AGENDA

Kent and Medway NHS and Social Care Partnership Trust

Title of Meeting Trust Board Meeting (Public)
Date 27th January 2022
Time 9.30 to 11.30
Venue Lifesize

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/20-21/91	1.	Welcome, Introductions & Apologies		Verbal	Chair	9.30
TB/20-21/92	2.	Declaration of Interests		Verbal	Chair	
PERSONAL STORY						
TB/20-21/93	3.	Personal Story		Verbal		9.35
STANDING ITEMS						
TB/20-21/94	4.	Minutes of the previous meeting – 25/11/2021	FA	Paper	Chair	9.45
TB/20-21/95	5.	Action Log & Matters Arising	FN	Paper	Chair	9.50
TB/20-21/96	6.	Chair's Report	FN	Paper	JC	9.55
TB/20-21/97	7.	Chief Executive's Report	FN	Paper	HG	10.00
TB/20-21/98	8.	Board Assurance Framework	FA	Paper	SS	10.05
STRATEGY AND DEVELOPMENT						
TB/20-21/99	9.	Progress on Turning the Tide; Tackling Racism	FD	Paper	HG	10.15
TB/20-21/100	10.	KMPT's Green Plan	FA	Paper	SS	10.25
OPERATIONAL ASSURANCE						
TB/20-21/101	11.	Integrated Quality and Performance Report – Month 9	FD	Paper	HG	10.35
TB/20-21/102	12.	Finance Report: Month 9	FD	Paper	SS	10.55
TB/20-21/103	13.	Remuneration and Terms of Service Committee's Terms of Reference	FA	Paper	TS	11.10
CONSENT ITEMS						
TB/20-21/104	14.	Mental Health Act Committee Chair Report	FN	Paper	KL	11.15
TB/20-21/105	15.	ARC Committee Chair Report	FN	Paper	PC	
TB/20-21/106	16.	Workforce and Organisational Development Committee Chair Report	FN	Paper	VB	
TB/20-21/107	17.	Quality Committee Chair Report	FN	Paper	FC	
TB/20-21/108	18.	Finance and Performance Committee Chair Report	FN	Verbal	MW	
CLOSING ITEMS						
TB/20-21/109	19.	Any Other Business			Chair	11.20
TB/20-21/110	20.	Questions from Public			Chair	11.25
	Date of Next Meeting: 31st March 2022					

Members:		
Dr Jackie Craissati	JC	Trust Chair
Venu Branch	VB	Deputy Trust Chair
Fiona Carragher	FC	Non-Executive Director
Kim Lowe	KL	Non-Executive Director
Peter Conway	PC	Non-Executive Director
Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
Sean Bone-Knell	SB-K	Non-Executive Director
Mickola Wilson	MW	Non-Executive Director
Martin Carpenter	MC	NExT Director Scheme
Helen Greatorex	CE	Chief Executive
Vincent Badu	VB2	Executive Director of Partnership and Strategy/(Deputy CEO)
Dr Afifa Qazi	AQ	Chief Medical Officer
Jacquie Mowbray-Gould	JMG	Chief Operating Officer
Sheila Stenson	SS	Executive Director of Finance & Performance
Sandra Goatley	SG	Director of Workforce & Organisational Development
In attendance:		
Tony Saroy	TS	Trust Secretary (Minutes)
Hannah Puttock	HP	Deputy Trust Secretary
Kindra Hyttner	KH	Director of Communications
Apologies:		

Key: DL: Diligent Reference FA- For Approval, FD - For Discussion, FN – For Noting, FI – For Information

Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)
Minutes of the Board Meeting held at 0930 to 1230hrs on Thursday 25th November 2021
Via Videoconferencing

Members:			
	Dr Jackie Craissati	JC	Trust Chair
	Venu Branch	VB	Deputy Trust Chair
	Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
	Sean Bone-Knell	SB-K	Non-Executive Director
	Fiona Carragher	FC	Non-Executive Director
	Peter Conway	PC	Non-Executive Director
	Kim Lowe	KL	Non-Executive Director
	Mickola Wilson	MW	Non-Executive Director
	Martin Carpenter	MC	NExT Director Scheme
	Helen Greatorex	HG	Chief Executive
	Vincent Badu	VB2	Executive Director Partnerships & Strategy/Deputy CE
	Mary Mumvuri	MM	Executive Director of Nursing and Quality
	Dr Afifa Qazi	AQ	Executive Medical Director
	Jacquie Mowbray-Gould	JMG	Chief Operating Officer
	Sandra Goatley	SG	Director of Workforce and Communications
	Sheila Stenson	SS	Executive Director of Finance and Performance
Attendees:			
	Tony Saroy	TS	Trust Secretary (Minutes)
	Hannah Puttock	HP	Deputy Trust Secretary
Observers:			
	Dave Dugan	DD	CQC Inspection Manager
	Natalie Edwards	NE	CQC Inspector
	Graham Nice	GN	Specialist Advisor for CQC
Apologies			

Item	Subject	Action
TB/21-22/66	**Welcome, Introduction and Apologies** The Chair welcomed members to the Board meeting as well as the Care Quality Commission (CQC), members of the public and attendees. Due to the number of items on the agenda, all papers were to be taken as read.	
TB/21-22/67	**Declarations of Interest** There were no declarations of interest.	
TB/21-22/68	**Personal Story: Sexual Safety Collaborative Quality Improvement Project** AQ introduced Amanda Godley, a former service user, and Dr Firdosi (MF) who spoke about the Sexual Safety Collaborative Quality Improvement Project that	

Item	Subject	Action
	occurred on Upnor Ward. Amanda detailed her role in co-producing the work and the changes in culture that have occurred on the ward as a result of the pilot scheme. Those changes include: a ward charter regarding expected standards, patient leaflet that includes matters of sexual safety, and sexual safety training for staff. MF highlighted that Sexual Safety work was embedded in all stages of the patient's journey and there is greater confidence and awareness for staff and patients to report incidents. This has led to an increase in the number of incidents reported. The Board reflected on the Personal Story and noted that learning from the pilot scheme will be shared and embedded. The Trust will also share learning externally though the Trust's Research Team and Communications Team.	
TB/21-22/69	**Minutes of the previous meeting – 30/09/2021** The Board **approved** the previous minutes save for the following changes: • Item TB/21-22/56 – Board Assurance Framework: The sentence starting "PC, as Chair of the Audit…" and ending "reflected in the BAF" to be changed to "PC, as Chair of the Audit and Risk Committee, considered the Trust's risk profile in regards to Estates to be greater than currently reflected in the BAF given the significant estates risks that exist"; • Item TB/21-22/58 – Medical Revalidation Report: the words "protected time" to be inserted after the words 'four hours-per-week' • Item TB/21-22/63 – Audit and Risk Committee Chair Report: The following words to be added: "There has been a slight increase in the number of instances of non-compliance or control failures within the Trust. Some of these are listed in the ARC Chair's report. It is a worrying trend that needs to be monitored".	
TB/21-22/70	**Action Log & Matters Arising** The Board **approved** the Action Log, save for a typographical error that needed changing: January 2022 rather than January 2021.	
TB/21-22/71	**Chair's Report** The Board received the Chair's Report, with the Chair highlighting: • The Board formally commits to the Board Action Plan as appended to the Chair's Report; and • The Board congratulates the success of Lakeside Lounge in achieving an Elite Hygiene Award. The Board **noted** the Chair's Report.	
TB/21-22/72	**Chief Executive's Report** The Chief Executive's Report was received by the Board. The Chief Executive highlighted:	

Item	Subject	Action
	• The CQC is now inspecting Trust services and the Board is working on matters the CQC has raised previously: estates and food. • By end of March 2022, it has now been determined that all NHS staff in patient-facing roles must have had their covid-19 vaccinations. • This is MM's final Board meeting and the Board gave its formal thanks for her service to the Trust and the significant difference she has made as Chief Nurse. The Board reflected on the Chief Executive's report: • The Trust is working to support its Community Mental Health Teams (CHMTs) and is focussed on increasing staffing, streamlining processes and develop specialties. Dr Kirsten Lawson will bring a progress report to the Board meeting in March 2022. **Action: By March 2022, Dr Kirsten Lawson to provide progress report on CMHT work concerning increasing staffing, streamlining processes and develop specialties.** • The Trust's Garden of Hope is a platform for the Trust to be upon in terms of being an 'employer of choice'. • The Trust's Leaders' events and Big Conversations are now occurring regularly; meetings are predominantly occurring virtually and board members may attend if they so wish. • Feedback at the recent Leader's event indicates that there is growing confidence in the Trust's actions to reduce violence and aggression. **Action: By January 2022, TS to circulate upcoming Leaders events and Big Conversation dates to Board members for their optional attendance.** The Board **noted** the Chief Executive's Report.	**Dr Kirsten Lawson** **TS**
TB/21-22/73	**Board Assurance Framework** The Board received the Board Assurance Framework (BAF), with MM highlighting that since the last iteration: • No risks had changed in scoring • Four new risks were added: 3 workforce and 1 finance • There are two emerging risks: memory assessment services and winter planning. These will be considered at the next Audit and Risk Committee. • There are four risks on the BAF connected to estates: 1) maintenance services, 2) external market forces, 3) resources within the estates team, and 4) contract management. The Board noted: • As per the BAF, the demand and capacity issues within CMHTs aim to be resolved to an appropriate risk level by April 2022, but there was some discussion as to whether this was an overly optimistic target. • Risk ID 6848 – Staff turnover and Risk ID 6849 – Retention of employees; both risks will need some toleration by the Trust for a while,	

Item	Subject	Action
	• Estate risks will be overseen by the Finance and Performance Committee (FPC) in terms of budget concerns and by Audit and Risk Committee (ARC) for other risks. There will be triangulation regarding the risk issues as PC sits on FPC as well as being the Chair of ARC. **Action: SS, in consultation with HG and MM, to produce a single prioritisation plan for estates and finance. The prioritisation plan is to be provided to MW and PC for comment and consideration by December 2021.** The Board **approved** the Board Assurance Framework.	**SS**
TB/21-22/74	**Mental Health, Learning Disability and Autism (MHLDA) Improvement Board Update** The Board received the MHLDA Improvement Board Update paper. The Board reflected on the progress of the five priority areas, noting: • good progress in the children and young people's services, • work-in-progress for the dementia diagnosis rate (DDR), community mental health framework transformation and physical health checks for serious mental illness and • progress being off trajectory for out of area placements. In terms of DDR and physical health checks, the Trust is reliant on system working via the MHLDA Improvement Board to create sufficient capacity within primary care and other systems to meet the demand. KMPT Board can support the Trust by accepting a lower target rate in the short term for DDR. Additional funding to deal with capacity issues over the Covid-19 period will not be at the same level post-Covid-19. The demand for mental health services is projected to be sustained and the system will need to meet the demand. The Board considered the issues affecting the memory assessment service (MAS). Demand has increased significantly for older adults services generally and is not limited to MAS. A digital offering is now provided with 20% of assessments delivered digitally. Due to sustained demand, the additional funding is allowing the Trust to be in a stable position. Patient safety remains key, with there being robust systems and processes in place. In the medium-to-long term, an increased proportion of MAS will need to be delivered by primary care and the Board were assured that there is a robust plan in place with the MHLDA Improvement Board which is progressing. **Action: In May 2022, HG to produce a year-end MHLDA Improvement Board report detailing what the position was last year, in comparison to the position now, with the future trajectories detailed.** The Board **noted** the MHLDA Improvement Board Update paper.	**HG**

