

# **Kent County Council Health Overview and Scrutiny Committee**

**4<sup>th</sup> February 2026**

## **Kent and Medway Mental Health NHS Trust CQC Response Update**

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### **Summary**

The purpose of the paper is to provide further update to the Health Overview and Scrutiny Committee (HOSC) on the work that is underway in response to the Care Quality Commission (CQC) review and the Healthwatch report which was issued in October 2025.

### **1. Background**

1.1 In addition to the CQC inspections last year and the subsequent reports, we also received a report from Healthwatch detailing feedback collated from services users about their experience of using mental health services in Kent and Medway.

1.2 The Healthwatch reports highlights feedback on a number of services across the county, with a large proportion (22%) of the feedback focused on community mental health teams (CMHTs) or Mental Health Together, which are provided by KMMH. The report states that 93% of feedback had a negative sentiment, however, it also acknowledges some positive comments and these are quoted in the report.

1.3 Whilst we fully accept the feedback in the report we also want to acknowledge the hard work and dedication of our members of staff who work tirelessly to provide the very best care that they can in a challenging environment of rising demand.

1.4 The negative feedback within the Healthwatch report centred on a number of themes:

- Impact on lifestyle and wellbeing
- Co-ordination and continuity of care
- Communication between staff and patients
- Care given by staff
- Medication, prescriptions and dispensing

- Discharge
- Triage, assessment and admission

1.5 This feedback does not reflect where we want to be as a trust and is not the experience that we want for our service users, their carers and loved ones. The feedback in the Healthwatch report further confirms what we knew as a trust but also what was highlighted by the CQC and by our own internal review. To provide assurance to Members, the issues identified by the CQC and in our independent review are long-standing systemic challenges and the trust is acting to work through these challenges. The CQC feedback, independent review findings and the Healthwatch report have been incorporated into our quality plan which is on-going, continuous improvement work, which is outlined below.

1.6 In addition to the aforementioned internal review, Chief executive, Sheila Stenson has also commissioned an independent review into our quality and safety governance/assurance processes. This review will conclude at the end of January and be reviewed by our Trust Board in January.

1.7 Further to these inspections in Spring 2025, the CQC revisited and re-inspected community services in Ashford, Thanet, Canterbury, South Kent Coast. In December 2025 the East and West Kent Health Based Place of Safety along with South Kent Coast had a further review.

1.8 Whilst some challenges remain, the feedback we have received from Healthwatch closely aligns with the CQC, reinforcing the need to focus on embedding improvement. The reports have allowed the Trust Board to see more clearly the ongoing historical systemic challenges faced and support the executive in taking a thematic and systemic approach across the organisation.

1.9 As a trust, we are confident that we are well-positioned to make the necessary improvements and we are pleased to provide an overview of the progress being made to date. Our focus is on creating conditions where improvement is expected, supported and sustained.

## 2. Quality Plan Update

2.1 We have a robust quality plan in place to address the finding from both the CQC and Healthwatch. The plan is structured around four domains:

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

2.2 The next section of this report provides an update on each domain.

## **Safety & Risk**

2.3 A key focus of this domain has been to implement a new nationally mandated risk assessment approach for our patients. Its aim is to provide a formulative approach to risk assessment that is co-produced with our patients. This will enable us to more effectively manage risk for those within our services but also those who are waiting for interventions. This is a completely new approach for our staff and will take time to embed across our organisation. As part of the re-inspection the CQC inspector shared they can see what our intention is and how this new approach to managing risk will work but recognised that we are mid-way through implementation. They also commented that they could see a good standard of note taking on risk in a number of the cases they looked at. This will remain a priority for us in the coming months. Updates on the progress of this implementation are reported to our Quality Committee.

2.4 As part of the assurance and governance processes we have in place to monitor our implementation of the quality plan we have undertaken an audit of several risk assessments completed to review progress. We have agreed with local governance teams that we will build a trajectory for improvement and set up a broader coalition around this. A digital solution as part of our electronic patient record is being designed and implemented. Additional staff training is being provided. We recognise this will take time to implement to the required clinical standard. The CQC also supported this at the re-inspection.

## **Access & waiting times**

1.3 Waiting times and contact with those on the waiting list was highlighted in the Healthwatch report as well as triage and assessment. For context, community mental health services in Kent and Medway have been undergoing the largest transformation for 30 years. This has involved implementing a new model of care, Mental Health Together. Whilst necessary, this has been a significant change in ways of working for staff but also in the way that patients access community mental health services.

