



Kent and Medway
NHS and Social Care Partnership Trust

Information Governance & Records Management Department

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Dear [REDACTED]

Request for Information

I write further to your request FOI ID 40007 under the Freedom of Information Act 2000 regarding:-

Provision of Mental Health Services during Covid-19 Pandemic

Your request is set out below:

Mental health service contacts

1) Contacts by consultation medium for adults

- a) Please provide the total number of contacts you have had with adults accessing help for their mental health, in the community and in A &E, broken down by the consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "contacts by medium for adults"
- b) If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

Please find the data you have requested on the spreadsheet attached.

2) Contacts by consultation medium for children (CAMHS under 18)

The Kent and Medway NHS and Social Care Partnership Trust do not provide the CAMHS services for the Kent and Medway area. These services are provided by the North East London Foundation Trust.

We are proud to be smoke free

Trust Chair – Dr Jackie Craissati
Chief Executive – Helen Greatorex

3) IAPT contacts by consultation medium for adults

The Kent and Medway NHS and Social Care Partnership Trust do not provide the IAPT services for the Kent and Medway area.

4) IAPT contacts by consultation medium for children (under 18)

The Kent and Medway NHS and Social Care Partnership Trust do not provide the IAPT services for the Kent and Medway area.

5) Types of Community Mental Health Team contacts, by team and medium.

- a) Please provide the number of contacts you have had with patients supported by Community Mental Health Teams broken down by consultation medium and the team they were seen by. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "Types of CMHT contact".

Please find the data you have requested on the spreadsheet attached.

6) Depot Injections given between Jan 2020 and June 2022

- a) Please provide the number of depot injections given to patients broken down by location. Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "Depot injections given".
- b) If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

Please find the data you have requested on the spreadsheet attached.

7) Alternative arrangements

- a) If a patient could not access a remote appointment, what was the Trust's offer to access care?

If a Patient could not access a remote assessment, a face-to-face appointment was offered in line with National Covid guidelines. Patient Safety and Quality was always prioritised throughout the National Lockdown and Covid restrictions.

- b) If home visits or depot clinic were withdrawn for people needing depot injections, what were the alternative arrangements?

Any withdrawal of a depot injection is done within the context of key clinical indicators and assessment by the multidisciplinary team.

The Depot Clinic service (including home visits) was not withdrawn during National Lockdown and Covid restrictions, all Depot clinical activities were completed in line with National Covid guidelines.

Inpatient Admissions and Discharge Numbers between January 2020 and June 2022

- 8) a) Please set out your admission and discharge numbers between March 2020 and June 2022. Please break these down by Formal, Informal and by ethnicity. Kindly complete the spreadsheet attached, on the tab called "Inpatient admission discharge 1". We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.
- b) Please set out your admission and discharge numbers between March 2020 and June 2022. Please break these down by Formal, Informal and by age group and gender. Kindly complete the spreadsheet attached, on the tab called "Inpatient admission discharge 2". We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

Please find the data you have requested on the spreadsheet attached.

Management of Covid in Psychiatric Wards between March 2020 and June 2022 - VS

9) Staffing levels

- a) How many mental health staff were redeployed to covid wards or over to the general side between March 2020 and June 2022?

Less than 5

The Trust did redeploy a minimal amount of staff to assist within Acute Hospitals.

The Trust moved community staff into inpatient areas in the spring/summer of 2020. Some of these wards then incidentally went on to become areas of an outbreak but were not designated as COVID wards prior to the staff being deployed.

- b) What proportion of shifts or what number were covered by agency staff? Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet on the tab called "other" in the row "Percentage of shifts covered by agency staff" and/or the row "Number of shifts covered by agency staff per month".

Please find the data you have requested on the spreadsheet attached.

- c) How much did your Trust spend on agency workers? Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet on the tab called "other" in the row "Amount spent on agency workers per month"

Please find the data you have requested on the spreadsheet attached.

- d) What were the reasons for any critical incidents reported between March 2020 and June 2022?

Incident Sub-Category / Adverse Event by Incident Date	TOTAL
AWOL / Absconded (detained patients only)	1
Environmental Hazards - Infectious agent (outbreak)	4
Exposure to Unsafe Environmental Conditions - Infectious agent	2
Inappropriate/Aggressive Behaviour towards a Patient by Staff - Physical contact (actual assault)	1
Infection Outbreak - Major Outbreak	12
Infection Outbreak - Minor Outbreak	15
Isolation Processes/Protocols for Infected Patients - Processes/protocols established, not followed/adhered	1
Monitoring/On-going Assessment of Patient Status - Unplanned transfer of care to other institution or clinical service	1

- e) Did you shut any services in whole or in part or stop taking patients into a service or on a waiting list during lockdown? If yes, could you explain the reason that decision was taken.

Some acute inpatient wards were closed to admissions for a specified amount of time if there was a covid outbreak in order to control the spread of infection. This was a decision made by the Matron, Heads of Nursing, DIPC, Operational manager and Infection, Prevention and Control Team.

10) Managing Covid

- a) Did you have any safeguards in place to seek to prevent isolation creating further deterioration in mental health, and if so, what were they?

The Trust used 'cohorting' in some instances, so that patients were not isolated to their bedrooms but to an area of the ward instead.

- b) When patients were in isolation for infection control purposes, where were they isolated? What access was there to bathroom and washing facilities?

Some acute inpatient wards were closed for a specified amount of time if there was a covid outbreak in order to control the spread of infection. This was a decision made by the Matron, DIPC, Operational manager and Infection, Prevention and Control Team.

11) Visits to wards

- a) Did you change your policy to restrict visits from friends and family to patients on the wards during this time (Between March 2020 and June 2022)?

Yes

- b) Did any policies or rules for visits vary for different age groups and groups of patients?

Only for patients on end of life care.

- c) If visits were restricted, did you put on additional methods for patients to keep in touch with friends and family such as extra phones for the wards or setting up video calls?

Yes

The Trust provided access for patients to make calls and make video calls.

- d) If yes, what date(s) did you provide extra facilities?

The extra facilities were made available immediately using existing equipment.

12) Access to outdoors

- a) Did you have any policies on access to outdoors/ fresh air for patients?

No, all inpatient wards have access to gardens/greenspaces.

- b) Did these policies change during lock down, and if so please specify dates that any fresh air policies changed?

Patients had access to outdoor space as long as they could be safely moved from their isolation area into the outdoors.

13) S17 Leave

- a) Did you have any updated policies and procedures on s17 leave during this time? For example, was s17 leave routinely cancelled?

Sec 17 leave was not routinely cancelled. If a person was testing positive and in isolation or had been in contact with a positive case, or there was a ward outbreak, then leave was cancelled.

I confirm that the information above completes your request under the Freedom of Information Act 2000. I am also pleased to confirm that no charge will be made for this request.

If you have any questions or concerns or are unhappy with the response provided or the service you have received you can write to the Head of Information Governance at the address on top of this letter. If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision.

Yours Sincerely

On Behalf of
The Information Governance Department