



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

# **KMPT Operational Plan 19/20**

**Date: 4 April 2019**

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# 1. Executive Summary

Kent and Medway NHS and Social Care Partnership Trust (KMPT) is a mental health trust that provides mental health, learning disability, substance misuse and specialist services to approximately 1.8 million people across Kent and Medway. We work in partnership with Kent County Council and the unitary authority in Medway, and are commissioned by 8 CCGs and NHS England. The trust is one of the most geographically spread mental health trusts in England, covering an area of 1,450 square miles. We are planning to have annual revenue of £195 million and employ approximately 3,500 staff who work across 66 buildings on 33 sites.

**Vision** – To provide brilliant care through brilliant people. The strategic objectives of our 2016-20 strategy are to:

- Consistently deliver an outstanding quality of care
- Recruit, retain and develop the best staff making KMPT a great place to work
- Put continuous improvement at the heart of what we do
- Develop and extend our research and innovation work
- Maximise the use of digital technology
- Meet or exceed requirements set out in the Five Year Forward View
- Deliver financial balance and organisational sustainability
- Develop our core business and enter new markets through increased partnership working
- Ensure success of our system-wide sustainability plans through active participation and leadership.

Our core principle is to provide **brilliant care through brilliant people**. This is underpinned by 6 core values:



## 2018/19 Key achievements:

The CQC’s comprehensive inspection in January 2017 rated the organisation as Good overall and Outstanding for Caring. At the end of 2018, the CQC undertook a Well Led inspection.

The full inspection report was published at the end of February 2019. Feedback from the CQC acknowledges phenomenal improvements to quality of care: The overall Trust rating has remained *Good* with noticeable improvements in forensic inpatient services which improved from *Good* to *Outstanding* overall and older people community mental health teams which improved from *Good* to *Outstanding* in their caring domain. No CQC domains have deteriorated since the last comprehensive inspection in 2017; improvements were noted in 9 domains.

### Ratings for the whole trust



Whilst as always, the CQC highlighted areas for improvement, their recognition of the significant progress made by KMPT since the last inspection was heartening.

- *“Every member of staff we spoke to, without exception, spoke of how much the culture had improved since our last inspection in 2017”.*
- *“Staff at all levels from a wide range of disciplines reported feeling proud of the care and treatment they provided to patients”.*
- *“Staff were motivated and inspired to improve patient care in every way possible”.*

We are exceptionally proud that Caring retains a rating of *Outstanding* – this provides a strong foundation and evidences that our core principle of *brilliant care through brilliant people* is having positive impact on patients and their loved ones.

By improving quality we are also having a positive impact on our financial management:

- We have reduced agency spend from £9.5m in 2016/17 to £6.1m forecast in 2018/19
- We will perform better than plan with a deficit of £1.1m instead of £1.8m. This will attract incentive funding and is good news for 2018-19.

### **2019/20 Key priorities:**

- We are excited to play a leading role in the development of Integrated Care System and Integrated Care Partnerships for Kent & Medway, and contributing to achieving STP workstreams.
- Aim to achieve financial stability by delivering breakeven in 2019/20 and addressing the underlying deficit through recurrent efficiencies to ensure our income is equal to expenditure
- Maintain our focus on sustainability of improvements to ensure we are responsive, have clear metrics and adherence to single operating model.
- Define and implement modern care pathways co-produced and delivered through partnerships to best help patients with their wellbeing and/or on their journey to recovery.
- We are confident that by increasing quality of service, we will both reduce cost, drive out unwarranted variation and improve patient experience and outcomes.

We have focussed our priorities into four key areas with 10 enablers. Empowering service users, carers and teams threads through all our work in order to achieve brilliant care through brilliant people.



### Our Services:

#### Improve quality

*Priority:* Maximise opportunity for service users to safely achieve and sustain positive outcomes, whilst driving delivery of efficiency and productivity gains

*Priority:* To sustain quality improvements within our Community Mental Health Teams

*Action:* To improve how we use data to drive improvements to performance and quality our across our service through the development of a Clinical Informatics Strategy

*Action:* Co-produce and implement the St Martins Inpatient Changes programme and the Clinical Care Pathways programme to ensure we deliver the right practice, in the right place at the right time

#### Save time and money

*To achieve:*

- Reduced need for admissions, especially those of 7 days or less
- Reduced number of bed days used
- Reduced length of stay in Older Adults Wards by 26%
- Reduced comparative service user contact with KMPT
- Improved and quicker access to services – 7 day working with improved patient flow, plus earlier initial interventions and improved offer for people with enduring conditions and personality disorder
- Clearly defined pathways focussed on recovery and value added care

*Action:* Develop and deliver a co-ordinated approach to quality improvement and assurance across KMPT

*To achieve:*

- Improved patient safety, patient experience and clinical effectiveness
- Quality strategy and improvement plan with clear structure and range of methodologies
- Drive out unwarranted variation across services
- Implement quality account priorities and the CQC improvement plan
- Improve ability to share learning and best practice across KMPT
- Quality objectives for all staff and clear offer of quality training

## Our Future:

### **Effective partnerships**

*Priority:* To generate the greatest possible positive impact on the big issues for our population: Specialist access to perinatal mental health; improved mental health urgent and emergency care; better access to primary and community teams for adults with moderate and severe mental illness; veterans mental health and addiction services; suicide prevention.

*Action:* To increase and improve effectiveness of partnership work at both strategic and operational levels

*Action:* Be a leading partner in the development of the Kent and Medway Integrated Care System (ICS), Integrated Care Partnerships (ICP); delivery of the Mental Health Investment Standard (MHIS), Sustainable Transformation Partnership mental health programme; and the West Kent Alliance.

*Action:* To lead the STP suicide prevention programme

*To achieve:*

Over the lifetime of to the strategic partnership to:

- Deliver the 5YFV and NHS Long terms plan relating to mental health
- Reduce the prevalence of mental health
- Reduce the number of suicides
- Increase positive mental health outcomes

This year to:

- Contribute to the ICS and ICP's being set up in the best way possible to improve system effectiveness
- Support deliver the Mental Health Investment Standard and develop aligned incentive contracts

At an operational level to:

- Develop partnerships with the third sector, housing associations and volunteers to increase mental health support and services within communities

### **Grow our service**

*Priority:* To increase high performing services and opportunities for new business developments.

*Action:* To develop a commercial strategy

*To Achieve:*

- Increased surplus to offset the financial deficit
- Greater reach in high performing services
- Development of new services which support the local population closer to home through improve integrated care pathways.
- Defined new business opportunities aligned to the NHS Longterm Plan and new care models

### **Research and Innovation**

*Priority:* To increase staff and service user involvement in research and innovation  
Priority Work with Kent & Medway Medical School to develop clinical academic posts.

*Action:* Submit 3 research project bids (oriented to service delivery) which have been proposed and initiated by KMPT staff.

*Action:* To launch our R&D Strategy and set out clearly our ambition for next 5 years

*Action:* Develop a KMPT Innovation forum

*To Achieve:*

- Increased awareness of research and development
- Improved service quality
- Increased staff morale
- Improved reputation of KMPT
- Increased participation in local and national research

## Our People:

### **Side by side with service users and carers**

*Priority:* To ensure services and strategy are co-produced with service users and carers

*Action:* To develop a new participation and involvement strategy

*To achieve:*

- Modern, best practice methods for co-production
- Increase the % of people with lived experience employed by KMPT

### **Productive skilled workforce**

*Priority:* To ensure we have a fit for future workforce

*Action:* Carry out workforce planning exercise

*Action:* Develop succession planning and talent identification strategy

*Action:* Develop KMPT nursing academy

*Action:* Roll out new leadership training programme and improve induction

*To Achieve:*

- Improved leadership skills throughout KMPT
- Reduced number of vacancies, quicker time to hire, reduced agency use
- Remodelled workforce with new roles and expertise e.g. peer support, advanced practitioners, non-medical prescribers, non medical approved clinicians/responsible clinicians
- Increased retention

### **Great clinicians, managers and teams**

*Priority:* Ensure all staff are engaged, feel supported, accountable and that KMPT is a great place to work

*Action:* Define and implement a Just and Learning Culture

*Action:* Develop Health and Wellbeing strategy; Develop Diversity and Inclusion strategy

*Action:* Develop our staff engagement and communications strategy

*To Achieve:*

- Increased staff engagement
- Increase in compliments, Staff contribute ideas and suggestions  
➤ WRES Priority
- Staff feel able to speak up if they have concerns
- Implement the KMPT Perfect Day initiative

## Our Resources:

### **Finances**

*Priority:* To deliver breakeven in 2019/20 where income equals expenditure

*Action:* To ensure we have a robust, sustainable CIP programme with recurrent savings

*Action:* To develop strong financial management, supported by a robust financial training programme and embed the finance business partner role

*To achieve:*

- Service ownership and input to budget management and CIP delivery
- Delivery of CIP programme

### **Technology that helps us provide better care**

*Priority:* Become a more digitally enabled organisation to support management and delivery

of care.

