



Kent and Medway NHS and Social Care Partnership Trust (KMPT)

Mental Health Update

Report prepared for:

Medway Council
Health and Adult Social Care (HASC) Overview and Scrutiny Committee
19 June 2018

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Report Compiled By:

Reporting Officer: Helen Greatorex
Chief Executive, KMPT
Vincent Badu, *Director Transformation, KMPT*
Sarah Day, *Programme Manager, KMPT*

1. Introduction

- 1.1 This report has been prepared at the invitation¹ of Medway Council's Health and Adult Social Care Overview and Scrutiny Committee (HASC) to provide an update about the Trust (KMPT).
- 1.2 This report aims to update Members on current activities and priorities, successes, challenges and opportunities and to provide a reminder to Members of the current service provision in Medway.
- 1.3 This report will be presented under the following set of headings:
 - i. Current service provision – a reminder.
 - ii. Current activities and priorities.
 - iii. New initiatives and opportunities.
- 1.4 The Committee is asked to note the content of the report and provide comment.

2. Current service provision – a reminder

- 2.1 KMPT is commissioned to provide a range of inpatient, community and specialist services to younger and older adult residents of Medway. Some of these services are based in Medway; others are based outside of Medway and offer an in-reach provision to the residents of Medway. Appendix A provides an outline of those services based in Medway. Appendix B provides an outline of those services based outside of Medway that offer an in-reach provision to the residents of Medway.

3. Current activities and priorities

3.1 Care Quality Commission (CQC) inspection and improvement plan:

- 3.1.1 The CQC, in January 2018, undertook a three-day unannounced inspection of three of KMPT's nine community mental health teams (CMHTs) for younger adults. This included the Medway CMHT.
- 3.1.2 Since the inspection the CMHTs have been working in a focused way to resolve the serious concerns raised by the CQC and to significantly improve the consistency of the quality of care provided. The CQC returned in May 2018 to revisit these three teams and test progress; the CQC confirmed they could see progress is being made and KMPT had addressed the concerns raised.
- 3.1.3 In 2017 the CQC findings highlighted KMPT needed to improve its CMHT services across a number of elements. The January 2018 inspection was to test progress. The CMHTs had done an enormous amount of work and some really good progress had been made. However, the CQC were very clear, and were able to evidence, progress was not consistent across all required elements. The team of inspectors checked whether these services were safe, effective and responsive to people's needs. They also considered whether they were well-led. Their overall finding was that the quality of healthcare being provided required significant improvement. KMPT was consequently issued with a Warning Notice. This was immediately shared with the teams and an intensive work programme to resolve issues commenced. This included putting in place a comprehensive improvement plan and making some significant changes within the teams to ensure that they had sufficient support and strong, effective leadership.

¹ Email to Helen Greatorex, Chief Executive (KMPT) from Jon Pitt, Democratic Services Officer (Medway Council) dated 30 April 2018