Item	Subject	Action

TB/21-22/75	**Strategic Delivery Plan Priorities Update**
	
	The Board received the Strategic Delivery Plan Priorities Update paper, with the Board's discussions focussed on:
	
	• 1a) Embedding Quality Improvement (QI)
	  ○ The Board noted that although there was a target of 25 QI projects being completed by the end of the year, the Board was concerned that only five had been completed so far. The Board received assurances that the end-of-year target could be met.
	• 1b) Quality Account Priorities
	  ○ The Board remains concerned regarding the level of violence and aggression and expressed its disappointment in the slow roll-out of the Broset Tool.
	  ○ Staff training on the Broset Tool was adversely affected by Covid-19 and the project now has stronger clinical leadership.
	  ○ There has been significant progress under Operation Cavell, which has led to staff reporting of over 900 incidents. There have been 20 cautions issued and four/five community resolutions.
	
	Action: HG to give a year-end progress report on Operation Cavell in May 2022.
	
	• 2a) Collaborate to deliver sustainable services
	  ○ The continued work on the Open Access Crisis Project is not impacting SECAmbs' day-to-day role and the project remains on course for delivery in October 2022.
	• 2b) Delivering improvements to population health and outcomes through innovation and transformation
	  ○ Work continues to be delivered at pace, especially through the Provider Collaborative. The business and governance framework for that collaborative will be in place by April 2022. The Trust will bring forward the work with third-sector partners.
	• 4a) Clinical Technology Strategy
	  ○ Work remains on track and the relevant team to deliver the strategy is now in place. The Digital Team will be meeting front line services in the forthcoming year and SS is confident that the strategy will be delivered as planned.
	  ○ In terms of Mobile RiO roll-out problems, the issue has been related to hardware rather than software. The Trust is working with frontline services to ensure that devices are fit for purpose.
	
	The Board **noted** the Strategic Delivery Plan Priorities Update.
		HG

TB/21-22/76	**Kent, Surrey and Sussex Provider Collaborative Update** The Board received an update paper on the Kent, Surrey and Sussex Provider Collaborative, with the Board noting: • The collaborative is doing better than planned in terms of performance and finance at Month six, with there being a growth in the number of forensic outreach liaison service (FOLS) community patients.	

Item	Subject	Action
	• There is a clear trajectory of patients being appropriately discharged in a timely manner, with there being joint working between the clinical and finance teams. SS is confident at this stage that there will be a delivery of £1.2m by year-end. **Action: SS to provide further update on the Kent, Surrey and Sussex Provider Collaborative by May 2022.** The Board **noted** the Kent, Surrey and Sussex Provider Collaborative Update.	**SS**
TB/21-22/77	**Eradicating dormitory wards in mental health facilities in Kent and Medway** The Board received the paper on eradicating dormitory wards in mental health facilities in Kent and Medway. The Board noted: • The Trust has been awarded £12.6million by NHSE/I for the purpose of eradicating dormitory wards. To achieve this, it is proposed that Ruby Ward be relocated to the Trust's Maidstone site. • The public consultation on the proposal has now closed with the CCG making its decision imminently. Consultation responses focussed on travel impact on family and carers of service users, and the loss of mental health services in the Medway area. The Board reflected on the paper and confirmed: • The impact of travel on family and carers will be monitored by the trust-wide patient experience group, with oversight by Quality Committee. Transport is already provided by the Trust for service users, carers and family members and this will continue to occur. The Trust will monitor the transport provision and will report transport usage to Medway Council's health and social care overview and scrutiny committee in due course. **Action: On behalf of the Board, TS to inform trust-wide patient experience group that the monitoring of travel impact on family and carers as a result of relocation of Ruby Ward has been formally delegated to that group. Action to be completed by December 2021.** • The Trust continues to have presence within the Medway area through its CMHTs and Crisis Resolution and Home Treatment team. The Board **noted** the paper on eradicating dormitory wards in mental health facilities in Kent and Medway and supports VB2 in the production of a letter supporting the proposal.	**TS**
TB/21-22/78	**Integrated Quality and Performance Report (IQPR) – Month 7** The Board received the IQPR, with HG highlighting delayed transfer of care (DTOC) data being of concern. The Trust is working with its partners to ensure that patients are receiving the appropriate care in the correct place.	

Item	Subject	Action
	At the time of the Covid-19 pandemic, it was unclear if the increase in demand was short-term or longer term. However, the Trust now recognises that increased demand will be sustained over the longer term and the Trust is adjusting its services and resources accordingly. The Board considered the two recent ligature incidents and received assurance that MM is fully sighted on the incidents, which were low to moderate harm. There was no need for acute hospital treatment, with assessments, patient engagement and observations appropriately in place. The ligature points had been engineered and were unconnected to the patient environment. The Board **noted** the IQPR (Month 7).	
TB/21-22/79	**Finance Report: Month 7** The Board received the Finance Report (Month 7), with the following matters highlighted: • **Income and Expenditure:** Within the breakeven position reported, there are several key factors. There are continued pressures in temporary staffing and private placements above budget. Year to date agency spend at the end of October was £4.45m, £704k lower than the same period last financial year. Any overspend is being mitigated currently by vacancies due to challenges recruiting into substantive roles. • **Cost Improvement Plan:** The Long-term Sustainability Programme is on plan for the first quarter with savings targets phased more towards H2 in line with national expectations. So far of the £7m target, £3.1m has been developed, leaving a gap of £3.9m to be found. There are ideas coming forward via the pillars to be costed over the coming months to close this gap. • **Capital Programme:** The year to date position is underspent by £5.4m, £0.8m on IM&T, £3.7m on estates and £0.9m on strategic schemes and the Improving Mental Health Services programme. The main reasons for the underspend in estates are delays in completion of prior year schemes, new year estates schemes being in the tendering stage and VAT reclaims/ retention adjustments. There is an underspend on IT schemes including Crisis Mobile Rio and devices replacement due to equipment supply issues across the sector • **Cash:** The cash position increased by £2.3m in month to £16.3m, predominantly due to pay award funding and two months SLA for the Provider Collaborative being received in October. The actual is £2.8m higher than the original plan with receipts and payments below plan by £1.8m and £4.6m respectively. The year-end forecast has increased by £1m to £11.6m to reflect the H2 plan to break even and lower depreciation forecast. There are four areas of concern which could adversely affect the delivery of a breakeven position by year-end. These are temporary staffing spend: agency, private placement spend, planned and reactive maintenance, and patient travel spend. The Trust is mitigating these issues by:	

Item	Subject	Action
	1. Temporary staffing – Although agency spend remains a high variance, the percentage overspend has reduced from 35% reported last month to 21% in October. 2. Private Placement Spend – The cost pressure for this financial year is due to three main factors: 1. Refurbishment work on Willow Suite resulting in closed beds temporarily 2. An increase in acute bed days purchased to cope with acute inpatient pressures due to an increase in demand 3. Three "non-core" placements which have now ended but were in the spend figures above plan for April - June 3. Planned and reactive maintenance – SS is working with the estates function and the supplier to manage both spend and the overall maintenance schedule. Interim support has been sourced to help in this area. 4. Patient travel spend – To date the budgetary pressure for all of patient travel totals £264k. This is a deteriorating position and a task and finish group is being led by the Deputy Director of Finance to review all patient travel and standardise booking processes across the Trust. This has resulted in the transfer of a key element of patient transport (approved mental health professionals' bookings) over to the CCG to manage as these bookings are made by KCC and not KMPT. Costs incurred this year so far of £112k will be transferred to the CCG. This will reduce the total spend on patient travel and enable clearer focus on KMPT influenceable journeys The Board **noted** the Finance Report: Month 3.	
TB/21-22/80	**Workforce Report** The Board received the Workforce Report and noted: • Tackling sickness, recruitment and retention is key for the Trust's ability to deal with the use of agency. There will be a further review of the staffing model to further close the vacancy gap. The Trust is working with other Trusts within the ICS to improve staff retention. • The current vacancy gap is not just due to people leaving the Trust, but also influenced by the number of additional roles being created. Sustainable solutions to deal with the vacancy gap will be embedded over the long term, but short-term solutions include the recent recruitment of 30 international nurses. • Although the Trust's sickness rate is higher than its target, the Trust is not an outlier in terms of similar NHS Trusts. • The Trust's Staff Survey response rate is currently at 61%, just below the top performing Trust which has a rate of 64.2%. • The Trust will be supporting frontline staff to take the mandatory Covid-19 vaccinations, with one-to-one conversations being held. The Board reflected on the Workforce report: • The quality of Workforce data has improved over the last few years, and • The Workforce and Organisational Development Committee is looking at different workstreams where the best returns be achieved. This means greater working together which is clinically led, but supported by Finance and Workforce. Care groups will be reviewing their own skills mix to see if staffing models can be redeveloped.	

Item	Subject	Action
	Action: By January 2022, TS to schedule a Board seminar on new staff model profile. The Board **noted** the Workforce Report.	**TS**
TB/21-22/81	**Quality Improvement** Having considered matters of Quality Improvement throughout the Board's business at the meeting, the Board **noted** the Quality Improvement Paper.	
TB/21-22/82	**Standing Orders and Standard Financial Instructions** The Board received the Standing Orders and Standard Financial Instructions paper that set out the proposed changes to those documents and the reasons for the changes. The Board **approved** the proposed changes to the Standing Orders and Standard Financial Instructions.	
TB/21-22/83	**Development, Approval and Management of Formal Trust Documents - Policy and Procedures** The Board received the amended 'Development, Approval and Management of Formal Trust Documents - Policy and Procedures' for approval. The Board expressed its concern that there had been a few occasions when policies were being submitted to committees for approval without an Equality Impact Assessment being completed. **Action: TS to amend the 'certificate of formal trust documents approval' (appendix D of the document) to include confirmation that an Equality Impact Assessment has been completed and reviewed.** The Board **approved** the amended 'Development, Approval and Management of Formal Trust Documents - Policy and Procedures' **subject to suggested changes to appendix D.**	**TS**
TB/21-22/84	**Use of Trust Seal** The Board **noted** the verbal update, which confirmed the Trust Seal had not been applied in the previous Quarter.	
TB/21-22/85	**Mental Health Act Committee Chair Report** The Board **received** and **noted** the Mental Health Act Committee Chair Report.	
TB/21-22/86	**Quality Committee Chair Report** The Board **received** and **noted** the Quality Committee Chair Report as well as: • Mortality Report Q2	

Item	Subject	Action
TB/21-22/87	**Workforce and Organisational Development Committee Chair Report** The Board **received** and **noted** the Workforce and Organisational Development Committee Chair Report.	
TB/21-22/88	**Finance and Performance Committee Chair Report** The Board **received** and **noted** the Finance and Performance Committee Chair Report.	
TB/21-22/89	**Any Other Business** There was no other business.	
TB/21-22/90	**Questions from Public** There were no questions received from the Public.	
	Date of Next Meeting The next meeting of the Board would be held on Thursday 27th January 2022.	