*Action:* To agree and implement an innovative Clinical Technology Strategy

*Action:* Co-produce and develop applications which support service users to manage their own care and support

*Action:* Deliver Electronic Prescription Management and Electronic Clinical Observation Applications

*Action:* Increase digital capability of clinicians to support delivery of clinical interventions through digital media

*To achieve:*

- Effective and fit for future IT functionality
- Increase digital capability of clinicians
- Development of applications and resources which support service users to improve access to self management tools;
- Increased efficiency and effectiveness of care

### **Buildings that work for us**

*Priority:* To make the best possible use of the Trust's estate (land and buildings), ensuring they are safe and fit for the future.

*Action:* Safely manage the transitions required to deliver our inpatient and community estate improvement programme.

*Action:* Invest capital proceeds from St Martins sale into building upgrade work as part of overall estates improvement programme.

*To achieve:*

- Safe and good quality environments that support the delivery of care in clinical wards
- Good quality community bases that support patient care and staff wellbeing.

## **2. Activity planning**

KMPT's activity planning is based on historic activity plus an expected growth percentage linked to increases in demographic changes aligned to the contractual discussion with all Commissioners. The forecast position will be jointly agreed with the commissioners of Kent and Medway as part of the contract negotiations for the 2019/20 financial year and will be based on the planning guidance for 2019/20.

We have identified increases in referrals within community services especially within Older People's Mental Health (OPMH) and will be working with commissioning leads to understand the impact of these and how they are reflected within the current block contract arrangements. In year we have been working with social care leads as part of their transformation process to clearly separate health and social care activity into their respective areas. We anticipate that this clarity will have an impact on the reported demand levels in year and are planning to review demand and associated capacity levels within these teams.

Our inpatient capacity has been extensively reviewed as part of operational plans in year to plan for changes within the current bed base. We have been working with key stakeholders to implement community based services to support these changes and ensure that it continues to remain within the commissioned bed base. Over recent years we have successfully reduced the number of patients placed out of area (OOA), with no younger adult or older person being placed out of area in 2018/19. Our plans support this reduction and are designed to maintain low of out of area bed usage. An exception is PICU beds for women; see section 3 on Quality for details of proposed actions to address this OOA usage. We are working with commissioning leads to address the small number of female PICU patients that are still being placed out of area.

The Trust is also working with commissioning leads to progress the deliverables identified in the NHS Long term plan published in January 2019, these include:-

- Ensuring that spend on mental health services achieves a year on year increase in accordance with the Mental Health Investment Standard.
- Enhancing 24/7 community based mental health crisis services so that home treatment can be further offered as an alternative to acute hospital admissions by 2020/21
- Building upon the wave one mental health liaison service allocations in order that 50% of services within Kent and Medway meet the core 24 service standards by 2020/21.
- Maintaining and improving upon the Early Intervention in Psychosis response times standards which have been met throughout 2018/19, the Trust plans reflect the increased target of 56% starting treatment within two weeks. Further work is ongoing in relation to achieving the NICE standards for EIP.
- Maintaining the reduction in out of area placed activity and, as above, develop services to help reduce the female PICU placed activity in line with the NHS Plan requirement.
- Working alongside commissioning leads and primary care to support the expected increases in physical healthcare checks in line with the outlined increase by 2023/24.
- Building upon the perinatal developments seen in 2018/19 so that there is an increase in evidence based care for women with moderate to severe perinatal mental health difficulties and a personality disorder, working towards the anticipated increase by 2023/24.

The Trust will continue to play a leading role in the provision of Specialist Mental Health services working alongside its partners in Surrey & Sussex as part of the New Care Models initiative. From April 2019 the recently awarded Criminal Justice Liaison and Diversion service, which provides specialist mental health support to patients in custody, will expand.

### 3. Quality planning

#### 3.1 Approach to quality improvement, leadership and governance

The Executive lead for quality improvement is our Medical Director.

**Trust-wide improvement approach:** We have a robust governance structure and an open, honest 'just and learning culture'. We firmly believe that quality is everyone's responsibility: in 2019/20 all staff will have a quality improvement objective. Regular reporting and our desire for continuous improvement mean that our approach to quality is both planned and responsive. This dynamic practice enables us to re-prioritise and focus on what matters most. Quality is led by our expert clinical staff, informed by the experience of our patients and their loved ones and lived by our staff.

In 2019/20 we will continue to facilitate a series of internal quality, safety and leadership peer reviews across all clinical service areas to share learning, improve CQC standards and bolster good practice. Senior leaders and staff are encouraged to carry out 'Working with' days as part of both continuous improvement and personal development aims. People report back to their teams to share learning.

**Quality Improvement governance system:** A monthly Integrated Quality Performance Report (IQPR) is presented to Board by the Chief Executive – this is publically available on the KMPT website. Underpinning the IQPR is a series of executive chaired meetings. They bring

together KMPT experts in their field in order to understand the data at a granular level and test that actions in hand to resolve concerns are strong enough and delivering improvements in a timely way.

Supporting the work of the Board are its sub-committees, each of which considers, in detail, aspects of the IQPR. This report enables the Board to operate at a strategic level, confident in the work of the sub-committees in testing assurance and understanding further detail provided by the executive and their teams.

**Building Quality improvement capacity and capability:** A Quality Improvement team is in place to facilitate learning, sharing of best practice and conduct in-depth reviews such as our Rapid Process Improvement Workshop in a ward for older adults, which we facilitated in March. This work is underpinned by LEAN improvement methodology and particular attention is being paid to ensure that learning is shared and embedded, not just in this particular ward, but for all wards for older people, with local health and care partners and with the wide pool of staff who are participating in the review. There will be report outs at 30 days, 60 days, 90 days and quarterly from there to our Quality Committee to ensure that outcomes are actioned to support improvement to quality to be achieved and sustained within the specific ward and also rolled out across all Older Adults wards. We are investing in Quality, Service Improvement & Redesign (QSIR), college approach, to support us to build improvement capabilities and capacity in our organisation. We are participating in the national NHSI program and have supported 7 senior leaders drawn from our multi-disciplinary workforce to be develop as QSIR facilitators in order to roll out further training across the Trust. Once the initial cohort complete QSIR Practitioner training in May, we will review and agree our approach with the intention of commencing local training program in the Autumn that will drive delivery of our quality strategy.

There are a number of quality groups and forums within Care Groups; we have invested additional capacity in creating a Senior Quality Lead role for our operational service. During 2019/20 we will develop a more holistic approach and ensure that learning and best practice from all teams involved in quality improvement is captured and shared. In addition as part of the annual appraisal cycle, all staff will have an agreed objective focused around quality improvement.

**Evidencing impact of quality improvement investment:** All quality improvement projects, national clinical audits, service evaluations, and accreditations are tracked, assessed and evidenced to ensure we achieve the intended impact of quality improvement. Impact and learning is shared and constructively critiqued at monthly Clinical Audit and Effectiveness Group and Quality Performance Reviews.

As we develop further improvement capacity and capability in our organisation we will also give focus to key areas such as project management, tools to support measurement of improvement and sustainability of improvement.

### **3.2 Summary of the quality improvement plan (including compliance with national quality priorities)**

The 2019/20 quality improvement priorities have been developed by the Trust's Quality Committee through a broader engagement workshop In February 2019. The workshop is attended by Quality Committee members, Care Group clinical and quality leads and representatives from the three Trust wide groups. All three Trust wide groups have discussed and contributed suggestions for 2019/20 priorities as have the Patient and Carer Consultative Committees.

## Quality Priorities 2019-20

The quality priorities address the three priority areas of Patient Safety, Patient Experience and Clinical Effectiveness.

