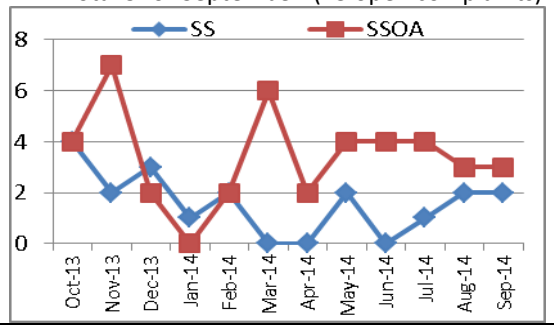
There were no never events

Specialist Services and Older Adult Service Line
Quality Digest Dashboard for September 2014 – Integrated Complaints and Serious Incident Analysis

COMPLAINTS/MP Enquiries

Complaints & MP Enquiries

Total 5 for September (13 open complaints)



Subject with highest complaints

	Total
All aspects of clinical treatment	4

Recorded under the sub-subject Treatment/Care/Support Lack of

Complaints by Location

Outpateint / Day therapy	2
Shepway CMHT for Older People	1

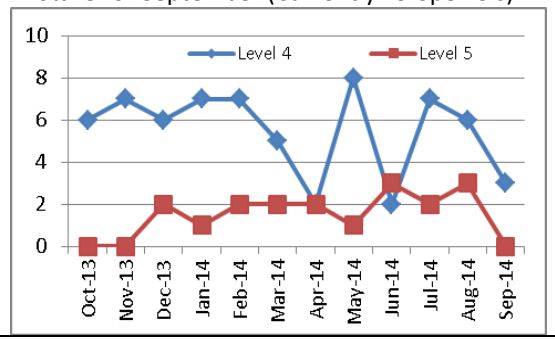
Complaint outcomes

Upheld	1
LR Partially Upheld	1

SERIOUS INCIDENTS

Serious Incidents by Month and level

Total 3 for September (Currently 29 open SIs)



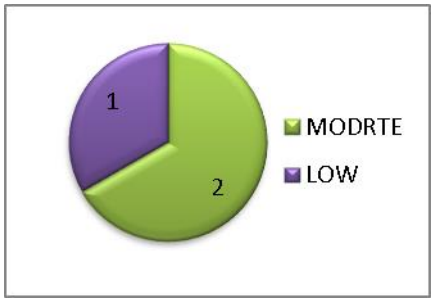
Adverse Events

	Total
Fall from a height, bed or chair	1
Fall on level ground	1
Other - please specify in description	1

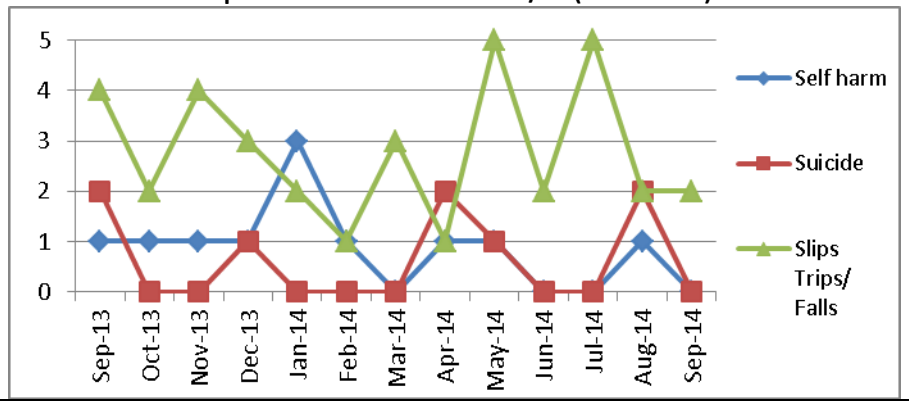
Sis by Location

	Total
Woodchurch Ward	2
The Orchards	1

Severity



Top 3 adverse events for 2013/14 (inc All Falls)



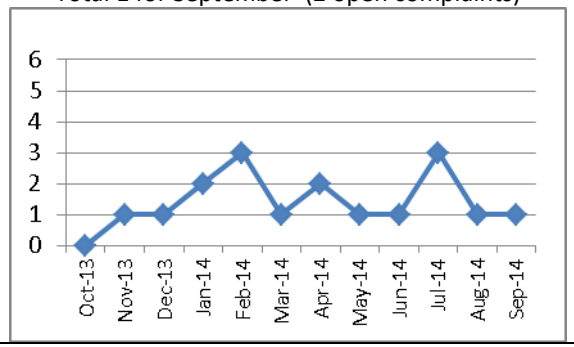
There were no never events.

Forensic Service Line
Quality Digest Dashboard for September 2014 – Integrated Complaints and Serious Incident Analysis

COMPLAINTS/MP Enquiries

Complaints & MP Enquiries

Total 1 for September (2 open complaints)



Subject with highest complaints

Admissions, Discharge & Transfer arrangements	1

Complaints by Location

Emmets Ward	1

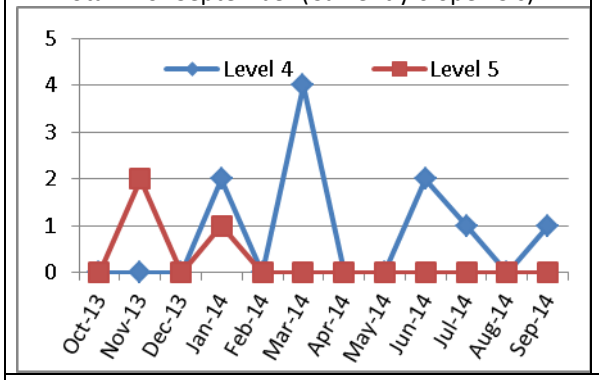
Complaint outcomes

Not Upheld	2
LR Partially Upheld	1

SERIOUS INCIDENTS

Serious Incidents by Month and level

Total 1 for September (Currently 6 open SIs)



Adverse Events

Self harm - actual	1

Sis by Location

Emmetts Ward	1

Severity

Moderate	1

Adverse events for last 12 months

Physical abuse, assault or violence	4
Unexpected/Unexplained Death	2
Suicide (completed), whether proven or suspected	1
Self harm - actual	1
Illicit use of drugs	1
Treatment, procedure - other adverse event	1
Other - please specify in description	1
Delay / difficulty in obtaining clinical assistance	1
AWOL - on MHA section	1

No trend can be identified between location, serious incident and complaints

There were no never events

.

