SUBMISSION FROM KENT AND MEDWAY MENTAL HEALTH NHS TRUST (KMMH) AND NHS KENT AND MEDWAY INTEGRATED CARE BOARD (ICB)

Health and Adult Social Care Scrutiny Committee

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Kent and Medway Mental Health NHS Trust Update

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Summary

The purpose of the paper is to provide an overview and update to the Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) from Kent and Medway Mental Health NHS Trust (KMMH) and the Integrated Care Board (ICB).

The report focuses on:

1. Revised segmentation in the National Oversight Framework and progress against the trust's Quality Improvement Plan An update on leadership changes since the last meeting.
2. The Q1 review of the transfer of services from North-East London Foundation Trust (NELFT) (joint KMMH and ICB update)
3. An overview of performance for the organisation and initiatives underway to address specific areas around flow.

A subsequent paper is planned to return to HASC in October 2026 providing a more detailed update on the safe transition of the Children and Young People Mental Health Services (CYPMHS) and All Age Eating Disorders (AAEDS) in April 2026.

A separate paper from the ICB is provided on this agenda (Item # - Mental Health Review), which describes the ICB's intention to conduct a Review of services

1. Quality Improvement Plan Overview

1.1. The Committee has previously been updated on the findings from the 2025 inspections by the Care Quality Commission (CQC) and the actions being taken in response.

1.2. Rather than revisiting those findings in detail, this report focuses on the progress made since that time. The trust's Quality Improvement Plan was established not only to address the issues identified by the CQC and independent reviews, but also to accelerate improvement work that the trust had already recognised was needed across quality, access, experience and organisational culture.

1.3. The plan brings together improvement activity under four themes:

- Safety and risk
- Access and waiting times
- Environment, experience and equity
- Leadership, culture and governance

1.4. Since the Quality Improvement Plan was established, the trust has delivered more than 194 improvement actions and has seen significant progress in several areas. This has contributed to the lifting of all CQC safety warning notices, which were issued following the inspections, including those relating to community mental health services and health-based places of safety.

1.5. While this is encouraging, the trust recognises that confidence in the organisation has been affected by the findings of regulators and the experiences reported by some patients.

1.6. The most recent NHS England National Oversight Framework segmentation saw the trust move from Segment 1 to Segment 3, driven largely by results from the Community Mental Health Survey from last year, in which 249 people reported poorer experiences of care. This does not reflect a single issue or event, but highlights the need to improve consistency of experience and rebuild confidence amongst patients and stakeholders.

1.7. While the change in segmentation reflects historic patient experience data and not current quality concerns, we recognise the importance of improving patient confidence and experience. The Quality Improvement Plan and five - year strategy are specifically focused on addressing the issues highlighted through this survey.

1.8. The following provides an overview for the Committee on the areas of work we are focusing in our Quality Plan - to drive improvement and consistency across the trust.

2. Safety and Clinical Risk

2.1. Safety and Clinical Risk Overview

2.1.1. The independent review and CQC inspections identified inconsistencies in the quality of risk assessment, risk management and clinical documentation.

2.1.2. Feedback highlighted the need for greater assurance that risks are identified early, assessed consistently and translated into clear, personalised care and safety plans.

2.1.3. The inspections also identified opportunities to strengthen governance oversight and improve how patient safety information is brought together to support timely decision-making and effective care.

2.2. Safety and Clinical Risk Current Position

2.2.1. Significant work has been made in strengthening clinical risk management across the trust. Through the Quality Improvement Plan, enhanced clinical leadership and stronger governance and regular performance reporting.

2.2.2. Risk formulation compliance is being monitored through fortnightly reporting, with targeted interventions in areas of lower performance. Quality assurance processes have been strengthened, alongside training, supervision, and guidance to improve the quality and consistency of risk assessments and risk management plans.

2.2.3. Early improvements are being seen in compliance levels, with increased clinical leadership and executive oversight and clearer accountability for delivery.

2.2.4. This trust-wide improvement is making a difference with an improving picture being reported month on month. Following the start of this targeted work we have seen risk compliance improve from below 50% for Medway and swale mental health together plus teams, to 80.9% for a completed risk assessment, our focus now is on timeliness, quality, strengthening processes, staff confidence and most importantly how involved patients and their loved ones feel in the process.