1.4 Throughout Quarter 3 2025/26, we have been making further refinements to our model of care, working through our multi-disciplinary and multi-agency workstream structure to ensure meaningful engagement across the partnership. As part of the refinement process, we have reviewed: the clinical interventions available through the model, the key operational functions and processes required to deliver the model, and the partnership structures which underpin it. We are assessing these different options to ensure that they address the drivers for change we have identified through extensive staff and

user feedback, and align with our core programme goals to improve access to safe, high quality effective services that are tailored to enabling our communities to live well. This work has been completed in partnerships with our partners, through extensive engagement.

- 1.5 A critical test and learn piece, is the Medway Approach, which has been an impressive pilot to support improved access, planning next steps in care and optimising care navigation and is integral to the revised model delivered across the county. From this approach, which is underpinned by mental health care navigation, we have seen significant improvement in our responsiveness and reduced wait times.
- 1.6 In North Kent, you can be seen for your first or initial contact in under 23 days and following this will wait an average of 7 weeks for an intervention - against a national target of 4 week for initial contact and 18 weeks for an intervention (data as of November 2025).
- 1.7 The revised model proposes development of a Partnership Delivery Model which would more clearly delineate the role of provider partners across the service to enable delivery of services as close to local communities as possible. Under this proposed way of working, people with lower/medium needs would access services through local access points, managed and delivered by provider partner(s). While people with more complex needs would step-up and/or be directly referred to Kent and Medway Mental Health Trust. The model was approved by the partnership oversight group in November 2025.
- 1.8 In tandem with the reviewing the care model, we have been prioritising the reduction in waiting times across the county, with success from our previous position nine months ago.
- 1.9 For non-urgent referral the average wait to first contact is under 4 weeks across the county. This allows us to understand any risk we are not aware of at referral and provide a brief intervention where required. People who are identified as urgent on the day of the referral will receive intervention sooner. Either on that day through rapid response or from Mental Health Together within 2 days, depending on the level of safety concerns identified at triage.
- 1.10 The overall waiting list for Mental Health Together is on average 6000 patients, county wide, which is balanced against receiving on average 3741 referrals per month. In March 2025, the waiting list was c.7000 people, therefore a reduction in 1000 patients in the past nine months. As referenced earlier in this report, while people will be waiting for their formulated intervention, they will have had a first contact within four weeks.

1.11 Following first contact, people waiting for an intervention is approximately 12 to 16 weeks, against a national target of 18 weeks and this remains an area of focus for all our teams. Of the total people waiting 20% have been waiting over 18 weeks. The biggest areas attributing to waiting over 18 weeks are for people who need help regulating emotional difficulties and formal psychological therapy, which is a result of the current capacity challenges and is a priority to resolve. This is also being addressed through the community mental health review we have undertaken.

1.12 For Mental Health Together in Medway & Swale specifically as this was an area where feedback on wait times was noted in the Healthwatch report. There has been a marked improvement in waiting times for community services in the last 12 months. The services have received an average of 194 referrals each week, with their total case load rising from 1252 in January 2025 to 1492 in December 2025, peaking at 1699 in November. Despite the increase in caseload the table below shows how waiting times have decreased in the last year.

Measure	Jan 2025	December 2025
Number of patients waiting <b>under</b> 4 weeks for first contact	60	257
Number of patients waiting <b>over</b> 4 weeks for first contact	438	60

This shows a 66% reduction in the number of patients waiting over 4 weeks in Medway and Swale. The average time from referral to first contact is currently (data from 28/12/25) 22.8 days against a 4 week/ 28-day target, down from 87.1 days in Feb 2025.

1.13 An improvement plan has been in place earlier this calendar year (2025) and was reviewed in November 2025, which has increased measure in reviewing caseload, effective management of those who do not attend their appointments (DNA's), increasing first contact capacity and focusing on reducing the number of people waiting over 18 weeks where feasible. All patients who DNA are discussed at a daily clinical huddle to determine next steps and weekly reporting around DNA's are issued to services. We have also been encouraging patients to sign up to our text message reminder service. In January 2025, 321 and 305 text message reminders were sent from Mental health Together and Mental Health Together Plus, respectively, in Medway. In December, this had increased to 1068 and 661, respectively. This has shown a small improvement in the number of DNA's. However, unutilised appointments from DNA's remains a challenge for us and a focus for the coming year.