- 3.1.4 Positively, the CQC's findings were not all focussed on areas needing improvement. They found several areas of good practice including staff having a good understanding of safeguarding and lone working, staff at Medway carrying out detailed initial assessments and CMHT staff being experienced, caring and hard working.
- 3.1.5 KMPT fully accepted the CQC's findings. The inspection and report have been instrumental in helping the teams focus and step up the pace of the improvements they are making. This work continues to progress and staff continue to be fully supported to ensure KMPT is consistently providing persons who use services with good quality care.
- 3.1.6 Appendix C sets out the focussed inspection action plan for the Medway CMHT.
- 3.2 Medway Community Street Triage:**
- 3.2.1 The Medway Community Street Triage Service was established as a 12 month pilot, commencing 22 June 2017, in response to concerns over increasing numbers of detentions under Section 136 Mental Health Act 1983 (amended 2007) in the Medway area, against a low conversion rate to admission. The service is a joint initiative between Kent Police, Medway NHS Clinical Commissioning Group (CCG) and KMPT.
- 3.2.2 The Medway Community Street Triage Service comprises a police officer and a mental health nurse responding in an unmarked police car to police officers in Medway. The service runs three nights a week. A six month evaluation was undertaken to inform progress and outcomes. This highlighted that over the first six months of the pilot the service received 173 referrals, an average of 2 referrals a night; of these 50% were open to mental health services. Like all street triage services the majority of referrals were not potential Section 136 assessments as the person was not in a place to which the public had access. However the service diverted 88% of referrals to alternative services and avoided 44 Section 136 detentions; 20 people still required detention under Section 136 and 10 of these 20 cases were not admitted to hospital.
- 3.2.3 Substance misuse and intoxication was a significant factor in presentation to the service and present in 24% of cases. The use of street triage services to divert someone away from the police and mental health services into an appropriate substance misuse pathway can have a positive impact on both outcomes for the individual and resources.
- 3.2.4 During the six months period there was a 5% increase in Section 136 assessments across the county when compared with the previous six months. In Medway there was a 19% reduction in Section 136 assessments.
- 3.2.5 Next steps: KMPT also has a substantive countywide Street Triage Service in place which provides a mental health nurse response to both the Kent Police and South East Coast NHS Ambulance Service (SECamb). It has a presence in both agency control rooms. This service also runs three nights a week (different nights to the Medway Community Street Triage Service). Following the Medway pilot discussions have taken place with all CCGs, Kent Police, SECamb and KMPT to agree a consistent seven night a week service model that incorporates recommendations from the Medway Community Street Triage evaluation as well as good practice highlighted from monitoring outcomes and key performance indicators from the Countywide Street Triage Service. A development paper will be submitted for approval to CCGs, and Accident and Emergency (A&E) Delivery Boards and governance groups of all involved agencies. The predicted timeframe is October 2018.

4. New initiatives and opportunities

- 4.1 KMPT continues to welcome the opportunity to develop new initiatives and opportunities to deliver its vision². To achieve this, KMPT is involved in a number of initiatives in partnership with other agencies:

²KMPT's vision is to create an environment within Medway and Kent where mental health is everyone's business, where every health and social care contact counts, where everyone works together to encourage and

4.2 Medway urgent care and liaison services:

- 4.2.1 KMPT is working with Medway NHS Foundation Trust (MFT) and Medway Community Healthcare (MCH) - Medway On Call Care (MedOCC) to enhance the adult urgent care mental health treatment pathway at Medway Hospital.
- 4.2.2 In response to the increasing number of attendances from persons without an emergency physical health care need attending the Emergency Department (ED) at Medway Hospital, MFT redesigned its ED 'front door' in 2017/18. This now operates as an Urgent Treatment Centre (UTC), with a new model of streaming to primary care implemented in January 2018. During 2018/19, further developments aim to enhance the urgent care pathway. These include improvements to the patient streaming and triage services into MedOCC, enhancement of the mental health urgent care pathway out of hours for urgent assessments via the Single Point of Access (SPoA) service and provision of a supervised area for those individuals assessed by KMPT's services as likely to require inpatient admission, to receive immediate acute mental health interventions whilst waiting for a bed, or indeed as an alternative to inpatient admission.
- 4.2.3 In light of these changes and developments, and in recognition that the current arrangements do not work as well as they could, KMPT has reviewed its urgent care pathway in Medway. Developments include:
- 4.2.3.1 Re-organisation of the Core 24 Liaison Psychiatry resource and Crisis Resolution Home Treatment (CRHT) resource to create a Mental Health Urgent Care / Liaison Psychiatry Team; and a separate Home Treatment Team. The Mental Health Urgent Care / Liaison Team will respond to requests for urgent mental health assessment from the UTC through a new mental health urgent care pathway specifically for the UTC (MedOCC). It will also respond to requests from the ED for mental health assessment, SPoA referrals outside of CMHT operational hours and provide a liaison service / response to requests from Medway Hospital inpatient wards for mental health assessment. The Home Treatment Team will operate between 08.00 – 22.00 hours. Persons on the home treatment caseload who require an urgent response outside of these hours will contact the Medway / Swale Mental Health Urgent Assessment Team.
- 4.2.3.2 Provision of a dedicated and supervised waiting area for individuals requiring urgent mental health assessment. This physical space / area within the UTC will provide a safe and supervised waiting area for those persons who have been seen by MedDOC and referred for urgent mental health assessment and a dedicated interview room for urgent assessments to be conducted.
- 4.2.3.3 Development of a new Mental Health Decision Unit (MHDU). This additional (and separate to the waiting area) space will provide a therapeutic and supervised area where those persons assessed as likely to require inpatient admission, can undergo a longer period of assessment and receive immediate psychiatric intervention, which may then negate the need for inpatient admission. Interventions would be delivered by support time and recovery (STR) workers and peer support workers, under the supervision of a registered mental health nurse (RMHN), whilst awaiting admission to an inpatient bed. This area can also be used for those persons who have been assessed in the ED by the Liaison Psychiatry Team as requiring inpatient admission, providing that they are medically fit for discharge home.
- 4.2.4 Implementation of these developments relies on a commitment by all main stakeholders (MFT, MCH, and KMPT) to work together in partnership and share accountability and duty of care for those persons awaiting urgent mental health assessment (in the waiting area) or
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awaiting acute psychiatric admission (in the MHDU). Both the proposed waiting area and the MHDU will occupy accommodation that is owned by the MFT. Individuals referred for urgent mental health assessment are the joint responsibility of the referrer and the receiver. Any individual awaiting acute psychiatric inpatient admission at the Medway Hospital site is the joint responsibility of KMPT and MFT. A draft joint standard operating protocol, which will see risks shared as outlined above has been developed and MFT, MCH and KMPT have agreed in principle to sign up to a Memorandum of Understanding, the details of which are being worked up.