2.2.5. Through the trust's new and improved patient experience survey 'Your experience matters' current performance sits between 70-80% over the last three months when patients rate how involved they felt in their care, this is one of our impact measures that help us understand the impact of our improvement work.

2.2.6. Improvements have also been achieved in physical health monitoring for the introduction of anti-psychotic medication for people with Serious Mental Illness, where performance has increased from 65% to 78% against the target of 85%.

2.3. Safety and Clinical Risks Next Steps

2.3.1. The next phase of work will focus on embedding and sustaining improvement. The Trust will continue to strengthen the quality and consistency of risk assessment, formulation and management through targeted support for teams, enhanced training and supervision, regular clinical audit, and robust performance oversight.

2.3.2. Fortnightly reporting and directorate accountability arrangements will remain in place to ensure progress is maintained and areas of concern are identified and addressed quickly.

2.3.3. Alongside this, a continued focus will be placed on improving physical health outcomes for people with serious mental illness, including compliance with physical health checks, blood monitoring and the management of long-term conditions. In the past six months, we have increased the number of patients with serious mental illness accessing physical health checks from 65% to 78% against an 85% target. We will continue to monitor this through established governance arrangements, with regular assurance provided to the Quality Committee and Trust Board.

2.3.4. Improvement plans are now in place across all directorates, supported by weekly and fortnightly review processes at both locality and Trust level. Increasing emphasis is being placed on bringing together audit findings, compliance data, incidents, patient outcomes and workforce measures to provide a more comprehensive understanding of safety, quality and the impact of improvement activity.

3. Access and Waiting Times

3.1. Access and Waiting Times Overview

3.1.1. Following a review of access and waiting times and the CQC inspections found that the trust's systems for managing waiting lists required urgent improvement, and concerns were raised about the number of people waiting for services.

3.1.2. In response, KMMH implemented immediate actions to improve the management of waiting times, using targeted methodologies to reduce waits while prioritising people with the greatest need. The Trust also responded to feedback that we had heard from patients and their families and introduced systems to support people in waiting safely until they are seen.

3.2. Access and Waiting Times Current Position

3.2.1. The Trust is committed to ensuring that 85% of people start an intervention or treatment within 18 weeks, in line with the national standard. The Trust has seen an increase from 65.9% in February 2026 to 76.5% in June 2026.We have made strong progress towards delivering against the national standard of 85% of people starting treatment within 18 weeks, improving from 65.9% in February 2026 to 76.5% in June 2026. For people experiencing a mental health crisis, the Rapid Response Service continues to perform well, consistently assessing more than 80% of people within four hours.

3.2.2. A pilot of a refined model was conducted in Medway which saw significant improvement in performance and experience. This innovative, multi-agency approach aims to ensure that everyone is offered support.

3.2.3. In June, KMMH received 3,735 referrals, in line with the overall trend. The average wait from referral to treatment commencement is 11 weeks (77.6 days), and 69% of people started treatment within 18 weeks.

3.2.4. There are currently 632 people waiting between 18 and 24 weeks, and 658 people waiting more than 24 weeks, giving a total of 1,290 people waiting over 18 weeks. KMMH is working towards reducing the number of people waiting more than 38 weeks to zero by the end of the year as part of our new five-year strategy and intend to achieve this by the end of October 2026. We aim to increase the proportion of people starting treatment within 18 weeks to 75%.

3.2.5. Performance has improved markedly, particularly in East Kent following the introduction of further interventions. North Kent continues to perform well and we have made progress in reducing waits of more than 38 weeks in West Kent.

3.3. Access and Waiting Times Next Steps

3.3.1. The continued role out of the Medway approach across all community teams over the next three months aims to ensure that everyone is offered support regardless of need, risk, or complexity, while optimising the network of services available across Kent and Medway.

4. Environment, Experience and Equity

4.1. Environment, Experience and Equity Overview

4.1.1. The CQC found that the quality of mental health environments across Kent and Medway was not consistently meeting the standards we expect for patients, carers and staff. Feedback highlighted variation in estate condition, accessibility, privacy, maintenance, digital infrastructure and environmental assurance, leading to inconsistent experiences across services.

4.2. Environment, Experience and Equity Current Position

4.2.1. key focus for the Trust has been improving the environments in which patients receive care, ensuring they are safe, therapeutic, accessible and fit for the future. One of the most significant developments is the planned introduction of a new purpose-built, centralised Health Based Place of Safety. This will provide a more appropriate and dignified environment for people experiencing a mental health crisis, with improved privacy, enhanced therapeutic space and access to outdoor areas. While the new facility is being developed, mitigations remain in place to ensure patients continue to receive safe care.

