HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

1 OCTOBER 2015

ACUTE MENTAL HEALTH INPATIENT BED REVIEW UPDATE AND UPDATE ON CQC INSPECTION

Report from: Barbara Peacock, Director of Children and Adults

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Summary

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

1. Budget and Policy Framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

1.2 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. Attached to this report are a series of appendices from KMPT providing:

- Appendix 1- Highlight report
- Appendix 2 – CQC inspection
- Appendix 3 – Bed usage data
- Appendix 4 – summary of CQC report

Download full report

http://www.cqc.org.uk/sites/default/files/new_reports/AAAC9675.pdf

2.2. Two questions have been put to KMPT since the pre-agenda meeting for a verbal update at the meeting. These are as follows:

- An evaluation of how effective the pathway is for service users or their carers accessing help in times of crisis around the clock
- Latest information on patient experience

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. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch organisation. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution. The Committee may make reports and recommendations to relevant NHS bodies and health service providers who can be required to respond formally within 28 days of a request for a response.

4.2. Recently published Department of Health guidance to support Local Authorities and their partners to deliver effective health scrutiny (published June 2014) emphasises the primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

4.3. The guidance states that local authorities will need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. In the light of the Francis report local authorities are advised in the guidance to consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch.

5. Recommendations

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

Background papers: None.

Appendices

- Appendix 1- Highlight report
- Appendix 2 – CQC inspection
- Appendix 3 – Bed usage data
- Appendix 4 – summary of CQC

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Kent and Medway NHS
NHS and Social Care Partnership Trust

ADULT MENTAL HEALTH

Medway Council Health and Adult Social Care
Overview & Scrutiny Committee (HASC)

Kent and Medway NHS and Social Care Partnership Trust (KMPT)
Transformation Programme Highlight Report

September 2015

Version:	1.0	**Status:**	Final	**Date of report:**	15 09 15
Reporting Officer:	Malcolm McFrederick	**Report completed by:**	Rheanna Mitchell	**Reporting to:**	Medway HASC

1. Introduction:

In June the HASC received a report from KMPT in relation to its bed usage and Transformation Programme, providing an update on

- Achievements in relation to the KMPT Transformation Programme undertaken in 2014/15
- A summary of the refreshed Transformation Programme for 2015/16 – this included an outline of the proposed programmes going forward
- A contract update
- A bed status update

The September report provides:

- **CQC report**
  Summary of key messages following the CQC visit, with overview presentation included as Appendix A

- **Action update**
  Responses to the actions from the June HASC

- **Transformation Programme Progress Report**
  A progress update related to the Transformation Programme – highlighting key progress until September 2015

- **Bed usage**
  A detailed report on bed usage is included as Appendix B

2. CQC report (2015)

The CQC inspected the Trust in March. The Trust received an overall rating as '*requires improvement'*, with Caring rated as 'good'.

The CQC noted that across the Trust there were kind, caring, compassionate and passionate staff who treated people with dignity and respect, want to deliver good quality care and want to improve. They also noted evidence of good leadership and commitment from board, executive team and senior leaders, that were viewed as a cohesive team sharing a common purpose.

However the CQC had:

- Serious concerns about care at Littlestone Lodge in Dartford – warning notices were issued to which KMPT responded immediately and they have now been withdrawn;
- Some concern over systems not embedded consistently (medicines management, DoLs, MHA use / recording);
- Concerns regarding some aspects of the estate notably 136 suites in Dartford and Canterbury;
- High bed occupancy levels in Acute and PICU wards and the some community team caseloads.

In response the Trust has prepared a detailed action plan covering the following areas:

- Littlestone Lodge - Older People Service Line:
    - External review and detailed action plan concerning Littlestone Lodge (completed);
    - Strengthened leadership and management;
    - Stronger expectation and support to Ward Managers and Service Managers;

- Embedding systems:
    - Peer learning from 'outstanding' services;
    - Increased 'audit and learning' capacity;
    - Increased pharmacy input on wards and weekly missed dose auditing;

- Estates issues (subject to availability of capital funding):
    - 136 Suites being refurbished by October 2015;
    - Seclusion rooms on capital programme will be completed by 2016.

- Capacity / occupancy: (this requires the support of commissioners to fund additional capacity)
    - Increased pace in the development of admissions avoidance models (such as the personality disorder service in Medway and Mental health decision units (MHDUs) ;
    - Commissioners support in enabling shared care with GPs;
    - Commissioners and providers working to review PICU, model acute demand and jointly agree capacity plans.

The Trust's CQC Quality Improvement Plan will be monitored on a pan Medway and Kent basis under the joint chairmanship of NHS England and the Trust Development Authority. The Trust will also work closely with the CQC on an ongoing basis to monitor and implement improvement actions.

Further information is contained in Appendix A, CQC Quality Report.

3. Action update

Following the HASC on 23.06.15, KMPT was asked to provide an update on the following:

(a) In the event of further stakeholder meetings contact would be made by KMPT with Democratic Services to invite Members of the Committee to attend

Information fed back to the KMPT Communication Department and Executive Office to ensure full engagement with Medway Democratic Services going forward.

(b) A briefing note was requested to cover details of the new mental health decision unit an update on street triage and section 136 detentions

A briefing note was provided key messages from these updates are summarised below:

Mental Health Decision Unit (MHDU):
Crisis Resolution and Home Treatment teams (CRHT) have traditionally been the main source of urgent care, yet over the past few years other services have developed recognising that people do not always access their GP or local community mental health teams at point of crisis.

The development of a MHDU would provide part of the acute and urgent care response. The MHDU would provide a 24/7 service, offering mental health support to those who have been assessed after presenting in crisis and who may require admission to hospital. A MHDU is not a bed based service, but a safe environment for a maximum period of 24 hours in order to determine ongoing care. Dependent on commissioners wishing to proceed with this model, KMPT eventually hopes to have a facility in Medway, with capacity to manage up to 6 patients. This is unlikely to be in place this financial year. Benefits of this approach include, reduced admissions from A&E Liaison referrals and timely access to mental health support in crisis .

Street Triage:
The Street Triage Service was a joint initiative between Kent Police and KMPT, with the aim of enhancing working relationships between KMPT and the Police, to provide a responsive service to those in a mental health crisis and to improve outcomes for the individuals.

The service commenced as a pilot in September 2013 and initially ran 3 nights a week on Thursdays, Fridays and Saturdays. From September 2014 it expanded to 7 nights a week. However as this model was too resource intensive alternatives are being pursued within the Crisis Concordat framework where partners are looking to develop a regional model across Medway, Kent, Surrey and Sussex. Whilst this is being worked through, KMPT will shortly be providing health professionals into ambulance and police control rooms.

Section 136:
Summary data was provided for the period June 2014 - May 2015. Highlights include:

- There were 177 section 136 detentions in Medway during the period reviewed
- Activity ranged from 10 per month (December 2014) to 22 per month (July 2014)
- The average conversation rate was 20%

Work is ongoing with the Crisis Care Concordat Group to reduce this further.

4. Transformation Programme Progress report:

Context:

The 2014/15 Transformation Programme set out an ambitious programme of change which focused on the delivery of the aims and objectives defined within the 2012-2015 Clinical Strategy, which aimed to:

- Provide excellent community services close to home, reducing the number of people who need inpatient care and where necessary, our community services will support the length of stay being as short as possible
- Focus on the recovery model ensuring positive outcomes
- Improve quality and dignity in services including a better environment and improved use of technology
- Expand some of our strongest specialist services where appropriate to potentially provide those across a wider geography

The KMPT Clinical Strategy is currently under review and will be refreshed in 2015. The Transformation Programme is principally an enabler for delivery of the Clinical Strategy and therefore once the Clinical Strategy is refreshed, the Transformation Programme will also need to be reviewed.

Although the final programme structure cannot be defined, some updates have already been made to the Transformation Programme in response to known national drivers and locally experienced demands and pressures.

