#KMPTProud

Becoming Outstanding

Rachel Town
Preventing for CQC

Carers' feedback
Triangle of Care

Street Triage
Sharing crisis care
Being proud is linked to confidence, accomplishment and self-worth. Pride matters and it is wonderful to hear how many KMPT staff love what they do and you can read some specific examples on pages 26-27. Our new CQC ‘Good’ rating has really boosted morale within KMPT and given us renewed energy to ‘go for gold’ and become outstanding.

In this edition we showcase some of the good work that we are doing as well as our continued commitment to working in partnership. The life changing stories that we have included help illustrate the outstanding care that our staff provide.

We hope you enjoy this special edition and would like to encourage you to continue sending us your feedback as it is only through hearing from you that we can improve.

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WELCOME TO THIS SPECIAL EDITION

When the Care Quality Commission (CQC) told us at the end of their comprehensive inspection that they had rated eight out of ten of our services as either Good or Outstanding overall, and that as a whole trust, KMPT was now rated ‘Good’ by CCQ, we were absolutely delighted. When they told us that overall, they rated us as being ‘Outstanding’ for caring, we were thrilled!

At our Quality Summit, (the event at which CQC shares with the world, the findings from their inspection) the CQC told us that we were ‘nearly there’ and that the ‘there’ they were referring to was OUTSTANDING......we were so very proud. You can see on the right the CQC’s own slide and how very close we are to achieving an overall rating of ‘Outstanding’.

This special edition of Connected celebrates that achievement and reflects all the truly inspirational individuals and work that goes on all day, every day in our organisation.

In our last edition our Executive Medical Director, Professor Catherine Kinane and our Executive Director of Nursing and Governance, Mary Mumvuri, introduced the exciting work we are doing to place quality at the very heart of everything we do. The revision of our Quality Strategy is just one of the many initiatives we are taking on board over the next eighteen months. Others include implementing our Personality Disorder Strategy and our Estates Strategy and all of this work feeds into our overarching business plan. We will also be taking forward our part of the system-wide ‘case for change’ to ensure mental health is very much included in the transformation work across Kent and Medway (Sustainability and Transformation Plan, STP). All of this work will ensure that we have greater consistency across our services. We need to do this - and at pace - because we have set ourselves a target of becoming ‘Outstanding’ by autumn 2018 and we will keep you informed about our progress in future editions of Connected.

Andrew Ling,
Chairman

Helen Greatorex,
Chief Executive
# Kent and Medway NHS and Social Care Partnership Trust

## Official rating grid

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### Kent and Medway NHS and Social Care Partnership Trust

#### Acute wards for adults of working age and psychiatric intensive care units
- Safe: Requires improvement
- Effective: Requires improvement
- Caring: Good
- Responsive: Good
- Well led: Requires improvement
- Overall: Requires improvement

#### Community mental health services for people with learning disabilities or autism
- Safe: Good
- Effective: Good
- Caring: Good
- Responsive: Good
- Well led: Good
- Overall: Good

#### Community-based mental health services for adults of working age
- Safe: Requires improvement
- Effective: Good
- Caring: Good
- Responsive: Requires improvement
- Well led: Requires improvement
- Overall: Requires improvement

#### Community-based mental health services for older people
- Safe: Good
- Effective: Good
- Caring: Good
- Responsive: Good
- Well led: Good
- Overall: Good

#### Forensic inpatient/secure wards
- Safe: Requires improvement
- Effective: Good
- Caring: Outstanding
- Responsive: Good
- Well led: Good
- Overall: Good

#### Long stay/rehabilitation mental health wards for working age adults
- Safe: Good
- Effective: Outstanding
- Caring: Outstanding
- Responsive: Good
- Well led: Outstanding
- Overall: Outstanding

#### Mental health crisis services and health-based places of safety
- Safe: Good
- Effective: Good
- Caring: Good
- Responsive: Good
- Well led: Good
- Overall: Good

#### Substance misuse services
- Safe: Good
- Effective: Outstanding
- Caring: Outstanding
- Responsive: Outstanding
- Well led: Outstanding
- Overall: Outstanding

#### Wards for older people with mental health problems
- Safe: Good
- Effective: Good
- Caring: Good
- Responsive: Good
- Well led: Good
- Overall: Good

#### Wards for people with learning disabilities or autism
- Safe: Outstanding
- Effective: Outstanding
- Caring: Outstanding
- Responsive: Outstanding
- Well led: Outstanding
- Overall: Outstanding
The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

The trust was rated as ‘Requires Improvement’ in 2015 and it was clear that we had work to do to improve our services. Staff, carers and patients gathered together to ensure this was done and the outcome is a tremendous acknowledgement of that passion and drive by each and every person involved. We have now been rated as ‘Good’ overall with ‘Outstanding’ care.

We spoke with the trust’s Compliance and Assurance Manager Rachel Town who was the point of contact for the CQC preparation (alongside Executive Director of Nursing and Quality, Mary Mumvuri) to find out what was involved and exactly how important the inspection is.

It’s safe to say Rachel was run off her feet prior to the CQC inspection. Working with Mary, Rachel helped ensure the trust was CQC ready in addition to working closely with the CQC inspection team.

Commenting on the process, Rachel said: “The process was a lot smoother this year and I think that was partly to us building a relationship with the inspection team. Everyone was open and honest and knew what to expect.” Of course having been through it all before, Rachel understood the impact of an improved rating.