4.2.2. Alongside this, the Trust has continued to invest in its estate, including the reopening of Coleman House, window replacement programmes, soundproofing works at Britton House and investment in essential

infrastructure such as heating and boilers. A refreshed Estates Delivery Plan is being developed to support further improvements across community and inpatient settings.

4.2.3. Improving accessibility and reducing barriers to care is also a key priority. The Trust has introduced Recite Me across its website, enabling patients to access information in more than 150 languages and providing accessibility tools to support people with visual impairments, dyslexia and other communication needs. This sits alongside continued work to improve support for people with learning disabilities, autism and sensory needs through staff training, accessibility reviews, reasonable adjustments and delivery of the Trust's Learning Disability and Autism Plan.

4.2.4. We have also reviewed patient information and communications to ensure information is available in accessible and alternative formats, helping more people to understand their care, engage with services and participate fully in decisions about their treatment.

4.3. Environment, Experience and Equity Next Steps

4.3.1. The Trust will focus on embedding delivery and assurance so that improvements are applied consistently across services and sites.

4.3.2. Key actions include finalising the refreshed Estates Delivery Plan, strengthening escalation and oversight of maintenance risks, and using walkarounds, health and safety audits and accessibility reviews to demonstrate progress and address remaining gaps.

4.3.3. Work will also continue with system partners to resolve digital access issues and deliver actions from accessibility audits, reasonable adjustment reviews and the Learning Disability and Autism Plan. The Trust will progress readiness for the opening of the purpose-built Health-Based Place of Safety, including confirming operational arrangements, maintaining mitigations for existing facilities and ensuring transition to the new environment supports safe, therapeutic and equitable care.

5. Leadership, Culture and Governance

5.1. Leadership, Culture and Governance Overview

5.1.1. The Trust recognises that delivering consistently high-quality care depends on a positive, inclusive and accountable culture. Feedback from staff, alongside findings from the CQC and NHS Staff Survey, has highlighted variability in the experience of colleagues across the organisation. While many teams report positive experiences, we know this is not yet consistent everywhere and that some staff do not always feel listened to, supported or connected to decision-making.

5.1.2. Addressing this is one of the Trust's most important priorities. The Board and Executive Team are fully committed to tackling these issues and creating a culture where staff feel valued, empowered and able to deliver the best possible care. We have been clear that culture is not simply a workforce issue; it is fundamental to improving quality, safety and patient experience. This mirrors the direction of travel set out nationally through the emerging Mental Health Strategy and NHS 10 Year Health Plan, both of which place a strong emphasis on compassionate leadership, staff wellbeing, organisational culture and delivering care closer to the communities we serve.

5.2. Leadership, Culture and Governance Current Position

5.2.1. Over the last year, the Trust has strengthened its leadership and governance arrangements, established a more robust assurance framework and increased oversight of improvement activity. Alongside this, we have launched a broader programme of cultural transformation, informed by staff feedback, patient experience and independent review findings.

5.2.2. Our focus is on creating greater consistency in leadership behaviours, strengthening accountability, increasing leadership visibility and ensuring staff feel heard and involved in shaping services. We are also strengthening organisational learning, so that concerns, complaints, incidents and feedback lead to meaningful improvement. This work aligns closely with the ambitions of the emerging national Mental Health Strategy, which highlights the importance of compassionate leadership, workforce wellbeing and creating cultures where staff can thrive and deliver outstanding care.

5.3. Leadership, Culture and Governance Next Steps

5.3.1. The next phase of work will focus on embedding a more consistent leadership culture across the Trust, ensuring all teams benefit from the same standards of leadership, support and accountability. Priorities include strengthening clinical and managerial leadership capability, improving organisational learning from incidents, complaints and patient feedback, and continuing to build a culture where speaking up is encouraged, valued and acted upon.

5.3.2. Alongside this, the Trust will continue to strengthen workforce planning, governance and assurance arrangements while maintaining a sharp focus on quality, safety and patient experience. Progress will be monitored through the Quality Improvement Plan and cultural transformation programme, with regular oversight from the Board. We are clear that improving culture is essential to improving care and remain committed to creating an organisation where patients, carers, partners and staff can have confidence in the services we provide.