Quality Committee Report – September
Complaints and Serious Incident Analysis

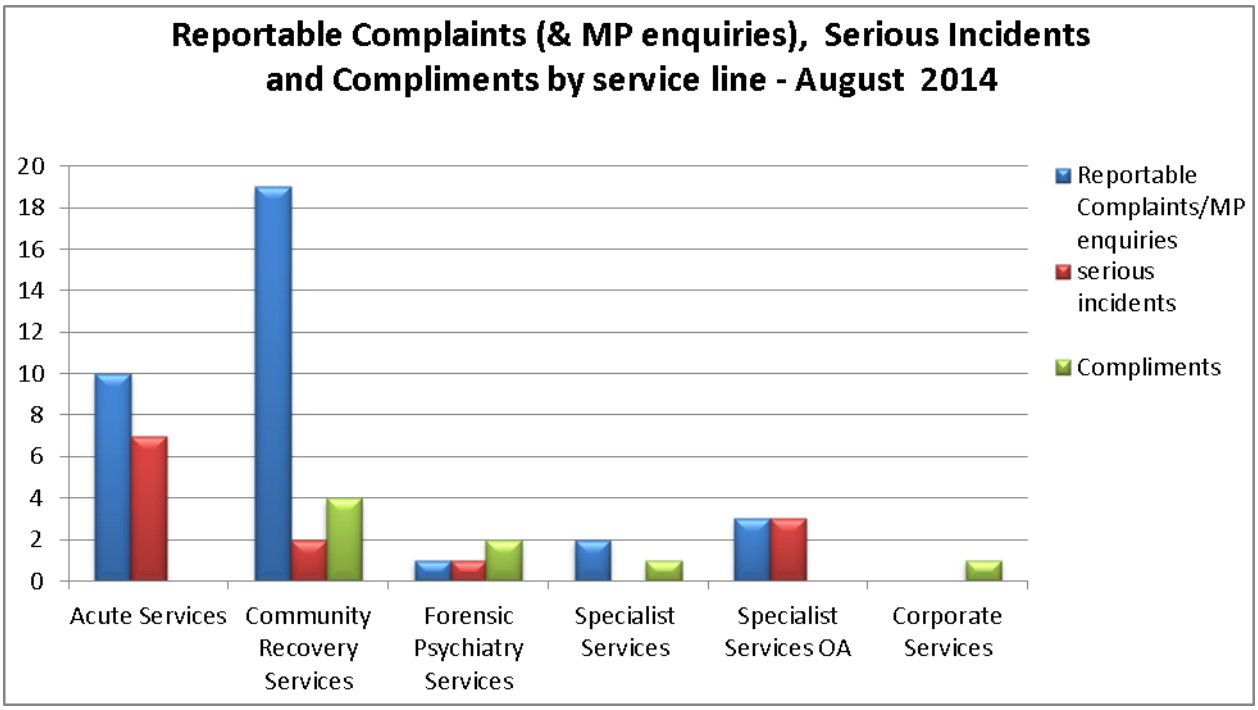
The data included within this report is captured through the Datix risk management system. This report provides a high level analysis of information regarding serious incidents, complaints and claims from 01 – 30 September 2014 along with rolling year data from 01 October 2013 – 30 September 2014.

Serious Incidents are reported to the SI team where full details are captured and discussed by a panel. SIs are graded at either a level 4 or level 5. Where incidents are reported to the CCG using the STEIS database, they are graded by the CCG as grades 0, 1 and 2. The complaints team will assess each complaint to ensure it is set to the appropriate complaint type, ensuring an appropriate investigation and the correct level of response. Both the SI and complaint level definitions can be found in the appendix.

SI and Complaints analysis from Datix.

During the month of September 2014 there were 118 contacts recorded by the complaints office (including all enquiries and possible complaints), 28 of these were level 2-4 reportable complaints and 7 MP enquiries. There have been 13 SIs for the period, these are detailed below.

The graph below shows the relationship between the Reportable complaints (and MP enquiries), Compliments and the Serious Incidents which have been recorded during September 2014



COMPLAINTS – September 2014

During the month there have been 28 reportable complaints at level 2 - 4, 7 MP enquiry, 83 other cases/contacts including possible complaints and compliments, requests for assistance. Possible complaints and other cases are not included in the following analysis. All the following September information includes reportable complaints and MP enquiries.

Complaints	**NEW CASES – September 2014**					
Service Line	**Level 2**	**Level 3**	**Level 4**	**MP Enquiries**	***All Open as at 30.098.14**	***Closed since last report (as at 30.09.14)**
Acute	6	3		1	10	8
Community/Recovery	8	6	2	3	31	16
Forensic	1				2	3
Specialist Services		1		1	3	0
Specialist - Older Adult		1		2	10	2
Corporate	0	0	0	0	0	0
TOTAL	**15**	**11**	**2**	**7**	**56**	**29**

As at 7/10/14 there were 3 complaints that had gone beyond their agreed timeframe without an extension being agreed with the complainant, 1 was in specialist services and 2 in CRSL. 2 of these are with the CEO office for signature.