Actions taken to date:

As the HASC heard in June 2015, in 2014/15 the Trust implemented a number of actions in response to the challenges faced in 2013/14:

- Refresh of Transformation Programme to deliver clinical change
- Implementation of a number of clinical improvement actions to improve access and recovery, including:
    - Implementation of Street Triage
    - Implementation of enhanced A&E liaison service
    - Implementation of PD Therapeutic Community in Medway
    - Review of caseload management in CRSL
    - GP Training and Education
    - Older Peoples Services – Care Home Support West Kent

Achievements		
	Deliverable	**Benefit**
Street Triage	The Street Triage team is staffed by a Mental Health Nurse and Police Officer. The pilot in September 2013 ran 3 nights a week on Thursdays, Fridays and Saturdays. From September 2014 it expanded to 7 nights a week. The team, which provides tactical advice around using Section 136 of the Mental Health Act and can be deployed to mental health incidents to relieve local patrols in response to a mental health presentation in the community, reported positive outcomes.	• Section 136 detentions on a downward trend – 22% reduction • Improved conversion rate where Section 136 is used – 8% improvement • Police reported improvement to assessment times • Improved relationships between Kent Police and KMPT • Improved experience, with service users accessing the right help first time *(The outcomes reported here relate to the Pilot, not the impact post-service expansion to a 7 day a week service)*
Liaison Psychiatry	The service provides an urgent mental health assessment service to service users with mental health problems who attended the Emergency Department or a hospital Ward. Through advice and support the team ensure better management of mental health needs and may contribute to admission avoidance or reduction in length of stay. This ensures a patients' mental health is assessed and treated effectively alongside any physical health problems.	• Increase activity, with a higher number of referrals to the service (average 900 per month) • Sustained achievement of 2 hour assessment target (average 80%) • Improved relationship between Acute providers and KMPT • Opportunities to educate and inform Acute staff and develop improved understanding about mental health and crisis management • Proactive contribution to Acute targets around A&E activity reduction
Caseload management	Community teams explored a number of issues in relation to caseload management and agreed local approaches for managing demand, including processes for assessing referrals at the point of entry into services and transfer to primary care.	• 2% reduction in referrals not accepted into secondary care • 4% improvement in number of service users assessed within 28 days of referral
GP Training and	Effective liaison and good relationships between secondary and primary care is	• Good attendance at workshops, demonstrating interest and engagement

Education	a prerequisite for delivering quality mental health care. KMPT developed a number of successful GP training programme to support this objective, including: • Dementia - on-line training module accessible to all GPs and access to bespoke training sessions at local level. • Medway – provision of a monthly educational programme for GPs, covering topics ranging from managing depression to psychopharmacology for primary care.	• Qualitative feedback received about improved relationships between secondary and primary care
Older Adults – Care Home Support	Multi-disciplinary team aiming to prevent unplanned hospital admissions or transfers to other care homes, due to challenging behaviour and to reduce or prevent the use of anti-psychotic medication to treat challenging behaviour. Formulation meetings are used by the Multi-Disciplinary Team (MDT) to feedback information to staff and family members, to develop shared understanding of reasons for behaviour and unmet needs and to develop intervention plans.	• No admissions due to behaviour related to dementia • Non-pharmacological approaches were implemented prior to the consideration of medication for 100% of cases • Reduced input required from both Community Mental Health Services for Older People (CMHSOP) and primary care • Interventions were successful in improving staff team's understanding of residents and their ability to manage complex behaviour

Understanding the next steps

Despite the achievements and progress to date, there are some remaining issues and pressures:

National drivers

- **Crisis Care Concordat (2014) -** Recognition of the importance of mental health elevates mental health, and in particular crisis care, to national priority level. The Crisis Care Concordat sets out principles and statutory requirements for Mental Health Crisis Care, which include:

    - Access to support before crisis point
    - Urgent and emergency access to crisis care
    - Quality of treatment and care when in crisis
    - Recovery and staying well / preventing future crises

Local drivers

- **Pressures and demand -** In 2013/14 KMPT experienced unprecedented bed pressures, one of the highest numbers of Section 136 detentions in the country and high caseload levels. There was palpable volatility in the system and analysis of the Trust's top 50 frequent attenders found significant demand from patients in Medway. Further, the local population is likely to grow by 7% over the next 10 years.

    A demand and activity analysis indicates that KMPT continues to experience significant pressures, with demand felt in both urgent care and community settings. In 2014/15, service changes had a positive impact overall, with a total reduction of 3,300 bed days used however bed pressure remained, with continued use of out of area placements. Pressure was also experienced on urgent care services e.g. Crisis Resolution Home Treatment (CRHT) services were frequently diverted to manage urgent assessments and to provide cover for gaps in 24/7 service provision, such as Liaison Psychiatry – this impacted on their capacity home treat, which is an important service component in avoiding admission.

    The development of community based alternatives to hospital has been a long standing agenda nationally. It remains a challenge locally, where caseload sizes have grown substantially. Data shows that over 10% of open cases in the Community should be transferred back to Primary Care.

    A whole systems change, to improve access and patient flow is required to ensure that service users, their families and carers, and professionals, can access the right care, at the right time, in the right place.

- **CQC report (2015)** – As outlined at the start of the report, KMPT has recently been in receipt of feedback from the CQC, following their CQC visit in 2015. Responses to identified issues will inform service developments and be monitored through the KMPT improvement plan.

- **Service user and carer feedback -** Service users and carers consistently feedback that prompt access, responsiveness and continuity of care are fundamental to high quality services and have the greatest impact on recovery from mental illness.

- **Staff feedback –** Clinical staff and managers within KMPT highlight issues and pressures including increasing demand and expectation from referrers and Bottlenecks in the flow of care.

- **Beds -** Within KMPT there are 18 beds per 100,000 population, compared to the national average of 21 and average bed occupancy is 99%, compared to the national average of 92% (NHS Benchmarking Network, 2014). Service changes in 2014/15 have had a positive impact overall, with a total reduction of 3,300 bed days used. However demand on KMPT inpatient beds remains high. In 2014/15, external bed usage cost the health economy £7.1m (under the risk share arrangements, CCGs contributed £4m and KMPT £3.1m).

Our planned response in 2015/16

Our Vision

Deliver excellent care personal to you, delivering 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.

The Trust's Transformation Programme will support KMPT to deliver its vision and will ultimately act as an enabler for delivery of the refreshed Clinical Strategy. Prior to this, the Transformation Programme has been updated so that it can proactively respond to known drivers in the interim.

Transformational activities in 2015/16 must focus on addressing known pressures and risks within KMPT and the local health economy. The clinical focus of commissioners is on the Acute Sector and Emergency/Urgent Care targets. As a result, access targets for urgent care drive commissioning intentions and as a provider, KMPT is working with commissioners to focus on enhancing our community services and crisis response in the community to support admission avoidance.

With Commissioner support, we intend to continue to develop new models of care and will be even more ambitious - looking beyond organisational barriers to create new partnerships. These connections in care will allow us to truly deliver integrated pathways and provide our service users with collaborative care plans that will support both their health and social care needs.

Programme updates:

- **Single Point of Access**
  KMPT is on schedule to introduce a clinically led Single Point of Access by the end of the financial year. The operating model and workforce plan for the service has been set out in a business case, which is due to be approved internally in October. Once the model is approved, KMPT will implement the next steps in the project plan – this is likely to include a workforce consultation (the exact impact on staff of the service implementation will be determined by the option approved in the business case).

- **Planned Care**
  A number of solutions have been identified to improve the quality of planned care services, and specifically, caseload management. Projects include:

  - *Demand management* - this will be supported by the establishment of the clinically led Single Point of Access. Beyond this, Older Adult services also plan to implement a Mental Health demand and capacity management tool. The 'Choice and Partnership Approach' (CAPA) will help ensure a quality based service by providing the right therapeutic approach by the most appropriately skilled professional.
  - *Assessment processes* – In Younger Adult services, actions are planned to improve transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services. Criteria and pathways for specialist assessments e.g. gender identity, ADHD and Asperger's, will be reviewed and processes will be established to enable one-off consultant assessments e.g. for diagnosis or medication advice.

Beyond these solutions, KMPT will seek opportunities to introduce other innovative approaches. A good example of this in Medway is the Open Dialogue Pilot. Open Dialogue enables an immediate response at the point of crisis, with a first network meeting within 24 hours, engaging the whole family/network from first contact with mental health services; ensures continuity of the same care professional throughout the duration of care; de-empathises hospital admission and reduces length of medication usage and; engages and builds on individual, family and community assets.

Open Dialogue, initially developed in Finland, has shown promising outcomes (Seikkula et al, 2011):

- Reduction in average length of stay – 55% of stays less than 10 days and hospital rates of Open Dialogue clients (compared with treatment as usual clients) 14 days per person versus 117 over a 2 year period
- Significantly lower use of medication
- Avoid relapse - at least one relapse happened in the comparison group in 71% of cases compared to 24% in the Open Dialogue group. 17% of Open Dialogue clients had at least occasional mild symptoms compared with 50% in the comparison group
- Improved social inclusion - 72% of first episode psychosis patients were back to work or study after two years (in a further 5 year follow-up the figure rose to 86%, despite a significantly lower use of medication or hospitalization compared to the control group). Further evidence finding 81% return to work compared to 43% in the comparison group.
- Duration of untreated psychosis (DUP) reduced to 3 weeks. In the 2000s the DUP had declined to 2-3 weeks compared to 3.5 months in the 1990s
- 33% using neuroleptics in Open Dialogue cases compared to 100% in a comparison group and only 33% of acutely unwell clients used neuroleptics at all during the five year follow up period
- Incidents of schizophrenia decreased from 33 per 100,000 to 3 per 100,000
- Families actively involved in all of the Open Dialogue cases, with an average of 26 meetings over 2 years

Further, a UK 10-year study of people with first-episode psychosis found unnatural death was reduced by 90% when there was full family involvement at first contact compared with those without family involvement (Revier et all, 2015).