Signed …….. (Chair)

Date ……..

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 18/01/2022

Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
ACTIONS DUE IN JANUARY 2022								
29.07.2021	TB/21-22/36	Progress on Turning the Tide; Tackling Racism	CEO to produce an update paper regarding progress against the Tackling Racism workplan. Paper to be received by the Board in January 2022.	CEO	January 2022		On January agenda	**Complete**
25.11.2021	TB/21-22/72	Chief Executive's Report	By January 2022, TS to circulate upcoming Leaders events and Big Conversation dates to Board members for their optional attendance.	TS	January 2022		List circulated to Board members	**Complete**
25.11.2021	TB/21-22/73	Board Assurance Framework	SS, in consultation with HG and MM, to produce a single prioritisation plan for estates and finance. The prioritisation plan is to be provided to MW and PC for comment and consideration by December 2021.	SS	Update to Board in January 2022		Item to be taken to the Finance and Performance Committee in January 2022	**Complete**
25.11.2021	TB/21-22/77	Eradicating dormitory wards in mental health facilities in Kent and Medway	On behalf of the Board, TS to inform Trust-wide Patient Experience Group (TWPEG) that the monitoring of travel impact on family and carers as a result of relocation of Ruby Ward has been formally delegated to that group. Action to be completed by December 2021.	TS	Update to Board in January 2022		E-mail sent to admin support to TWPEG on 9th December 2021	**Complete**
25.11.2021	TB/21-22/80	Workforce Report	By January 2022, TS to schedule a Board seminar on new staff model profile.	TS	January 2022		Scheduled for March seminar	**Complete**
25.11.2021	TB/21-22/83	Development, Approval and Management of Formal Trust Documents - Policy and Procedures	TS to amend the 'certificate of formal trust documents approval' (appendix D of the document) to include confirmation that an Equality Impact Assessment has been completed and reviewed.	TS	January 2022		Appendix D was amended and is now part of the published Development, Approval and Management of Formal Trust Documents - Policy and Procedures	**Complete**
ACTIONS NOT DUE OR IN PROGRESS								
25.11.2021	TB/21-22/72	Chief Executive's Report	By January 2022, Dr Kirsten Lawson to provide progress report on CMHT work concerning increasing staffing, streamlining processes and develop specialties.	Dr Kirsten Lawson	January 2022	March 2022	Date adjusted post-Board meeting following discussion with Trust Chair.	

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 18/01/2022

Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
25.11.2021	TB/21-22/74	Mental Health, Learning Disability and Autism (MHLDA) Improvement Board Update	In May 2022, HG to produce a year-end MHLDA Improvement Board report detailing what the position was last year, what the position is now, what are the future trajectories and how is learning shared.	HG	May 2022			
25.11.2021	TB/21-22/75	Strategic Delivery Plan Priorities Update	HG to give a year-end progress report on Operation Cavell in May 2022.	HG	May 2022			
25.11.2021	TB/21-22/76	Kent, Surrey and Sussex Provider Collaborative Update	SS to provide further update on the Kent, Surrey and Sussex Provider Collaborative by May 2022.	SS	May 2022			
CLOSED AT LAST MEETING OR COMPLETED BETWEEN MEETINGS								
30.09.2021	TB/21-22/54	KMPT's Engagement Council	TS to schedule a Board-Engagement Council meeting for February 2022. Confirmation to be provided at November Board.	TS	November 2021		Item has been scheduled for February 2022 and agreed by Trust Chair and Chief Executive	COMPLETE
30.09.2021	TB/21-22/55	Integrated Quality and Performance Report (IQPR) – Month 3	On behalf of the Board, FC as Quality Committee Chair is to seek assurance on the Trust's work to tackle the '4-week wait for assessment' issues. The Board shall receive an update on the matter through the Quality Committee Chair Report in November 2021.	FC	November 2021		A report was presented to Quality Committee at their meeting on 16 November 2021. QC Chair has provided an update attached to her report	COMPLETE
30.09.2021	TB/21-22/55	Integrated Quality and Performance Report (IQPR) – Month 3	The Executive Management Team is to provide an update on Agile Working as part of an update to the Trust's Strategic Priorities Delivery Plan. Update to be provided in November 2021, with TS to ensure sufficient time is available for discussion.	EMT & TS	November 2021		Item on public board agenda	COMPLETE

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**Thursday 27th January 2022**
Title	**Chair's Report**
Author	**Dr Jackie Craissati, Trust Chair**
Presenter	**Dr Jackie Craissati, Trust Chair**
Purpose	**For Noting**

1. Introduction

In my role as Trust Chair, I present this report focusing on four matters:

- Kent & Medway system
- Board Development Day
- Minor amendment to Standing Orders
- Trust Chair and Non-Executive Director visits
- Congratulations

For reasons of Infection Prevention and Control, in line with a resurgence of Covid infection across the country, a number of exciting events had to be delivered online rather than in person. This was immensely frustrating for the Board – as indeed it has been for all our staff and our service users – and we are immensely grateful to everyone for the hard work and good grace with which they have managed the past two months.

2. Kent & Medway system

The Board had an excellent informal meeting with our new system chair, Cedi Frederick, and I have subsequently met with our newly appointed Accountable Officer, Paul Bentley, who commences in post this month. We wanted to convey the commitment of our Board to the system priorities in the county, and our emphasis on partnership going forward. I also attended the Mental Health, Learning Disability and Autism Improvement Board which is testament to the exciting progress we are making in key areas of mental health for the people of Kent. There is much to be done, but it is really positive to see how well key stakeholders are working together.

3. Board Development Day

On the 10th December 2021, the Board met virtually for its Development Day. The session was externally facilitated and focussed on honing our performance as a unitary board.

The following outcomes were agreed:

- Building into the meeting timetable regular seminar time for the Board to spend together.
- Agree the Board's strategic priorities for delivery in the next financial year and how these will be monitored.

I have worked with the Chief Executive and the Trust Secretary to update the Board Development and Board Seminar planner. That is being finalised but it is important to say that the planner is a flexible document and will be adjusted in a way that will allow the Board to remain responsive.

The Board will be receiving a paper on Strategic Delivery Plan Priorities for 2022/2023 at its March meeting.

4. Minor amendment to Standing Orders

In November 2021, the Board approved the Trust's Standing Orders (SOs) and Standing Financial Instructions (SFIs). Since that date, the executive assurance committee has decided to change its name to executive assurance group to better reflect its purpose and distinguish its role from the Trust's committee structure.

The Trust's governance structures remain unchanged and there are no other changes to the SOs and SFIs as a result of the change in name.

The Trust Secretary seeks approval, through the Trust Chair's report, to amend all references to executive assurance committee within the SOs and SFIs to 'executive assurance group'.

5. Trust Chair and NED visits

Since the last Board meeting, the NEDs have temporarily paused their site visits to KMPT services.

Virtual site visits are possible, but Trust staff remain focussed on delivering services with a number of pressures. Nevertheless, the Chair was able to meet with one of the Facilities Team officers online; this was hugely informative and served to emphasise just how grateful we are to our housekeepers and porters who have provided outstanding service to the trust over the past two years in very difficult circumstances. The Chief Executive assures me that we are holding a celebratory for this team later in the year, which the Chair looks forward to.

The Trust Secretariat has been supporting the Board in terms of site visits and I welcome the NED feedback report attached to this month's Chief Executive report.

6. Congratulations

The KMPT awards event is always an uplifting event that celebrates the very best of KMPT and the non-executive directors love to participate in the judging of the event as well as attending the celebration. Reading through the large number of nominations for all the awards is very moving as we get to hear about the dedication of staff from all corners of the county and the impact they have had in a diverse range of roles.

Kent and Medway
NHS and Social Care Partnership Trust

Chief Executive's Board Report

Date of Meeting: 27th January 2022

Introduction

Since the board's last meeting in November, the Omicron variant of Covid-19 has become a significant national concern. KMPT has continued to ensure that we keep our patients, service users, their loved ones and our staff safe. To this end, our Infection Control and Prevention team has sustained their focus on ensuring that we comply consistently with the required safety measures in relation to Covid-19. These measures have included a revised approach to board members' visits, with Lateral Flow tests before going to meet staff, and reducing footfall to wards. The board receives today as an appendix to the Chief Executive's report, the first of what will become a biannual report from the Trust Secretary. The report shares the themes arising from Non Executive Directors' visits and provides assurance that where concerns or issues are raised, the executive ensures that either action is already in hand, or is then taken.

Whilst a number of wards have, at times, been closed to admission due to outbreaks, we have been able through the dedication and hard work of our staff, to keep all services open. I know that members of the board will want to join the Chair and I in formally recording our sincere thanks and appreciation for the continued dedication and selflessness of our colleagues across KMPT many of whom have again adjusted their roles or work patterns in response to the pandemic.

Whilst responding to the pandemic and keeping everyone safe is a constant focus, other work of course continues and in December the second phase of our Care Quality Commission (CQC) Well Led inspection took place. Members of the board were interviewed as were many senior leaders drawn from across the organisation. We await the draft report and anticipate it being shared with us in early February. In the meantime, the Commission shared with us how warmly welcomed they had felt and how proud KMPT staff are of the work that they do. In addition, they noted that risk assessments were robust and the quality of care plans was good. Wards were calm and felt safe, and staff were noted to be caring and person centred.

At this time of year, setting our strategic intentions and priorities is important and over the last month, building on the board development day held in December, my team and I have been reflecting on the themes and priorities we discussed as a board. In conversation with the Trust and Committee Chairs in the coming weeks, we will hone our draft document in preparation to share it with the board at our March meeting.

Mandatory Covid-19 Vaccinations of NHS Staff

From April 1st 2022 all NHS staff who may have contact with patients are required to be fully vaccinated against the Corona virus.