### Patient Safety

1. *To enhance 7 day follow up by implementing plans for Samaritans 24/48 hour contact.* This priority was proposed to ensure the collaborative work in 2018-19 is consolidated into practice. It also aligns with national Suicide Prevention initiatives.
2. *To increase the incident reporting of low harm incidents, and associated learning.* The Trust has been aware that its benchmarked position on incident reporting is low and CQC also noted the Trust performance on low harm incident reporting. Opportunities for learning and quality improvement are missed by not routinely reporting all incidents.

### Patient Experience

1. *To improve experience of KMPT care for BAME service users.* This priority aims to improve Equality and Diversity from a patient and carer perspective and will be Expert by Experience led.
2. *To increase carer and service user attendance at, involvement in and satisfaction with CPA reviews.* Carer and service user involvement is fundamental to the effectiveness of CPA reviews.
3. *To improve service user experience of Discharge planning and process.* This priority was proposed by our Carer and Service User forums and reinforced by the Trust thematic complaints reviews. The evidence of successful improvement would be a reduction in complaints that relate to discharge.

### Clinical Effectiveness

1. *To improve the use of HoNoS as the Trust's primary Clinical Outcomes recording and monitoring (CROM)*
2. *To improve the quality of Clinical Supervision for nurses – year 2.* This is a continuation of the 2018-19 priority focussing on evidencing the effectiveness of the revised Supervision policy developed and agreed in year 1.
3. *To submit 3 research project bids (oriented to service delivery) which have been proposed and initiated by KMPT staff.*

The Quality Priorities will be approved by the Trust Board and published in KMPT's Quality Account.

**CQC headlines:** Our CQC inspection in November 2018 has confirmed that we have made significant improvements in the overall safety and quality of the community mental health teams for working age adults, improving our rating for these services from *Requires Improvement* to *Good*. We are pleased that community staff now have manageable caseloads which are reviewed regularly. Patient care and staff morale has significantly improved in these teams. However we know that our acute wards for working age adults and psychiatric intensive care units *Require Improvement*. The CQC found that these wards are still not sufficiently safe, effective or well led. We will address these concerns along with the

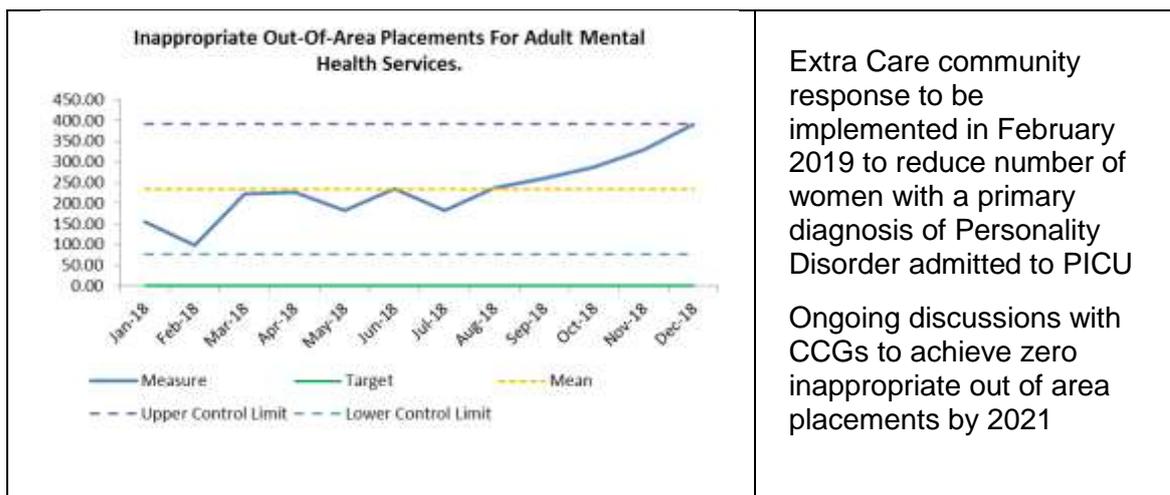
seven 'Must do' and 31 'should do' actions in our CQC Quality Improvement Plan. This will inform our quality priorities for 2019/20. In addition we will share the learning and best practice from our *Outstanding* services with the aim of adapting and applying this within our acute wards, community mental health teams and our crisis teams, as we work towards achieving outstanding ratings.

**Quality: areas for improvement**

Of significant importance, is the enormous difference between the target average length of stay (LoS) for older adults. The target is 52 days, and our performance in December 2018 was over double, at 107.3. Clearly, this is not what we want for our patients and being able to discharge people when they no longer need to be in hospital is a priority. Our most senior clinical staff are leading work to address this unsatisfactory situation, and a focused Rapid Process Improvement Workshop (RPIW) quality improvement initiative commenced on Orchards Ward in March 2019. We know that if our average LoS was at the right level, our patients would receive the right care in the right place, and we would have significant numbers of spare beds on our wards for older adults. We aim to reduce length of stay by 26% during 2019/20. This will be monitored through the 30, 60 and 90 day reports outs from the RPIW and care group monthly QPR meetings.

Our increased LoS for adults, which should be around 25 days, is now at 30 days. Our analysis shows that there were 7 discharges whose LoS was in excess of 200 days. Further analysis will help us understand why these patients were inpatients for such a long time, and importantly, to identify the barriers to discharge. Enhancing our Patient Flow Team will provide additional capacity for us to constructively challenge LoS over 50 days.

The Trust has a strong track record of eliminating out of area bed use for general admissions. The remaining area of use is female psychiatric intensive care (PICU). Working with commissioners we plan to eliminate use of out of area beds for this group by 2021. An improvement project will be scoped to evaluate alternative options. First steps will be to agree with commissioners appropriate response for women requiring an intensive care option and develop an outline delivery plan with commissioning colleagues.



**Top three risks to quality and how we are mitigating them:**

1. There is a risk of continued financial overspend which will impact the ability of KMPT to deliver long term financial sustainability. This is following four consecutive

years of reported deficit which have depleted cash reserves and resulted in the need for a revenue support loan, due for repayment in 2020. To mitigate, delivery of recurrent savings is required which will be generated from benchmarking, pathway redesign and externally identified opportunities through engaging proactively with Model Hospital and the STP.

2. Consistently delivering outstanding quality of care: There is a risk that community mental health team demand and capacity will be impacted following KMPT/KCC partnership changes. To mitigate this the following actions have been taken: implementing 'active review' to ensure that patients who are waiting or not yet allocated a care co-ordinator have appropriate care; daily red board meetings; safety huddles to agree actions for patients; caseload realignment, ongoing recruitment and retention initiatives. For new patients a new operating model assesses people's primary need for either mental health or social care, and a relevant professional lead is then allocated.

There are a number of significant mitigations KMPT have in place to ensure effective use of available resource, increase the capacity to operate safely (likely to be required temporarily), on-going review with KCC to ensure clarity of role and function across the two organisational requirements.

### **Key Mitigations**

- Actively recruiting agency staff to work in the teams that have severe staffing shortages. The Workforce Business Partner updates the Chief Operating Officer two weekly
  - Reduction in bureaucracy - A review of clinical record keeping requirements for non CPA patients with a potential to significantly decrease the amount of documentation required without impacting on required data
  - Developing of the clinical care pathways and rolling out across the CMHTs in the next 12 months. Initial Interventions and Personality Disorder Change Programme are both in test phase. Roll out to begin May 2019.
  - Compliance and review of Active Review process to ensure fit for purpose – May 2019
  - Delivery of a clarified Social Care Standard Operating Procedure (KCC responsibility)
  - Teams given clarity on areas of required focus led by the Chief Operating Officer, Medical Director and Director of Nursing
3. Recruit retain and develop the best staff making KMPT a great place to work: In line with the health and social care sector, recruitment and retention are high risks. To mitigate:
    - Recruitment – we have implemented new initiatives such as centralised recruitment, fast tracked all newly registered nurses into posts within KMPT, introduced rotational posts for Band 5 nurses, a career pipeline for support worker/healthcare assistants which includes nursing associates; piloted new roles to reduce the need for consultant time such as non-medical prescribers and advanced clinical practitioners.
    - Retention –we have implemented a new managers induction; improved our training and recruitment offer; introduced i-learning; increased our staff survey response rate in line with the best performing mental health trusts to ensure we have every opportunity to gain feedback from staff; invested in Freedom to Speak up Guardian and ambassadors; created Health and Wellbeing champions; invested in staff MOT health checks and wellbeing sessions. In addition we have taken specific actions in services with particular retention issues.