4.3 **Personality Disorder Pathway - Medway Initial Skills Group Pilot:**

- 4.3.1 To deliver KMPT's Personality Disorder Strategy, a 12-month programme has been developed. This includes a number of pilots to test therapeutic models of care. One immediate key area of development is the Initial Skills Group, based on the Bateman model, to be tested in Medway CMHT.
- 4.3.2 The pilot will see all new persons referred to and assessed through the Medway CMHT that have a Health of Nation Outcome Scales (HoNOS) cluster 7 or 8 or with a working diagnosis of Emotionally Unstable Personality Disorder (EUPD) offered an initial interventions programme. Based on the work in Devon Partnership NHS Trust, using the Bateman model, the programme will offer the person up to eight sessions across a three-month time period. The interventions will be delivered by the CMHT, with supervision and reflective practice from a psychologist. Implementation requires significant restructuring of the CMHT's working practices. The outcomes from delivery of this programme in Devon have been positive with high levels of satisfaction across staff offering services and persons receiving services. It has reduced the number of persons requiring on-going specialist interventions and the did not attend (DNA) rates are reduced for those who progress onto formal therapies.
- 4.3.3 Groups similar to this Initial Skills Groups were already available in Medway. A workshop on 15 March 2018 reviewed the current offer and amended it using both The National Institute for Health and Care Excellence (NICE) and the Devon model. The pilot is scheduled to commence in May 2018, with the clinicians delivering the current skills based groups diverted to deliver the Initial Skills programme.

5. **Conclusion and Recommendation**

- 5.1 The Medway HASC is requested to note the content of this mental health update report.