In order to meet this new national requirement, staff who have not yet been vaccinated, will need to have had their first vaccine no later than February 3rd. A significant amount of work is being undertaken to ensure that vaccinations are made available to anyone who is yet to have one and recruitment plans are in place in order to cover any resulting staffing gaps. The board will hear more detail on this matter during today's meeting.

Annual Staff Survey

The annual staff survey closed in mid-December and we were delighted to be informed by the independent organisation who manages our survey, that KMPT was the highest performing trust in their group, with a return rate of 67.8% - the highest ever KMPT staff survey response rate and an enormous improvement from the return rate in 2015 of 41%. Analysis of the survey will be available in the coming weeks and a full report will be shared with the board in due course.

KMPT Staff Awards

Our annual celebration of the very best of KMPT was held virtually this year with board members live streaming the event from a socially distanced hotel venue. The number and quality of nominations was higher than ever and whilst it was disappointing that we could not meet in person, staff have shared how uplifting an event it was to watch and feel part of.

Chief Nurse Recruitment and Chief Operating Officer Recruitment

Two new executive directors join the team in March. Andy Cruickshank as Chief Nurse and Donna Hayward-Sussex as Chief Operating Officer. Members of the board will be fully involved in their individual inductions and they will join their first board meeting at the end of March.

Today's board meeting is the last for Chief Operating Officer Jacquie Mowbray-Gould who leaves KMPT for a new, system role in her home county of Devon. I would like to place on record my thanks to Jacquie for her exceptionally hard work throughout, but especially during the last two years when the positive and constructive relationships she developed with the wider system's COOs, made an enormously positive difference to the experience of those who use KMPT's services.

Staff Rest Spaces

The Chair tasked the Chief Executive in 2021, with ensuring that there is a high-quality staff rest space available to all staff on each of our three main sites; Canterbury, Maidstone and Dartford. Whilst the programme has slipped a little, we are on track for a formal opening of the first of the three in Dartford by July 1st and it is anticipated that by October 1st all three spaces will be being enjoyed by staff. The Board will be updated on progress in the Chief Executive's March report.

Health Education England – Social Work Pilot

KMPT was pleased to be awarded the role of regional host organisation for this new pilot programme of training, aimed at supporting social workers in practice. An initial planning meeting has taken place and the training programme will commence this Spring. It is anticipated that our involvement in the programme will increase the attractiveness of KMPT to social workers and improve our recruitment and retention.

Tackling the Vacancy Challenge; Clinical Associates in Psychology

As part of our project on Tackling the Vacancy Challenge, Dr Ben Smith has led work to convert existing vacant posts and create new roles.

The Clinical Associate in Psychology (CAP) is a graduate workforce programme whose aim is to bring in a new, trained, junior workforce into psychological practice. The plan to add CAPs to the KMPT

workforce in February 2022 has the full support of all Clinical Directors and Heads of Service. Twenty-three new substantive Trainee CAP posts have been created from existing budgets.

A new, flexible course and curriculum has been codesigned with Kent University, a Kent & Medway-specific course to train CAPs. The apprenticeship levy is available to pay all training fees. The new CAP trainees will be from diverse backgrounds and hold the right values, attitudes and aspirations to make a difference. CAPs train at a Band 5 and qualify at a Band 6 and are able to work with complexity and risk across all our KMPT services. They offer an opportunity to grow our own talent and will do so year on year.

The University of Kent Clinical Associate in Psychology Apprenticeship has now been successfully registered with the Education & Skills Funding Agency (ESFA). The course we have co-created has now been formally recognised.

Alzheimer's Society and Dementia Diagnosis; A System Approach

The Board has long been concerned at the poor rates of dementia diagnosis across Kent and Medway. The points of potential diagnosis are not limited to KMPT services and it is accepted by the Integrated Care System that resolving the issue is a priority. KMPT is pleased to be starting a piece of partnership work with Alzheimer's Society that will bring to the county and deploy national best practice, setting an ambition and pace across the system. Chief Medical Officer Dr Afifa Qazi will be leading this work for KMPT and will update the board on progress as it unfolds.

Integrated Care System

NHS England has confirmed, as part of the annual planning guidance published on 24 December 2021, that the transition timetable for the Integrated Care System (ICS) has moved from 1 April to 1 July 2022.

Notwithstanding the delay, Kent and Medway remains in a good position in terms the preparatory work for the new ICS bodies and in maintaining robust existing arrangements for the Clinical Commissiong Group. Arrangements to establish the Integrated Care Board (the CCG's successor statutory NHS organisation) in shadow form continue to progress well; including appointments to the new Board and development of the wider system architecture and governance arrangements.

In the meantime, the Mental Health, Learning Disability and Autism Improvement Board received ICS approval to move in to its next iteration in April as planned.

Helen Greatorex

Chief Executive

Non- Executive Director visits to Trust services – 2021/22

Background

The Trust has benefited from Non-Executive Director (NED) visits to Trust services for a number of years. They are an established way of helping the Trust in fulfilling the Care Quality Commission's Well-Led framework, but of equal value, KMPT staff members have always welcomed NED visits as a way of expressing their pleasure and concerns. As testimony to the Trust's values, staff members have felt that they can be open with NEDs and that they are being listened to when they speak.

The information that our NEDs obtain from staff members during their visits informs the discussions the Trust has at Board, Committee and Care Group level and has at times been the spark of a new idea or a new way of working.

Arrangement of NED visits

The Executive Management Team welcomes NED visits to any of the Trust's services. Whilst visits to some services require more planning than others, the intention of the Board is for a wide range of services to be visited as possible.

In support of the Trust Chair, the Trust Secretariat Team ensures that NED visits are coordinated appropriately with Executive Director visits to services so that no services are being visited too frequently while other services are not visited at all.

Since the outbreak of Covid-19, visits to services have been in line with the advice given by the Trust's Director of Infection Prevention and Control. For the most part, NED visits have been conducted virtually, but when permitted, NEDs have enjoyed in-person visits.

Themed outcomes of NED visits

Since May 2021, there have been 25 NED visits, across the Trust's geographical area. Services that have been visited include:

- Community Mental Health Services for Older People
- Community Mental Health Services for Younger Adults
- Single Point of Access
- Acute services and
- Liaison Psychiatry.

A great deal of feedback received remains positive of the work the Trust is doing. There were some issues that were raised and as a result of the NED visits, a number of themes were identified from the feedback given. These themes were:

- Issues with the quality of the environment for patients and staff (including response times from the Trust's Estates team)
- Concerns regarding the quality and choice of food offered to patients
- Duplication of data-entry across several IT systems

- Recruitment and retention of staff

Helping to shape our services

Although the Board is regularly sighted on many of the issues, the raising of the themes from time-to-time gives the Board and the Executive Management Team the opportunity to re-focus on the matters concerned. Some of these matters are overseen by the Board, but other matters are overseen by either a Committee (for further assurance) or the Executive Management Team (for operational matters to occur).

Those identified themes have helped the Trust to shape its services and the Trust has:

- Created additional capacity and capability within the Estates Team to ensure that the Trust's capital projects are progressed. A high-level maintenance improvement plan has been drafted with the maintenance contractor and agreed ways of working documents. The Trust has also recruited three maintenance assistants that will be Trust employees, one for each hot site.
- The food improvement plan which was taken to Trust Board in July continues to be implemented. There are a number of keys items to be addressed as part of business planning.
- The issue of duplication of data-entry is being reviewed as part of the rationalising RIO workstream. A high-level plan is being drafted for Q1 of 22/23. An implementation plan will then need to be completed and rolled out across the Trust.
- The Trust has rolled out a number of initiatives to reduce sickness absence, turnover and improve retention rates are underway, through the Vacancy Challenge work. This has led to a reduced sickness absence rate, reduced staff turnover rate and an improved retention rate.

Conclusion

NED visits remain a valuable source of intelligence for the Board in understanding those issues that have an impact on patients and staff. Where issues were raised, the Board will be assured in noting that many of those issues were known to the Trust and where actions had not already commenced to resolve the issues, action was taken shortly afterwards. Appropriate oversight on the closing of those actions is provided through the Trust's governance structure.

It is clear that the NEDs continue to work together with the Executive Management Team to ensure that the Trust remains sighted on and deals with matters that may impact the quality of care provided to our patients.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 January 2022
Title of Paper:	Board Assurance Framework
Author:	Louisa Mace, Risk Manager
Executive Director:	Sheila Stenson, Executive Director of Finance

Purpose of Paper

Purpose:	Approval
Submission to Board:	Regulatory Requirement

Overview of Paper

The Board are asked to receive and review the Board Assurance Framework (BAF) and to ensure that any risks which may impact on achieving the strategic objectives have been identified and actions put in place to mitigate them.

The Board are also requested to approve the risks recommended for removal.

Issues to bring to the Board's attention

The BAF was last presented to the Board in November 2021. It was then updated and presented to the Audit and Risk Committee at the beginning of December.

- 2 risks have been added to the BAF since December
  - Risk ID 6880 – Impact of Mandatory COVID vaccinations on staffing levels (Rating of 16 – Extreme)
  - Risk ID 6881 – Organisational inability to meet Memory Assessment Service Demand (Rating of 16 – Extreme)
- No risks have increased in risk score
- 2 risks have reduced in risk score
  - Risk ID 6573 – Demand and Capacity for Adult and Older Adult CMHTs as impacted by the covid-19 Pandemic (reduced to Rating of 12 (high) from 16 (Extreme))
  - Risk ID 6626 – Development of a Crisis Line (reduced to Rating of 9 (high) from 12 (high))
- 1 risk is recommended for removal 2 risks have reduced in risk score
  - Risk ID 6626 – Development of a Crisis Line (reduced to Rating of 9 (high) from 12 (high))

Governance

Implications/Impact:	Ability to deliver Trust Strategy.
Assurance:	Reasonable Assurance
Oversight:	Oversight by the Audit and Risk Committee and Board level risk Owners (EMT)

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The Board Assurance Framework

The BAF was last presented to the Board on 25 November. It was updated and presented to the Audit and Risk Committee in December when 4 risks related to estates issues were included.

The Top Risks are

- Risk ID 6848 – Staff Turnover (Rating of 20 – Extreme)
- Risk ID 6849 – Retention of Employees (Rating of 20 – Extreme)
- Risk ID 6857 – Maintenance Services Funding Availability (Rating of 20 – Extreme)
- Risk ID 3164 – Capital Projects – Availability of Capital (Rating of 16 – Extreme)
- Risk ID 6628 - Financial Sustainability (Rating of 16 - Extreme)
- Risk ID 6847 – Sickness (Rating of 16 – Extreme)
- Risk ID 6861 – Estates and Facilities Resources (Rating of 16 – Extreme)
- Risk ID 6880 - Impact of Mandatory COVID vaccinations on staffing levels (Rating of 16 – Extreme)
- Risk ID 6881 - Organisational inability to meet Memory Assessment Service Demand (Rating of 16 – Extreme)

Supplementary assurance information has been provided with this paper relating to the key controls for each risk. The purpose is to demonstrate that evidence can be provided for each key control and that the control is being monitored and assessed for quality and impact.