**Learning from national investigations such as Gosport Independent Panel:** We want to increase the reporting of incidents. We have actively encouraged staff to report incidents however the number of reported incidents at KMPT remain low compared to other mental health trusts. Our learning from national investigations such as the Gosport Independent Panel has driven our work on encouraging people to speak up, report incidents and to ensure that we apply a just learning culture when investigating incidents. What matters is that we learn and share that learning. But to do that, we first need to know something has gone wrong. We have invested in recruiting a dedicated Freedom to Speak up guardian and also have a network of Freedom to Speak up ambassadors. Posters and intranet articles mean that staff know who the ambassadors are and how to contact them if they have concerns. We also have a 'green button' facility for staff to report concerns online. This means they can keep anonymity if they wish. All issues are addressed and individuals supported accordingly.

**Learning from deaths:** We have used our established Serious Incident and Mortality review meetings that take place three times a week (Monday, Wednesday, and Friday) to review the deaths that have been reported. The membership of this group includes a patient safety representative from each of the Care Groups, the Deputy Director Quality and Safety, the Head of Patient Safety, the Patient Safety and Complaints Facilitator, a member of the Datix team, to present the data, and once a week a doctor is present on the group to provide medical input.

The important themes on lessons learnt following investigation of a mortality report are:

- The need for discharge summaries to be obtained in every case
- Full, complete and current care plans improve quality of care
- Risk assessments should be formally completed and recorded.
- Delays in allocation of care-coordinators can increase risks and must be minimised
- Complex cases should be presented and discussed at Risk Forums/MDT meetings to ensure cross professional contribution to risk assessments. formulation and management and review

These themes inform our quality improvement and clinical audit work to drive improvements.

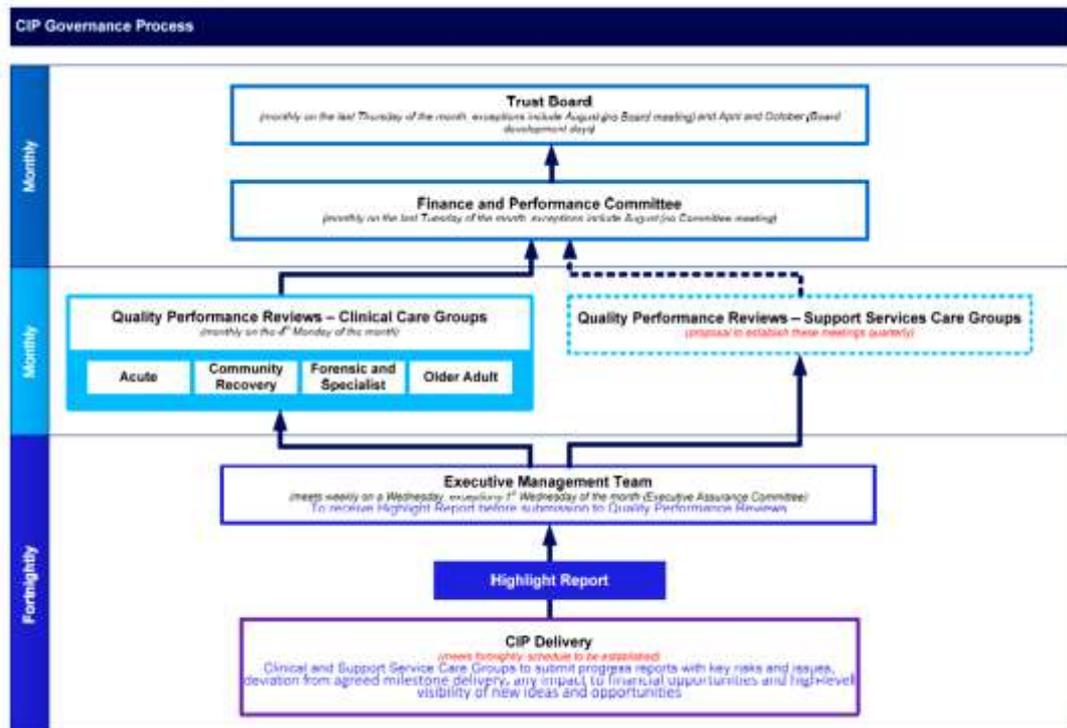
**Reducing Gram-negative bloodstream infections:** the Trust continues to promote infection prevention and control as the heart of good management and clinical practice. In this regard, emphasis is given to the prevention of healthcare associated infection (HCAI), including Gram-negative bacterial infections, and the improvement of cleanliness in all our in-patient wards and community settings. Although our cases of Gram-negative infections are minimal, we still proactively take steps to minimise the risk. Antimicrobial stewardship is an initiative to reduce Gram-negative bacterial infections and is maintained through our Antimicrobial prescribing and management policy. All suspected or confirmed infections are reported to the infection control team.

### **3.3 Summary of the quality impact assessment process and oversight of implementation**

**CIP Governance structure:** KMPT has a robust CIP governance process in place which has oversight of the full programme and ensures that there is a focus on recurrent CIP delivery. The governance process incorporates both the 4% CIP target that has been set and the high level programmes that have been identified as areas of focus to close the financial gap and ensure delivery of the control total.

Ideas for CIPs are generated both from front line staff and wider organisational or STP related changes. All ideas are subject to a Quality Impact Assessment which is completed by the lead for the CIP and evaluated by the QIA panel, comprising the Executive Director of Nursing and the Executive Medical Director. Any schemes that are deemed detrimental are not approved and are not enacted.

The newly established Transformation team supports Care Groups with collating detailed plans for delivery. Monthly programme reports are provided to support the Trust-wide delivery programme. Transformation programme and Care Group CIP reports are provided to the Executive Team prior to the Quality Performance Reviews (QPRs).



**How CIP governance structure operates:** Depending on the nature of schemes, the Trust has a range of internal governance frameworks to support service change, whether this is for efficiency reasons, in response to risk, necessary demand changes or research opportunities. The Quality Improvement process is embedded in the organisation and sits under the Medical Director. All projects are logged with the QI team, and major changes are discussed and reviewed by the Quality Committee (for example the most recent St Martins programme and clinical care pathway work). New schemes found will be signed off by clinical and operational leads within the Care Groups and Support Services and reviewed by the QIA panel.

Fortnightly CIP meetings are held as part of CIP governance process to ensure regular monitoring. This is supplemented by:

- Deep dive approach (Oct 18 –Mar 19)
- Annual planning for 2019/20
- Exec led six hats CIP meeting to be held in February 2019

**Consideration of CIP risks:** All CIP plans are risk rated for likelihood of delivery. Financial RAG rating is applied based on an assessment of deliverability. This is adjusted during the lifetime of the scheme, with green anticipated as 100% of the value, amber as 50% and red as 0%. Tolerances are applied and gap analysis conducted and monitored so that proportionate actions can be taken to bring delivery back on track. Due to the robust governance process all schemes are constructively challenged from a range of clinical and management perspectives

so that risks are understood from the outset and then regularly reassessed. This ensures that impacts on quality, finances and ability to deliver are all triangulated.

**Monitoring CIPs and quality of care:** Care Group progress reports are produced, highlighting key risks and issues, deviation from agreed milestone delivery, any impact to financial opportunities and high-level visibility of new ideas and opportunities. These also include KPIs and metrics to provide early warning of any adverse impact on the quality of care. Monthly Quality Performance Review meetings discuss progress and areas of concern, with reports presented aligned to CQC key standards. This ensures focus on outcomes, including patient experience. The IQPR is then presented to Board each month, and published on the KMPT website to ensure openness and transparency.

**Triangulating intelligence:** Our newly launched IQPR, and monthly Quality Performance Review meetings enable care groups and the Executive Team to review all aspects of quality, workforce, activity and financial indicators in one forum. The report highlights key areas of success or concern and their impact on CQC standards, patients, and Trust-wide performance: the Board and managers actively use this information to improve quality of care and enhance productivity, and we have received positive feedback from the CQC and NHSI on the impact of this triangulated report.