“I’m so pleased for everyone! Older people services have worked really hard and this rating recognises that. I’ve been to rehabilitation away days and seen first-hand how hard they’ve worked. They really deserve to have jumped from ‘Requires Improvement’ to ‘Outstanding’.

Rachel continues: “The process was helped by most of our staff having been through it before. Really I was only reinforcing key messages.”

Rachel plays down her part in the build up to the inspection but Mary and the Executive Management Team recognise her key role in helping the inspection go so smoothly.

Mary said: “Rachel is just brilliant! Her calm nature, organisational skills and attention to detail was what I needed especially when faced with competing demands. She just got on with what needed to be done. I know I couldn’t have got through the inspection without her support and I have no doubt colleagues across the trust would echo that. It was such a pleasure to hear the Head of Inspection publicly thank her at the Quality Summit and acknowledge the critical role she played before and after the inspection.”

Rachel has worked with the trust since its merger with west Kent. She began life with the trust as part of the clinical audit team before starting her current role in 2012. “I love my job. I’ve been on a journey with everyone and it’s been great to see it through to ‘good’ and I hope to see it further. I’ve heard some great conversations about how everyone wants to reach ‘Outstanding’ and what we can do to achieve that. There’s real determination in the air!

“The rating is great for the whole trust but it’s also important for our patients and carers. There is so much in the media about the NHS and the CQC and this has helped people understand the CQC and the meanings behind the rating. Everyone can be assured by that quality standard that we provide good quality care.”

You’ll be hearing from Rachel and Mary soon as we now put our efforts into achieving ‘Outstanding’.

There’s work to be done, but we can do it!

“I’ve heard some great conversations about how everyone wants to reach ‘Outstanding’ and what we can do to achieve that. There’s real determination in the air!”
The row of shining stars running across the CQC inspection posters highlight an ‘Outstanding’ rating for our mental health rehabilitation inpatient wards for working age adults.

Our rehabilitation services help people recover from the difficulties of longer-term problems with a patient and recovery focused approach - which was highlighted as a key strength by the inspection team.

Ethelbert Road is a 10 bed rehabilitation unit in Canterbury. Marion, a mum of two with bipolar, has lived at Ethelbert Road for nearly a year. Whilst at home Marion’s mood was once so low that she was unable to get out of bed for several months. It was following a period in hospital that led her to start her rehabilitation at Ethelbert Road.

During her stay, she has been encouraged to set goals which have helped grow her confidence. “My self-esteem diminished over time and even dealing with everyday tasks such as grocery shopping was a problem,” commented Marion.

Jasmine Khan is Marion’s Occupational Therapy Specialist and has helped her to take part in activities such as cooking and shopping. Along with other members of the team Jasmine has played a key role in supporting Marion’s rehabilitation. It’s clear by listening to them there is a strong bond between the two women. They even share a joke about how Marion’s confidence has grown so much that she’s now giving Jasmine advice on everyday tasks, including tips on clothes shopping!

“Seeing Marion’s progress is so rewarding. Our ‘Outstanding’ rating reflects how hard our team has worked but it is important for us to keep adapting and changing to our clients’ needs.”

The inspection involved speaking to service users who praised ‘fantastic’ staff across the service. Marion was asked about her experiences.

“It’s so important for the patient’s voice to be heard. Ethelbert Road is run by amazing people such as Jasmine who make such a difference to people’s lives and don’t judge us.

“You are encouraged to do things for yourself and relearn old skills. I didn’t care about anything before coming here but now I’m making plans to move into supported accommodation.

“I’ve been able to take part in a range of activities including mindfulness, group therapy and one to one sessions with Psychologist, Dr Simon Russon. My physical health is also well supported here.

“Things in life happen for a reason and I am still on my journey but I feel so fortunate to have had this opportunity to be supported. I’ve started a creating writing course at Canterbury Christchurch University which is really helping me to express myself.”

Our rehabilitation services provide intensive, multidisciplinary inpatient treatment and care to adults with complex mental health issues and empower them with the knowledge and skills to ensure their recovery is sustainable in their local community, so they can live more fulfilling, independent lives.

Our team across east and west Kent includes several Peer Support Workers who themselves have had a mental illness and Clinical Psychologists such as Tom Payne, who provides psychological interventions for service users and hosts fortnightly reflective practice groups for staff. The team’s Healthcare Assistants include Sam Gibbons who has supported service users of all abilities to take part in football.

Billy Corbett, Service Manager in west Kent speaks of his pride in his team on seeing the shining stars.

“I was absolutely delighted with the rating and I think it was really well deserved for the hard work and effort of staff, with support and contributions from service users, families and carers.”

The future is bright for the rehabilitation service and their clients such as Marion who says: “My family can really see the difference and are pleased with my care, especially my mum who is a retired nurse. The service is focused on helping people to move forward with their lives and I am looking forward to the future with the support of the team at Ethelbert Road.”
“Seeing Marion’s progress is so rewarding. Our ‘Outstanding’ rating reflects how hard our team has worked”
WHAT IS TRIANGLE OF CARE?

It’s simple really. Triangle of Care (ToC) has been developed to ensure carers are engaged with mental health services.

Here at KMPT, we recognise that carers’ feedback we’ve received in the past tells us that their knowledge of the patient has not been taken into account during treatment. We’ve taken that on board and with the Triangle of Care approach have revamped our services to ensure we are now listening more carefully to carers and families of loved ones.

The triangle itself ensures engagement of the three key groups involved in the care of the patient; the carer, the professional and the patient themselves. It sounds obvious doesn’t it, but a mixture of confusion around confidentiality and approaches to care have led to significant gaps which have the potential risk of missing important opportunities with the person’s care.