Risk Movement

Two risks have reduced in risk score.

- **Risk ID 6573 – Demand and Capacity for Adult and Older Adult CMHTs as impacted by the covid-19 Pandemic (reduced to Rating of 12 (high) from 16 (Extreme))**
  Demand and capacity remain an issue for the CMHTs, but on review of the data relating to SI's and Complaints, this risk feels like it is at a steady state. The controls in place seem to be working well and actions continue to reduce the risk. in view of the good oversight at QPR and no increase in SI's or complaints, this risk has reduced in risk score.

- **Risk ID 6626 – Development of a Crisis Line (reduced to Rating of 9 (high) from 12 (high))**
  Please see below. This risk is also recommended for removal.

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Risks Recommended for Removal

One risk is recommended for removal

- **Risk ID 6626 – Development of a Crisis Line (reduced to Rating of 9 (high) from 12 (high))**
  This risk is recommended for closure. The risk score has been reviewed and reduced as the service has been through its development phase and is in place. The new telephony system is in the process of going live and the workforce and recruitment actions are completed. The service has shown resilience over recent weeks. There will be further development of the service, but this can be considered under business as usual processes.

New Risks

Two risks have been added to the BAF:

- **Risk ID 6880 – Impact of Mandatory COVID vaccinations on staffing levels (Rating of 16 – Extreme)**
  This risk has been added as result of the new requirements mandating the COVID-19 vaccine as a condition of deployment for all frontline healthcare workers. There are still a number of unknowns for this risk, so it is likely it will be refined as further detail on the guidance is received.

- **Risk ID 6881 – Organisational inability to meet Memory Assessment Service Demand (Rating of 16 – Extreme)**
  The demand for memory assessment services has been reflected on the care group risk register since October 2020. This has been escalated to the BAF due to the need for a whole system response from the Kent and Medway system partners, as agreed at Board in November 2021.

Recommendations

The Board is asked to receive and review the BAF and to confirm that they are satisfied with the progress against these risks and that sufficient assurance has been received.
The Board are requested to note that work continues to ensure that all actions are identified and attention to detail within the recording of actions and their management is the primary focus of the named board level risk owners.

Version Control: 01

Updated: 17 January 2022

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Board Assurance Framework

Risks which may impact on delivery of a Trust Strategic Objective.

Definitions:
Initial Rating = The risk rating at the time of identification

Current Rating = Risk remaining with current controls in place. This should decrease as actions take effect and is updated when the risk is reviewed

Target Rating = Risk rating Month end by which all actions should be completed

Action status key:

Actions completed	G
On track but not yet delivered	A
Original target date is unachievable	R

1 - Consistently deliver an outstanding quality of care

17/11/2020 — Risk Opened — 04/06/2021: The top 5 assurances need to be identified for this risk

15/11/2021: Skill mix of CMHSOPs workforce continues, and a workforce plan is in place with immediate, mid and long term actions. Target date for this action has been extended to allow for all clinical care pathway interventions to be being offered.

14/01/2022: Risk score has reduced slightly. Demand and capacity reamins an issue for the CMHTs, but this risk feels like it is at a steady stae. Actions continue to reduce the risk, but there is good oversight at QPR and there does not seem to be any increase in SI's or complaints.

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
6573	Nov 2020	Chief Operating Officer	**Demand and Capacity for Adult and Older Adult CMHTs as impacted by the covid-19 pandemic** IF Community teams cannot meet system demand for mental health assessment and treatment THEN there will be delays and failures to provide care and treatment at the right time RESULTING IN clinical care not being provided, poor patient experience, patient safety issues, staff stress and welfare and potential reputational damage as a result of not delivering commissioned services.	4	4	16	Digital working in place. Team level demand and capacity oversight in place. Care pathways programme streamlining clinical offer. MHIS funding invested. Standard Operating Procedures in place with a single operating model for assessment. Older Adult Care group awarded additional funding to improve memory assessment standards.	Reduction in referral to assessment and referral to treatment targets through IQPR. Recruitment and retention in line with Trust target moitored through IQPR. Improved Clinical outcomes	4	3	12	↓	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Skill Mix of Workforce (CMHTs) — Head of Service — 30/09/2021 — G Increasing initial interventions capacity - CMHTs — Lead for Psychological Practice — 30/08/2021 — G Skill Mix of Workforce (CMHSOPs) — Head of Service — 28/02/2022 — A Dementia Strategy Development — Deputy COO — 31/03/2022 — A	Chief Operating Officer	To be confirmed	3	3	9	30/04/2022

14/12/2020 — Risk Opened — 04/06/2021: Mitigating actions are progressing. Awaiting confirmation of national KPIs which has delayed completion of local action.

06/09/2021: All actions progressing positively. Initial quality and safety concerns are being managed appropriately. Confident the risk will be mitigated to target level by Sept target date. Further Service development required after October 2021.

15/11/2021: The new SPoA SOP has been agreed and approved by the Trust Wide Patient Safety Group. The service is working to locally defined KPIs which are giving good oversight of an agreed set of metrics. Nationally defined KPIs are still awaited, but there is no timescale for these to be received. There is a high level of confidence that this risk is well managed.

14/01/2022: **This risk is recommended for closure. The service has been developed and is in place, and has shown resilience over recent weeks. The new telephony system is in the process of going live and the workforce and recruitment actrions are completed. There will be further development of the service, but this can be considerd under business as usual processes.**

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
6626	Dec 2020	Chief Operating Officer	**Development of a Crisis line** IF the SPoA is unable to respond to additional demand and requirements as it moves to become a Kent-wide Crisis Line as required by NHSE in response to the Covid pandemic in addition to its existing functions THEN there will be people who do not have their calls answered and/or clinical decision making may be compromised. Response to urgent referrals may also be compromised by an increase of crisis line calls RESULTING IN poor patient and referrer experience, patient safety issues, increased staff stress and reputational damage as a result of not delivering a nationally required service.	4	4	16	Urgent Access Lead role in place (1a) Oversight by COO and EMT (1a) MHIS funding invested in year and recruitment underway (1g) Delivery group in place with all relevant stakeholders - chaired by DCOO and supported by CCG (2a) Revision of Standard Operating Procedures (2e)	Development of a revised governance structure, including dedicated QPR (1b/1h) Governance Meetings / QPR (1a) CliQ Checks and local quality audits (1c) Open Access Crisis Programme Board (2a)	3	3	9	↓	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Revision of SOP, including development of local standards (no national KPI's for Mental health Crisis line) — Urgent access lead — Completed — G Workforce Development based on new service requirements — Urgent access lead — Competed — G Ongoing recruitment to vacancies to ensure safe operational staffing levels — Urgent access lead — Completed — G Implement new telephony system — Urgent access lead — 07/02/2022 — G	Chief Operating Officer		3	3	9	14/03/2022

12/01/2022 — BAF Risk Opened: The demand for memory assessment services has been reflected on the care group risk register since October 2020. This has been escalated to the BAF due to the need for a whole system response, from the Kent and Medway system partners as agreed at Board in November 2021.

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
6881	Jan 2022	Medical Director	**Organisational inability to meet Memory Assessment Service Demand** IF KMPT continue to be the sole provider of Memory Assessment services for the Kent and Medway system it cannot meet service demand THEN people may not have a timely dementia diagnosis or timely treatment RESULTING IN poor life experience, reduced life expectancy and increased system impact both financially and reputationally	4	5	20	KPI/Targets - 6 week to diagnosis system metric with internal exception reports for 4 week and 18 week targets. Waiting List Initiative Capacity Planning Productivity Initiatives - Service flow, Job Planning – minimum expectations for assessment and diagnostic capacity set, Hybrid Model working to release medic capacity, Advanced Clinical Practitioners – skill mix to release medic capacity, Diagnostic Imaging Protocol, Psychology reporting Kent and Medway Dementia SIG acts as the oversight group Dementia is one of the MHLDA IB strategic priorities. Target is to achieve the DDR of 66.7% by October 2022. Local care initiatives include: GP with Enhanced Roles, DiADem in Care Homes, Pathway Development - Diagnosis by Community Geriatricians, Diagnostic Imaging Recovery	NHSE Regional monitoring Kent and Medway system plans and achievement of Dementia Diagnosis Rate via MHLDA IB assurance sessions. NHSE National monitoring via quarterly returns .	4	4	16	NEW	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** KMPT providing increased MAS assessment appointments financed by NHSE for remainder of 21/22 financial year — Head of Service — 31st March 2022 — G MHLDA IB to escalate to ICB for addition to system risk register — Chief Execuitve — 18th March 2022 — A Dementia Service Improvement Group to agree actions and deliver on actions to met system demand for Memory Assessemnt — KMPT Eecutive Lead Chief Medical Officer — 31st Dec 2022 — R	Medical Director	To be confirmed	3	3	9	27/03/2023