**The QIA process:** Quality is assessed against the four core quality domains:

- a) **Patient safety:** ensuring that care is safe, working to achieve zero harm within a patient safety focussed culture.
- b) **Clinical effectiveness:** ensuring that service interventions and activities are evidence based and provided in the most effective way that produces positive outcomes for patients with a focus on recovery and the instillation of hope.
- c) **Patient experience:** ensuring that the patient is at the centre of all that we do and that all our patients have a person-centred care plan.
- d) **Staff experience:** ensuring there are no negative impacts on staff morale and effectiveness

The QIA Group is jointly chaired by the Executive Medical Director and Executive Director of Nursing and Quality. The notes of the meetings capture the outcome. Approved QIAs are signed by the Executive Medical Director and Executive Director of Nursing and Quality.

The purpose of the Quality Impact Assessment (QIA) Group is to support the Trust's governance processes by assessing and monitoring the quality impact of service change. The QIA Group provide support and advice to owners of proposed service change from the early design stage through to post implementation. This includes supporting owners in understanding and assessing the risk to patient safety, clinical effectiveness; patient experience and staff experience and in developing mitigating actions as required.

**QIA Sign-off:** Following approval at the QIA Group, approved QIAs are submitted to Executive Assistants so that they can add electronic signatures for the Executive Medical Director and Executive Director of Nursing and Quality.

### **Board oversight process for CIP QIAs**

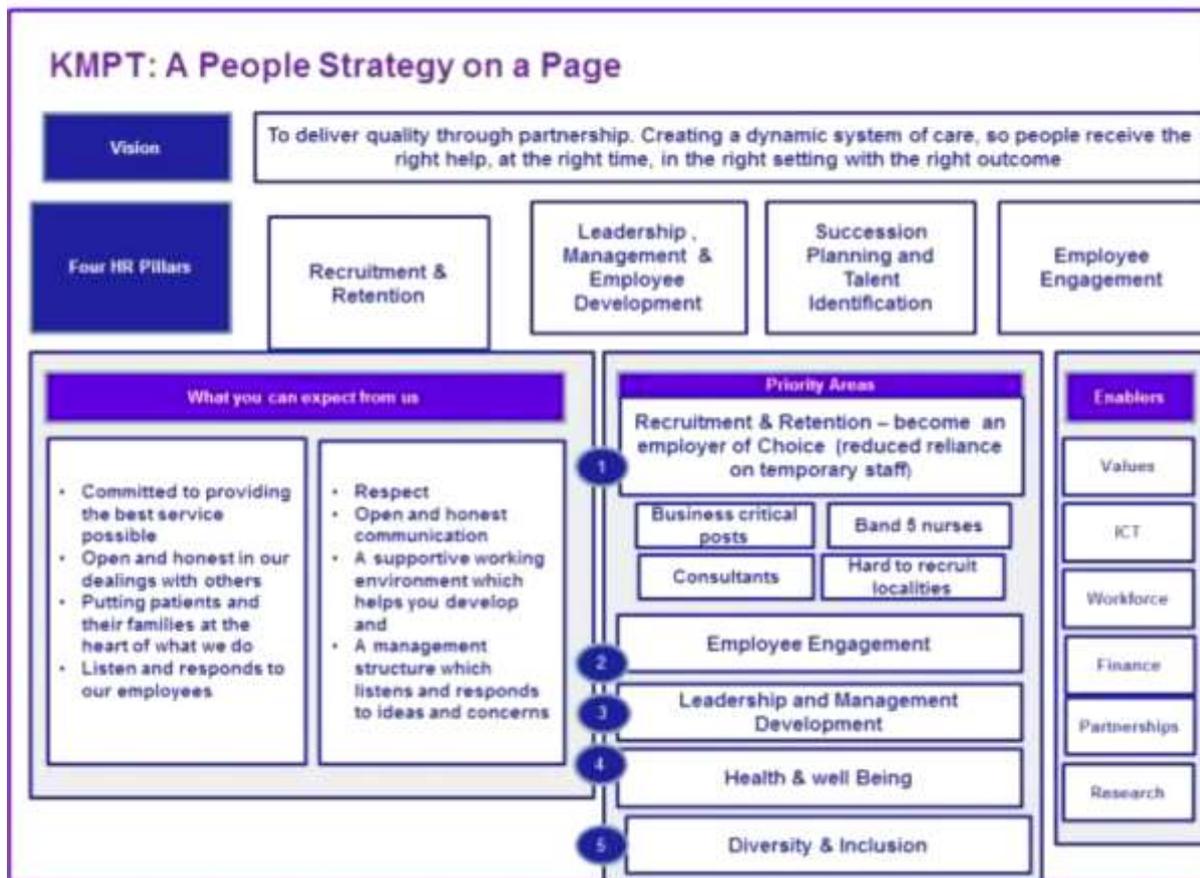
- The QIA Group oversee QIAs for all service change. This includes all business cases, commercial and/or service changes/developments and cost improvement programme (CIP) initiatives. In line with the Business Case Production Procedure, business cases will not be considered for approval by the Executive Assurance

Committee (EAC) without a supporting QIA either approved by or open to consideration by the QIA Group.

- QIA's include baseline metrics which are monitored and reviewed by the QIA group quarterly post-implementation for a period of 12 months, or at a frequency and duration as defined by the QIA Group. In some cases it may also be appropriate for quality metrics to be monitored during implementation.
- The QIA Group report monthly to the Quality Committee, and thus into Board. This enables Board to have oversight, and also ensures that timely action can be taken to address any deterioration in the quality of care.

## 4. Workforce planning

KMPT objectives include a clear reference to the importance of our workforce to achieve our aims: Recruit retain and develop the best staff making KMPT a great place to work. The detail of this is further clarified in our People Strategy, with associated annual People Plan.



The Board is provided with detailed reports on workforce and organisational development issues against the plans. The Workforce and OD Committee is a sub-committee of the Board and reviews data, progress and risks at a more granular level. To supplement this sub-committee an operational group has been established (Brilliant People group) to support further development of the workforce agenda.

Our Integrated Quality and Performance Reports (IQPR) includes a dedicated section on workforce. This is an extremely important area of focus for us because without brilliant people,

we cannot deliver brilliant care. Reducing our turnover rate, improving the robustness of our appraisal and supervision, and helping our workforce stay well and at work, are all essential in meeting our strategic objectives. Care Groups also report on the same IQPR KPI's.

Business planning includes a section on workforce, including staffing plans and future developments. These are linked to financial and clinical objectives and strategies, as appropriate.

Workforce challenges are discussed regularly as part of the Care Group Quality Performance reviews and are part of the KMPT IQPR and the Workforce and OD Committee and Board reporting. Current risks are noted in the risk register and any new issues are agreed at Workforce and OD Committee. The highest scoring risks are also included on the Board Assurance framework and are reported to Board. Each risk has associated scores, actions and controls identified.

The top 3 risks are as follows:

Description of workforce challenge	Impact on workforce	Initiatives in place
Recruitment	Difficulty in recruiting to establishment; difficulty in rostering, reliance on bank and agency	Centralised recruitment panels for nursing; Overseas recruitment for nursing and medical staff Rotational posts; Revised care models; New posts
Retention	Difficulty in retaining staff, resulting in ; difficulty in rostering, reliance on bank and agency	NHSI retention cohort, career development, retention calls, supervision/appraisal, succession planning and talent identification, Care Group plans
Staff engagement	Potential impact on retention, sickness absence, turnover	NHS Employers - Clever Together pilot, NHSI Health and Wellbeing Programme, Creating a 'Just and Learning' culture, Developing capable teams and reviewing lead department, change maturity – agree QI approach, Freedom To Speak Up – Guardian, Leaders events/Big Conversations, HR2U, Staff app; Every Employee Counts and Staff Charter

There is a small increase in vacancy rate of 0.7% from November to December 2018. Medical staffing has shown a decrease, but nursing is an increase of 0.9%. In total, there are 44.4 WTE Band 5 and 6 nurses in the recruitment pipeline.

To support the recruitment of medical staff we have advertised a programme for specialty doctors to progress through portfolio to consultant roles (Certificate of Eligibility for Specialist Registration Fellowship). We received 28 applications and interviews were held at the end of January and so far 4 offers have been made. We also attended a consultant psychiatrist conference in India at the end of January 2019.

We are exploring how a neighbouring Trust has used an 'Academy' model to recruit and train Nursing Associates and Registered Nurses.

In addition to the above, the Acute Care Group has successfully converted agency staff to substantive staff, holding Recruitment Open Evenings and using a CV Search website as pilot which is showing early signs of being a positive tool for recruiting.

We continue to review our models of care and have started a pilot in East Kent using Advanced Clinical Practitioners and use of Non-Medical Responsible Clinicians.