In light of these positive outcomes, subject to funding as part of a national research programme, KMPT plans to develop a dedicated Open Dialogue team in Medway, with direct access to Open Dialogue trained practitioners. In addition, it is proposed that further staff participate in Open Dialogue training and the local trained trainers share their skills and experience internally. The dedicated team will be made up of practitioners who have completed the training, with participants in the second training cohort migrating into the team. Setting up a separate team enables responsiveness and continuity, and thus supports fidelity to the model. KMPT is one of four Trusts nationally participating in the national Randomised Control Trial (RCT) and hosted an international conference in September 2015.

- **Patient Flow**

  Service users require the right treatment at the right time and where appropriate receive that care at home or in a setting close to home. When looking at beds and bed numbers as reflected in our CQC report, it is important to consider whether alternatives to admission are commissioned and in place to ensure that patients are safely treated either at home or closer to home where it is safe to so do. It is equally important to look at patient flow and where pressures come from e.g. during 2014/15 the highest numbers of beds used within Kent and Medway came from East Kent.

  The decision to buy any further beds or invest in alternatives to admission is a commissioning one - the timescales to commission beds is lengthy. Further, KMPT does not have access to capital funding unless it disposes of existing assets. The capital cost of an 18 bed ward, to reach modern required standards is approximately £6 million of capital. Any case for such funding would require approval by the NHS Trust Development Authority for approval. The revenue cost of a ward is approximately £1.5m per annum which would need to be funded by CCGs. Such an investment would be likely to reduce investment in alternatives to admission, unless CCG funding for mental health services increased. Total mental health spend is an average of 10.7% of total spend from CCG funding – KMPT does not receive all of this. The regional average spend on Mental Health is 12%.

  KMPT provides younger and / or older adult inpatient accommodation in Dartford, Maidstone, Canterbury, Medway and Margate. The commissioned level of 174 younger adult beds across Medway and Kent are due for completion in December 2015. KMPT has recently opened Upnor Ward, which provides 18 beds and is a replacement for Emerald ward in Medway. Upnor Ward provides single room, en-suite accommodation for all patients in line with national guidance.

  KMPT has a rolling programme to modernise its acute inpatient wards and has a programme in place to upgrade rooms and also improve ligature standards – this work programme may impact on total numbers of beds available until December 2015.

  To date Medway CCG have worked with KMPT to review patient level data. This has identified that a significant proportion of service users who place demands on the system suffer from a personality disorder. Medway CCG did invest in the PD Crisis pathway which has had an impact in the past six months in Medway. However Medway CCG is now withdrawing that funding.

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Excellent care in Partnership

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

Kent and Medway NHS
NHS and Social Care Partnership Trust

Care Quality Commission

Kent and Medway NHS and Social Care Partnership Trust

Quality Report

Date of inspection visit: 17 - 20 March 2015

Report published: 30 July 2015

Presentation Agenda

CQC inspection

Overall Ratings

What KMPT we did well

What CQC asked KMPT to improve

Patient Experience findings

Conclusions

Positive comments from CQC

‘Patient, carers and others we spoke to, in the majority, told us that their experience at KMPT was *positive and that staff were caring.”*

“Patients and their families told us that they were treated with respect and dignity.“

‘*’Staff were found to be compassionate, kind, motivated to involve patients in their care and went above and beyond expectations in the manner in which they cared for patients”.*

“Staff spoke with patients in a caring and respectful manner and took account of, and addressed, their needs.”

CQC inspection activity

- Collected feedback from 62 people who use services using comment cards
- Talked with over 219 patients, carers and family members
- Observed how staff were caring for people
- Carried out 3 home visits with staff to people receiving care
- Looked at the personal care or treatment records of over 224 patients;
- Interviewed over 329 individual frontline members of staff
- Held focus groups at the three hub locations with different staff groups
- Attended multi-disciplinary team meetings
- Observed handovers
- Reviewed information we had asked the trust to provide
- Liaised with local stakeholders, commissioners and local authority representatives
- Interviewed corporate staff and members of the board
- Met with trust non-executive directors

Kent and Medway NHS
NHS and Social Care Partnership Trust

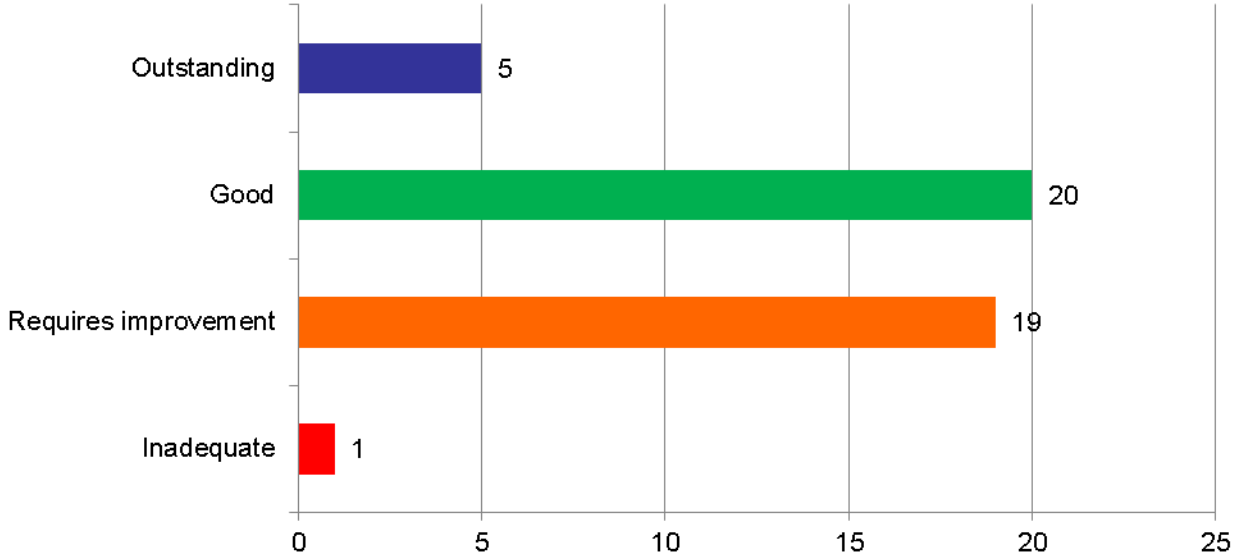
Provider Level Findings and Ratings

Ratings based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Are services safe?	Rating ●
Are services effective?	Rating ●
Are services caring?	Rating ●
Are services responsive	Rating ●
Are services well-led?	Rating ●
Provider overall	Rating ●

- *All of the core services have been rated (overall and by key question) – acquired brain injury and substance misuse services have not been rated*

Summary Ratings by Core Service



Kent and Medway NHS
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Name of provider	Kent and Medway NHS and Social Care Partnership Trust						
	Safe	Effective	Caring	Responsive	Well-led	Overall	
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement	
Long stay/rehabilitation mental health wards for working age adults	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement	
Forensic inpatient / secure wards	Requires Improvement	Outstanding	Outstanding	Good	Outstanding	Outstanding	
Wards for older people with mental health problems	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement	
Wards for people with a learning disability or autism	Requires Improvement	Outstanding	Outstanding	Good	Good	Good	
Community-based mental health services for adults of working age	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
Mental health crisis services and health based places of safety	Requires Improvement	Good	Good	Good	Good	Good	
Community-based mental health services for older people	Good	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement	
Community mental health services for people with a learning disability or autism	Good	Good	Good	Requires Improvement	Good	Good	
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement	←Overall provider

What KMPT is doing well

- Kind, caring, compassionate and passionate staff who treated people with dignity and respect, want to deliver good quality care and want to improve
- Evidence of good leadership and commitment from board, executive team and senior leaders. Cohesive team sharing a common purpose
- Clear strategy based around driving clinical improvements
- Participation in national service accreditation and peer review programmes in many areas
- Some outstanding care and practice in forensic and learning disability services – staff went above and beyond expectations in the manner in which they cared for patients and we were overwhelmed by volume of evidence of innovative practice to support and include patients in their care

What KMPT is doing well

Kent and Medway NHS
NHS and Social Care Partnership Trust

- Good multidisciplinary team working
- Admiral nurses integrated into communities teams for older people
- Introduction of peer support workers (with experience of using mental health service)
- Good use of technology and social media to support patients e.g. buddy app, live well library, patient portal
- Some good examples of supporting individual patient needs e.g. supporting repatriation to ‘home’ country
- Actively seeking feedback from patients e.g. effective care planning survey, carers survey, and ‘help us get it right' feedback slips
- Patient, carers and others we spoke to, in the majority, told us that their experience at KMPT was positive and that staff were caring
- We placed feedback cards across all inpatient areas, we received sixty three completed feedback cards. Of those, 76% felt they had received positive care at KMPT

What KMPT needs to improve

- CQC had serious concerns about care at Littlestone Lodge – warning notices were issued to which KMPT responded immediately and they have now been withdrawn;
- Some concern over systems not embedded consistently (medicines management, DoLs, MHA use / recording);
- Estates issues (136 suites, seclusion rooms and ligatures);
- High bed occupancy levels in Acute and PICU wards and community caseloads;
- Physical health check not carried out consistently – particularly in community services and older adult wards
- Quality of care planning was inconsistent across the trust – in some areas it was outstanding and in others required improvement

Patient Experience

"KMPT were actively seeking feedback from patients and carers for example, the 'effective care planning survey, 'carers survey', and 'help us get it right' feedback slips. KMPT won the Kent, Surrey, Sussex academic health science network (KSSAHSN) in January 2015 for the implementation of a survey sent to people who used the trust's memory assessment service. 94% of patients surveyed felt their families had been fully involved in their care."