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
06/03/2019 Risk Opened 04/06/2021 — Actions to reduce risk need development 06/09/2021 — There is a maintenance backlog and delays in progressing major ward refurbishments due to a reduction and unavailability of capital. 15/11/2021 — Feedback from recent CQC inspections is that the quality and safety process in place are at as good standard. This gives confidence that this risk is well managed. 10/01/2022 — Risk to remain in current format awaiting receipt of CQC focussed inspection report, expected February 2022. Thereafter this risk will be reviewed with a view to reframing.																			
6052	Mar 2019	Executive Director of Nursing, AHPs and Quality	**Improving and sustaining quality and safety** IF KMPT are unable to have effective means for continuously assessing, improving and monitoring quality of care to ensure a systematic and sustainable approach THEN KMPT will not be able to evidence compliance with regulatory fundamental standards RESULTING IN an inconsistent quality of care across the organisation and potential impact on patient experience, safety and clinical outcomes and not being a provider of choice.	3	4	12	CMHT 'day in the life of' guidance CQC Insight Report Implementation of care pathways Environmental improvements to estate Regular quality safety peer reviews Cliq-Checks Membership of quality networks and national accreditation schemes Quality Improvement projects Internal and External Audits Thematic deep dives Clinical audit programme Quality Performance Reviews CQC Mental Health Act Reviews System wide Quality Surveillance Reports Feedback from Healthwatch and Mental Health Action group Freedom to speak up process	Capital Programme oversight of environmental improvements and new projects Quality Performance Meetings Cliq Checks CQC Engagement meeting feedback CQC MHA Reviews CQC focused inspections Learning from each other (mock inspections)	3	4	12	⟺	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Cliq checks and Deep dives — Executive Director of Nursing, AHPs and Quality — Ongoing — A Quality Summits — Executive Director of Nursing, AHPs and Quality — Ongoing — A Learning from each other - Peer reviews — Executive Director of Nursing, AHPs and Quality — Ongoing — A	Executive Director of Nursing, AHPs and Quality		1	3	3	31/03/2022
04/12/2014 Risk Opened 04/06/2021 — Actions to reduce risk need development 15/11/2021 — The Annual Ligature Audit Window will be undertaken thorugh November. There is a high level of confidence this risk is well manged as evidenced through the Quality Digest and IQPR data. 15/11/2021 — The Annual Ligature Audit was completed in November as planned. The results will be discussed at the January Ligature Monitoring group, and the actions to mitigate this risk will be updated following that.																			
4083	Dec 2014	Executive Director of Nursing, AHPs and Quality	**Management of Environmental Ligatures** IF we do not have effective means for measuring,monitoring and assessing the risks associated with anchor points THEN we will be exposing patients to patient safety risks RESULTING IN self harm and suicide from ligature points and may mean patient safety, financial penalty, reputational damage and prosecution.	3	5	15	The Control of Ligatures and Ligature Points on Trust Premises Policy [2e] Daily therapeutic programmes Health and Safety Risk Assessment HS20 [1f] Annual Ligature Audits [2d] Monitoring by Ligature Standards Group and the Prevention of Suicides and Homcides Group [2a] Safety Alerts/Protocols [1h] Regular reports to the Quality Committee via Quality Digest [2b] Ligature Champions [1g] Ligature Inventory (Identifies unacceptable ligature points) [1e] National Standards for Mental Health unit builds [3f] Standard Operating Procedure for Ligature Cutters [2e] Bed replacement programme [1d] Door sensors in all new builds [1d] Ligature cutters available in all in-patient areas [1d] Refurbishment programme includes anti ligature fixtures and door top alarms[1d]	Ligature reduction programme Health and Safety and Ligature Risk Assessment Audits Therapeutic Observations Reduction in severe harm patient safety incidents related to anchor points and self strangulation National report on the prevention of homicide and suicides internal validated audit tool CCG Quality visit Health and Safety Audits Ligature Audits Prescribed observations in place Quality Digest reporting to Quality Committee.IQPR reporting to Board	2	4	8	⟺	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Refreshed Ligature Reduction Programme, including new ligatures awareness training and refresher training, therapeutic observations competencies, and development of new ligature assessment tool. — Deputy Director of Nursing — 01/11/2022 — A Annual Ligature Audit (Undertaken in November) — Deputy Director of Nursing — 28/01/2022 — G	Executive Director of Nursing, AHPs and Quality		1	4	4	31/03/2023
28/04/2020 Risk Opened 04/06/2021 — Performance Metric: Met. Risk is well controlled but continues to be actively monitored and managed while we are in response to the Pandemic. 15/11/2021 — Risk continues to be well controlled. It will remain actively monitored and managed while we are in response to the Pandemic. 17/01/2022 — There is a commitment to central funding for PPE for the 2022/23 financial year. In light of this the target date for this risk has been extended to cover any extended period of uncertainty in relation to the current pandemic response and allow for the learning outcomes from it to be identified.																			
6420	Apr 2020	Executive Director of Nursing, AHPs and Quality	**COVID 19 Personal Protective Equipment** IF there are not adequate national stocks of COVID-19 PPE provided through the National Supply chain to NHS organisations THEN there is a risk that Trust Staff (including contractors, partners and volunteers on trust sites) will not have access to appropriate PPE RESULTING IN a failure of the Trust to comply with Health and Safety regulations which may lead to increased staff sickness and unions instructing staff to withdraw from the working environment which in turn will impact on the health and safety of patients.	3	4	12	National: National Stockpile of PPE National Daily Situation Reporting from Trusts to DoH National Exception reporting for PPE National/Regional Mutual Aid Agreement Regional: Kent and Medway Strategic Co-ordinating Group Kent and Medway Tactical Incident Control Centre Regional Distribution centre within Kent and Medway for COVID-19 PPE Mutual Aid between Partners in Kent and Medway Trust: Central Procurement strategy for COVID-19 related PPE, Managed by a Trust Director Link between Business intelligence and procurement to identify new suspected and confirmed cases by location Dedicated procurement contact email address Centralised stock and buffer store Trust tactical control meetings held three times a week (and assessment prior to any bank holiday period) Dedicated drivers for PPE logistics (department of Transport contact details should further logistical support be required) Policies, procedures, real time circulation of new/updated guidance via tactical control Product reviews prior to acceptance of product into the organisation. Dedicated tactical control contact details with ICC open 08:00-20:00 daily. Fit testing, Donning and Doffing and Hand Hygiene Training	Stock management system that is reported nationally. Local review of buffer stock annually from October 2021 with stock rotation as appropriate	1	4	4	⟺	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** No further actions identified	Executive Director of Nursing, AHPs and Quality		1	4	4	29/07/2023

				Initial rating				Current rating						Target rating			
ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	L	C	Rating	Target Date (end)
2 - Recruit, retain and develop the best staff making KMPT a great place to work																			
	17/11/2021 Risk Opened																		
6847	Nov 2021	Director of Workforce and Organisational Development	**Sickness** IF we fail to support the health and wellbeing of our staff THEN this will impact on the sickness absence rate RESULTING IN reliance on agency staff, increased cost and potentially lower quality service to patients	5	4	20	Health & Wellbeing Group [2a] Range of targetted support and leadership Musculosketal health and screening Mental wellbeing and stress support Tobacco control Physical activity and active travel Healthy eating and healthy weight Alcohol and substance misuse support Winter wellbeing messaging Health and Wellbeing Conversations [1a]	Monitoring locally, reporting to IQPR Report to WF&OD Committee	4	4	16	↔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Targetting communications — H&WB lead — 31/03/2022 — A Supporting managers through absence management cases — Deputy Director of Workforce and OD — 31/03/2022 — A Flu vaccination programme — Director of Workforce and OD — 28/02/2022 — A Covid vaccination programme — Deputy Director of Workforce and OD — 31/03/2022 — A	Director of Workforce and Organisational Development	To be confirmed	4	4	16	31/03/2022
	17/11/2021 Risk Opened																		
6848	Nov 2021	Director of Workforce and Organisational Development	**Staff Turnover** IF we have high turnover in Additional Clinical Services and Allied Health Professionals THEN this would impact on staff morale, recruitment, retention, absence and productivity and have a potential impact on patient experience RESULTING IN loss of reputation and business.	4	5	20	Onboarding Flexible working opportunities Quarterly People Pulse [1c] NHS Staff Survey [2e] Health & Wellbeing Group [2a] Career paths [2e] Exit interviews with HRBP's for business critical posts i.e. nurses and Director of Workforce and OD with Consultants [1f] Supervision and Appraisals [1a] Engagement activities [1b] Health and Wellbeing Conversations [1a] Talent Conversations [2e] Buddy Approach [1f]	Monitoring locally, reporting to IQPR Report to WF&OD Committee Annual Staff Survey [1c]	4	5	20	↔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Develop career pathways — OD Specialist — 31/03/2022 — A Quarterly People Pulse — Director of Workforce and OD — 31/03/2022 — A National Staff Survey — Director of Workforce and OD — 31/01/2022 — A Recruitment and Retention group have workstreams to support retention — HR Business Partners — 31/03/2022 — A	Director of Workforce and Organisational Development	To be confirmed	4	5	20	31/03/2022
	17/11/2021 Risk Opened																		
6849	Nov 2021	Director of Workforce and Organisational Development	**Retention of Employees** IF we do not retain our employees in additional professional scientific and technical group and allied health professionals group THEN this would impact on staff morale, recruitment, turnover, absence and productivity and have a potential impact on patient experience RESULTING IN loss of reputation and business.	4	5	20	Onboarding Flexible working opportunities Quarterly People Pulse [1c] NHS Staff Survey [2e] Health & Wellbeing Group [2a] Career paths [2e] Exit interviews with HRBP's for business critical posts i.e. nurses and Director of Workforce and OD with Consultants [1e] Supervision and Appraisals [1a] Engagement activities [1b] Health and Wellbeing Conversations [1a] Talent Conversations [2e] Buddy Approach [1f]	Monitoring locally, reporting to IQPR Report to WF&OD Committee Annual Staff Survey [1c]	4	5	20	↔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Develop career pathways — OD Specialist — 31/03/2022 — A Quarterly People Pulse — Director of Workforce and OD — 31/03/2022 — A National Staff Survey — Director of Workforce and OD — 31/01/2022 — A Recruitment and Retention group have workstreams to support retention — HR Business Partners — 31/03/2022 — A	Director of Workforce and Organisational Development	To be confirmed	4	5	20	31/03/2022
	10/01/2022 Risk Opened																		
6880	Jan 2022	Director of Workforce and Organisational Development	**Impact of Mandatory COVID vaccinations on staffing levels** IF we have a number of unvaccinated staff THEN we will need to redeploy or serve notice to staff RESULTING IN less available staff and potential impact on patient safety and experience	4	4	16	Project Plan for mandatory vaccinations including data collection of vaccination status		4	4	16	NEW	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Set up a task and finish group regarding mandatory vaccines — Director of Workforce and OD — Completed — G Task and Finish Group workplan — Director of Workforce and OD — 01/04/2022 — A	Director of Workforce and Organisational Development	To be confirmed	3	3	9	01/04/2022