Type of service	Description of service
Acute (younger adult) services	
Crisis resolution and home treatment (CRHT)	Based at A Block, Medway Maritime Hospital (Gillingham), the Medway and Swale CRHT provides support at home 24 hours 7 days a week to those individuals aged 18 years and over experiencing mental health crisis and whom without support would require hospital admission
Liaison psychiatry	Based at Medway Maritime Hospital, the Medway Liaison Psychiatry service operates 24 hours a day 7 days a week and aims to provide mental health support to people admitted to Medway Maritime Hospital. The service works very closely with staff at Medway Maritime Hospital to allow a patient's mental health to be treated effectively alongside any physical health problems. The service is available to anyone over the age of 18, regardless of address, who attends the emergency department or is an inpatient at Medway Maritime Hospital and needs advice, assistance or a mental health assessment.
Community recovery services	
CMHT	Based at Canada House (Gillingham) the Medway and Swale CMHT provides services to adults of working age (18 to 65 years) with severe long term mental health needs.
Mental health learning disability (MHL D)	Based at Canada House, the Medway and Swale MHL D team provides services to adults of working age (18 to 65 years) with a mental health learning disabilities.
Early intervention for psychosis (EIP)	Based at Canada House, the Medway and West Kent EIP service works with people aged between 14 and 35 years old who are experiencing their first episode of psychosis, and who have been experiencing symptoms for less than three years.
Inpatient rehabilitation	Based at Newhaven Lodge, Medway Maritime Hospital, the 8 bedded Newhaven Lodge Rehabilitation Unit is a mixed gender inpatient adult mental health rehabilitation unit. The rehabilitation team work with men and women who have experienced a relapse in their mental health, to promote recovery and support them to develop or regain skills for every day living.
Older adult services	
Inpatient older adult	Based at A Block, Medway Maritime Hospital, the 14 bedded Ruby Ward is a female only inpatient older adult unit for people suffering acute mental health challenges and experiencing dementia, depression, anxiety and psychotic conditions.
Community mental health service for older people (CMHSOP)	Based at Elizabeth House (Rainham), the Medway CMHSOP provides a service for people age over 65 years with both organic and functional presentations.
Forensic and specialist services	
Criminal justice liaison and diversion service (CJLD)	Based in the Medway Custody Suite, the Medway CJLD service ³ provides screening and assessment of individuals, of all age groups and vulnerabilities within the criminal justice system.
Chronic fatigue syndrome (CFS) / myalgic encephalopathy (ME) (pain clinic)	Based at Medway Maritime Hospital the pan-county service offers multidisciplinary assessment and treatment programmes for adults from 18 years with a diagnosis of CFS / ME.
Disablement services (prosthetics and orthotics) and environmental control services	Based at the DSC the pan-county Disablement and Environmental Control teams provide services to people with a permanent medical condition or severe physical disability by providing suitable equipment that can help with every day life. This includes providing electronic assistive technology equipment, on loan, to severely disabled people to enable them to live more independently in their homes.
Community brain injury	Based at Medway Maritime Hospital the Medway and Swale Community Brain Injury team supports people with non-progressive brain injuries between the ages of 18 and 65 years.
Community street triage	Based out of the Medway Custody Suite, the service operates Wednesday, Thursday and Friday 11.30 hours to 00.00 hours. The police and a nurse patrol the local area in an unmarked police vehicle and respond to section 136 call outs to provide assessment and clinical expertise as an alternative.

³The Medway CJLD team is one of seven operating pan-county; in addition to the team operating out of the Medway Custody Suite, teams operate from six other suites outside Medway.