We are part of a Health Education England initiative to support retention; Best Place to Work, which will dovetail into the 'Just and learning culture' work to support positive cultural changes and create the 'perfect day at work'.

The Staff turnover main areas of concern are in East Kent for nursing and medical staff. There are recruitment and retention plans for both these areas which are regularly reviewed. Through a range of interventions, supported by the NHSI retention programme, including the delivery of retirement workshops, we are supporting staff approaching retirement and providing information for options to remain at KMPT. The highest number of unplanned leavers is due to opportunities/development in other organisations/higher pay or band. We continue to work on developing career pathways and have developed specific workbooks to support our staff.

Sickness for the month is running at 4.8% against an annual target of 4.3%. Year to date sickness is 4.2% against a year-end target of 4.3%. We continue to pro-actively support staff to have the flu vaccination and we are currently at 51% of staff who have been vaccinated.

Long term and short term sickness have shown increases in month. Activities to support sickness absence are; being part of NHS Improvement Health and Wellbeing Programme, accessing the best practice guidelines, monthly case review meetings, monthly Health and Wellbeing meetings, preventative work and contact within first 7 days, and working with the Community Care Group on a 'Manage Your Mind' workshop approach. We are also reviewing the sickness absence policy with a view to creating a keeping people at work policy with more emphasis on preventing people going off sick.

We know that our workforce plans are well-modelled because staff engagement is increasing. After accounting for an admin error, staff response rate increased by 16% points in 2018 compared to 2016. Our 59.5% return rate compares with the highest performing mental health trust at 60.5%.

We are part of a Health Education England initiative to support retention; Best Place to Work, which will dovetail into the 'Just and learning culture' work to support positive cultural changes and create the 'perfect day at work'.

Description of workforce risk	Impact of risk (high, medium, low)	Risk response strategy	Timescales and progress to date
Recruitment	High	Review of Roster Templates in line with agreed safe staffing levels; Escalation Policy; Implement Band 7 cover arrangements for extending hours to ensure senior cover is available; Therapeutic staffing model; Medical Recruitment and Retention Group; Recommend a Friend New Hire Bonus; nurse and Consultant, Consultant mentoring in place; Improved Induction Process; Open Days; Review of end to end recruitment	Centralised recruitment panels for nursing in place Overseas recruitment for nursing and medical staff underway Rotational posts being developed Revised care models in place New posts in place

Description of workforce risk	Impact of risk (high, medium, low)	Risk response strategy	Timescales and progress to date
		process; SafeCare Pilot.	
Retention	High	Exit interviews with HRBP's for business critical posts, Supervision and Appraisals, Health & Wellbeing Group, Medical Recruitment and Retention workgroup Engagement activities, EU exit implications reported and actions in place, NHSI retention programme cohort	NHSI retention cohort; career development/pathways in train; retention calls underway; supervision/appraisal process reviews; succession planning and talent identification for 2019/20; Care Group plans completed
Staff Engagement	High	Quarterly Staff Friends & Family Test, NHS Staff Survey; Embedded Trust values as part of performance framework, new objectives Engagement with staff through Intranet, staff forum, local and KMPT wide leadership groups, Care Group; Staff Awards, Stress Policy, HR2U; Freedom to Speak Up and Safe Working Guardians, with Green Button option, Health & Wellbeing Group, Supervision and Appraisal policies; Big Conversation; MT 'Working With' Days; Agreement of 'Just learning' approach review of culture	The following are underway: NHS Employers - Clever Together pilot; NHSI Health and Wellbeing Programm; Creating a 'Just and Learning' culture, Developing capable teams and reviewing lead department; change maturity – agree QI approach; Freedom To Speak Up – Guardian completed and ongoing; Leaders events/Big Conversations; HR2U completed and ongoing; Staff app;,Every Employee Counts and Staff Charter

Description of long-term vacancy, including the time this has been a vacancy post	Whole-time equivalent (WTE) impact	Impact on service delivery	Initiatives in place, along with timescales
Band 5 nurses	44	Patient safety and experience	There are 44.4 WTE Band 5 and 6 nurses in the recruitment pipeline; exploring how a neighbouring Trust has used an 'Academy' model to recruit and train Nursing Associates and Registered Nurses; Acute Care Group have successfully converted agency staff to substantive staff; , holding Recruitment Open Evenings and using a CV Search website as pilot.
Medical Consultants	32	Patient safety and experience	Pilot in East Kent for Advanced Clinical Practitioners and use of Non-Medical Responsible Clinicians; advertised a programme for specialty doctors to progress through portfolio to consultant roles (Certificate of Eligibility for Specialist Registration Fellowship); we continue to review our models of care.

KMPT is leading the Sustainability and Transformation Partnership (STP) work on Mental health and has already collated a whole systems approach to workforce planning. KMPT is also leading the Temporary Staffing agenda to support reduced costs and improve patient experience. This will be achieved by closer agency contract management, movement of all

non-medical temporary staffing usage to an external provider and opportunities for collaborative working, including review of bank rates

As referenced above, the Brilliant People group will develop the workforce plans and models for the future, include assessment of CESR Fellowship role, Advanced Clinical/Nurse practitioners, Responsible Clinicians and Nurse Consultants. Creating Apprenticeship opportunities internally and working with external NHS providers will also form part of our strategy to support recruitment and retention.

## **5. Financial planning**

### **5.1 Financial Forecasts and Modelling**

The Trust has in place a robust financial and business planning process. The process has focussed on the following items:

- Budget Setting Principles for 2019/20
- Care Group plans for 2019/20
- Accurate budgets to reflect establishments and Care Group requirements
- Clear recurrent savings plans for 2019/20 focussed on pathway redesign and back office efficiencies

#### **5.1.1 Financial Planning Process**

The financial planning process was launched to the organisation in October 2018. Since then Care Groups have worked to collate their plans and developments in an overarching business planning pack, meeting regularly with Finance and HR colleagues to discuss proposals. Care Group draft business plans include:

- Performance and Quality Metrics
- Workforce
- Activity
- Income and Expenditure Overview
- Cost Improvement Plan (CIP)
- Capital Investment Programme
- Risks

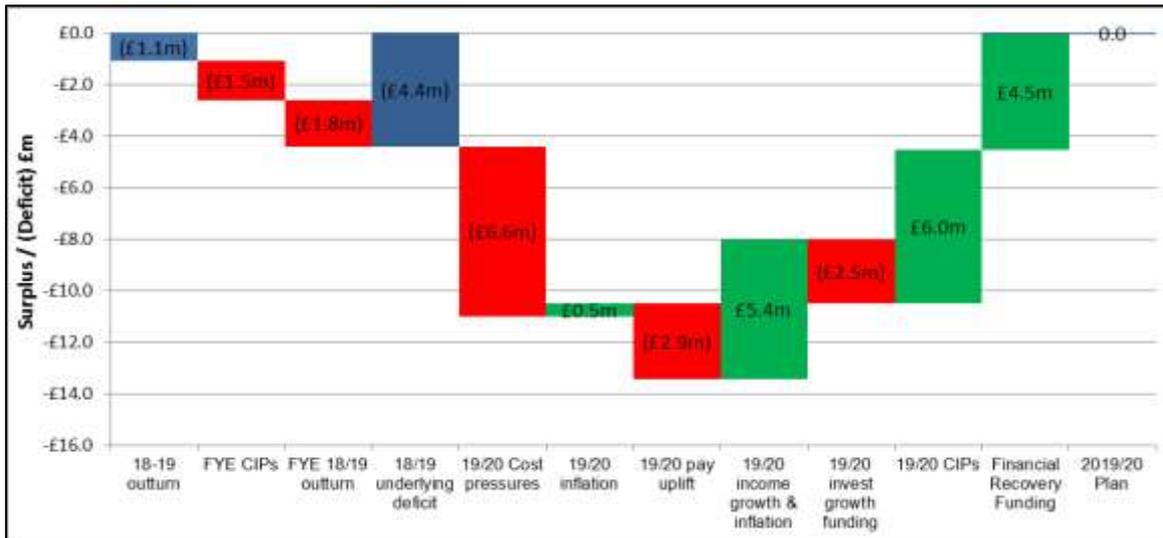
These have been reviewed and challenged by members of the executive team on progress to date and the robustness of plans, with a series of actions to be undertaken between this draft submission and final plans.