Complaints subject with highest number

All aspects of clinical treatment	22
Admissions, Discharge & Transfer arrangements	4
Appointments, delay/cancellation (outpatient)	3
Patients privacy and dignity	1
Patients property and expenses	1
Attitude of Staff	1
Communication/information to patients (written and oral)	1

Communication and Attitude of staff are the lowest level complaints recorded this month.

There have been 4 upheld complaints in September

In 4 different locations

Communication/information to patients	1
Appointments, delay/cancellation	1
Admissions, Discharge & Transfer arrangements	1
All aspects of clinical treatment	1

7 were partially upheld at 6 different locations

Within the subjects the highest number of complaints falls within the 'sub subject':

Treatment/Care/Support Lack of	14

Locations with highest number of complaints

Medway C.M.H.T.	4
Maidstone CMHT	4
Ashford CMHT	3
Dartford Gravesend and Swanley CMHT	3

A further breakdown by outcome and sub-subject of Medway CMHT complaint in September

No complaints were upheld

1- LR partially upheld

1– LR not upheld

All aspects of clinical treatment	2
Communication/information to patients	1
Appointments, delay/cancellation	1

Rolling Year October 2013 to September 2014 – Total 452
Including MP Enquiries.

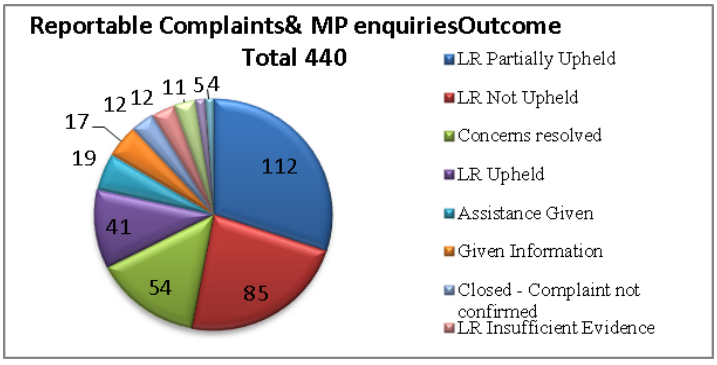
Complaints by Service line

Community Recovery Services	230
Acute Services	128
Specialist Services - Older	40
Specialist Services	21
Forensic Psychiatry Services	18
Corporate Services	3

Locations with highest number of complaints

Medway C.M.H.T.	37
Maidstone CMHT	16
Ashford CMHT	16
Bluebell Ward	15
Foxglove Ward	14
Dartford Gravesend and Swanley CMHT	13
South West Kent Recovery	13

Outcome



Upheld Complaints

LR Upheld	41
Community Recovery Services	15
Acute Services	16
Specialist Services - Older	6
Specialist Services	2
Forensic Psychiatry Services	2

Complaint subjects with highest number:

All aspects of clinical treatment	169
Attitude of Staff	67
Appointments, delay/cancellation	43
Admissions, Discharge & Transfer arrangements	43
Communication/information to patients (written and oral)	41

There has been no change in the top complaint subjects.

Breakdown of Sub – Subjects

Treatment/Care/Support Lack of	86
Rudeness	23
Disinterested/Uncaring Behaviour	20
Access to Service	18
Waiting time for appointment	18
Discharge Premature	17
Lack/Poor of information (patients)	16

The highest level of upheld complaints falls within the following teams

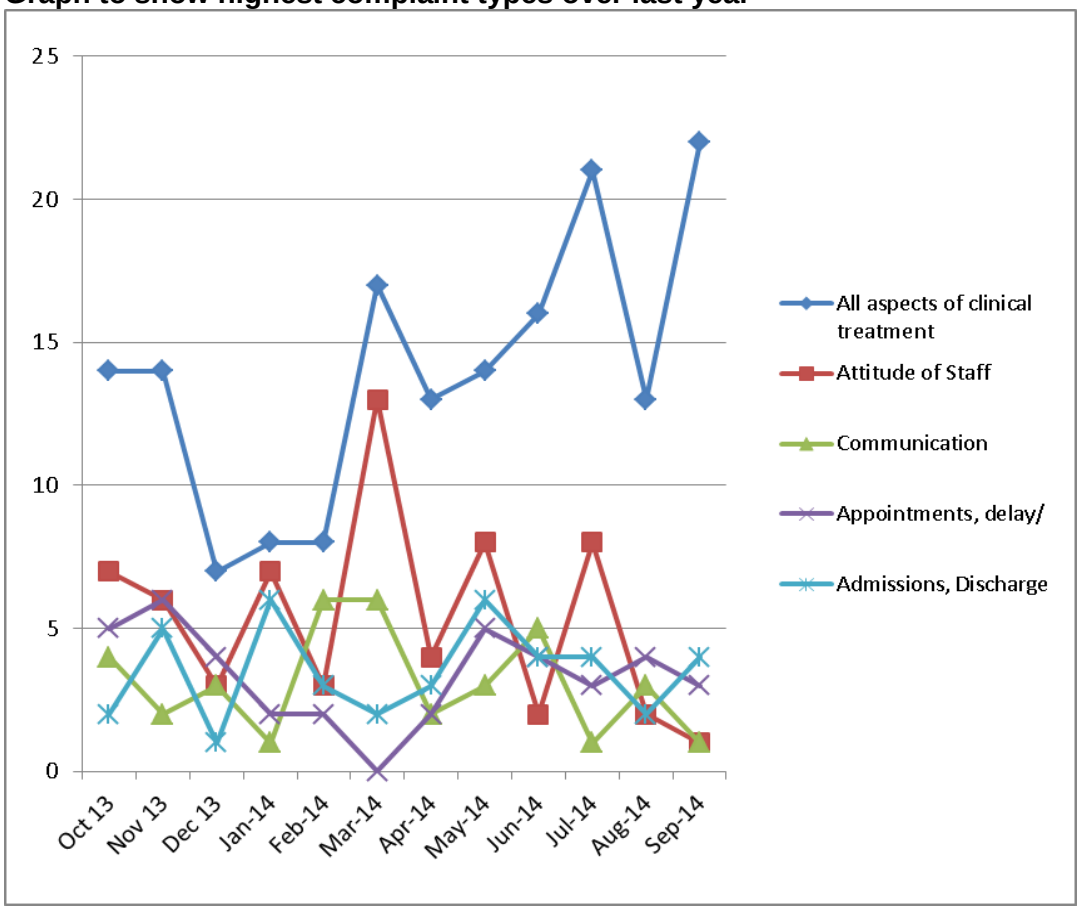
Foxglove	8
DGS Access	4

All Upheld Complaints by subject (41)