APPENDIX B : SERVICES BASED OUTSIDE MEDWAY THAT OFFER AN IN-REACH PROVISION TO THE RESIDENTS OF MEDWAY

Type of service	Description of service
Acute (younger adult) services	
Section 136 suite	Based at Priority House (Maidstone), the 2 roomed suite offers a place of safety for those individuals on a section 136 awaiting assessment. Should the Maidstone suite be full, individuals can be taken to the 1 roomed suite at Little Brook Hospital (Dartford).
Inpatient acute	Based at Little Brook Hospital, the two 17 bedded (Amberwood and Cherrywood) and one 16 bedded (Pinewood) acute younger adult admission wards provide inpatient care with intensive support for patients in periods of acute psychiatric illness.
PICU	Based at Little Brook Hospital, the pan-county 12 bedded (Willow suite) PICU provides mixed gender facilities designed for short-stay treatment of patients with mental health problems requiring intensive treatment, care and observation.
Older adult services	
Inpatient older adult	Based at Darent Valley Hospital, the 16 bedded Jasmine Ward is a mixed gender older adult unit for people suffering acute mental health challenges and experiencing dementia, depression, anxiety and psychotic conditions.
Inpatient continuing healthcare (CHC)	Based at the Frank Lloyd Unit (Sittingbourne), the two 15 bedded wards, Hearts Delight and Woodstock CHC bed stock for all North Kent localities. Patients with a diagnosis of dementia and associated needs are admitted to the most suitable bed for the individual's need.
Forensic and specialist services	
Street triage	Based within the Kent Police Force Control Room and South East Coast Ambulance NHS Foundation Trust (SECamb) Emergency Room, the pan-county service will operate between 16.00 and 00.00 hours Sunday to Tuesday from November 2016. Currently the night service comprises one band 4 nurse within the Control Room; this is increasing to one band 6 nurse who will respond in person and two band 4 nurses who will be based in the Control and Emergency Rooms to provide advice from November 2016. In addition as an extension to the Criminal Justice Liaison and Diversion Service based within the Kent Police Northfleet custody suite (Gravesend) the pan-county day service will operate between 09.00 and 17.00 hours Monday to Friday from November 2016. This service will comprise one band 7 senior practitioner who will respond in person.
Inpatient forensic (medium secure)	Based at the Trevor Gibbens Unit (Maidstone) the pan-county service provides medium secure care for men and women.
Inpatient forensic (low secure)	Based at the Greenacres site (Dartford) the 20 bedded pan-county Tarentfort Centre consists of two wards for male patients with a learning disability whose offending behaviour and mental health needs require that they are detained under the MHA in secure conditions. In addition, the 20 bedded pan-county Allington Centre offers holistic person centered care packages for male patients between the age of 18- 64 years detained under the MHA, whose mental health and offending / criminal behaviors puts them and / or others at significant risk.
Inpatient forensic (rehabilitation)	Based at the Greenacres site the 10 bedded pan-county Brookfield Centre provides a rehabilitation and recovery inpatient service for forensic male patients with a learning disability. The service helps to reintegrate this patient group into the community, and acts primarily as a step down service for patients from the Tarentfort Centre.
Personality disorder	Based at The Brenchley Unit (Maidstone) this service provides a therapeutic community and range of services for patients diagnosed with a severe or borderline personality disorder.
Inpatient addiction	Based at Fant Oast (Maidstone) the pan-county 10 bedded Bridge House Service provides inpatient detoxification treatment in a high quality environment.
Neuropsychiatry	Based at Darent House (Sevenoaks) the West Kent and Medway tertiary neuropsychiatry service offers outpatient assessment and treatment to individuals with a psychological / psychiatric disorder that manifest as neurological / organic conditions.
Eating disorder services (EDS)	Based at Oakapple Lane (Maidstone) the pan-county EDS provides services to people with eating disorders and works mainly with people who are experiencing anorexia or bulimia nervosa.
Mother and infant mental health services (MIMHS)	Based in Canterbury and Maidstone the pan-county MIMHS is for women with mental health difficulties who are considering pregnancy, are currently pregnant, or have given birth and the baby is under a year old. The team also provides in-reach services at Canada House.

APPENDIX C : MEDWAY CMHT FOCUSSED INSPECTION ACTION PLAN

Improvement plan owner:	Jane Adams (service Manager), Dr Sundaram (Consultant Psychiatrist) and Eddie Jaynes (Consultant Psychotherapist)
Implementation monitoring:	Updated 11 May 2018 by Senior Management Team
Executive approval:	
Executive sponsor:	Mary Mumvuri (Executive Director Nursing and Quality)
Reporting to:	

RAG KEY:	
Purple	Complete
Green	Work in progress but not overdue
Amber	Work in progress but likely to be overdue
Red	Overdue