"We saw numerous example of how the trust tried to involved patients in their care. Some examples included:

- *An experts by experience research and development group, which had been running since 2009;the group published and shared its findings to support learning.*
- *We noted the majority of inpatient areas had patients community meetings, where possible.*
- *In the community setting the trust had created a 'buddy app' (a digital short message service (SMS)) which supported therapy services. Patients used text*
- *messaging to keep a daily diary of what they where doing and how they are feeling.*
- *We noted an initiative to enable patients and their relatives to keep in regular contact through the use of Skype.*
- *Families and patients, in the majority, were invited to MDT meetings across the majority of services."*

Patient Experience

"*In the main, we saw that information was available for patients and carers either via leaflets or notice boards on how to make a complaint. Staff with the exception of Cranmer and Jasmine Wards were aware of their roles and the complaints policy. We saw evidence of active patient engagement in the complaints within the forensic service with the 'a change we made from you comment' process. In the majority complaints were dealt with informally at a local level where managers would meet with patients and others to resolve their concerns.*"

"We saw evidence of learning and responding to complaints in the majority of services visited."

"The senior trust managers expressed a commitment to engaging service users and carers in developing its services. It had established a patient experience group and a patient consultative committee. However, many boards and committees whose work was relevant to the patient experience did not have service users as Members"

Actions underway (1)

Systems being embedded:

- Peer learning from ‘outstanding’ services;
- Increased ‘audit and learning’ capacity;
- Increased pharmacy input on wards and weekly missed dose auditing;
- Introduction of safe ward principles on acute wards;
- Skilling up of staff by Forensic service.

Older People:

- External review and action plan;
- Strengthened leadership and management;
- Addressed mixed sex issues immediately;
- Stronger expectation and support to Ward Managers and Service Managers;
- Closer HR involvement in ‘risk map’.

Actions underway (2)

Capacity / occupancy:

- Increased pace of admissions avoidance models;
- Commissioners signed up to enabling shared care;
- Commissioners and providers working to review PICU, model acute demand and jointly agree capacity plans.

Estates issues:

- 136 Suites being refurbished by October 2015;
- Seclusion rooms on capital programme will be completed by 2016.

CQC Conclusion

•It is our view that the provider had made significant progress in developing services and bringing about improvements and that, given time, the provider would realise its vision.

•However, some significant work is still required to improve the quality and consistency of its services across the trust.

KMPT conclusion

Kent and Medway NHS
NHS and Social Care Partnership Trust

We take lots of positives from the report in relation to the ratings themselves and the way that we approached the whole inspection process. However:

- We acknowledge and accept that overall KMPT requires improvement and we are absolutely committed to continuing the journey of improvement which we are on;
- We will continue to be open about where action is needed and to drive through improvements;
- We will constantly learn and look at ways we can improve;
- We will work on delivering necessary change internally and will work actively with partners on the strategic and commissioning issue, particularly on patient flow and capacity;
- We will continue the visibility and connection from Board to ward / community services and to learning from staff, carers and patients.

Younger Adult Acute Bed Usage

August 2015 Update

Contents

Notes

Notes

• The current bed capacity for KMPT is 166 - 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 December 2015.

• 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 bed usage is volitile. The mean external bed usage is below the target bed capacity of 174
- 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

			01/08/2015		02/08/2015		03/08/2015		04/08/2015		05/08/2015		06/08/2015		07/08/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	9	7	9	7	9	7	9	7	7	7	9	7	9	7
Amberwood	17	Dartford	4	13	4	13	4	13	4	13	3	11	3	14	3	14
Woodlands	12	Dartford	4	8	4	8	4	8	4	8	4	8	4	8	3	8
Boughton Ward	18	Maidstone	0	18	0	18	0	17	0	18	0	16	0	18	0	18
Chartwell Ward	18	Maidstone	2	16	2	16	2	16	2	16	1	17	1	17	1	17
Upnor	16	Maidstone	6	12	6	12	5	12	5	13	5	13	5	12	6	10
Bluebell	18	Canterbury	1	16	1	17	1	17	1	15	0	17	0	17	0	18
Samphire	15	Canterbury	0	15	0	15	0	15	0	15	0	15	0	15	0	14
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	17	1	17	0	17	0	17	0	18	0	16	0	18
Sub Total	**166**		26	140	27	141	25	140	25	140	20	140	22	142	22	142

Total KMPT beds used (Medway + Other)	**166**	**168**	**165**	**165**	**160**	**164**	**164**
Total KMPT beds not used	3	1	4	4	9	5	5
Actual Beds Available	169	169	169	169	169	169	169

External to KMPT (see notes below)	8	32	7	33	9	34	10	30	10	28	9	24	9	23

KMPT + external beds used by group	34	172	34	174	34	174	35	170	30	168	31	166	31	165
Total beds used (KMPT + external)	206		208		208		205		198		197		196	

Medway CCG Use of Younger Adult Acute Beds by Day

			08/08/2015		09/08/2015		10/08/2015		11/08/2015		12/08/2015		13/08/2015		14/08/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	8	8	8	8	8	8	8	7	9	7	9	7	9	7
Amberwood	17	Dartford	3	14	3	14	3	13	3	13	4	13	4	12	4	13
Woodlands	12	Dartford	4	8	4	8	4	8	4	8	4	8	4	8	4	8
Boughton Ward	18	Maidstone	0	18	0	18	0	16	0	18	0	17	0	18	0	18
Chartwell Ward	18	Maidstone	1	17	1	17	1	17	1	17	1	17	1	17	1	17
Upnor	16	Maidstone	6	10	6	10	6	10	6	10	7	9	7	8	5	9
Bluebell	18	Canterbury	0	18	0	17	0	17	0	18	0	17	0	17	0	17
Samphire	15	Canterbury	0	14	0	14	0	15	0	15	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	17	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	17	0	18	0	18	0	18	0	18
Sub Total	**166**		22	143	22	142	22	139	22	141	25	139	25	138	23	140

Total KMPT beds used (Medway + Other)	**165**		**164**		**161**		**163**		**164**		**163**		**163**	
Total KMPT beds not used	4		5		8		6		4		5		4	
Actual Beds Available	169		169		169		169		168		168		167	

External to KMPT (see notes below)	8	24	8	25	9	22	8	19	7	20	7	18	6	19

KMPT + external beds used by group	30	167	30	167	31	161	30	160	32	159	32	156	29	159
Total beds used (KMPT + external)	197		197		192		190		191		188		188	

Medway CCG Use of Younger Adult Acute Beds by Day

			15/08/2015		16/08/2015		17/08/2015		18/08/2015		19/08/2015		20/08/2015		21/08/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	9	7	9	7	9	7	7	7	8	7	9	7	9	7
Amberwood	17	Dartford	4	12	4	12	5	12	5	12	5	11	6	10	5	11
Woodlands	12	Dartford	4	8	4	8	4	7	5	7	5	6	5	7	5	7
Boughton Ward	18	Maidstone	0	18	0	18	0	17	0	17	0	18	0	18	0	17
Chartwell Ward	18	Maidstone	1	16	1	16	0	15	0	18	0	15	0	16	0	17
Upnor	16	Maidstone	7	9	7	8	6	7	6	10	6	10	6	9	6	7
Bluebell	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	17
Samphire	15	Canterbury	0	14	0	15	0	15	0	14	0	15	0	14	0	15
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	17
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	17	0	17	0	18
Sub Total	**166**		25	138	25	138	24	134	23	139	24	135	26	134	25	133

Total KMPT beds used (Medway + Other)	**163**		**163**		**158**		**162**		**159**		**160**		**158**	
Total KMPT beds not used	4		4		9		5		8		7		9	
Actual Beds Available	167		167		167		167		167		167		167	