Carers are vital partners in the provision of mental health and social care services. 1.5 million people care for someone with mental ill health in the UK. Carers are usually the first to be aware of a developing crisis – often at times when professional help has not yet been established or is unavailable. They are often best placed to notice subtle changes in the person for whom they care, and usually the first to notice the early warning signs of a relapse. They want to be kept involved and informed throughout the assessment, treatment and aftercare planning of the person they care for. Carers often have the principal responsibility for care when the professionals are not there, and are commonly faced with providing care to service users who are severely unwell.

**How does it work?**

ToC was initially developed by carers and staff who wanted to improve carer engagement in acute inpatient services. It has now been extended to cover all services within a mental health service; inpatient, community team or specialist service such as eating disorders or forensic.

The original ToC guide was launched by Carers Trust in 2010 to build on existing developments and good practice to include and recognise carers as partners in care. It offered key standards and resources to support mental health service providers to ensure carers are fully included and supported when the person they care for has an acute mental health episode.

Carers Trust is the largest independent provider of carers support services and works in partnership with over three quarters of mental health trusts in England to drive forward the standards of the ToC.

There are key elements to achieving a ToC membership. The six key elements (or standards) required to achieve partnership with carers are:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are ‘carer aware’ and trained in carer engagement strategies.
3. Policy and practice protocols re: confidentiality and sharing information, are in place.
4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available.

Importantly there also needs to be regular assessing and auditing to ensure these six key standards of carer engagement exist and remain in place.

Each trust must complete a self-assessment which is then submitted to the ToC regional meeting for review. In April our ToC team submitted our first assessment for inpatient services. They went on to present to the ToC regional meeting who approved the trust’s first membership accreditation.

Continued...
**WHAT IS TRIANGLE OF CARE?**

**What has changed?**

Working with carers, we have produced information in an easy to read and accessible format for the families of those who are admitted as an inpatient. We’re currently working on a patient information leaflet and will work with service users to ensure the information is exactly what they need.

We have established Carers Champions across the trust with at least one per ward and 24 for our community services. Carers Champions are clearly identified as families enter a ward and are available not just for carers and families but for our trust colleagues. If a member of staff needs advice – there is a clear route for them to get help they need ensuring everyone is kept fully informed.

Carers Champions are also looking at a number of other ways in which we engage from letters to patients – to training. The trust is also pursuing mandatory training for all staff and family awareness training has been rolled out to teams.

Engagement across the trust has improved with the introduction of carers conferences and the continual development of our Carers Consultative Committees. Specialist services also provide one to one events and drop in sessions (clinics) are available across all our inpatient services.

In 2014-15 the trust worked with carers to produce the Carers Charter. It has already seen its first annual review and been updated to reflect triangle of care.

Sometimes it’s the small things that matter. The trust’s patient experience group has been renamed to recognise carers and is now known as the Trust wide Patient and Carer Experience Group.

And just one last, but not least point. All members of staff have been reminded and supported to ensure that confidentiality is not a barrier to listening.

**What’s next?**

We will review our inpatient assessments every six months but we will continue to work on our action plans to prove we are always improving.

In 2019, we will submit our next round of self-assessments, this time for our community services.

All of this work will continue to grow as ToC is further embedded across the trust. More effective carer engagement will grow from changing attitudes and adopting positive practice. We look forward to receiving our second gold star but we can only make it happen by working together.

**Award winning**

At the KMPT Awards 2017, mum, carer and volunteer Dawn Hyde presented an award of her own to the trust. The Triangle of Care Award. She asked Lisa Medhurst to accept the award on behalf of the Acute Service for all the work that has been done to secure the ToC membership.

She hopes that the award will be passed around the trust among the carers champions to remind them how important their work is to carers and loved ones using our services.

**WHAT IS Triangle of Care?**

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TRIANGLE OF CARE - A CARERS VIEW WITH KEITH JENNINGS

Keith has been a carer for over 19 years. Keith’s son has schizophrenia and psychosis. After a difficult start within the service, Keith began to get more and more involved in meetings and committees to improve his knowledge and care for his son. He was one of the early adopters of Triangle of Care (ToC) and has seen it through to the trust receiving its first accreditation star as a member of the initiative.

“I actively joined everything I could, Carers First, SW Kent Rethink, committees, campaign groups, conferences, training and workshops at all levels – locally and nationally. To be informed and help improve services is the best way I can help my son and others who need the care of mental health services - which has always seemed to be under pressure and underfunded.

“In 2004, Prof Mike Shooter President (Head) of the Institute of Psychiatry came to south west Kent and gave a presentation to a very large audience on the importance of carers and how psychiatrists should listen to them and include them to make treatment more effective. He went on to say he would train all young psychiatrists on how to treat and utilise carers properly within the treatment of their loved ones.

“ToC does just that. Everyone is working together for the best possible outcome and recovery of the patient.”

Keith has been part of the trust’s ToC journey from day one and has been actively involved in a number of positive initiatives that have developed to ensure we are working towards the six key principles of ToC.

“Everyone is working together for the best possible outcome and recovery of the patient.”

“One of the key points we (carers) raised was the need for simple accessible information for carers in a crisis situation. Working with members of staff at Priority House (an inpatient unit in Maidstone) and two other carers, we produced a Carers Information booklet which is given to carers upon admission of their loved one. The booklet has since become an example of good practice and is being rolled out to every inpatient unit across the trust. Similarly a service users’ booklet has now also been produced.”