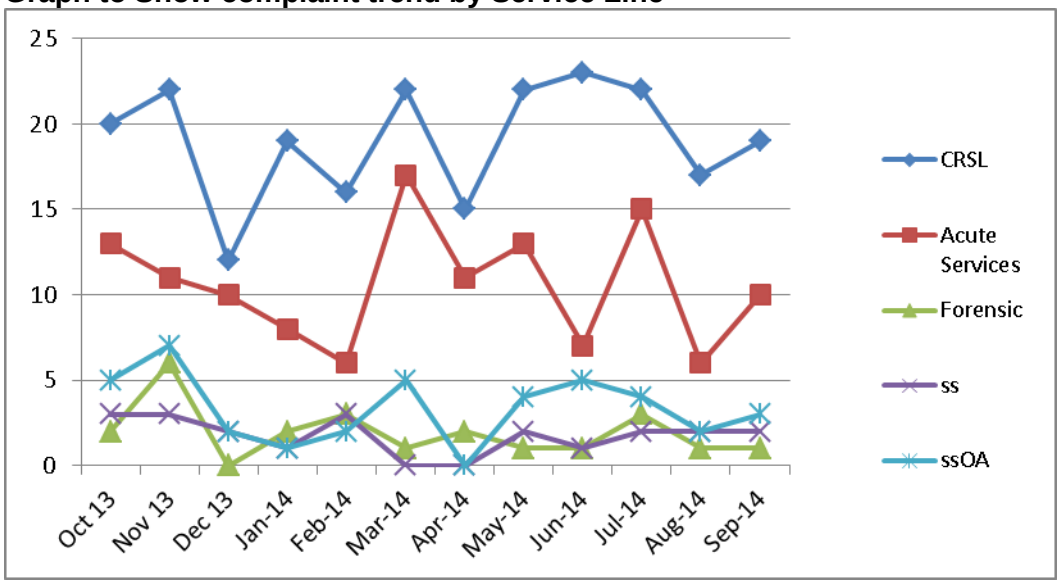
All aspects of clinical treatment	13
Attitude of Staff • Foxglove • DGS Access Team • Brocklehurst Ward • Medway/Swale CRHT	6
Admissions, Discharge & Transfer	6
Communication/information to patients	6
Appointments, delay/cancellation	3
Patients property and expenses	2

Upheld complaints around attitude of staff is a new Quality Account 'Patient Experience Priority'

Graph to show highest complaint types over last year



Graph to Show complaint trend by Service Line



Key themes highlighted in complaints and actions taken

- **Communication** again features as a theme in many complaints responded to including accuracy of records, ensuring cancelled appointments are communicated to the service user in advance of the appointment and the need to ensure GP letters are shared. We understand the Trust standard of providing written information following an appointment with 7 days of the appointment is not always being met
- **Carer Engagement** is also highlighted in upheld complaints for this period and the trust programme of work to improve carer engagement will support this area. KMPT is holding carer

awareness sessions for staff where a carer will contribute to highlight their experiences and will aim to improve staff understanding and practice in working with carers

- **Care coordination** was highlighted in a few recent complaints with concerns raised about continuity, arrangements after an appointment has had to be cancelled and ensuring cover when a staff member is off sick.

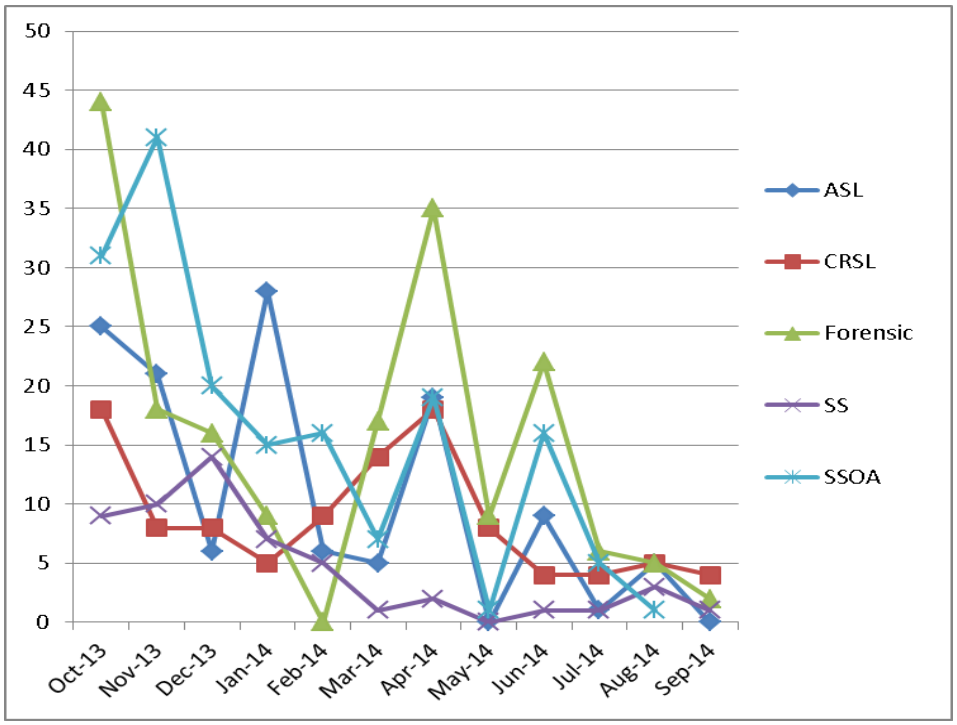
Compliments – September 2014 Total

This month there were 27 compliments.