External to KMPT (see notes below)	4	19	3	19	4	20	3	17	3	17	2	19	2	18

KMPT + external beds used by group	29	157	28	157	28	154	26	156	27	152	28	153	27	151
Total beds used (KMPT + external)	186		185		182		182		179		181		178	

Medway CCG Use of Younger Adult Acute Beds by Day

			22/08/2015		23/08/2015		24/08/2015		25/08/2015		26/08/2015		27/08/2015		28/08/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	9	7	8	8	8	8	8	8	9	6	11	5	10	6
Amberwood	17	Dartford	5	11	5	11	6	11	5	12	5	11	6	10	6	10
Woodlands	12	Dartford	5	7	5	7	5	7	6	6	5	5	5	7	4	7
Boughton Ward	18	Maidstone	0	17	0	17	0	17	0	18	0	18	0	18	0	17
Chartwell Ward	18	Maidstone	0	18	0	18	0	17	0	17	0	18	0	17	0	17
Upnor	16	Maidstone	7	8	8	8	8	8	8	8	8	7	8	8	6	8
Bluebell	18	Canterbury	0	17	0	17	0	16	0	18	0	18	0	18	0	18
Samphire	15	Canterbury	0	15	0	15	0	14	0	15	0	14	0	15	0	15
Fern Ward	18	Canterbury	1	17	1	17	1	17	1	17	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	**166**		27	135	27	136	28	133	28	137	27	133	30	134	26	134

Total KMPT beds used (Medway + Other)			**162**		**163**		**161**		**165**		**160**		**164**		**160**	
Total KMPT beds not used			5		4		6		1		6		2		6	
Actual Beds Available			167		167		167		166		166		166		166	
External to KMPT (see notes below)			2	19	2	19	2	21	4	19	4	20	2	20	2	20
KMPT + external beds used by group			29	154	29	155	30	154	32	156	31	153	32	154	28	154
Total beds used (KMPT + external)			183		184		184		188		184		186		182	

Medway CCG Use of Younger Adult Acute Beds by Day

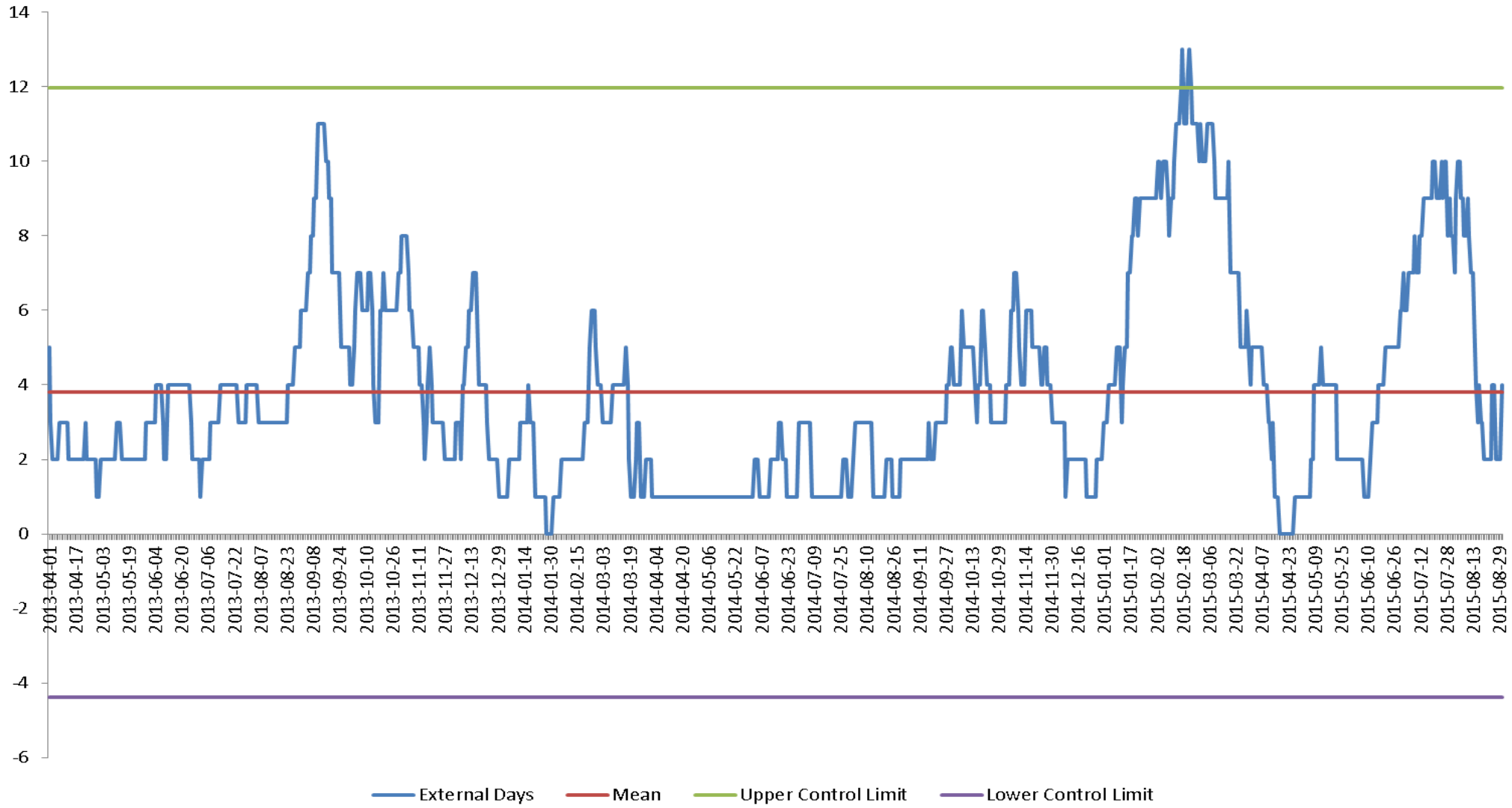
			29/08/2015		30/08/2015		31/08/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0
Cherrywood	16	Dartford	10	6	10	6	10	6
Amberwood	17	Dartford	6	11	6	11	5	12
Woodlands	12	Dartford	4	7	5	6	5	7
Boughton Ward	18	Maidstone	0	17	0	18	0	17
Chartwell Ward	18	Maidstone	0	18	0	18	0	18
Upnor	16	Maidstone	6	10	6	10	6	10
Bluebell	18	Canterbury	0	17	0	18	0	18
Samphire	15	Canterbury	0	15	0	15	0	14
Fern Ward	18	Canterbury	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18
Sub Total	**166**		26	137	27	138	26	138

Total KMPT beds used (Medway + Other)	**163**		**165**		**164**	
Total KMPT beds not used	3		1		2	
Actual Beds Available	166		166		166	

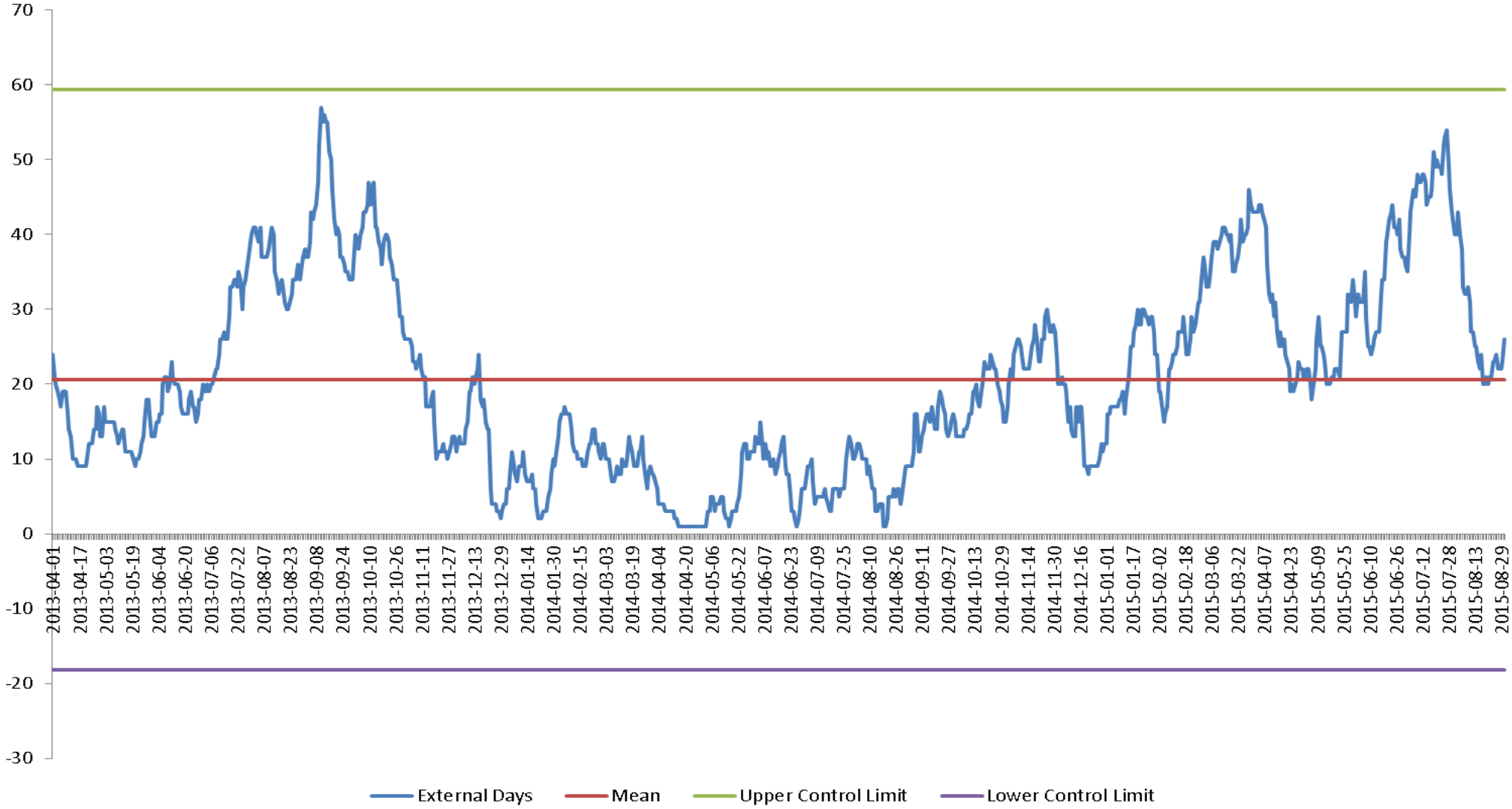
External to KMPT (see notes below)	2	20	2	21	4	22