#### **5.1.2 Financial Forecast**

We will continue to drive efficiencies in the organisation; we recognise we have been awarded non recurrent Financial Recovery Funding of £4.5m this financial year but we need to be at break even in March 2020 on a sustainable basis. This means in addition to the 2019/20 CIP target, the Trust needs to improve run rate by a further £4.5m by April 2020.

For the current year the Trust has a forecast year end deficit of £1.8m after technical adjustments, which is on plan for the control total set by NHS Improvement for 2018/19. The forecast capital spend for 2018/19 is £9.7m. The bridge below highlights the key movements from forecast outturn that demonstrate how the Trust is planning to deliver the accepted

control total, which for 2019/20 is breakeven after receipt of £1.4m of Provider Sustainability Funding (PSF) and £4.5m of Financial Recovery Funding (FRF).



- **FYE CIPs** – this is the net impact of £2.5m non recurrent savings which have been reversed, offset by £1.0m full year impact of schemes that commenced during 2018/19 and have not yet realised their full value.
- **FYE 18/19 outturn** – this includes funding of vacancies, which at this stage have not yet been phased to reflect recruitment assumptions; and reversal of one off benefits in year such as bad debt provision adjustments and AUC write offs.
- **18/19 underlying deficit** – for the Trust this is currently estimated as £4.4m, which is known to the Trust Board and is an improvement on the underlying deficit in the organisation for the past few years.
- **19/20 cost pressures** – these include increased estates maintenance costs; increase in financing charges; the reinstatement of a 1% contingency, and £3m of new services including Criminal Justice Liaison, Mother and Baby Unit and dementia nursing .
- **19/20 inflation** – this is the non-pay element of inflation
- **19/20 pay uplift** – this is the estimated impact of the new pay award, based on staff in post at the time of budget setting and inclusive of incremental drift, as well as the full year impact of the medical pay award from October 2018
- **19/20 income growth and inflation** – this includes 3.8% inflation, reduced by 1.1% efficiency, with provision for growth and Mental Health Investment standard following CCG contract discussions
- **19/20 invest growth funding** – this is the corresponding investment for the growth and MHIS component of contracts which will predominantly be in staff to deliver developments such as liaison services, dementia pathway and community mental health teams
- **19/20 CIPs** – these are discussed in more detail below.
- **Financial Recovery Funding** – as advised by NHSI.

## Key Assumptions

In developing the plan a series of planning assumptions have been made. These are listed below:

**Income:**

- Inflation has been included at 3.8%, with required efficiencies of 1.1%, resulting in a net 2.7% increase. This is on the basis of national guidance and has been discussed with our Commissioners during negotiations.
- Growth has been assumed based on CCG contract discussions. This has been offset by an assumption that income will be reinvested into services to deliver increased activity levels.
- CQUIN has been included assuming full delivery at 1.25%, with the remaining 1.25% included in base contracts.

**Pay:**

- Establishments have been set in conjunction with budget holders and managers.
- All vacancies have been fully funded in the budget phased from April and only removed when supported by a CIP and QIA.
- Headroom has been included at 21% for rostered services unless otherwise evidenced by the service. This provides for annual leave, sickness and mandatory training cover.
- Inflation and incremental drift have been included in line with the national pay scales for 2019/20. This amounts to 2.78% and 0.77% respectively.

**Non Pay:**

- A cost of £3.3m for PICU beds (private placements) has been included in budgets. The intention is for this to reduce but this is based on 2018/19 forecast levels.
- Contingency has been included at 1% as per national guidance which is £1.8m.
- CNST premium has been included at the advised value from NHS Resolution which is marginal reduction on 2018/19 cost.
- Inflation has been assessed at 2.1% where contracts or consumables are expected to increase.

**Cash:**

- Opening cash balance of £12.5m following a property disposal in 2018/19. This excludes any additional bonus Provider Support Funding that may be received and notified as part of the Annual Accounts process.
- £3.0m will be utilised for capital in year, outlined in more detail below
- £2.3m to be utilised to repay existing revenue loan
- £5.9m will relate to payment of creditors from 2018/19 particularly in relation to the capital programme.
- This results in a closing cash balance of £1.3m in March 2020.

**5.2 Efficiency savings for 2019/20**

A 3.5% CIP target has been set for 2019/20 equating to £6.0m. This is in line with the value delivered for 2018/19 and is above the nationally expected 1.1%, as a result of the Trust's underlying deficit and emerging cost pressures.

The Chief Operating Officer is currently leading a care pathway programme aimed at delivery of best practice, operational effectiveness and efficiency. This will form the majority of the efficiency savings within the Care Groups.

The programme is in pilot and test for change stages: financial impact will be quantified once tests for change have been evaluated. Work has been undertaken to set the baseline and establish clear performance indicators and outcomes for the projects.

The table below outlines the financial values attributed to the CIP Programme for 2019/20 and the current gap to close.

Care Group	Target (£000)	Identified (£000)	Unidentified (£000)
Acute	1,158	1,053	105
Community Recovery	1,135	209	926
Forensic and Specialist	1,074	1,074	0
Older People	961	643	318
Support Services	1,495	941	554
STP Productivity	126	81	45
<b>TOTAL</b>	<b>5,950</b>	<b>4,001</b>	<b>1,949</b>

## 5.4 Agency Rules

The Trust has a robust and well established process in place for booking and approving agency for all staff groups. The agency cap was delivered in 2017/18, is forecast to deliver for 2018/19 and spend is anticipated at a similar level for 2019/20. The main areas driving the use of agency are vacancies within the medical establishment, vacancies within the community mental health teams and high observation levels on wards.

Full establishment reviews have taken place as part of budget setting and all vacancies are being considered for alternative methods of providing healthcare. This is with the aim of providing better quality care, as well as more cost effective by reducing the reliance on agency workers.

The Trust is actively engaged in the STP workstream for temporary staffing and has also managed to negotiate rates locally to within the cap rates for the majority of shifts.

## 5.5 Capital Planning

The proposed capital programme for 2019/20 equates to £9.5m. The programme includes:

- £1m completion of Willow Suite refurbishment.
- £2.1m IT and Informatics
- £1.4m estates and maintenance
- £2.8m completion of the Canterbury Ward Reconfiguration.
- £2.2m for the next stages of the Modernising Inpatient Facilities programme.

There is one planned disposal for 2019/20. The funding source for the capital programme is as follows:

- £4.5m depreciation (net of capital loan repayments).
- £0.8m proceeds from disposal of properties.
- £3.0m cash brought forward from the sale of St Martins West, achieved in 2018/19.
- £1.2m PDC for centrally funded schemes

The main risk to achieving it is in ensuring those remaining activities are relocated in good time. There is a project board coordinating all of the service relocations and a specific, dedicated project group responsible for the most challenging of those relocations.

## 6. Key Programmes

During 2018/19 KMPT have developed a Transformation team to support and enable all major change programmes. Change is led by clinicians and co-produced with patients, their loved ones and staff. We aim to roll out the NHSI Quality Service Improvement and Redesign (QSIR) methodology: eight senior leaders are part-way through QSIR accreditation. They will share their learning and upskill staff, as part of a newly designed KMPT Leadership programme.

Current programmes are in line with the recently published Long Term Plan for the NHS, 5YFV aims and the direction of travel for the Kent and Medway STP.

### **Transformation of community and in-patient services**

The Trust is transforming its community and inpatient services. There are two major transformation programmes underway:

- St Martins programme
- Clinical Care Pathways Programme (CCPP)

#### **St Martins programme**

KMPT has an ambitious programme of service improvement across its clinical services through transformation of care pathways and investment in care environments. The work is integrated, and aimed at ensuring safe, therapeutic, needs-led and effective services to improve outcomes for patients. The programme aims to help people avoid unnecessary hospital admission, by investing in community services, improving inpatient services and the capital investment programme to modernise hospital wards and community clinics. The programme has three enabler workstreams. This programme is well developed and the relocation project is at implementation stage.

**Clinical Care Pathways Programme:** we aim to increase quality by reducing variation, providing the right care at the right time in the right place. Care will continue to be person-centred, and a menu of interventions with regular review points for step-down/discharge will provide a clear journey for patients.

It has three underpinning objectives:

- To design and deliver clear pathways of care for people.
- To enable mobile/flexible working and better use of technology.
- To make the best possible use of the Trust's estate (land and buildings).