Keith has also been involved in regular carers’ conferences, the development of the Carers Charter in line with ToC, Carers Consultative Committee meetings and a number of other projects that have been created in consultation with carers.

“Carers have the experience providers can draw from but it’s also important to provide support to carers involved in the service for the first time. It can be frightening and sometimes frustrating. Everyone will respond to their individual situation differently and support needs to be available to them every time they need it.

“KMPT has introduced Carers Champions and we are working with them to ensure they are fully informed allowing them to be available to support carers and other members of staff. Carers Champions are staff who have volunteered to take on this important role in addition to their normal working day. Those we have already met with have proved to be outstanding and are really going above and beyond. It’s an exciting time and I’m delighted to be able to see the progress.

“The trust ask me to be involved because I’m always honest and straight. Finally, I have been heard to say, on more than one occasion, that I never thought I would live long enough to see the Triangle of Care implemented within KMPT but I’m absolutely delighted to be proved wrong!”
Street triage is a collaborative service between mental health workers, the police and the ambulance trust which aims to improve the emergency response to individuals experiencing crisis. It was rolled out countywide in Kent and Medway as an initiative between KMPT and the police in December 2015 with the ambulance service joining at a later date. The initiative is so successful that a new pilot has been launched in Thanet with one soon to follow in Medway.

Connected spoke to KMPT’s Mandy Wetherill, who works from Kent Police control room, Debbie Wade, who oversees healthcare on behalf of Kent Police and Sam Powell from South East Ambulance Trust.

A commitment to care

Unpredictable, challenging and at times disturbing, the role of a Community Psychiatric Nurse with the police is not for the faint hearted. Dealing with mentally unwell individuals either in a domestic environment or in a public area, the work can range from helping someone who has become highly distressed and is in crisis because of a specific incident to assisting a person who, for a variety of reasons, has become aggressive, disruptive or violent due to mental health disturbance.

So what makes someone want to work in this field? “Despite the challenges, the work can be both satisfying and rewarding,” explained Mandy Wetherill who, following a decision to alter the direction of her career in 2007, trained as a Community Psychiatric Nurse (CPN). Mandy is one of the most level headed people you could ever meet, displaying a unique combination of openness, emotional control and self-knowledge: “You’ve got to be honest with yourself and understand when something has got to you. It is also important to have a good sense of humour, the ability to move on from the anxieties of the job and put the incident in the right place in your head. It is also invaluable to have the support of a cohesive team behind you,” added Mandy.

On qualifying in 2009 Mandy’s first job as a CPN was with the crisis team based at Priority House in Maidstone. Of her first experience in the field she said: “My manager was a good enabler and the team was a fantastic forum for being exposed to all sorts of incidents. You’ve got to think on your feet and be clear and concise with steps forward.”

These words were put into action moments later when a message came into the police control room that someone was creating a disturbance in a residential area. The message was from a police officer in a car that was heading towards the incident. Mandy asked for more information from the officer then used the Rio (patient information) system to see if the person was known to KMPT services. It turned out that the person was receiving treatment and had previously experienced several episodes of aggressive behavior after not taking their medication. At the same time as looking up information about the person causing a disturbance, Mandy was in dialogue with a colleague through instant messaging who felt she would be able to reach the scene faster. After a few more rapid fast exchanges of information, Mandy’s colleague confirmed that she would head to meet up with the police.

So, was this incident typical of the type of work Mandy could expect to deal with? “So far as any incident is typical, this is an example of the type of work we do. We always check Rio to assess the risks and what involvement there may be or has been with KMPT services together with the police over the past week or so. It is imperative that we know what is happening in terms of availability of 136 suites and we strive to minimize the time a mentally unwell person spends with the police and ambulance services, preferring to direct the individual to the appropriate care pathway instead of automatic 136 or hospital attendance. The community wide street triage team is unusual in that they work both with the police and ambulance service and converse with the ambulance service regularly to establish the person’s physical health then I,
or one of the team, carry out a mental health needs assessment if the person is deemed medically fit. It may be that the person does not need to go to hospital but can more appropriately be referred to a crisis team, community services, Single Point of Access (SPoA) or into another service. For example, if the person in crisis has an addiction they would be referred directly to the addictions service. We also work closely with psychiatric liaison services and always leave contact details for SPoA, Mental Health Matters and the crisis team if relevant."

Mandy recently took part in a training day, which involved police and mental health workers coming together to learn from each other which was set up prior to the launch of the street triage pilot in Thanet on 7 April. “Street triage is very much focused on partnership working. It is fabulous to see people working together who have a shared interest and commitment to try to help people. I am impressed with how many police officers are trained negotiators and very good at dealing with people who are in crisis or acting out of character. Street triage is an initiative which has immense value in the community and definitely worth investment.”

Continued...
HEALTHCARE ON THE STREET

A policing perspective

Looking after the health and welfare of someone who has been detained by the police is a demanding role requiring professionalism, resilience and compassion. It is a job that needs excellent medical knowledge as well as carrying massive responsibility. Debbie Wade is Head of Custody and Healthcare for Kent Police working for the Strategic Partnership Command. A qualified nurse who has had extensive A&E experience, Debbie joined the force in 2001 as a forensic nurse practitioner and has climbed the ranks since moving into her current position three years ago.

In 2000, Kent Police were the first force in the country to employ their own nurses and won a Beacon Award in 2001 for the initiative. There are currently 24 nurses and two paramedics operating across seven custody suites and 163 cells throughout the county. Most have an acute background and work alongside community psychiatric nurses in the custody suits.