KMPT + external beds used by group	28	157	29	159	30	160
Total beds used (KMPT + external)	185		188		190	

Medway CCG YA Acute External Bed Usage April 2013 To Date



KMPT YA Acute External Bed Usage April 2013 To Date



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	31	31	47	48	59	75	131	146	63	214	321	278	1444
Other External Bed Days Used	43	126	212	161	140	344	425	583	382	491	365	930	4202
Total External Bed Days Used	74	157	259	209	199	419	556	729	445	705	686	1208	5646
Cost per day	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	
Total Cost	£57,720	£122,460	£202,020	£163,020	£155,220	£326,820	£433,680	£568,620	£347,100	£549,900	£535,080	£942,240	£4,403,880

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

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	2015/16
Medway CCG External Bed Days Used	65	85	99	256	162								667
Other External Bed Days Used	834	658	903	1170	681								4246
Total External Bed Days Used	899	743	1002	1426	843	0	0	0	0	0	0	0	4913
Cost per day	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	
Total Cost	£701,220	£579,540	£781,560	£1,112,280	£657,540	£0	£0	£0	£0	£0	£0	£0	£3,832,140

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

Appendix 1. Available bed days per day by ward

	01/08/2015	02/08/2015	03/08/2015	04/08/2015	05/08/2015	06/08/2015	07/08/2015	08/08/2015	09/08/2015	10/08/2015	11/08/2015	12/08/2015	13/08/2015	14/08/2015	15/08/2015	16/08/2015	17/08/2015	18/08/2015	19/08/2015	20/08/2015	21/08/2015	22/08/2015	23/08/2015	24/08/2015	25/08/2015	26/08/2015	27/08/2015	28/08/2015	29/08/2015	30/08/2015	31/08/2015
Cherrywood	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	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	17
Woodlands	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Boughton 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
Chartwell Ward	18	18	18	18	18	18	18	18	18	18	18	19	19	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Upnor	18	18	18	18	18	18	18	18	18	18	18	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
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
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
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
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
Grand Total	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**169**	**168**	**168**	**167**	**167**	**167**	**167**	**167**	**167**	**167**	**167**	**167**	**167**	**166**	**166**	**166**	**166**	**166**	**166**	**166**

Medway CCG Use of Younger Adult Acute Beds by Day

			01/06/2015		02/06/2015		03/06/2015		04/06/2015		05/06/2015		06/06/2015		07/06/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	10	6	9	3	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	8	8	7	7	8	8	8	8	9	7	9	7	9	7
Amberwood	17	Dartford	5	11	5	11	5	10	5	10	6	9	6	10	6	10
Woodlands	12	Dartford	4	6	4	8	4	8	4	8	4	8	4	8	4	8
Boughton Ward	18	Maidstone	2	15	2	16	2	16	2	16	2	16	2	16	2	16
Chartwell Ward	18	Maidstone	0	16	0	18	0	17	0	18	0	17	0	18	0	18
Upnor	16	Maidstone	0	0	0	0	9	2	9	2	9	4	9	5	10	6
Bluebell	18	Canterbury	0	16	0	18	0	18	0	18	0	18	0	18	0	18
Samphire	15	Canterbury	0	15	0	15	0	15	0	15	0	15	0	14	0	14
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	17	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Sub Total	**166**		29	129	27	132	28	130	28	131	30	129	30	132	31	133

Total KMPT beds used (Medway + Other)	**158**		**159**		**158**		**159**		**159**		**162**		**164**	
Total KMPT beds not used	8		7		7		6		6		3		1	
Actual Beds Available	166		166		165		165		165		165		165	

External to KMPT (see notes below)	2	29	2	27	2	30	2	29	2	29	2	29	2	33

KMPT + external beds used by group	31	158	29	159	30	160	30	160	32	158	32	161	33	166
Total beds used (KMPT + external)	189		188		190		190		190		193		199	

Medway CCG Use of Younger Adult Acute Beds by Day

			08/06/2015		09/06/2015		10/06/2015		11/06/2015		12/06/2015		13/06/2015		14/06/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	9	7	9	7	9	7	9	7	8	7	9	7	9	7
Amberwood	17	Dartford	5	11	5	11	5	11	5	11	5	11	5	11	6	10
Woodlands	12	Dartford	4	8	4	8	4	8	4	8	5	7	5	7	5	7
Boughton Ward	18	Maidstone	2	16	2	16	2	16	2	16	2	16	1	17	1	16
Chartwell Ward	18	Maidstone	0	18	0	18	0	16	0	18	0	18	0	18	0	18
Upnor	16	Maidstone	10	5	9	7	7	8	7	8	6	9	6	10	6	11
Bluebell	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Samphire	15	Canterbury	0	15	0	14	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	17	0	17	0	18	0	16	0	17	0	17
Sub Total	**166**		30	134	29	134	27	134	27	137	26	135	26	138	27	137

Total KMPT beds used (Medway + Other)	**164**		**163**		**161**		**164**		**161**		**164**		**164**	
Total KMPT beds not used	1		2		4		1		4		1		1	
Actual Beds Available	165		165		165		165		165		165		165	

External to KMPT (see notes below)	1	28	1	24	1	24	1	23	2	23	3	23	3	24

KMPT + external beds used by group	31	162	30	158	28	158	28	160	28	158	29	161	30	161
Total beds used (KMPT + external)	193		188		186		188		186		190		191	

Medway CCG Use of Younger Adult Acute Beds by Day

			15/06/2015		16/06/2015		17/06/2015		18/06/2015		19/06/2015		20/06/2015		21/06/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	9	7	9	7	9	7	9	7	9	7	9	7	9	7
Amberwood	17	Dartford	6	9	6	10	6	10	5	11	5	11	5	11	5	11
Woodlands	12	Dartford	5	7	5	7	5	7	6	6	6	6	5	6	6	6
Boughton Ward	18	Maidstone	1	17	1	17	1	17	1	17	1	17	1	17	1	17
Chartwell Ward	18	Maidstone	0	18	0	18	0	17	0	18	0	17	0	18	0	18
Upnor	16	Maidstone	6	11	6	9	6	9	7	10	7	9	7	9	8	8
Bluebell	18	Canterbury	0	16	1	17	1	17	1	17	1	17	1	17	1	17
Samphire	15	Canterbury	0	14	0	15	0	15	0	15	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	19	0	19	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	**166**		27	135	28	137	28	136	29	137	29	135	28	136	30	135

Total KMPT beds used (Medway + Other)	**162**		**165**		**164**		**166**		**164**		**164**		**165**	
Total KMPT beds not used	3		0		1		-1		1		1		0	
Actual Beds Available	165		165		165		165		165		165		165	

External to KMPT (see notes below)	3	24	3	24	4	28	4	30	4	30	4	35	5	35

KMPT + external beds used by group	30	159	31	161	32	164	33	167	33	165	32	171	35	170
Total beds used (KMPT + external)	189		192		196		200		198		203		205	