6. Service Transfer From NELFT

6.1. The transfer of Children and Young People's Mental Health Services (CYPMHS) and the All Age Eating Disorder Service (AAEDS) from NELFT to

KMMH was successfully completed on 1 April 2026. Following a comprehensive mobilisation and assurance process and a subsequent Quarter 1 review (running from 1st April to 30th June 2026), the Integrated Care Board is assured that services transferred safely, with no disruption to patient care, and that the programme has now transitioned into business as usual contract management arrangements.

6.2. Services transferred successfully on 1 April 2026 with continuity of care maintained throughout the transition.

6.3. A comprehensive ICB assurance framework monitored clinical quality, safeguarding, workforce, digital readiness, governance and regulatory compliance before transfer.

6.4. All mobilisation risks have been resolved or transferred into routine contract management arrangements. The remaining digital work is being managed through an agreed plan with ongoing commissioner oversight.

6.5. Staff feedback following transfer has been positive, with no significant concerns identified regarding the transition.

6.6. The transfer supports delivery of an integrated all age mental health model, reducing organisational boundaries between children's and adult mental health services.

6.7. The ICB has accepted the Q1 review and agreed that future assurance should be provided through established contract management and governance arrangements rather than the dedicated transfer programme.

6.8. A more detailed report will be brought to HASC in October.

7. KMMH Board Leadership

7.1. The Trust is currently going through a transition with regards to the Trust Board. This has been carefully planned to ensure we have a smooth transition. These appointments will continue to ensure the Board benefits from a diverse range of skills and experience in supporting the delivery of high-quality mental health services across Kent and Medway.

7.2. Dr Jackie Craissati concluded her tenure as Chair in June, and Colin Lynch has started as joint Chair of Kent Community and KMMH as of the 1 July 2026.

7.3. Earlier in the year, Non-Executive Directors MaryAnn Ferreux and Peter Conway concluded their tenures.. Kevin Corrigan and Margaret Dalziel have joined the Board as Non-Executive Directors, bringing a breadth of experience and expertise that further strengthens the Board's capability and diversity of perspective.

7.4. Most recently, the Board formally recognised the contribution of Sean Bone-Knell and Mickola Wilson as they completed their tenures as Non-Executive Directors. Both made significant contributions through their support, constructive challenge and commitment to improving outcomes for patients, staff and local communities. Their work helped strengthen assurance, financial governance and partnership working across the organisation.

7.5. The Trust will welcome Sue Baker shortly as a Non-Executive Director on 1 August 2026, bringing considerable experience in partnership working, organisational culture and Board effectiveness. In addition, Pam Creaven has formally joined the Board as a Non-Executive Director following her successful time as an Associate Non-Executive Director, providing valuable continuity and building on her strong commitment to partnership working, patients and communities.

8. Improvement In Flow

8.1. Access to urgent care remains a challenge across Kent and Medway and KMMH continues to play a role in addressing the situation. The East Kent and Medway Corridor Care programme has been started to focus on reducing avoidable emergency department waits, improving patient flow, strengthening mental health crisis pathways, and reducing 12-hour breaches through closer partnership working across KMMH, the ICB, SECamb and system partners.

8.2. The Trust continues to work with system partners to improve patient flow across urgent and emergency mental health pathways, with a particular focus on reducing avoidable delays, improving the interface between hospital liaison and emergency departments, community services and crisis alternatives, and strengthening the support available to people who frequently attend urgent care. The current quarter two work is being monitored through a weekly data update, refreshed each Monday and focused on urgent and emergency referrals. The key measures being reviewed include use of Safe Havens and Crisis Houses, ambulance conveyance, people with high intensity use of services, 12-hour breaches, and patients who are clinically ready for discharge.

8.3. In Medway, the immediate focus is on strengthening daily oversight of breaches within the Emergency Department and if those patients require a bed or not and improving the connection between liaison and community services. Daily huddles are in place to review breaches, and a weekly huddle with community services is being established to review people who are known to be attending urgent and emergency care. This is intended to ensure that people at risk of repeated attendance, delay or escalation are identified earlier, with a shared plan across the relevant services rather than issues being managed in isolation.