	September *	Total for rolling 12 months *
Specialist Services Older Adult	0	172
Forensic Psychiatry Services	2	184
Specialist Services	1	54
Acute Services	0	125
Community Recovery Services	4	106
Corporate Services	1	7
Service line not recorded	19	63

* Some compliments are not recorded against a service line

Graph to show compliments by service line over the last year.



The variation in compliments received is more related to the way service lines tend to send in compliments in batches and then these being entered as they are received although it appears there is a slight reduction in compliments overall at present

Example of compliment for Specialist Services.

"Importance of taking time to ensure that patients understand and accept the psychological formulation of their difficulties."

SERIOUS INCIDENTS – September 2014

There have been 13 serious Incidents in September 2014
There were no MH never Events and no 'other' never events.
No incidents were reported to the NPSA, Seven serious incidents have been reported up to STEIS.

42 cases are currently open with STEIS. One is awaiting coroner outcome/inquest outcomes.
17 are awaiting external information, feedback or KMCS closure. 19 cases are being actioned by KMPT service lines within the permitted time frames, 5 have been granted an extension or the clock has been stopped.

Serious Incidents by service line

Level of SI by service line and number of SIs closed by the service line SI panel in September

Service Line	Level 4	Level 5	Total	Open SIs	Closed during Sept
Acute Services	7	0	7	38	14
Community Recovery Services	1	1	2	42	6
Forensic Psychiatry Services	1	0	1	6	0
Specialist Services	0	0	0	3	1
Specialist Services Older Adult	3	0	3	26	7
Corporate Services	0	0	0	**0**	**0**
Total	**12**	**1**	**23**	**115**	**28**

Adverse Event with highest number of Sis: September 2014

Self harm - actual	3
AWOL - on MHA section	2
Falls	2

Break down of Self Harm and attempted suicide

3 self harm 2 moderate and 1 severe,

Self harm	**3**
Brocklehurst Ward	1
Maidstone CMHT	1
Emmetts Ward	1

Secondary Location with more than 1 SI

Woodchurch Ward	2

11 sites have 1 SI

SI by severity

DEATH	2
SEVERE	1
MODERATE	5
LOW	2
NONE	3

Suspected Suicide data for September

There were no suspected suicdes in September

AWOL/Absconding on MHA

There were 2 AWOL resulting in no harm on Foxglove Ward and Emerald Ward

Abuse/Assault on Staff

There was 1 serious incidents of abuse against staff in September resulting in low severity on Amhurst Ward.

August data – The use of Restraint and seclusion.
Cut-off date 7/10/14

The figures show a total of 51 restraints (26 patients) and a total of 12 prone restraints and 4 reported face to down with immediate turn recorded.
There were 8 seclusions reported.
Restraint figures – restraint no. (prone)(prone to side)

Acute	AUG	Restraint 31 (11) (8)	Seclusion 0
Amberwood	↑	1(0)	1
Amherst	↑	3(1)(0)	3
Bluebell	↑	5(2)(2)	
Brocklehurst	↓	0	
Davidson	↓	0	
Dudley Venables/Edmund	=	0	
Emerald	=	0	
Fern	=	9(0)	
Foxglove	↓	8 (4)(4)	
Sapphire	=	0	
Willow Suite	↑	4(3)(1)	4
Woodlands	=	1(1)(1)	
136 Suite	↓	0	
Darent House	=	0	

FOXGLOVE:- 8 PSTS interventions, 5 distinct patients. 4 Prone all recorded as face to side, 3 of these were Prone to give IM Medication and immediately turned. The 4th was turned after a few minutes.(**83% PSTS staff are trained**)

BLUEBELL:- 5 PSTS interventions, 4 distinct patients. 2 Prone all recorded as face to side, both required to administer IM medication and immediately turned to Supine.
(**83% PSTS staff are trained**,)

Across both wards we have a number of vacancies, this clearly has an impact on staffing levels and PSTS trained staff due to the use of NHSP and Agency, ward managers are aware that for regular NHSP staff KMPT will provide PSTS training. Recruitment is underway for vacant posts and escalated as per policy.

PSTS manager reviewed all PSTS documents for Bluebell and Foxglove and is assured that appropriate attempts where made in an attempt to avoid the use of physical restraint and where this has been used for the least amount of time.

Specialist Service and Older Adults

SS - OA	AUG	Restraint 19 (0) (0)	Seclusion 0
Cranmer	=	1(0)(0)	0
Heartsdelight	=	0	0
Jasmine	=	0	0
Littlestone	=	0	0
Ogden Wing	↑	8(0)(0)	0
Orchards	↑	3(0)(0)	0
Ruby	=	0	0
Sevenscore	↓	3(0)(0)	0
Woodchurch	↑	4(0)(0)	0
Woodstock	=	0	0

Forensic Services

Forensic SL	AUG	Restraint 1 (1)(1)	Seclusion 0
AIS	↓	0	0
Allington	↑	1(1)(1)	0
Brookfield	=	0	0
Marle	=	0	0
Penshurst	**=**	0	0
Riverhill	=	0	0
Walmer	**=**	0	0

Patient on Allington refusing medication, no insight into his mental illness. No other contributing factors. Escalated to Medium Secure Unit.