Medway CCG Use of Younger Adult Acute Beds by Day

			22/06/2015		23/06/2015		24/06/2015		25/06/2015		26/06/2015		27/06/2015		28/06/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	9	7	11	5	11	5	11	5	11	5	11	5	11	5
Amberwood	17	Dartford	5	11	6	8	6	10	6	10	6	10	6	10	6	10
Woodlands	12	Dartford	6	6	5	7	5	5	5	7	5	7	5	7	5	7
Boughton Ward	18	Maidstone	1	17	0	18	0	18	0	18	0	18	0	18	0	18
Chartwell Ward	18	Maidstone	0	18	0	18	0	18	0	17	1	17	1	17	1	17
Upnor	16	Maidstone	9	8	7	9	7	7	7	7	6	8	7	9	7	9
Bluebell	18	Canterbury	1	17	1	17	1	16	1	17	1	17	0	18	0	18
Samphire	15	Canterbury	0	15	0	15	0	14	0	14	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	18	0	16	0	16	0	17	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Sub Total	**166**		31	135	30	133	30	127	30	129	30	132	30	135	30	135

Total KMPT beds used (Medway + Other)			**166**		**163**		**157**		**159**		**162**		**165**		**165**	
Total KMPT beds not used			-1		2		8		6		3		0		0	
Actual Beds Available			165		165		165		165		165		165		165	

External to KMPT (see notes below)			5	37	5	38	5	39	5	36	5	36	5	35	5	37

KMPT + external beds used by group			36	172	35	171	35	166	35	165	35	168	35	170	35	172
Total beds used (KMPT + external)			208		206		201		200		203		205		207	

Medway CCG Use of Younger Adult Acute Beds by Day

			29/06/2015		30/06/2015		01/07/2015		02/07/2015		03/07/2015		04/07/2015		05/07/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	10	5	10	6	10	6	10	6	9	7	8	8	8	8
Amberwood	17	Dartford	6	10	6	10	6	10	6	9	6	10	7	9	7	9
Woodlands	12	Dartford	5	7	5	6	6	6	5	6	5	6	5	7	5	7
Boughton Ward	18	Maidstone	0	18	0	18	0	18	0	18	0	16	0	17	0	17
Chartwell Ward	18	Maidstone	1	17	0	18	0	17	0	17	0	17	0	18	1	17
Upnor	16	Maidstone	8	8	8	8	8	7	8	7	7	8	8	8	7	9
Bluebell	18	Canterbury	0	17	1	17	1	17	1	17	1	17	1	17	1	17
Samphire	15	Canterbury	0	15	0	15	0	13	0	15	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	17	0	18	0	18	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	17	0	17	0	18	0	18
Sub Total	**166**		30	133	30	133	31	130	30	130	28	131	29	135	29	135

Total KMPT beds used (Medway + Other)	**163**		**163**		**161**		**160**		**159**		**164**		**164**	
Total KMPT beds not used	2		2		4		5		6		1		1	
Actual Beds Available	165		165		165		165		165		165		165	

External to KMPT (see notes below)	5	33	6	31	6	31	7	29	6	29	6	34	7	36

KMPT + external beds used by group	35	166	36	164	37	161	37	159	34	160	35	169	36	171
Total beds used (KMPT + external)	201		200		198		196		194		204		207	

Medway CCG Use of Younger Adult Acute Beds by Day

			06/07/2015		07/07/2015		08/07/2015		09/07/2015		10/07/2015		11/07/2015		12/07/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	8	8	8	8	8	8	8	8	8	8	8	8	8	8
Amberwood	17	Dartford	7	9	7	9	6	10	7	9	6	9	6	9	7	9
Woodlands	12	Dartford	5	7	5	7	5	6	5	6	5	7	5	7	5	7
Boughton Ward	18	Maidstone	0	17	0	17	0	18	0	18	0	18	0	18	0	18
Chartwell Ward	18	Maidstone	0	18	0	18	0	18	0	18	0	16	0	18	0	18
Upnor	16	Maidstone	7	9	7	10	7	11	7	11	6	9	6	10	6	10
Bluebell	18	Canterbury	1	17	1	17	1	17	1	17	1	17	2	16	2	15
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	17	0	17	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	**166**		28	136	28	137	27	138	28	137	26	135	27	137	28	136

Total KMPT beds used (Medway + Other)	**164**		**165**		**165**		**165**		**161**		**164**		**164**	
Total KMPT beds not used	3		2		2		2		4		1		1	
Actual Beds Available	167		167		167		167		165		165		165	

External to KMPT (see notes below)	7	38	7	39	7	38	8	40	7	40	7	40	8	40

KMPT + external beds used by group	35	174	35	176	34	176	36	177	33	175	34	177	36	176
Total beds used (KMPT + external)	209		211		210		213		208		211		212	

Medway CCG Use of Younger Adult Acute Beds by Day

			13/07/2015		14/07/2015		15/07/2015		16/07/2015		17/07/2015		18/07/2015		19/07/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	9	6	7	6	7	8	7	9	8	8	8	8	8	8
Amberwood	17	Dartford	7	9	8	8	8	8	8	9	8	8	8	9	7	10
Woodlands	12	Dartford	5	7	5	6	5	7	5	6	4	8	4	8	4	8
Boughton Ward	18	Maidstone	0	17	0	18	0	17	0	17	0	18	0	18	0	18
Chartwell Ward	18	Maidstone	0	18	0	17	0	17	0	18	0	18	0	18	0	18
Upnor	16	Maidstone	6	10	6	11	6	12	6	12	7	9	8	9	8	10
Bluebell	18	Canterbury	2	16	1	17	1	17	1	17	1	17	1	17	1	17
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	17	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Sub Total	**166**		29	134	27	134	27	137	27	139	28	136	29	138	28	140

Total KMPT beds used (Medway + Other)	**163**		**161**		**164**		**166**		**164**		**167**		**168**	
Total KMPT beds not used	2		4		3		1		3		0		-1	
Actual Beds Available	165		165		167		167		167		167		167	

External to KMPT (see notes below)	8	40	9	38	9	35	9	36	9	36	9	37	9	42

KMPT + external beds used by group	37	174	36	172	36	172	36	175	37	172	38	175	37	182
Total beds used (KMPT + external)	211		208		208		211		209		213		219	

Medway CCG Use of Younger Adult Acute Beds by Day

			20/07/2015		21/07/2015		22/07/2015		23/07/2015		24/07/2015		25/07/2015		26/07/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	7	9	7	8	7	9	7	9	7	9	6	9	7	9
Amberwood	17	Dartford	7	10	7	10	7	10	7	10	7	9	7	10	6	11
Woodlands	12	Dartford	4	8	5	7	4	7	3	9	2	10	3	9	3	9
Boughton Ward	18	Maidstone	0	17	0	18	0	18	0	17	0	18	0	18	0	18
Chartwell Ward	18	Maidstone	0	18	0	18	0	17	0	18	0	17	1	17	1	17
Upnor	16	Maidstone	8	10	9	8	9	9	8	10	8	11	7	11	7	11
Bluebell	18	Canterbury	1	17	0	17	1	17	1	17	1	17	1	17	1	17
Samphire	15	Canterbury	0	15	0	14	0	15	0	15	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	16	0	16	0	17	0	18	0	17	0	17	0	17
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Sub Total	**166**		27	138	28	134	28	137	26	141	25	141	25	141	25	142

Total KMPT beds used (Medway + Other)	**165**		**162**		**165**		**167**		**166**		**166**		**167**	
Total KMPT beds not used	4		7		4		2		3		3		2	
Actual Beds Available	169		169		169		169		169		169		169	

External to KMPT (see notes below)	10	39	10	40	9	40	9	40	9	39	10	42	9	44

KMPT + external beds used by group	37	177	38	174	37	177	35	181	34	180	35	183	34	186
Total beds used (KMPT + external)	214		212		214		216		214		218		220	

Medway CCG Use of Younger Adult Acute Beds by Day

			27/07/2015		28/07/2015		29/07/2015		30/07/2015		31/07/2015	
Ward	**Current Capacity**	**Location**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**	**Med**	**Oth**
Emerald		Closed	0	0	0	0	0	0	0	0	0	0
Cherrywood	16	Dartford	7	9	8	8	7	8	7	8	8	7
Amberwood	17	Dartford	7	10	7	10	5	12	5	12	5	11
Woodlands	12	Dartford	4	8	4	8	4	7	4	8	4	8
Boughton Ward	18	Maidstone	0	16	0	18	0	18	0	17	0	17
Chartwell Ward	18	Maidstone	1	17	1	17	1	17	1	17	1	16
Upnor	16	Maidstone	7	11	7	11	7	10	7	11	6	11
Bluebell	18	Canterbury	1	15	1	17	1	17	1	17	1	17
Samphire	15	Canterbury	0	15	0	15	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	17	0	18	0	18	0	17	0	17
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	17
Sub Total	**166**		27	136	28	140	25	140	25	140	25	136