Delivery of clearly described care pathways will improve patient and staff satisfaction, efficiency, productivity and lead to the delivery of outstanding service provision. This will support the organisation to offer safe, compliant clinical interventions to more people whilst meeting financial challenges.

**Right Pathways:** Creating clear pathways of care for people, which provide evidence-based support and set out the journey that people can expect to make with us - from assessment to recovery and discharge.

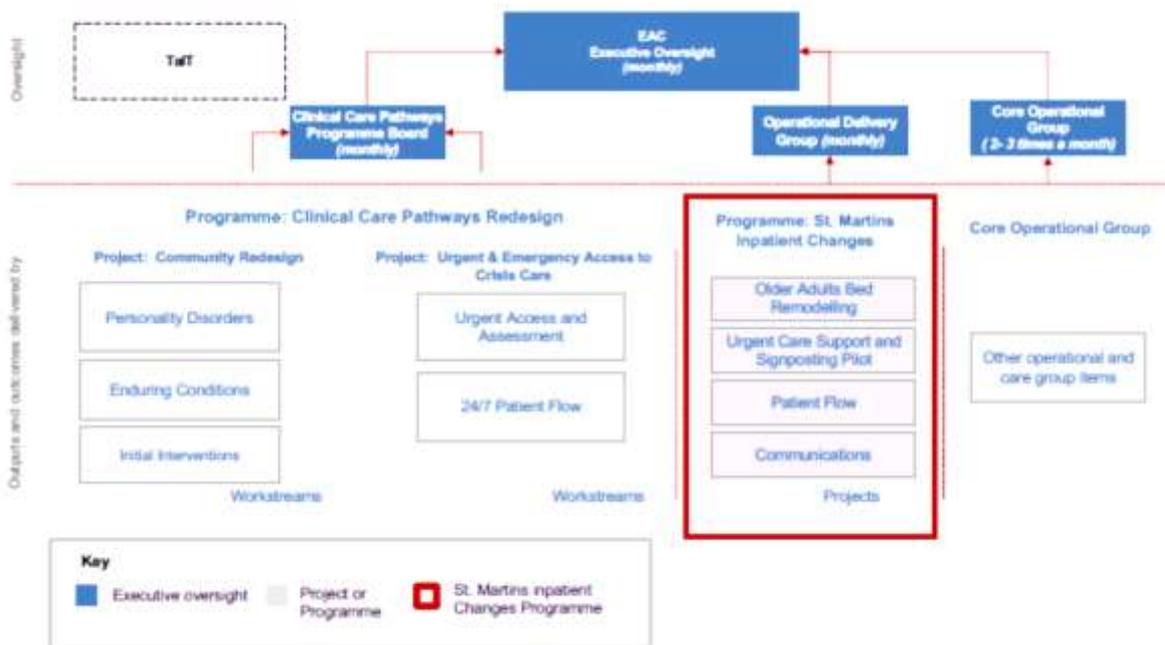
**Right Practice:** Making sure we have the right clinical and non-clinical skills in the right parts of our care pathways to provide the best possible support to people - whenever and wherever they need it.

**Right Place:** Working more flexibly and efficiently and minimising our investment in unnecessary clinics and offices, so that we can support more people without compromising the quality and safety of the care we provide

**Right time:** Providing opportunity for prevention and early intervention to maximise opportunity for recovery

The CCPP is in early design and testing stage. Once tests have been evaluated full financial analysis will be undertaken.

**Transformation programme governance structure:**



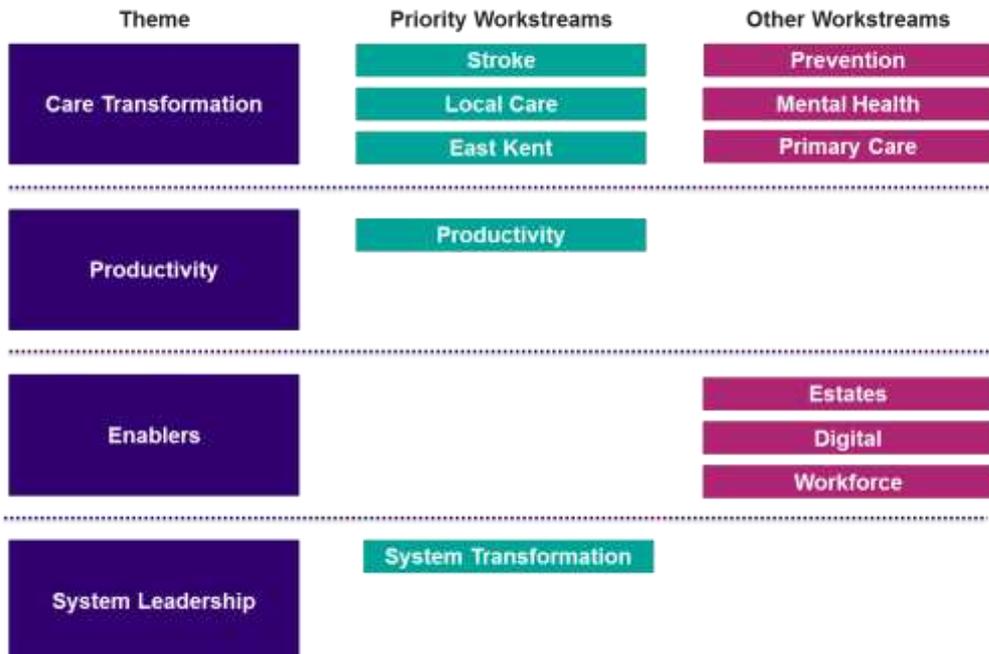
## 7. Local Sustainability and Transformation Plan

The 5 Year Forward View set out aims to transform the NHS focussing on addressing 3 main gaps:

1	<b>Health &amp; Wellbeing Gap</b>	<b>Radical upgrade in prevention</b>	<ul style="list-style-type: none"> <li>• Back national action on major health risks</li> <li>• Targeted prevention initiatives e.g. diabetes (through NHS DPP)</li> <li>• Much greater patient control</li> <li>• A new relationship with patients and communities</li> <li>• Supporting cost-effective innovation</li> </ul>
2	<b>Care &amp; Quality Gap</b>	<b>New models of care (e.g. 50 vanguards)</b>	<ul style="list-style-type: none"> <li>• Personalised and co-ordinated care</li> <li>• Neither 'one size fits all', nor 'thousand flowers'- a menu of care models for local areas to consider</li> <li>• Better use of technology to transform care delivery</li> </ul>
3	<b>Funding Gap</b>	<b>Efficiency &amp; investment</b>	<ul style="list-style-type: none"> <li>• Actions needed to sustain high quality NHS:               <ul style="list-style-type: none"> <li>• Demand</li> <li>• Efficiency</li> </ul> </li> <li>• Implementation of these care models and other actions could deliver significant efficiency gains</li> </ul>

KMPT is the only Trust that is co-terminus with the whole footprint of the Kent and Medway STP. As such we actively engage and collaborate with Trusts to further the aims of the STP as a whole. Our Executive Director of Finance is programme lead for Productivity, and KMPT is leading the Sustainability and Transformation Partnership (STP) work on mental health.

### The STP has eleven workstreams across four themes



We have developed a set of principles to guide how we work in partnership across the system to deliver this:

- Every part of the programme should be aiming to close the three Five Year Forward View gaps: **health and wellbeing, care and quality, and finance and efficiency**; and will be held to account on this basis.
- We are designing a future health and care system that meets the needs of **patients and the public**, therefore all parts of the programme should have communications and engagement plans that clearly outline how they will engage and co-design as far as possible.
- We are pursuing the triple integration of **primary and specialist care, physical and mental health, and health and social care**; and this should be reflected in everything we do.
- All care transformation should be underpinned by our **clinical strategy**, building on the case for change and using the care model framework that sits beneath this to design proposals that benefit the system.
- **Prevention** is at the core of everything we do, and any proposal for change should have a clear prevention element to it, including embedding within formal business cases.
- There should be a “golden thread” of **mental health and wellbeing** across all other areas of care transformation, in addition to delivery of the Five Year Forward View for mental health.
- We **treat all of our partners equally**, being open and honest about conflicts, and focusing on what will make the greatest difference to patients and the public.
- We **share information openly** unless there is a good reason not to, working in the spirit of collaboration to have the greatest impact.

2019/20 is a year of transition both across the Kent and Medway local system and within KMPT. It provides opportunity to create a solid foundation of high quality services that are prepared for innovation, collaboration and transformation.