Debbie said: “The strategic direction of the mental health provision for the force has changed over the last three years. The service has grown and we now have a dedicated team who work alongside partners to help in a crisis as well as county wide triage service, community triage service as well as health professionals working within the police control room. It is very good to be working jointly with partners helping those who are in an extremely vulnerable position.”

Ambulance service view

Samantha Powell coordinates the triage response on behalf of South East Ambulance Trust (SECAmb). She said: “Since the go-live of the Mental Health Street Triage service, we have seen clear improvements not only in the way that we’re able to signpost patients to the most appropriate care for them, but in the way that the teams communicate and this has opened doors to learning and development opportunities for both SECAmb staff and the street triage team.

“As time has progressed, we have seen an increase in the number of referrals from operational ambulance crews and our Emergency Operations Centre (EOC) to the street triage team and evidence of reduction in A&E admissions from scene; the clear benefits here are better experience for the patient, but also benefits in terms of job-cycle times for crews, meaning that we have more ‘hours’ and therefore more resources in the system to be able to respond to our patients.

“The street triage staff have engaged with and embedded into the SECAmb team exceptionally well and have gone out of their way to understand our challenges and to provide advice and support wherever they can. We are very much looking forward to continuing to work with both Kent Police and KMPT to build on the excellent work achieved so far and the aspiration that the service will continue to grow.”
Lighting up lives through pet therapy

With her glossy black and white coat, wagging tail and bright eyes, ‘Molly,’ is one of the trust’s more unusual volunteers.

For the past three years the eight year old Border collie has been a therapy dog at the Frank Lloyd Unit in Sittingbourne which supports older people with mental health problems and specialises in dementia.

Molly has her very own photograph on the staff board in the living room and is clearly a valued member of the team. Owned by Sarah Wale, Deputy Ward Manager on the Hearts Delight ward, the only thing that makes Molly stand out from other dogs on first glance is her bright yellow bandana that identifies her as a therapy dog. The duo work together on late shifts from 2pm to 9pm with Molly taking part in staff handovers.

Dementia often causes difficulties with communication, loss of engagement and isolation. Therapy dogs provide affection and comfort to people in settings such as care homes and help reduce feelings of isolation.

Sarah has had Molly since she was a puppy and had an ‘eureka’ moment after the unit’s previous therapy dog left. She realised that her own dog had just the right personality and temperament so approached the Pets as Therapy charity to register her as a therapy dog and has never looked back since.

Pets have been an important part of many residents’ lives and being with Molly often stirs memories, which often leads to powerful conversations with staff.

Ruffling her beloved dog’s fur, Sarah speaks proudly about the strong bonds Molly has made with residents:

“One of our residents finds it hard to engage with other patients or staff but loves Molly and her face lights up whenever she sees her. With Molly she is like a different person. She feeds her biscuits, strokes her and plays ball. Her family told me that she used to have a Border collie dog so feels a strong connection with Molly.

“Recently a new patient’s wife was very anxious about visiting Frank Lloyd for the first time. Molly sensed her anxiety and reassured her so much that now, whenever she visits her husband, she brings presents for Molly to the unit!

“Moments like that bring joy. Therapy dogs don’t get deterred by physical or mental illness, confusion or crying.”

Molly brings fun, companionship and stimulation and her ball games with residents, either on their own or as part of a group are legendary.

Sarah adds: “It is such a delight to see residents’ reactions when they see Molly and the lift in their mood is incredible. One of the wonderful things about Molly is that you don’t need to talk and many of our residents get real joy from just brushing or stroking her.

“Molly is a real character and gets involved with our parties at Christmas when she wears her reindeer antlers. We’re lucky to have her but equally Molly really enjoys her time with our residents and staff. Frank Lloyd is her second home!”

Sarah ran the London Marathon this year to raise funds for the mental health charity, Mind and her partnership with Molly even extends to marathon training as they regularly run together before work along the beach at Whitstable.

Molly lights up the lives of staff, residents and visitors and her work is part of the wider therapies offered to patients. The trust uses therapy dogs in other settings such as the Grove Rehabilitation Centre in Ramsgate which supports people with complex mental health issues.

As it turns out, a cold wet nose and a fuzzy face make just about all of us smile.
“She has this ability to know when someone needs her. I don’t know how she does it.”

Sarah Wales.
Tenterden with its broad, tree-lined High Street is one of the most well-resourced and attractive places to retire in Kent. The town’s ageing population adds a relaxing calmness to this beautiful part of Ashford. On the other hand it brings a whole range of age-related health issues to the local GP surgery, one of the most prevalent being memory loss and dementia.

That’s where nurse, Tom Green, and the team step in. Working alongside the GPs at Tenterden’s Ivy Court surgery, which also serves the nearby villages of Rolvenden, and Wittersham, Tom and colleagues see patients for assessment and follow up appointments on a weekly basis.

The nurse

Tom’s role was newly created last year to provide a better mental health service for people living in the area. As one of the few non-medical prescribers in KMPT, Tom has taken on 175 cases since November 2016. The Consultant has since been able to see more new patients instead and establish a clinic in Tenterden which, without the nurse prescriber, would not have been possible.

Tom said: “After completing a placement on Orchards Ward as a student nurse I decided that working in mental health was for me. Many people have said to me that working with people who are living with dementia must be challenging but there are so many opportunities to be kind and really care for people and to me, that’s what nursing is all about.”