Rolling year 01/10/2013– 30/09/2014 – Total 305

Adverse Events with highest number of SI :

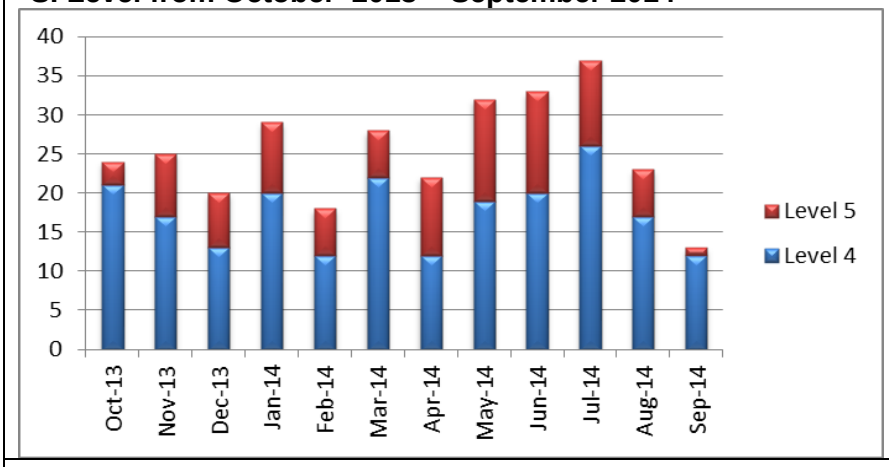
Self harm - actual	49
Unexpected/Unexplained Death	36
Suicide (completed), proven or suspected	33
Physical abuse, assault or violence	22
AWOL - on MHA section	14
Fall on level ground	14
Attempted suicide, proven or suspected	11
Suspected fall	11

Locations with highest number

Sevenscore Ward	13
Woodchurch Ward	11
Foxglove Ward	11
Bluebell Ward	10
Maidstone CMHT	10
Swale CMHT	9
Medway/Swale CRHT	9

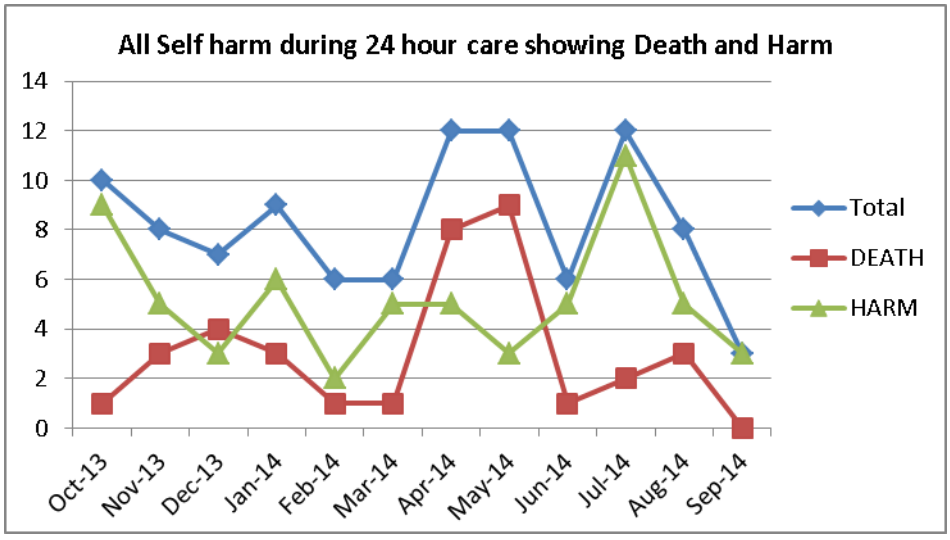
*A coroner report will confirm suicide or other cause of death. This figure represents SIs where it is considered there is an indication of completed suicide.

SI Level from October 2013 – September 2014

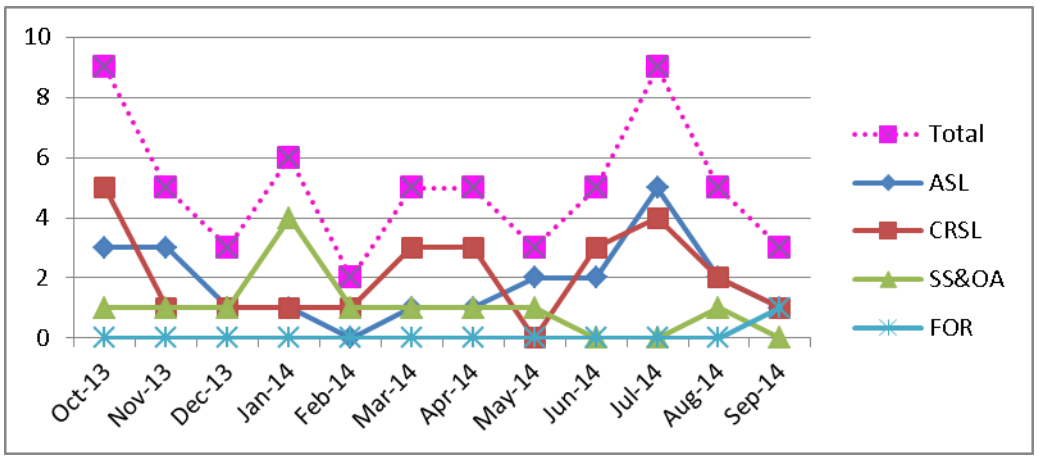


This month has seen a decrease in the number of level 4 and level 5 serious incidents.