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
3 - Put continuous improvement at the heart of what we do																			
25/01/2019 → Risk Opened → 04/06/2021: This risk is required as part of the EPRR assurance process. Risk actions require development to evidence the ongoing monitoring and update of response plans and will reflect any learning from the covid-19 pandemic. Surge testing is in place to track spread in areas seeing increasing rate of infection							08/09/2021: Rolling tactical control rota for the Trust is being maintained aligned to NHS command and control arrangements for monitoring and response functions.	23/11/2021: NHS command and control arrangements continue, Trust monitoring and response functions continue to align. Staff encouraged to have their Covid booster vaccinations in addition to seasonal Flu vaccination, and uptake is monitored.			17/01/2022: There is a commitment to central funding for PPE for the 2022/23 financial year. In light of this the target date for this risk remains appropriate to cover any extended period of uncertainty in relation to the current pandemic response and allow for the learning outcomes from it to be identified.						
5989	Jan 2019	Executive Director of Nursing, AHPs and Quality	**Organisational Risk - Emerging Infectious Diseases (including response to Covid-19 and subsequent variants)** IF emerging infectious diseases (e.g. Zika virus or novel coronavirus) are discovered and managed via PHE containment phase in the UK and national command and control arrangements THEN this may have an impact on both staff and clients RESULTING IN the potential increase of sickness absence in staffing levels and additional workload concerning the physical and mental health of clients	3	4	12	Remote working availability for some staff [1f] Infection Prevention & Control Policy [2e] Infection Control Lead [1g] Business Continuity Plans [2e] Significant Incident Plan [2e] Working with external partners (e.g. NHS England, CCGs) [2f] Physical Health Nurses in post. [1g] Central Physical Health Nursing Team in place. [1g] Timely Trust adoption of new centrally provided guidance relating to the specific disease [3b] Engagement with Vaccination Programme Engagement with Surge testing requirements	Significant incident plan which provides Trust Command and Control linking into the system Command and Control, regional and national Physical Health Nurses in place Access to Cloud now widely available to staff Business Continuity Plans in place Risk Assessment reviewed by EPRR Team annually as part of EPRR Core Standards compliance	3	3	9	⟷	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Continued compliance with national IPC guidance — Infection prevention and control — ongoing — A Screening Programmes (lateral flow testing and PCR testing for both staff and patients) — Infection prevention and control — ongoing — A Fit testing and use of PPE — Infection prevention and control — ongoing — A Maintain a rolling tactical rota aligned to NHSE response — EPRR Lead — ongoing — A	Executive Director of Nursing, AHPs and Quality		2	3	6	29/07/2023
02/03/2021 → Risk Opened → 04/06/2021: Actions to reduce risk and top 5 Assurances need development							06/09/2021: The risk description has been updated to reflect where the government roadmap is with relation to easing of lockdown. The Trust continues to have work from home direction in place and infection prevention and control measures in place on all trust sites.	17/01/2022: A draft policy for hybrid working is under development and is due to be presented at the next Agile working group meeting in February. The work from home where possible direction for Trust staff remains in place.									
6623	Mar 2021	Executive Director of Finance	**Easing of Lockdown National Roadmap - Hybrid working** IF the national roadmap for easing of lockdown leads to staff returning to pre pandemic working practices THEN staff may conclude that they can return to work in Trust buildings RESULTING IN the Trust not maintaining the new ways of working (agile/hybrid working) that have been developed during the national pandemic and not delivering on the Trust estates strategy to use our buildings more efficiently and effectively.	3	4	12	Agile working group Communications re continuation of work from home Covid secure SOP Restriction on number of staff in rooms against risk assessment Use of face masks on trust sites	Reporting through Hybrid Working Group EAC oversight	2	4	8	⟷	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Develop Hybrid Working Policy — Executive Director of Finance — 11/02/2022 — A	Executive Director of Finance	To be confirmed	2	2	4	27/02/2022
23/11/2021 → Risk Opened																			
6862	Nov 2021	Executive Director of Finance	**Contract Management of Outsourced Services** IF the outsourced services contracts are not robustly managed THEN services as required and contracted are at risk of not being delivered at all or compliantly RESULTING in complaints, accidents/incidents, statutory non-compliances, over-expenditure, poor value for money, KPIs not achieved, quality of care for patients and property compromised and adversely impacted	5	4	20	Estates and Facilities Review 1a Management controls are in place Management of Key Performance Indicators 1b Contract Management Procedures 1f Project Board Policies and procedures in place with robust Standing Orders / SFI's		4	3	12	⟷	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Management training on client side contract management — Acting Lead for Estates — 28/03/2022 — A Recruitment to interim resource — Acting Lead for Estates — 24/11/2021 — G High level Improvement plan in place — Acting Lead for Estates — 31/12/2021 — A	Executive Director of Finance	To be confirmed	2	3	6	01/04/2022
02/03/2021 → Risk Opened																			
6861	Nov 2021	Executive Director of Finance	**Estates and Facilities Resources** IF adequate resources are not available to deliver the required services THEN non-delivery of all or some contracted services would occur RESULTING in backlogs, complaints, reputational damage, statutory non-compliances including CDM Regulations, potential harm to life and property, inability to respond to or avoid emergencies	5	4	20	Robust Business Continuity Plans are in Place to ensure that lack of resources can be managed accordingly. Our external contractors also have robust BCP's in place which are regularly reviewed and shared with KMPT. Adequate staffing levels to carry out critical tasks to ensure compliance. Regular updates from Contractors regarding availability of staff / resources. Possible restructure of Estates and Facilities. Interim appointments of staff where required use of external specialist advisors	Project management support and reporting Interim recruitment to posts Vacancy reporting and recruitment	4	4	16	⟷	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Interim Appointments/secondments pending restructure — Acting Lead for Estates — 20/06/2022 — G Monitor staff workloads — Acting Lead for Estates — 20/06/2022 — A	Executive Director of Finance	To be confirmed	3	3	9	27/06/2022
4 - Develop and extend our research and innovation work																			
10/08/2017 → Risk Opened → 04/06/2021: Recruitment to Research and Innovation Director post was successful. Candidate due to start in September. Further sources of assurance need to be identified.							06/09/2021: Research and Innovation Director due to start mid October. Actions identified are currently on hold and will be picked up under their leadership. Some research activity/ participation in drug trials has been paused due to team capacity.	15/11/2021: Research and Innovation Director is now in post. The research and innovation strategy is on track for ratification ahead of March 2022									
5345	Aug 2017	Executive Medical Director	**Participation in international research & innovation** IF we don't increase research activity (including recruitment) that improves the profile of the Trust THEN this will impact on reputational gain and patient outcomes RESULTING IN diminished attractiveness of the Trust in terms of recruitment and tendering and patient choice.	3	2	6	R&D links across the organisation in line with the Research & Development Strategy [2e] Research & Development SoP [2e] Monitored by Clinical Effectiveness & Outcomes Group (CEOG) and Quality Committee [2b] Annual report to the Board [3a] Report CRN clinical research network [3e]	National Clinical Research governanace arrangements Clinical Effectiveness & Outcomes Group (CEOG) and Quality Committee minutes	3	2	6	⟷	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Recruitment to Research and Innovation Director post — Afifa Qazi — 29/10/2021 — G Increase in funding for research and innovation team — Sarah Dickens — 29/06/2022 — A Ratification of research and Innovation Strategy — Afifa Qazi — 19/03/2022 — A	Executive Medical Director	To be confirmed	1	1	1	17/10/2022

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
5 - Maximise the use of digital technology																			
23/07/2020 Risk Opened → 04/08/2021: Actions to reduce risk need development and top 5 assurances need to be identified. → 06/09/2021: Digital Business partners are attedning clinical meetings to improve engagement. Action has completed ahead of planned date. Risk score reduced to reflect this. → 15/11/2021: Digital Transformation team now in place to support improved clinical engagement with the clinical technology strategy.																			
6485	Jul 2020	Executive Director of Finance	**Clinical Engagement for the Strategy** IF there is insufficient clinical engagement in the projects required to deliver the Clinical Technology Strategy, THEN decisions will be made without suitable consultation with the clinical users of the IT, RESULTING IN a failure to realise the full benefits of the individual project and a restriction on the ability to deliver cumulative benefits from the whole strategy	3	2	6	Trust board commitment and approval (3a) Digital business partners allocated (1g) reviewed at ICTSMT monthly (1a)	Current User Acceptance processes in place in the RAID log Digital Transformation Team Established Digital Transformation Group and Digital Strategy Board Minutes of meetings detailing attendance	2	1	2	⇔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Digital Business Partners to attend clinical meetings — Head of ICT — 29/03/2024 — G Recruitment of Change Leads — Head of ICT — 31/01/2022 — A	Executive Director of Finance	To be confirmed	1	1	1	31/03/2023
6 - Meet or exceed requirements set out in the Five Year Forward View																			
			No Risks Identified against this Strategic Objective																
7 - Deliver financial balance and organisational sustainability																			
01/04/2020 Risk Opened → 04/06/2021: Actions to reduce risk need development and top 5 assurances need to be identified. 20/21 Capital programme has been agreed. Currently £6.5m of high priority schemes cannot progress due to a limited control total. → 06/09/2021: This risk has been affected by a change in capital funding allocation and the risk score has been increased to reflect the impact this will have on the capital projects underway → 17/01/2022: The draft Capital Plan will be taken to the Trust Capital Group at the end of January 2022.																			
3164	Apr 2020	Executive Director of Finance	**Capital Projects - Availability of Capital** IF the capital programme is not delivered as planned and we continue to see restricted capital allocations THEN the Estates Strategy will not be executed in the agreed timescales RESULTING IN clinical and workplace environments which may not be fully fit for purpose and a potential for an increasing backlog.	5	5	25	Prioritise capital plan, review regularly with services and against backlog maintenance. [2e] Robust design and specification processes and capital programme management. [1g/2a] Trust Capital group managing programme. Programme delivery reported to SEG.	Board, FPC and Trust Capital Group Oversight (3a/2b) Business care review group	4	4	16	⇔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Ensure Capital Plan reflects backlog maintenance and services priorities, as well as implementing standing orders and SFI's for robust financial management — Director of Estates and Facilities — 31/03/2022 — A Provide comprehesive report to Trust Capital Group. — Director of Estates and Facilities — 31/03/2022 — A	Executive Director of Finance	To be confirmed	2	3	6	31/03/2022
10/03/2021 Risk Opened → 06/09/2021: As part of the long term sustainability programme, a 4% efficiency target has been set to start to tackle the underlying deficit.																			
6628	Mar 2021	Executive Director of Finance	**Long Term Financial Sustainability** IF the Trust does not focus on cost savings, productivity and efficiency initiatives to reduce the run rate THEN funds will not be available to support existing services RESULTING IN the Trust remaining in deficit, in an evolving finance regime as we move to an ICS, potentially leading to the Trust receiving increased scrutiny from NHSE/I and financial sanctions will be imposed.	4	5	20	Reporting to Trust Board [3a] Reporting the NHSI [3b] Monthly Finance Report [1h] CIP Process [2a] QPR Meetings [2a] Care Group Management Meetings [2a] Finance and Performance Committee monitoring [2b] Finance position and CIP update [1h] Standing financial instructions [2e] Internal audit [3d] Agency recruitment restriction [1a] Monthly statements to budget holders [1a] Budget holder authorisation and authorised signatories	Long Term Sustainability Programme (LTSP) (CIP delivery) has been launched in the organisation and is being led by the deputies. A 4 % efficiency target has ben set to start to tackle the underlying deficit.	4	4	16	⇔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Review of underlying defecit — Deputy Director of Finance — 31/01/2022 — G Delivery of multiyear efficiency programme — Deputy Director of Finance — 31/03/2022 — A Deep dive of Acute and Forensics financial position — Deputy Director of Finance — 28/02/2022 — A Complete financial planning (Subject to national timetable being confirmed) — Deputy Director of Finance — 31/03/2022 — A	Executive Director of Finance	To be confirmed	3	3	9	31/03/2022
17/11/2021 Risk Opened																			
6850	Nov 2021	Executive Director of Finance	**H2 Planning** IF the Trust fails to deliver on the H2 financial plan THEN the Trust could fail to deliver the Trust control total of a break even position in the current financial year. RESULTING IN an increased risk that the Trust doesn't break even. This will also have an impact on the Trust ability to deliver long term financial sustainability	4	3	12	CIP Process [2a] Care Group Management Meetings [2a] Finance and Performance Committee monitoring [2b] Finance position and CIP update [1h] Standing financial instructions [2e] Internal audit [3d] Agency recruitment restriction [1a] Monthly statements to budget holders [1a] Budget holder authorisation and authorised signatories Care group efficiency targets	Reporting to Trust Board [3a] Reporting the NHSI [3b] Monthly Finance Report [1h] QPR Meetings [2a]	3	2	6	⇔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Introduction of new agency controls to reduce care group agency spend — Deputy Director of Finance — 06/12/2021 — G Agency use reporting via new weekly meeting — Executive Director of Finance — 21/01/2022 — A	Executive Director of Finance	To be confirmed	2	2	4	31/03/2022
23/11/2021 Risk Opened																			
6858	Nov 2021	Executive Director of Finance	**External Market Forces** IF external market forces arising from Brexit and the Coronavirus pandemic are not considered carefully in the planning of projects, management of contracts and service delivery THEN additional expenditure and delays to projects might arise RESULTING in inflated tender prices, unstable construction market, facilities for patients and staff not being available as planned, re-prioritisation of the capital programme and capital under-expenditure	4	4	16	Robust supply chain and procurement process in place. Clear Route to Market. Pre-Tender Estimates. Complete and comprehensive invitation to tender packages. Use of competent external project managers.	Sense checking against other providers	4	3	12	⇔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Clear route to Market — Wilson, Craig — 25/07/2022 — A Pre tender estimates — Wilson, Craig — 25/07/2022 — A Complete and comprehensive Invitation to Tender packages — Wilson, Craig — 25/07/2022 — A Use of competent external project managers — Wilson, Craig — 25/07/2022 — A	Executive Director of Finance		2	3	6	29/08/2022