8.4. There is also targeted work in Medway to support people who are more likely to present repeatedly in crisis. The “Assist and Embrace” and “Start Afresh” interventions are now live in Medway, alongside a shift-by-shift in-reach

arrangement from liaison into Safe Haven provision, although this is currently limited by capacity. This reflects a practical focus on providing earlier support, improving handover between services, and making better use of alternatives to acute hospital-based care where this is clinically appropriate.

8.5. The Medway approach is also being strengthened through regular interface meetings between the Home Treatment Team, Rapid Response, Recovery House and the co-located Safe Haven. This is important because improving flow is not only about reducing waits at the point of crisis, but also about ensuring people are supported through the right pathway, with clearer links between urgent care, community mental health services and crisis alternatives. The Trust will continue to use the weekly data to identify pressure points, test whether the current interventions are making a difference, and focus further improvement work where the greatest delays or risks are seen.

8.6. The programme is beginning to demonstrate measurable improvement. East Kent has increased diversion to Safe Haven or Crisis House provision from 19% to 24%, while 12-hour breaches where no bed was required have reduced significantly from 157 at baseline to 8 in the latest weekly position. Medway has reduced 12-hour breaches where no bed was required from 50 to 4 and has also seen a reduction in the proportion of mental health patients arriving by ambulance, from 51.82% to 47.37%. Thanet shows improvement in ambulance conveyance, reducing from 63.32% to 58.54%, and 12-hour breaches where a bed was required have reduced from 29 to 0. These improvements suggest that strengthened operational huddles, crisis alternatives, targeted HIU work and improved interface arrangements are beginning to support better flow and reduced pressure on urgent and emergency care.

9. Additional Updates

9.1. National mental health policy continues to evolve, with the Government currently developing a new cross-government Mental Health Strategy aligned to the NHS 10 Year Health Plan. The Trust has contributed evidence and examples of innovation from Kent and Medway, including Mental Health Together, work to reduce self-harm, dementia services, Open Dialogue therapy and new approaches to supporting children and young people. The emerging national direction places greater emphasis on prevention, early intervention, community-based care and tackling inequalities, all of which align closely with the Trust's existing strategic priorities.

9.2. Alongside this, NHS England has published a new Quality Strategy which reinforces expectations around improving safety, effectiveness and patient experience. This provides a strong national framework for the Trust's ongoing improvement work and complements the ambitions set out in our new five-year strategy, Doing Well Together. While the Trust's most recent National Oversight Framework rating reflected historic operational pressures and staff and patient survey results, a comprehensive Quality Improvement

Plan is in place and improvement actions are being taken forward across the organisation.

9.3. The Trust continues to play a significant leadership role across Kent and Medway in shaping and developing neighbourhood health models. Alongside this, Sheila Stenson, Chief Executive of Kent and Medway Mental Health NHS Trust, serves as Chair of the Provider Alliance, further strengthening the Trust's contribution to system-wide leadership. The Trust will also act as the host organisation for the Provider Alliance workforce on behalf of the wider Kent and Medway system, demonstrating its central role in supporting collaborative working across partner organisations. Recent system discussions have focused on strengthening mental health support within local communities, improving collaboration between health and care partners, reducing avoidable attendances at emergency departments and improving support for people living with dementia.

9.4. The Trust formally launched its new five-year strategy, Doing Well Together, following one of the largest engagement programmes in its history involving staff, patients, carers, partners and community representatives. The strategy is centred on delivering earlier support, more joined-up care, greater consistency, improved outcomes and stronger community-based services. It provides a clear framework for working collaboratively with local authorities, the NHS, primary care and the voluntary sector to improve mental health outcomes for the people of Kent and Medway.

10. Conclusion

10.1. In conclusion, this report sets out the significant work underway across KMMH and the wider Kent and Medway system to improve quality, safety, access, patient experience and flow. Good progress has been made through the Quality Improvement Plan, the safe transfer of services from NELFT, strengthened Board leadership and targeted work with partners to improve urgent and emergency mental health pathways. We recognise, however, that there is more to do to embed these improvements consistently and to rebuild confidence where patients, carers, staff and partners have not always experienced the standard of care we would want.

10.2. The Trust and ICB remain committed to working openly with the Committee, local authorities, NHS partners, voluntary sector organisations and communities to sustain improvement and respond to the needs of people across Medway and Kent. The focus now is on maintaining grip on delivery, using data and feedback to understand impact, and ensuring that the ambitions set out in *Doing Well Together* translate into visible and lasting improvements for patients, carers and staff.

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