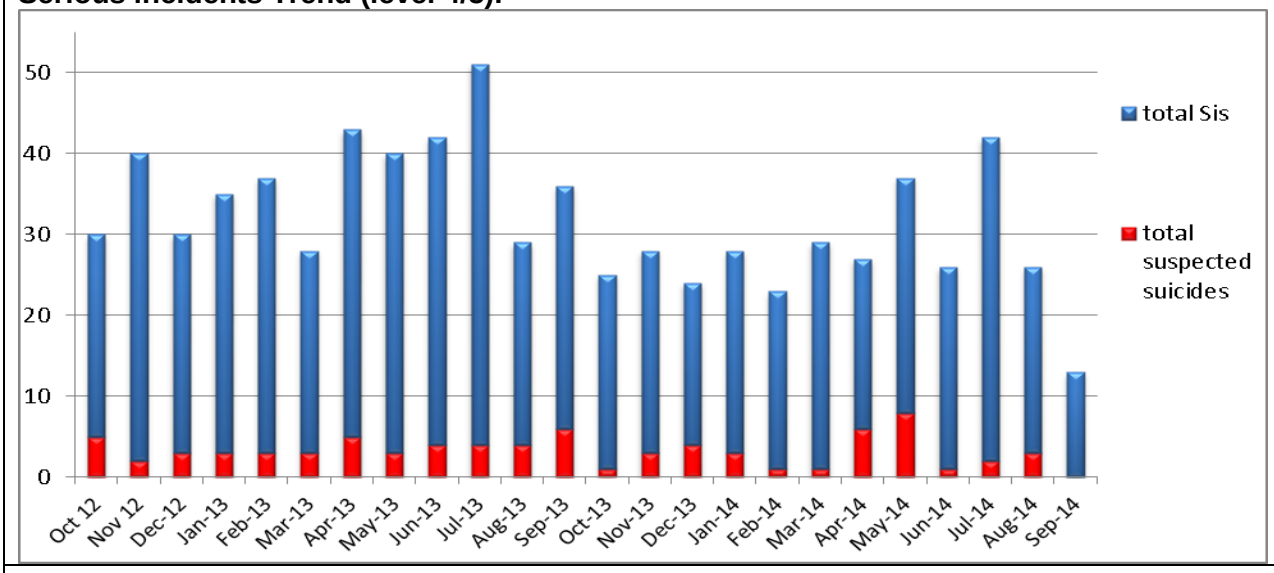
Self Harm during 24 hour care (this is the category used for recording this event, but applies to community services and not just inpatient services.)



A further breakdown of Self harm and attempted suicide showing periods of increase and decrease by service line.



The total number of suspected suicides under KMPT care over the last 24 months with total Serious incidents Trend (level 4/5).



Abuse/ Assault on Staff

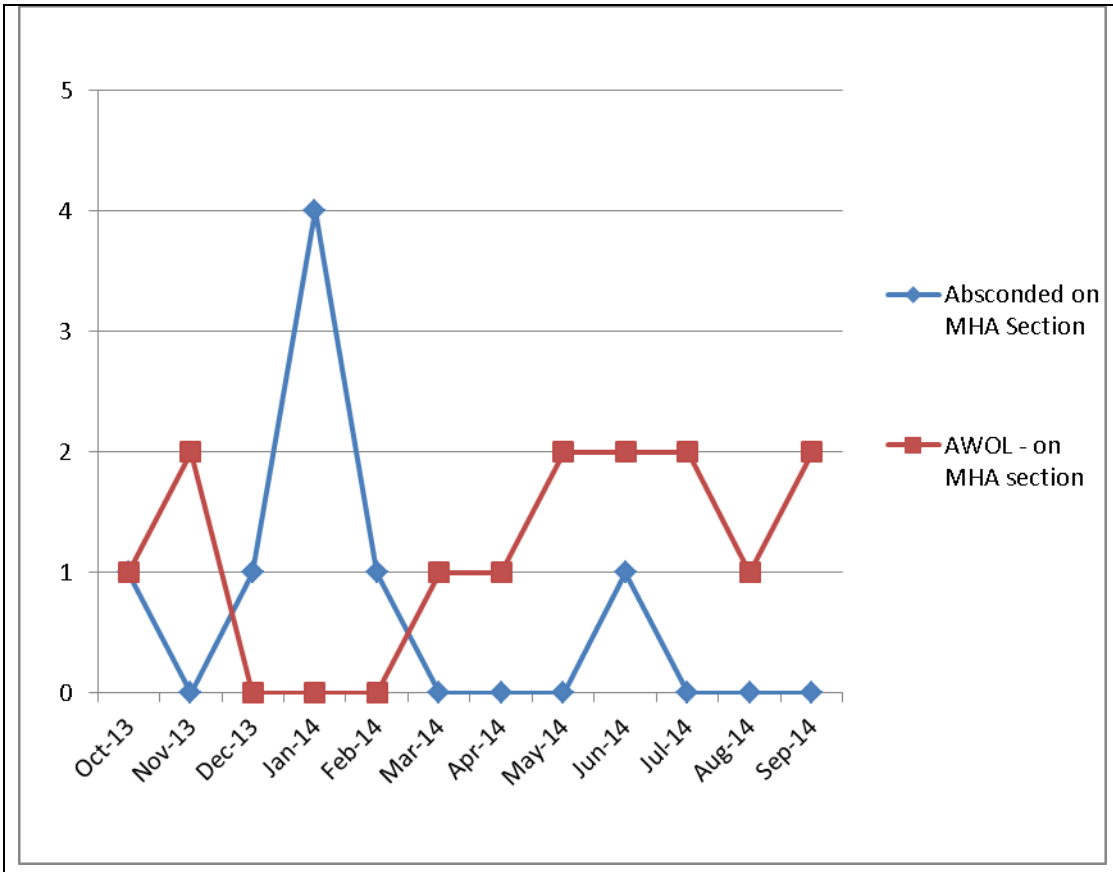
Over the last rolling 12 months there have been 14 serious incidents recorded of abuse/assault against staff. These have resulted in 3 low, 10 moderate and 1 severe harm.
64% of these occurred within the Acute service line.