Tom, who has worked for the trust since qualifying, started working with older adults then moved into the crisis team to gain more all round experience. Tom was delighted to return to working with older adults last year and enjoys the variety that the role brings: “It is not all about the weekly assessment clinic, I also do follow-ups and reviews. Some people who have been assessed may develop a problem and ask if I will call out to see them. Travelling out to them is also useful if the patient is unable to drive and dependent on the availability of family. Sometimes they just want to talk to someone about their care plan or need reassurance about their medication, it is an easier way of working with the elderly.”

The executive director

The success of the new Tenterden role shows that the trust needs to continue moving along this route and at pace. Executive Director of Nursing and Quality, Mary Mumvuri, who joined the trust a year ago, has encouraged and supported the re-establishment of the trust Non-Medical Prescribing group, she said: “Non-medical prescribing is better for the patients as, it can improve patients’ access to medication and timely reviews in cases where they may have been delays waiting for a Doctor. At a time of stretched resources, we are able to use the range of skills and knowledge within a team and reduce unnecessary appointments for the benefit of patients and their families. Our vision to is to train and support more non-medical prescribers as a way of developing our future workforce so we can free up Doctors to focus on patients with more complex needs.”

The pharmacist

It’s not just the older people’s services that benefit from this extended role. The first pharmacist in the trust to be an active non-medical prescriber was Karen Bartlett. Karen works with the east Kent crisis teams and runs a clinic at the Beacon; a centre that treats working age adults. Karen has recently taken on the role of pharmacy lead for non-medical prescribing and works alongside Tom and Lead Nurse Andrew Dickers to encourage other nurses and pharmacists working throughout the trust to qualify and practice their skill. Karen is supporting her colleagues to ensure that the trust benefits from this highly qualified workforce and that colleagues prescribe in a safe and supported environment. The course is a six-month, intense learning curve but worth the effort!

The patient

Four years ago, Hannah was diagnosed as being Bipolar. She had been trying to cope with constant mood swings ranging from being extremely high to plummeting into the depths of despair. On diagnosis her psychiatrist prescribed mood stabilisers. Hannah has been seeing Karen for follow-up appointments, she said: “It is a lot easier to get hold of Karen than arranging another appointment with the psychiatrist and I can phone Karen if I need to talk. I haven’t had any extreme highs or lows since I’ve
been on the medication but have had to phone when I had problems with the pills and Karen arranged to see me and adjusted them. I feel that I have been able to build up a relationship with Karen and that she really understands my needs.”

According to Dr Barbara Stuttle, CBE, chairman of the Association for Prescribers, which campaigns for and promotes the role of nurse prescribing, non-medical prescribing has been the most important development in nursing since it became a profession: “It has allowed for the development of new nursing roles, allowed genuine autonomy, and benefited both services and the patients we care for by allowing better access to medicines and smoother services delivered,” she said.

A report commissioned by NHS Health Education (December 2015) reveals that non-medical prescribers are saving the NHS in England an estimated £777 million. The report states that this could be increased further by at least £270 million a year if the quarter of most challenged GP practices in England that do not have nurse prescribers were to employ them.
Dartford’s award-winning, low-secure, inpatient unit is one of only three sites in the UK to trial EQUIP - a treatment programme that originated in the USA for young offenders and in KMPT aims to help inpatients develop basic skills and coping strategies.

**Andrew on EQUIP**

KMPT Consultant Psychologist, Andy Inett, was approached by a colleague at the University of Kent about taking part in researching the effectiveness of the programme. Introduced in the early 1990’s EQUIP had been adjusted and implemented at facilities throughout North America, Europe and Australia with promising results and was brought to England by Andy’s colleague, Norfolk Psychologist, Peter Langdon who adapted the programme for people with learning disabilities.

The basic idea of EQUIP is to look at ‘problem types’ and what ‘thinking errors’ they may have. It is a multi-component programme covering anger management, social skills and moral reasoning through a series of intense mutual help sessions, where participants help each other and staff facilitate.

As lead for the programme, Andy adapted the model for use at KMPT and trained fellow psychologists as well as other staff who would be involved in facilitating the study such as psychiatrists, nurses and occupational therapists. He said: “EQUIP requires patients to really commit as it is delivered for four days each week over a ten week period. The sessions always starts with a therapeutic discussion and there is a lot of role play involved. We have successfully completed the very first course for 14 patients and are now running a second. Feedback has been extremely positive with patients enjoying the structure and staff saying that they are excited to be involved in such pioneering research.

“Being a site for a project of this calibre is extremely beneficial and it is good to strengthen our academic relationships. Future plans are to extend the forensic outreach service and we are looking at offering it in the community. It will also become part of KMPT low secure unit’s induction programme.”

Continued...
New opportunities

John was the first service user at KMPT’s Forensic low secure unit in Dartford to be chosen to take part in EQUIP and, since completing the programme he was so inspired that he gave a talk about his experience of it to staff and fellow service users.

John’s story is one of hope and new opportunities thanks to this new treatment programme and the support and care of KMPT staff that together have made a real difference to his life.

John was referred to KMPT from prison, he explained: “I got in with the wrong crowd and felt under pressure to steal bikes and other things. This all happened when I was 18. My Dad had died when I was young and I didn’t cope. When I had just turned 18 my Mum died too and I felt very angry.

“When I was first brought into the unit here I used to self-harm and get violent I broke up the seclusion room and just wanted to lash out. The staff here are extremely good and very caring, they didn’t just give up on me. When I was selected to start the EQUIP Programme in November (2016), I thought ‘let’s see what happens’ and I stuck with it.