Total KMPT beds used (Medway + Other)	**163**		**168**		**165**		**165**		**161**	
Total KMPT beds not used	6		1		4		4		8	
Actual Beds Available	169		169		169		169		169	

External to KMPT (see notes below)	10	44	10	39	8	38	9	34	8	33

KMPT + external beds used by group	37	180	38	179	33	178	34	174	33	169
Total beds used (KMPT + external)	217		217		211		208		202	

Appendix 4

Summary of CQC report: Updated 30 July 2015

Overall we rated the trust as requires improvement because:

- We had serious concerns about the quality of care at Littlestone Lodge. We identified poor practice including, staff not meeting the needs of patients and observed unsafe care. For example, we found patient's pain was not being managed; all patients were wearing incontinence pads without their needs being assessed and medicines were being administered covertly without rationale. There was also a lack of senior clinical staff presence on this ward.
- KMPT had failed to respond appropriately to the risks it identified on Littlestone Lodge. In December 2014 an acting ward manager was appointed to help improve the quality of care. In February 2015 one of the trust's senior managers had visited the ward and although had addressed some issues had failed to rectify all of the key risks, including the need to provide additional experienced nurses to support the day to day delivery of care. This left the acting ward manager to address a large range of serious issues with limited support. However, the senior manager did ensure advice from specialist nurses was made available, such as advice from the physical health nurse and also provided opportunities for the acting ward manager to discuss the improvements required with the service manager. We were also concerned about the culture on Littlestone Lodge, the lack of care by some staff, the lack of recording and lack of responsiveness by staff to the acting manager's attempts to improve the service along with the lack of detailed and appropriate recording in patient notes, care plans and prescription charts
- We asked the trust to take immediate action to address concerns and also took enforcement action, serving two warning notices. The two warning notices served notified the trust that CQC had judged the quality of care being provided as requiring significant improvement. The first warning notice was to ensure the safety, care and welfare of the patients. The second notice highlighted the trust's failure to monitor the quality of care it provided adequately. The warning notices expiry dates were 15 May 2015 (for further information see below)
- We also had concerns about the care and welfare of patients on other wards across the older persons' inpatient service. In particular, we were concerned about a number of issues related to poor care delivery and lack of care planning for patients' needs on Cranmer ward
- We identified clear gaps in the governance processes. For example, an overreliance on quantitative data and a lack of robust qualitative monitoring. In addition, the trust failed to act on some risks it has identified in a timely manner. There was some disconnect between the boards awareness of the quality of care in some area and this was evident in the trust's response to the concerns identified at Littlestone Lodge. Another key example of gaps in the governance was related to medicines practice; the processes in place were failing to highlight the pockets of poor medicines practice that we observed and identified to the trust. The systems for managing risk had also failed to highlight some key risks issues at ward/service delivery level, failed to identify

the lack of action at ward level to rectify problems identified and also failed to identify the lack of reporting risks in some areas.

- The use of the Mental Health Act (MHA), Mental Capacity Act (MCA) and Depravation of Liberty safeguards (DoLs) was inconsistent across the trust with poor practice identified in several areas
- The quality of care planning was inconsistent across the trust and at times it was not evident how or whether people were involved in their care. However, we also found some outstanding examples of people being involved in their care.
- The trust has a vacancy rate of 17.4% in October 2014 and although had reduced this to 9.7% across the trust by March 2015 some wards and teams still had high vacancy rates. This meant there was a high usage of agency staff in the majority of areas, including large case loads in the community teams
- Risks to patients were not regularly reviewed in a number of services following a change in behaviour or an incident
- There was evidence of poor reporting of incidents both within the trust and to other agencies such as the local authorities and CQC
- The environment in the health based places of safety (section 136 suites) and seclusion rooms across the trust did not meet establish national standards

However, care was delivered by kind, sensitive and caring staff that were passionate about their work and committed to delivering high quality services. Patients and their families told us that the majority of staff treated them with respect and dignity.

There was evidence of good leadership and commitment from the board, the executive team and senior managers. The majority of KMPT's board (executives and non-executives) had been in post for less than four years; the chief executive had been appointed in April 2012. We concluded that they were a cohesive team who shared a common purpose**.**

It was evident that there was a clear vision, set of values and cohesive strategy based around driving improvements in clinical practice and we saw evidence of this in some areas of the trust. However, there were several areas were practice was poor, inconsistent or not embedded. We heard of many new initiatives and the trust was continually looking for ways to improve, including through an ambitious transformation programme. However, it was clear that time was needed to fully realise the scale and complexity of the changes.

The trust was actively addressing staff morale and its below national average levels in the friends and family' test. We saw attempts to address these issues with innovative communication methods such as the 'big white wall' and 'green button'.

The trust was currently maintaining a financial surplus and a comprehensive programme to improve facilities and infrastructure was underway. For example, a new modular ward was being built at the trust's Maidstone site.

The dignity and privacy of the patients were not always protected due to failure to meet same sex accommodation guidance in a number of areas. However, the trust acknowledged that it did not always meet guidance but felt there was a clear clinical

and safety rationale for this and was working to ensure guidance was met in all areas. In some areas we were shown clear plans or observed building work on the environment to rectify these issues.

We observed outstanding care planning and outstanding care interactions within the trust's forensic service line which included the learning disability and forensic inpatient wards. Despite both services being rated as requiring improvement in the safety domain, the overall patient and staff involvement and engagement impressed the teams who visited all these wards. The two teams visiting these wards were overwhelmed with the volume of evidence of innovative practice to support and include patients in their care. They observed early intervention and engagement which led to reductions in the levels of restraint and seclusion.

The trust was open and clear about the risks it faced regarding the level of vacancies, use of agency and bank and the number of unfilled/incorrect skills mix shifts it currently had. There had been attempts made to address the vacancies and to mitigate the risks such as longer term/contract agency staff.

Overall, we gave a rating of good for caring, with forensic and learning disability inpatient areas rated outstanding. This was because staff were found to be compassionate, kind, motivated to involve patients in their care and went above and beyond expectations in the manner in which they cared for patients.

High bed occupancy levels were having an impact on patient care, in particular in the wards for adults of working age and psychiatric intensive care unit (PICU). 88% of the wards had a average bed occupancy of 85% or more. In some areas the bed occupancy was over a 100% and PICU 107%. We found a handful of examples where a patient was sleeping on a bean bag, patients slept in other patients rooms that were spending time at home and section 136 suites being used to nurse patients that did not require section136 care.

Several of KMPT services participated in national service accreditation and peer review programmes. These included, the accreditation for inpatient mental health services (AIMS) on two wards, the home treatment accreditation scheme in one CMHT, the quality network for forensic mental health services, the community of communities – a quality improvement network for therapeutic communities and the memory services national accreditation programme. We also saw that the patient engagement programme had won external awards for engaging and seeking feedback in the community.

It was our view that the provider had made significant progress in developing services and bringing about improvements and that, given time, the provider would realise its vision. However, some significant work was still required to improve the quality and consistency of its services across the trust.

We found that the trust was in breach of a number of regulations. We will require the trust to meet the requirements of the regulations within a specified time period and will return to check that it has done so.

Additional information relating to Littlestone Lodge

In March 2015 we inspected Littestone Lodge (now known as Littlestone continuing care unit (CCU) as part of a comprehensive inspection of Kent and Medway NHS and Social Care Partnership Trust. During our inspection we found that the trust was not meeting the standards expected in meeting the care and welfare needs of patients, and how it assessed and monitored the quality of the service at Littlestone CCU.

We found the trust was in breach of regulations 9(1) (2) and 10(1) ((2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued two warning notices under each of these regulations on 30 March 2015. We told the trust that it must comply with the requirements of the regulations by 15 May 2015. The trust sent us an action plan, and later confirmed that it believed it was compliant with the requirements (as of 15 May 2015).

We carried out an unannounced, focussed inspection on 21 May 2015 to assess if the trust had addressed the concerns identified at our inspection in March 2015, and to determine if it was now compliant with the requirements of the regulations. We found that the trust had taken action, that improvements had been made to the services delivered at Littlestone CCU since our visit in March, and that staff were positive about the changes to the unit. A number of new or revised processes had been implemented for ensuring that patient care and welfare needs were met. However, we found that these were not always carried out or recorded consistently.

Our inspection in March 2015 assessed compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on the 1 April 2015. As such, the inspection carried out on 21 May 2015 looked at the trust's compliance with the 2014 regulations (namely the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Due to the improvements made we were able to withdraw the warning notices. However, we found that the trust had not met all the requirements of the regulations and as such have issued a requirement notice in respect of Regulation 17(1)(2)(b)(c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.

A separate report of the unannounced, focussed inspection of 21 May 2015 has been produced. This report describes our specific findings at Littlestone CCU (March 2015) and the related finding from our focussed inspection (May 2015). This report also provides details of the requirement notice that the trust must take action to address.

This can be found on our website.