RAG	ISSUE IDENTIFIED	ACTIONS TO BE TAKEN	PERSON RESPONSIBLE	TARGET COMPLETION DATE	EVIDENCE TO BE PROVIDED	PROGRESS TO DATE
1. SAFE CARE AND TREATMENT						
	1.1 CAPA					
	1.2 Single Operating Model	<ul style="list-style-type: none"> Daily Meetings Monthly risk forums Positive operational delivery (POD) model 	Medway Senior Team		Minutes from Risk Forum Minutes of POD Meetings Minutes of red board meeting	This is part of a wider piece of project work regarding a Standard Operating Procedure. The team has established monthly risk forums. The Medway CMHT has 3 PODs – each has a weekly POD meeting Red Board meetings commenced as from 19 March 2018 – these meetings are minuted.
	1.3 Management of Referrals	Implementation of Daily Multi-Disciplinary Team (MDT) Screening Meeting	Medway Senior Team	Achieved	CLiQ Checks	There is an established daily screening meeting that is attended by Operational Team Leaders, Consultant Psychiatrists and

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						<p>Psychology colleagues.</p> <p>A Referrals to Community Mental Health Teams – information and process has been developed for the CMHT to follow.</p>
	1.4 Assessment of new patients	Implementation of Team diary for “Choice” appointments.	Band 6 Business Coordinator	5 February 2018	<p>Team Diary</p> <p>Audit Results</p> <p>INSIGHT Report</p>	<p>Implementation of Choice appointments commenced 5 February 2018</p> <p>Operational Team Leaders to complete weekly quality checks for assessments completed by their POD clinicians. This has been incorporated into their Job plans.</p> <p>Audit of 3 assessments to be completed week beginning 19th and 26 March 2018.</p> <p>Triage admin are also monitoring the completion of RiO documentation following the Choice appointment.</p> <p>The 28 day referral to assessment key performance indicator (KPI) has improved from 68.75% at the beginning of April 2018 to 81.4% as of the beginning of May 2018. Individuals are being offered a choice appointment within 10 days.</p>
	1.5 Allocation of Care Co-ordinators/Lead professionals	If an individual meets the criteria for Secondary Care Mental Health Services they should be allocated a clinician based on their needs.	Operational Team Leaders			<p>A Standard Care and the Care Programme Approach (CRCA) has been developed for the CMHT to follow.</p>

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						<p>There remains a delay in allocating care coordinators in a timely way despite regular caseload review clinics and adherence to eligibility criteria. Additional care-coordination resource is being allocated to the team from mid-May 2018.</p> <p>The waiting list clients are placed on the Operational Team Leaders caseloads. The Operational Team Leaders have reviewed their caseloads (on paper) independently and in conjunction with the Lead Psychologist. Overall, waiting lists have halved in the last 6 months.</p> <p>As from 30 April 2018 the MDT have also started to review clients on the waiting list to determine if they meet the criteria for Secondary Care. Where indicated the client will be contacted by phone to review or be offered another Choice assessment. A Community Mental health Nurse (CMHN) has also been identified for a secondment to the Medway CMHT to work with clients currently on the waiting list.</p> <p>The Medway CMHT will be running two Systems Training for Emotional Predictability and Problem Solving (STEPPS) groups in the summer this will accommodate 40 clients on</p>

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						<p>the waiting list.</p> <p>The Medway CMHT will also be piloting a Personality Disorder (PD) pathway which will also take clients from the waiting list – it is anticipated that this will commence in September 2018.</p> <p>There is a directive to write to clients awaiting care coordination to apologise for the delay, give them a time frame for allocation and to ensure they have details of who to contact in an emergency. There is a discussion about offering these clients a welfare phone call until they are allocated – this has a resource implication and needs to be planned for.</p>
	1.6 7 day follow-up	7 Day Follow up report to be monitored each day and care coordinator / operational team leader to be informed of discharge.	Band 4 Administrator	Achieved	Business Intelligence (BI) Report	<p>Band 4 administrator runs BI reports. Breaches occur at times due to a variety of factors including lack of up to date contact details on RiO, staff absence and lack of engagement with services.</p> <p>The Red Board meeting includes clients who requires a 7-Day follow up and allocates a staff member to do this.</p>
	1.7 Monitoring of DNA	<p>Updated Did Not Attend (DNA) Policy to be circulated to team.</p> <p>Clinicians to discuss DNA triage assessments with duty senior to</p>	<p>Service Manager</p> <p>Operational Team Leaders / Clinicians</p>		<p>Email</p> <p>RiO progress notes</p>	Administrators are completing a weekly audit of assessments including clients who DNA – the service manager reviews this to ensure that the DNA policy is being