“I did anger management as part of a group session where we looked at what is happening to us and what happened in the past to make us angry. We also learnt social skills and social decision making. We were encouraged to talk to the rest of the group about difficult situations and how we handle things. At the end of the first week I had to tell my life story. At first I didn’t want to do this and found it difficult to open up, however, after I’d been on the programme for four weeks I started to want to help other people.

“Now when I feel angry or agitated I have coping mechanisms and recognise that one of these is my model making, which I love. I am also part of a football team and enjoy all sport, particularly golf, volleyball and trampolining.

“Thinking ahead towards when I leave the unit, I am exploring different options with the help of an Occupational Therapist. I am currently looking at painting and decorating as well as window cleaning. My other interests are IT as well as landscape and designing. I am determined to stay away from the gang that I let lead me astray. The future looks so much brighter now.”
Our Early Intervention in Psychosis team play an integral part in our services and is undergoing an exciting expansion.

As part of our community service line, the team supports young people affected by psychosis across Kent and Medway.

Collette Chamberlain, Service Manager, said:
“It’s a great time to join a high performing trust and we have a number of exciting and new roles, including Care Coordinators and Clinical Practitioners.”

To find out more contact
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collette.chamberlain@kmpt.nhs.uk
We asked some of our staff to tell us five things they love about working for KMPT!

Helen Greatorex, Chief Executive
1. Feeling that I am part of the KMPT family and all that it brings.
2. Hearing about people’s lives and love finding common ground, sometimes through surprising conversations.
3. My team - they inspire, challenge and engage me in so many ways. We laugh a lot.
4. Being able to be myself and bring my whole self to my job. I am what you see, there are no sides. It’s a joy to feel like that.
5. The absolute privilege every day to lead an organisation of people who share my belief that those we serve deserve the very best from us, always.

Vanessa Rank, Site Manager St Martin’s and Thanet
1. My manager for the support she has given me over the 10 years of being with KMPT.
2. The friendships I have made whilst working.
3. Staff I manage, some are not paid a great deal but achieve amazing things and do a great job. Without them I wouldn’t be the same.
4. Seeing changes and improvements for the better - a trust that cares.
5. No matter what site you attend you are always given a warm friendly welcome.

Lucy Potter, Patient Experience Officer
1. The Patient Experience Team doesn’t just deal with complaints – we get sent lots of compliments from across the trust. It’s such a privilege to hear about all the exceptional service clients have experienced.
2. Being in a position where clients trust you to raise concerns on their behalf and being thanked sometimes just for listening.
3. My colleagues - who are an incredibly supportive group of people.
4. Hearing from colleagues about improvements that will be made as a result of complaints. It is clear that there is a culture of real openness and honesty in the trust and a willingness to admit when we’ve got things wrong - and a dedication to putting things right.
5. I really do appreciate the opportunity to use my common sense when it comes to problem solving. We call it detective work in this office; trying to figure out what to do with a concern and how we can resolve it quickly and easily for the client.
Iain Spink,
Music Therapist

1. Making music! Music has been my passion from a young age. I love that I have the opportunity to use music in my work and in a way that is of help to others.

2. I work with older people on mental health hospital wards. I find both the service users and staff inspiring to work with.

3. I love what music and musical interactions can offer to people with dementia and mental health difficulties. It offers different ways for people to communicate and express themselves and can also help people to relate and interact with others. Music often plays a significant part in people’s lives and I believe we are all inherently musical. I am still surprised by the responses and experiences I encounter in my work.

4. I have opportunities to work with a variety of staff, including healthcare assistants, nurses, occupational therapists/therapy assistants, psychologists/psychology assistants, physiotherapists and students. This collaborative working enables my therapeutic work to take place and I love learning from the knowledge and experience of others.

5. My work is creative and rewarding but also challenging at times. The people I work with have diverse needs, the settings I work in are varied and our services are often subject to change and pressures. My job is never boring!

Simon Cook, Service Manager,
Forensic and Specialist Service

1. I have a deep rooted ‘social conscience’ and working with some of the most vulnerable patients excites and engages me to ensure they receive the best possible care and are supported to discharge and can become a positive and proactive member of society.

2. I work with the most receptive to change and the most engaged workforce (from ward domestic staff to consultants) that I have had the opportunity to work with in my 30 years of operational and strategic management in the NHS. Seeing my colleagues smile doing their work and support their colleagues when thing are not so good. The feeling of family is evident throughout my services and beyond.

3. I enjoy the trust and responsibility of managing complex systems and managing staff; every day brings a different challenge.

4. The fact that everything is possible and I have an opportunity to impact and embed change; with guidance and support from management and colleagues.

5. I work for a soon to be OUTSTANDING organisation #KMPTPROUD.

Alex Richardson, Healthcare Assistant, Samphire Ward

1. I love the fact that one of my main job roles is being around my patients and trying to fill their day with as much purpose as possible.

2. I am well looked after by the trust and am constantly given the chance to further develop myself which I am thankful for.

3. I get to learn new and interesting things everyday which better myself to allow me to continuously expand my care, the fact that no day is ever the same keeps me focused and on my toes.

4. I love making those less fortunate smile and laugh and to give them the care they need.

5. The main thing I love about my job is that our service users can come in the darkest of time and riding along together with them and watching them come out the other end is not only rewarding but it fills me with purpose and love for the job that will never diminish.
INVEST IN CARE

Having a baby is life changing and often magical but for some women motherhood can be isolating and at times frightening.

