1 Introduction

This report provides an overview of operational activity across the Trust. It highlights areas of good practice and performance, key challenges and risks and developments which impact on the Trust’s delivery of safe and effective services.

2 Community Recovery Care Group

2.1 East Kent Primary Care Mental Health bid

The Trust presented to the East Kent commissioning procurement panel for the opportunity to deliver the East Kent Primary Care services on the 15th of April 2019. This is an exciting opportunity to align both primary and specialist mental health across East Kent and support the overall ambition of real partnership working, development of alliances across a number of mental health providers and ensuring an overall improved pathway for the people of East Kent. We will be informed of the outcome around the 7th of May 2019.

2.2 Community Mental Health Teams (CMHTs)

The Kent and Medway NHS social care Partnership Trust and Kent County Council (KMPT/KCC) management changes are fully completed. From the 1st of April 2019 the KCC Social Work staff and Approved Mental Health Practitioner service operate under KCC direct line management with a focus on delivery of the Local Authority Key Performance Indicators aligned to the Care Act 2014.

As stated in previous reports there has been an impact on the Community Mental Health Teams (CMHTs) requiring on-going mitigation. The overall challenge is the reduction in workforce, as the Social Care workforce now operates as an independent social care team rather than as an integral part of the CMHT.

The impact is the level of activity in the CMHTs remains high, referrals have not decreased, and there is no social care workforce to provide CMHT assessment, care co-ordination and CPA review. Whilst we move towards new ways of working both in terms of these changes and the roll out of defined clinical pathways, a number of mitigations have been in place for the last four months (outlined in previous Board reports) and the risk is clearly documented on the Trust Risk Register and Board Assurance Framework (BAF)
The Chief Operating Officer continues to work proactively with KCC, the Executive Management and senior leadership Teams have a high level of visibility across the CMHTs as well as taking an overview of risks and performance at the Quality Performance Review meetings.

The contracting discussions regarding the Mental Health Investment standard budgets have progressed positively; commissioners are well sighted on the historical performance of the under-investment in the CMHTs. There is a confirmed opportunity to substantively investment in our CMHTs in this financial year.

2.3 Approved Mental Health Practitioner Team

From 1 April 2019, Kent County Council [KCC] took over full management responsibility for the Approved Mental Health Professional [AMHP] service. The AMHP Service has previously been seconded to Kent and Medway Partnership Trust [KMPT] and transferred to the direct management of KCC under the umbrella of the Partnership Transformation Programme.

The Kent AMHP service continues to operate on a 24-hour basis, 365 days a year. Outside of normal working hours they will continue to respond to urgent Mental Health Act assessments which would ordinarily come under the auspices of the Medway AMHP service.

2.4 Early Intervention in Psychosis

The Early Intervention in Psychosis teams are in an improved position, they have substantive Consultant Psychiatrists in place, a single Standard Operating model developed and rolled out, the overall service performance has improved month on month since January 2019 and the teams making up the service have planned development days across the next year.

2.5 Rehabilitation Services and Out of Area specialist placements

KMPT is committed to looking after our own patients in our own, KMPT beds. For some people, this is not possible because their needs require specialist intervention that KMPT is not commissioned to provide. In these instances, it is a Clinical Commissioning Group (CCG) panel that determines where the person is placed based on the clinical assessment and the placement is funded by them.

This is not an exclusive KMPT issue, and is common place in other similar trusts across the country.

Working with our commissioners, we have initiated a detailed piece of partnership work that will first ensure that any placement used by commissioners is quality assessed and monitored by KMPT with strong ongoing links retained with patients out of area.
The second element to the work will be to consider with our commissioners, the opportunity to develop our own in county specialist provision, supporting our aim of wherever possible looking after our patients as close to home and their loved ones as possible.

A more detailed report on this work will be presented to the board in July.

3 Acute Care Group

3.1 Support and Signposting
The Support and Signposting service remains on plan to go live at the end of April 2019 with a start date for the service to commence on the 29th of April.

3.2 Violence and Aggression on wards
Quality Committee received reports on ward violence and aggression and Absent without Leave concerns. The over-arching themes were similar and explored in detail at the committee. The Quality Committee Chair will report her findings to Board

The Trust recognises the risk to the staff, patients and visitors and is implementing a number of approaches to reduce the incidents and severity. The Patient Safety Strategy is soon to be ratified, aimed to not only reduce violence and aggression on our wards through a targeted approach it is hoped the impact of such incidents will be lessened. The Acute Care group will set up a working group to implement the strategy and will report back to the Quality Committee.

3.3 Patient Flow
This month the Care Group and the organisation will say goodbye to Jacqui Wilson, Patient Flow Matron. Jacqui, who is presenting on her team’s work to Board this month, has been instrumental in helping the Trust achieve a target of no out of area acute in-patient admissions for the past two years. We have successfully recruited to Jacqui’s replacement.

4 Older Persons Care Group

4.1 Overview
Pauline Goffin, Head of Service, and Taps Mutakati (Deputy Chief Operating Officer) have been joined by Dr Efiong Ephraim in his new role as an interim Associate Medical Director for Older Persons. This new team are settling in and getting to know the Older Persons Care Group

Pauline and Taps have met with the Care Group leadership and are getting out meeting the teams. They are reviewing and establishing the baseline capacity with the intention is to undertake a demand and capacity exercise that will inform majority of the transformation, cost improvement programmes for 2019/20
5 Forensic and Specialist Care Group Update

Following a successful bid the Criminal Justice and Liaison Diversion service (CJLADS) continues to expand. In line with the NHSE tender requirements this service will now support not only those people with mental ill health but all vulnerable groups who may find themselves in the criminal justice system and/or in court.

The Care Group has been invited to bid for additional funding for the Sexual Assault Referrals Service-Talking Therapies service. The time frame for the bid is very short, Finance and Performance committee to be appraised on the 23rd of April 2019.

Rose Waters, Service Manager and Joe O’Rourke, Team Manager, from Bridge House were invited to attend the Parliamentary Review Gala Dinner. An e-copy of their article on Bridge House can be viewed via the following link:

https://www.theparliamentaryreview.co.uk/organisations/bridge-house-at-fant-oast

6 Working with days and team visits

On the 4th of April the Chief Operating Officer spent the day with the Single Point of Access. She was very impressed by the positive staff attitude and team approach; staff clearly articulated the required procedures, were professional and hard working. It was eye opening to hear first-hand the nature of the calls, in particular when some contacting the service were abusive to our staff. This was discussed and the staff felt they had good support in the team to explore this type of issue, they were reminded to escalate via the incident reporting route any inappropriate event that could cause distress. There was a palpable positive team spirit and energy, a real testament to a team that has over the last 12 months been challenged to ensure it operates safely and effectively.