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		agree management plan. Clinicians to discuss DNA with existing clients in pod meetings.	Clinicians		RiO progress notes	followed. An email has been sent to the team regarding DNA.
	1.8 Case load management	Care Programme Approach (CPA) review Risk/Crisis Plans Regular caseload reviews to be completed by Operational Team Leaders to monitor concordance Clinicians to have a caseload review every 4-6 weeks Operational Team Leaders to review 1 client record as part of supervision	B6 administrator Operational Team Leaders Operational Team Leaders MDT Operational Team Leaders		Supervision Audit	Caseload review completed. The CRCG Quality Manager is undertaking caseload reviews and monitoring compliance with these.
	1.9 Handover of care	Implement Dartford Grave sham and Swanley (DGS) CMHT protocol for planned / unplanned staff absence	Service Manager			The DGS document have been amended to use in Medway: <i>Staff Sickness – Protocol and Cover Arrangements Medway CMHT and Medway Community Mental Health Team – Guidance regarding Staff Changes.</i> These have been circulated to the Medway Senior Management Team on 26 March 2018..
	1.10 Duty Function	To recruit to 0.4 whole time equivalent (wte) duty worker post	Service Manager			It has not been possible to have 2.0 wte dedicated duty workers as this would impact on care coordination capacity. The Medway CMHT has recruited to

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						the 0.4wte duty worker post – awaiting start date. In addition, a temporary 1.0 wte will be starting with the team in June 2018.
	1.11 Clinical record keeping	Guidance on clinical record keeping to be circulated	Service Manager		CLiQ Checks	Guidance circulated Email sent to those staff who do not meet the requirement.
	1.12 Discharge/transfer	Clinicians to discharge / transfer clients appropriately and in a timely manner.	MDT		CLiQ Checks	The <i>Discharge from CMHTs to Primary Care – information and process</i> has been developed for the CMHT to follow.
2. Staff Support/Leadership						
	2.1 Supervision	Supervision Tree to be updated and displayed. Staff to receive supervision 4-6 weekly in line with KMPT Supervision Policy. Line Managers to send supervision data to B4 administrator who will populate CRCG supervision spreadsheet.	Service Manager Line Managers Line Managers / B4 administrator	Achieved Ongoing Ongoing	Supervision Tree Supervision Audit Supervision Spreadsheet	Spread sheet is being populated on a monthly basis. At the end of March 2018, 93% of all staff had received supervision in the previous 4 weeks.
	2.2 Appraisals	Staff to receive an annual appraisal within the appraisal window.	Line Managers	31 st July 2018	Workforce Information data	Appraisals have all been scheduled within the Trust's 4-month timescale.
	2.3 Mandatory training	Staff to be compliant with mandatory training.	Line Managers	31 st July 2018	Training Reports	Mandatory training is monitored as part of supervision and appraisals. At the end of March 2018, compliance with mandatory training was 88% for the team.

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	2.4 Leadership meetings	Lead Consultant, Team Leaders, Lead Psychologist, and Service Managers booked to review action plan and ongoing planning.	Service Manager, Operational Team Leaders and Lead Psychologist	Ongoing	Minutes from Local Management Meeting	CQC action plan has been reviewed with the local Senior Management Team.

STAFF KEY:

COO	Chief Operating Officer
DCOO	Deputy Chief Operating Officer
EDoN	Executive Director of Nursing
DDoN & Practice	Deputy Director of Nursing & Practice
HRBPs	Human Resources Business Partners
ER Manager	Employee Relations Manager
MD	Medical Director
AMD	Assistant Medical Director