The perinatal period is a high risk time for any women particularly those with pre-existing mental illness. For some, this vulnerable time can result in a re-emergence of symptoms of mental illness or the start of new onset mental illness.

Women like Jessica, a bubbly mum of two, experienced unexpected and severe postnatal depression after her second baby. In complete despair she turned to our Mother and Infant Mental Health Service (MIMHS).

She said: “Eight weeks after the birth of my second child I couldn’t function. I got help quickly from MIMHS and my home visits were invaluable. For a while I was too anxious to leave the house but with support I built up enough confidence to go for a walk with my baby – it felt like I’d climbed Everest!

“My experience of MIMHS and the care I received, including support around medication, was a life saver and the team got me back on an even keel. I wouldn’t have coped without it.”

Jessica is far from alone as perinatal mental illness including anxiety, depression and postnatal psychotic disorders affect at least 20 percent of women and if untreated, can have a devastating impact on mums and their families.

More people are talking about the importance of maternal mental health thanks partly to high profile mums such as The Duchess of Cambridge spearheading the Heads Together campaign. One of the biggest soap opera stories in the past 18 months involved the long standing and much loved Eastenders’ character Stacey’s experience of postpartum psychosis. The storyline followed her as she became delusional, believing her child was the son of God.

Perinatal mental illness can be of a mild to moderate nature, or severe resulting in a psychiatric emergency. Evidence has shown that under such circumstances mothers should not be separated from their babies as it has a significant impact on their relationship. It also has detrimental implications for the baby’s future development.

MIMHS recently won funding to develop its community service for mums across Kent and Medway, needing mental health advice and treatment during pregnancy and up to one year after birth.

It’s an exciting time for the service which has also won a tender to provide a new mother and baby inpatient unit for mums across Kent, Surrey and Sussex. The unit is due to open next year and will be the first of its kind in Kent. The unit and its professional team will support the treatment and recovery of women with the most severe and complex mental ill health.

Crucially the unit will support mums and babies to stay together during this time as well as helping mum’s local support network of friends and family to visit. Currently new mums sometimes face being placed up to 200 miles away from loved ones. Or, if no specialist beds are available to accommodate them with their new born baby, mother and child are separated.

Jessica understands first-hand just how important this unit is: “It will help support the special bond between mother and baby at a critical time. Mums may have older children which the service will also help to support.”

This unit will enable the women to access an inpatient bed more swiftly that is closer to home. The success of the tender and the developments within the community service will allow for the development of an integrated perinatal pathway. It will improve access to specialist services across the spectrum of need.

This development is part of a £40 million investment by NHS England in inpatient perinatal care and will support up to eight women with a team including nursery nurses, psychologists and nurses. Outreach workers will also cover Surrey and Sussex.

Allison Corbett, service lead, is excited about the developments, she said: “Our expanded service will help many women like Jessica to adjust to life as new mothers and, whilst there will always be sleepless nights, dedicated support from MIMHS means fewer mums will suffer in silence.”
“Eight weeks after the birth of my second child I couldn’t function. I got help quickly from MIMHS when I needed it”
The CQC rated the trust as ‘Outstanding’ for caring and that was proven in abundance with the quality of the 420 nominations we received for our KMPT Awards 2017.

It was a difficult task for our judges but they whittled it down to one winner and one highly commended for each of the 12 categories.

Our exuberant winners included the Dartford Management Team which is led by Simon Cook. Simon joined the stage with his team to accept the award but not before giving a heartwarming speech in which he spoke about the work his team have already started to help get the trust to outstanding.

The Leadership award was presented to Mick Smart from the Frank Lloyd Unit. During the CQC inspection in 2015 it was made clear that improvements in the service needed to be carried out as quickly as possible. Mick has helped lead those transformations which were evident in the latest inspection as the CQC team highlighted the impressive changes that have been made.

The award for Quality and Patient Experience was presented to Fern Ward by one of their colleagues who had seen some of the highest standards of practise within the unit, with the ultimate goal of providing exceptional quality care for service users. One example of this was given as evidence to support the nomination - a thank you card citing ‘Fern ward changed my life and saved me’ from a service user. Outstanding I think you’ll agree.

We also surprised service user Rob Smale with a special recognition award for his outstanding work across the trust. Rob took the stage to say a few words about his journey and the impact our colleagues have had on him. A few tears were shed as the entire room erupted with applause for his honesty and courage.

Rob wasn’t the only one who shared their tears and thanks for the recognition during the evening. Many of our award winners were overcome with emotion which was bolstered by the energetic woofs’ from Molly, the therapeutic dog!

It was an amazing evening as carers, patients, volunteers and their families joined together to celebrate the fantastic achievements and staff across the trust. Once the award ceremony was over, everyone enjoyed themselves with entertainment and dancing until the evening came to its natural close.

We’re already working on the awards for 2018. Will you be our winner?

https://www.kmpt.nhs.uk/get-involved/2017-winners.htm
Join our exceptional team today

The CQC have rated us as ‘Outstanding’ for Caring with an overall rating of ‘Good’.

We believe in changing lives through giving excellent care that improves people’s mental health. Join our outstanding team praised by the CQC for its ‘strong, visible and person centred culture’.

We offer a range of exciting roles including band 5 and 6 nurses.

To learn more about us visit: http://www.kmpt.nhs.uk/work-for-us/
All our vacancies can be viewed at: http://jobs.kmpt.nhs.uk/
or call our recruitment team on: 01227 812349