

Trust Headquarters
35 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4AX
Tel: 01732-520479
Fax: 01732-520460

Our Ref: EM/sd/10-098

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PRIVATE – IN STRICT CONFIDENCE

Paul Wickenden
Overview, Scrutiny and Localism Manager
Democratic Services
Kent County Council
Legal and democratic Services
Sessions house
County Hall
Maidstone
ME14 1XQ

In hard copy and via email: Tristan.godfrey@kent.gov.uk

Dear Paul

RE: HEALTH OVERVIEW AND SCRUTINY COMMITTEE [HOSC] MEETING: 11 JUNE 2010

Thank you for your letter of 4 May 2010. Please find below the information as requested:

- 1. *What adult mental health inpatient services are commissioned for your resident population under the following headings:***
 - a. *Adult mental health;*
 - b. *Older people's mental health;*
 - c. *Acute inpatient services;*
 - d. *Other (please specify).*

- 2. *For each of the services listed above please give the following:***
 - a. *Name and location;*
 - b. *Provider;*
 - c. *Number of beds, including occupancy rates, and average number of bed days per patient;*
 - d. *Staffing;*
 - e. *Route of referral;*
 - f. *Specific details of the types of conditions dealt with by the service.*

Eastern and Coastal Kent

WARD TYPE / TYPE OF CONDITIONS	LOCATION	NUMBER OF BEDS	BED OCCUPANCY (2009/10)	AVERAGE LENGTH OF STAY: DAYS (2009/10)	ROUTE OF REFERRAL
Adult Acute	The Arundel Unit, Ashford St Martins, Canterbury Thanet Mental Health Unit [TMHU], Margate	78	97%	41	Referrals accepted from secondary services, community services, under section of the Mental Health Act
Psychiatric Intensive Care Unit [PICU]	St Martins Hospital, Canterbury	8	90%	38	
Rehabilitation	Units in Ashford, Canterbury, Sandwich and Ramsgate	49	84%	753	
Older Adult Acute	The Arundel Unit, Ashford St Martins, Canterbury TMHU, Margate Memorial Hospital, Sittingbourne	91	94%	85	
Continuing Care	St Martins, Canterbury and Rook Lane, Sittingbourne	30	96%	751	

West Kent:

WARD TYPE / TYPE OF CONDITIONS	LOCATION	NUMBER OF BEDS	BED OCCUPANCY (2009/10)	AVERAGE LENGTH OF STAY: DAYS (2009/10)	ROUTE OF REFERRAL
Adult Acute	Little Brook Hospital, Dartford Priority House, Maidstone	66	89%	23	
PICU	Little Brook Hospital, Dartford	12	86%	42	
Rehabilitation	Units in Maidstone and Dartford	21	84%	369	
Older Adult Acute	Jasmine Centre, Dartford Priority House, Maidstone	40	85%	62	
Continuing Care	Greenacres, Dartford	20	88%	920	

Kent and Medway:

WARD TYPE / TYPE OF CONDITIONS	LOCATION	NUMBER OF BEDS	BED OCCUPANCY (2009/10)	AVERAGE LENGTH OF STAY: DAYS (2009/10)	ROUTE OF REFERRAL
Medium Secure Mental Health	Trevor Gibbens Unit, Maidstone	62	95%	815	Referrals accepted from secondary services, high secure services and criminal justice system
Low Secure Learning Disabilities	The Tarentfort Unit, Dartford	20	95%	300	

Ward Staffing: Inpatient units in KMPT are spread across the geographical area of Kent and Medway with all units offering 24 hours 365 days per year service.

There would always be a proportion of qualified nursing staff on duty on the units, although the qualified to unqualified ratios from one unit to another vary. In addition, there are variances in the staff to bed ratios. This is largely a result of differing clinical needs in each specialty. For example, Forensic Services and PICUs support patients who present higher levels of risk and / or disturbance and therefore require a higher ratio of qualified staff. On the other hand, wards for older people with continuing care needs have patients who have higher basic care needs and subsequently often have a higher unqualified staff ratio.

In any mental health unit, staff may also be needed to ensure that the heightened observation levels can be safely met on a 24 hours basis. Many wards will have more than one client needing within arms length or within eyesight observations at any one time along with others who need observing at intervals between 10 and 30 minutes. More clients now need this level of care as a result of a more acutely ill inpatient population.

Some of our units however have lower nursing figures because other staff, such as occupational therapists and psychotherapists contribute significantly to the daily patient care in those areas; this is particularly the case in Eating disorders and CAMHS wards.

11. Can you please provide any relevant Patient Advisory Liaison Services [PALS] data relating to adult mental health inpatient services?

April 2009 / March 2010:

ISSUE	RESOLUTION ACHIEVED
Signage at A Block, Medway	New signage ordered
Receptionist awareness of new ward names	Awareness training given
*Inappropriate mix of dementia and functional beds	Being addressed as part of the development of the Older Adult's Strategy
*Waiting times for mental health assessment at Accident and Emergency [A&E]	New staff posts to increase capacity
Ward staff reported to threaten informal patient with section 5(4)	Staff awareness raised
*Attention to physical health support	Staff awareness raised; quality improvement focus (2010/2011)
Issues around palliative care provision	Staff training provided; protocols reviewed
Escorted leave procedure	Staff discussion
Communication issues for patient and carer	Awareness raised
**Lack of beds leading to out of area treatment	Service looking at re-targeting resources to create better support at home
Clarity of information around accessing second opinion	Executive Medical Director asked to clarify and information leaflet planned
Difficulties in visiting patient treated in other area	Support provided in accessing financial support

ISSUE	RESOLUTION ACHIEVED
*Issues relating to accessing items from home when detained	Staff awareness; communication improved with patients and carers
Patient support in managing expectation and concerns	Support provided
Independent Mental Health Advocates [IMHA] provision for older adults	Service now available to older adults
Confidentiality issues for patient in dormitory accommodation	Improved protocols
Telephone charges for reverse charge calls	Notice provided next to telephone
Staff awareness of IMHA	Staff informed; enhanced training; PALS volunteers highlight service on visits
Need for private space for patients to see advocates	Space provided; new staff made aware
Delays in providing information about Mental Health Act to detained patient	Staff training and awareness
Patient safety	Liaised with ward staff

** denotes issue raised more than once*

*** denotes issue raised often*

The other questions (3, 4, 5, 6, 7, 8, 9, 10 and 12 as outlined in your letter of 4 May 2010) relate to commissioning and funding of mental health services; these will be addressed by NHS Medway.

I can confirm Erville Millar, Chief Executive, and James Sinclair, Executive Director of Social Care and Partnerships, will be attending the HOSC on 11 June 2010.

With best wishes



ERVILLE MILLAR

Chief Executive

(signed by Marie Dodd, Executive Director of Operations / Acting Chief Executive to avoid delay in the absence of the Chief Executive)