1.14 Further engagement and co-design activities are underway to develop this delivery model further and ensure alignment with our enabling workstreams: communications and engagement, data and assurance, workforce and contracting. In Quarter 4 we will focus on the technical aspect of the model to ensure it is operationally underpinned and data driven. This also includes establishing effective structures that enable partnership delivery. We are planning a partnership event in early January. The communications and engagement group are working up the plan for wider stakeholder engagement, including General Practice. We are benefiting from 2 primary care clinical directors supporting this workstream. This will be ready late in December 2025.

1.15 Going forward, as part of the work being undertaken as part of the Community Mental Health Framework. And in line with other providers we are about to launch the DIALOG plus to be undertaken at the first contact. This will be a meaningful way to agree care and the next steps. This approach has been piloted in Medway and proven to be successful at first contact rather than waiting further into treatment for this to be undertaken. Imminently, DIALOG plus will be completed within four weeks for routine cases and we will continue to work towards 18 weeks of commencement of formal treatment.

### **Environment, experience & equity**

1.16 Whilst not highlighted in the Healthwatch report specifically, the environment in some of our buildings was highlighted by the CQC and forms part of our quality plan. Therefore, a brief update on progress is provided in this report.

1.17 The main focus of this domain is ensuring our estates strategy is continually refreshed and reflects the needs of our patients and staff. The Trust has several community buildings that are not fit for purpose and has clear plans for addressing these. We will also be undertaking an accessibility audit from January to June 2026 of all our buildings.

1.18 Work is being undertaken at Britton House in Gillingham. A package of acoustic improvements in six consultation rooms to address sound transfer between rooms has been trialled and work to install improvements more widely gets underway in early 2026.

1.19 In addition, the CQC fed back that the trust needed to ensure that it had up to date patient communication and literature that was accessible and inclusive. As part of the work the trust undertook to launch our new identity in October 2025, we will be refreshing all of our patient literature and ensuring it reflects our new tone of voice. So far, we have identified 180 patient information leaflets/ literature which will be updated to ensure they are accessible for our patient population. These are being prioritised and work to create new literature will start in early 2026. This will support the feedback in the

Healthwatch report that patients have not also had inclusive and accessible information and signposting.

### **Leadership, culture & governance**

1.20 Again, whilst leadership, culture & governance wasn't explicitly highlighted by the Healthwatch report, it does form part of our quality plan and we are mindful of the impact leadership and culture specifically on the care we deliver to our patients. Therefore, we have included a brief update for Members.

1.21 This area of our plan focuses on staff support and supervision, safeguarding, audit and training and governance and policy review. The CQC highlighted 30 mandatory training programmes where compliance was below the statutory requirements. A number of actions have been taken to improve mandatory training compliance, this has improved. However, the trust remains below the 90% compliance target for 3 training programmes at this time. We are putting in place an urgent trajectory for improvement for paediatric basic life support training. Compliance for this has improved since the CQC inspection with monitoring of staff who are not compliant and are nearing becoming out of date to ensure they are booked onto the closest available training sessions.

Immediate Life support training compliance has continued to increase each month and we anticipate achieving the 90% compliance target by February 2026. Freedom to speak up training was introduced in 2022 as a 3 yearly training package. A number of managers training had expired prior to the CQC inspection and our Learning and Development team are working to ensure all managers complete this training. We will also be undertaking more targeted training for managers in the coming months.

<b>Training programme</b>	<b>Compliance Target</b>	<b>Current Trust Compliance (Dec 2025)</b>
Basic Life Support Paediatric	90%	72%
Immediate Life Support	90%	89%
Freedom to Speak Up – Managers training	90%	87%

### **3. Summary**

3.1 The Trust has been operating in an environment of rising demand and workforce pressure. Alongside the need to modernise models of care that were no longer meeting the need of the populations of Kent and Medway. This does not provide any justification for unsatisfactory care but demonstrates the scale of the challenge we are addressing.

- 3.2 The Trust is committed to continually improving building upon the positive changes we have begun to see in services in the last 9-12 months. As part of these improvements, we are also committed to listening to feedback from our patients and their loved ones and involving them in how we evolve services going forward.
- 3.3 The CQC have identified positive foundations during their inspections in March 2025 and follow-up inspections throughout the rest of the year which as an organisation we must continue to build upon.
- 3.4 The Trusts recognises the importance of working with partners as part of the ongoing improvements we have set out within this paper. The Trust will continue to explore current and new ways of working with partners and the wider system to ensure the improvements are achieved and sustained.