Serious incidents resulting in death recorded as Venous Thromboembolism (VTE) and Pulmonary Embolism since January 2014

	Jan 2014	July 2014
Acute Service Line	1	1
Specialist Services OA	1	0

AWOL on MHA

Over the last rolling 12 months 14 'AWOL while on MHA' and 8 'Absconded while on MHA' have been recorded. With 86 % of these resulting in 'no harm'.



The table below shows serious incidents by CCG by quarter for last 4 quarters.

Reporting Sis by CCG is possible through the avialble paitnent NHS number. Increase and decreases my be impacted by the availability of the NHS number.

CCG	Q3 2013/14	Q4 2013/14	Q1 2014/15	Q2 2014/15	Total
NULL	5	19	42	38	104
WEST KENT CCG	12	13	4	3	32
MEDWAY CONSORTIUM	16	7	4	4	31
CANTERBURY AND COASTAL CCG	8	8	7	5	28
SOUTH KENT COAST CCG	7	7	10	3	27
THANET GP CONSORTIUM	5	5	8	4	22
SWALE LOCALITY GROUP	4	4	9	4	21
DARTFORD, GRAVESHAM & SWANLEY LOCALITY GROUP	4	5	3	4	16
UNKNOWN	2	3	3	8	16
ASHFORD LOCALITY COMMISSIONING GROUP	5	5	2	1	13
OUTSIDE KENT	3	2			5

APPENDIX 1

Glossary of Acronyms

ASL – Acute Service Line
AWOL - Absent Without Leave
CCS – Canterbury Coastal and Swale
CMHT – Community Mental Health Team
CRHTT – Crisis Resolution Home Treatment Team
CRSL – Community Recovery Service Line
DDT – Dover Deal and Thanet
DGS – Dartford Gravesend and Swanley
FOR – Forensic Service Line
HTT – Home Treatment Team
KMCS – Kent and Medway Commissioning Services
LR – Local Resolution
OPMH - Older People's Mental Health
OA – Older Adults
PETS – Patient Experience Team
PSTS – Promoting Safer Therapeutic Services
PCPTS - Primary Care Psychological Therapy Service
SEK – South East Kent
SWK – South West Kent
STEIS – Strategic Executive Information System

Serious Incidents Levels

The SI team is alerted immediately a level 4 or 5 incident is known, with Management Investigation reports submitted within 72 hours.
Level 4: These are incidents, which cause grievous harm, potentially life threatening of a person or cause substantial environmental damage.
Level 5: These are major incidents that are life threatening or result in death of a person / cause substantial environmental damage / major disruption to services.

The weekly SI Panels, currently led within each service line, continue to review all received cases on a weekly basis.
Teams continue to report in a timely manner. Each of the Service Line has its own patient Safety meeting where Serious Incident, Action Plans, and learning are reviewed and cases closed.

Complaints Levels

The complaints team will access the complaint level and update this through out the life of the complaints as it September be subject to change
Level 1 - Non Reportable Complaint
Resolved locally within 24 hours. Does not meeting NHS Complaints criteria. Not included in this report.
Level 2 - Reportable Complaint
Resolved locally taking more than 24 hours. Must be reported as a complaint if it takes more than 24 hours.
Level 3 - Reportable Complaint
Routine complaint requiring investigation and response from Chief Executive. Must be report as a complaint if it takes more than 24 hours. We aim to respond to these complaints within 25 working days wherever possible, but this is in consultation with the Complainant and the service.
Level 4 - Reportable Complaint
Complex/Serious Complaint, perhaps involving more than one service or organisation, or linked to an incident or serious incident, adult protection or disciplinary.
Requires investigation, perhaps at a higher level such as a Root Cause Analysis, or perhaps involving more than one investigator. Such complaints would usually take more than 25 working days and might take more than 2 months to conclude.

There is a list of 25 "never events" for use in the NHS in 2012/13. These incidents are considered unacceptable and eminently preventable. There are only several of these which relate directly to Mental Health Patients. These are listed below.

Mental Health Never Events

Suicide using non-collapsible rails

Death or severe harm to a mental health inpatient as a result of a suicide attempt using non-collapsible curtain or shower rails.

Escape of a transferred prisoner

A patient who is a transferred prisoner escaping from medium or high secure mental health services where they have been placed for treatment subject to Ministry of Justice restriction directions.

Other Never Events

Falls from unrestricted windows Death or severe harm as a result of a patient falling from an unrestricted window. Applies to windows "within reach" of patients. This means windows (including the window sill) that are within reach of someone standing at floor level and that can be exited/fallen from without needing to move furniture or use tools to assist in climbing out of the window. Includes windows located in facilities/areas where healthcare is provided and where patients can and do access. Includes where patients deliberately or accidentally fall from a window where a restrictor has been fitted but previously damaged or disabled, but does not include events where a patient deliberately disables a restrictor or breaks the window immediately before the fall.

Maladministration of Insulin Death or severe harm as a result of maladministration of insulin by a health professional. Maladministration in this instance refers to when a health professional; uses any abbreviation for the words 'unit' or 'units' when prescribing insulin in writing; issues an unclear or misinterpreted verbal instruction to a colleague; fails to use a specific insulin administration device e.g. an insulin syringe or insulin pen to draw up or administer insulin, or fails to give insulin when correctly prescribed.

Entrapment in bedrails Death or severe harm as a result of entrapment of an adult in bedrails that do not comply with Medicines and Healthcare products Regulatory Agency (MHRA) dimensional guidance.

Severe scalding of patients Death or severe harm as a result of a patient being scalded by water used for washing/bathing; Excludes scalds from water being used for purposes other than washing/bathing (eg from kettles). **Settings:** All healthcare premises.

Misidentification of patients Death or severe harm as a result of administration of the wrong treatment following inpatient misidentification due to a failure to use standard wristband (or identity band) identification processes.