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Owner	Target Completion (end)	Status	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
	17/11/2021 Risk Opened																					
6857	Nov 2021	Executive Director of Finance	**Maintenance Services Funding Availability** IF sufficient resources are not allocated for reactive, cyclical and planned maintenance of buildings, building services, grounds, gardens, trees in leased and owned properties THEN the ratio of planned to reactive maintenance spend would not be in accordance with industry best practice and in favour of reactive maintenance RESULTING in the planned maintenance backlog increasing year on year, maintenance overspends and in-patient facilities not fit for purpose for lengthy periods	5	4	20	Existing approved and in date contracts in place with external maintenance contractor Maintenance process in place for reporting required maintenance Maintenance KPIs in place Issue reactive maintenance Procedures to services.	Reporting to FPC TIAA Audit and follow up Audit due to limited Assurance	5	4	20	⟷	**Actions to reduce risk** Implement 5-year Planned Maintenance Programme Issue Reactive Maintenance Procedures to Services Invest in SFG 20 for statutory Planned Preventative Maintence	**Owner** Acting Lead for Estates Acting Lead for Estates Acting Lead for Estates	**Target Completion** (end) 20/06/2022 20/06/2022 20/06/2022	**Status** A A A	Executive Director of Finance	To be confirmed	3	4	12	**26/09/2022**
8 - Develop our core business and enter new markets through increased partnership working																						
	01/10/2017 Risk Opened 04/06/2021		Actions to reduce risk need development				06/09/2021 The Trust continues to work with Sussex Partnership Trust to ensure that the five workstreams are effective and allow the provider collaborative to be sustainable on a long term basis.					17/01/2022 This risk and actions will be fully reviewed on completion of the planning round at the end of March 2022. It may be at this time this risk is reframed to reflect the development in the provider collaborative since this risk was opened. the objectives set via the planning round will inform the BAF risk actions.									
5456	Oct 2017	Executive Director of Finance	**Provider Collaborative (New Care Models) - Secure Services** If we do not deliver on the objectives of the Provider Collaborative for KSS, for example achieving repatriation and reducing Length of Stay THEN the forensic services may not be able to sustain the investment in the community services and the overall provider collaborative may not be sustainable on a longer term basis. RESULTING in a risk to the sustainablity of the Provider Collaborative	3	5	15	Clear governance process established for the New Care Models (NCM) [1f] The DoF is the Executive Lead and attends the NCM Board and sub group [2f] The Trust are also part of the activity modelling group [2f] Financial governance (1g) Quality assurance processes (1f) Strategic Partnership with Surrey/Sussex Partnership (2f) Partnership working with 3rd party providers (2f) On-going service evaluation & audits (2d) Board oversight (3a) Peer network and other 3rd party assurance (3e)	Numerous quality audits are carried out within the service Regular inspections by CQC take place NHSE evaluation of performance	2	4	8	⟷	**Actions to reduce risk** Deliver care pathway within financial envelope and to required quality standards	**Owner** Head of Forensic Psychological Services	**Target Completion** (end) 31/03/2022	**Status** A	Executive Director of Finance	To be confirmed	1	4	4	**31/03/2022**
9 - Ensure success of our system wide sustainability plans through active participation, partnership and leadership																						
	10/03/2021 Risk Opened 04/06/2021		Actions to reduce risk need development and top 5 assurances need to be identified.				06/09/2021 Robust reporting is in place to provide assurance and ensure that the strategy delivery plan priorities are taken forward. The MHLDA Improvement Board is in place and fuctioning effectively to ensure system wide support for the delivery of identified priorities.					17/01/2022 Quarter 3 review is currently underway to inform the Q4 delivery. A further review will be undertaken in March and this BAF risk will be reviewed.									
6630	Mar 2021	Executive Director Partnerships and Strategy	**Implementation of Trust Strategy 2020-2023** IF the Trust does not meet the objectives set in the Annual Strategy Delivery Plan THEN the Trust Strategy for 2020-2023 may not be fully implemented RESULTING IN decline in service quality, non-delivery of transformation priorities, and the mental health investment standard.	3	3	9	Quarterly reporting on delivery of Annual Plan objectives to Executive Assurance Committee and Board Sub Committees (Quality, Workforce and OD and Finance and Performance).	Perfomance outlined in the delivery plan. EAC oversight through exception reporting	3	2	6	⟷	**Actions to reduce risk** Board Sub Committees to incorporate performance priorities from strategy delivery plan into Committee Workplans Half Yearly Executive Assurance Committee and Board Assurance report to the end of September 2021 Review of strategy delivery plan trajectories to final quarter 2021/22	**Owner** Lead Executive Director and Trust Secretariate Executive Director Partnerships and Strategy Executive Director Partnerships and Strategy	**Target Completion** (end) Completed Completed March 2022	**Status** G G A	Executive Director Partnerships and Strategy	To be confirmed	2	2	4	**25/04/2022**

NHS
Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th January 2022
Title of Paper:	Progress on Turning the Tide; Tackling Racism
Author:	Helen Greatorex, Chief Executive

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Board requested

Overview of Paper

This paper provides a second update on the progress KMPT has made across a number of areas including the seven challenges presented to the Board by Simon Cook, the Chair of the KMPT Black Asian and Minority Ethnic Staff Network in June 2020.

Issues to bring to the Board's attention

With the support of KMPT's Black, Asian and Minority Ethnic (BAME) Staff Network, progress has been sustained across each of the seven workstreams established to address Simon's seven challenges. Key successes included the launch with Kent Police of Operation Cavell – tackling hate crime in February 2021, creation of a dedicated Diversity and Inclusion Lead post in the Integrated Care System, a programme of training and development for mentees and mentors through the first BAME reverse mentoring programme and the appointment of 160 BAME allies.

Governance

Implications/Impact:	Increased staff turnover, reduced patient safety and poor-quality care are all risks if racism goes unaddressed
Assurance:	Not applicable
Oversight:	Workforce and Organisational Development Committee

Version Control: 01

Background and Introduction

This paper provides the board with an update on progress made in relation to our aim of becoming a proactively diverse and inclusive organisation whose stance on tackling racism of any kind is clear for all to see.

In June 2020, Simon Cook as Chair of the Trust's Black, Asian and Minority Ethnic (BAME) Staff Network shared an open letter with the board. Simon's letter was written in the days following the murder in the United States of George Floyd and was set against the backdrop of the emerging recognition of the increased risk that Covid-19 posed to people from a BAME background.

Simon and colleagues from the Trust's BAME Network were invited to address the Board and Simon shared his personal story and insights. They also set out a series of specific challenges; challenges that they believed if met by the Trust, would make a significant difference to the experience of existing KMPT BAME staff, and to potential employees too.

That powerful and open discussion led to the development of an action plan, sponsored by the Chief Executive and monitored by the Workforce and Organisational Development Committee.

The work sponsored by the Chief Executive, whilst starting with the challenges, has broadened over the last year and includes working at system level to drive the required changes across the county as a whole.

This short paper describes the emphasis of that work, noting that whilst much has been achieved, there is much more to do. We cannot and will not be complacent about how far we have come and today we will reiterate as a board, our commitment to driving this work faster and further than ever before.

Whilst the original seven challenges have become embedded in to what are now well-established workstreams they continue to be monitored and tested by the Trust's Equality and Diversity Lead.

This paper includes a table which shows the seven challenges and progress to date.

Three highlights from 2021 include the annual staff survey results, our first reverse mentoring programme and KMPT's leadership of the system.

Annual Staff Survey

The national staff survey results published for KMPT in 2021, reported a high overall engagement score of 7.4 for BAME staff. This was in comparison to an average overall score of 7.1 and a score of 7 for white staff. Importantly, our BAME respondents scored highly in the domains of Advocacy and Motivation; a reflection we believe that relates to the carefully tailored support and communication with BAME staff throughout the pandemic. The executive team made a commitment to ensure that they understood more about how it feels to be a member of BAME staff in KMPT and a reverse mentoring programme was established as a result.

The results of last year's staff survey will be published in February and will further inform the development of our work.

BAME Reverse Mentorship Programme

The establishment of a group of BAME volunteer mentors, who have each taken on a mentee from a senior role, has been an important step in sharing experiences and reflecting across different levels in the organisation. The mentors all underwent accredited training in mentorship, and the mentees were trained

in how to be mentored. The opportunity to think with and listen to a mentor colleague whose experience, role and ethnicity is different from theirs is invaluable. The first reverse mentoring programme will conclude in March 2022 and the Organisational Development team is currently considering how best to use this new resource across the Trust. An evaluation will follow the conclusion of the programme in addition to a proposal for next steps later this year.

Working at System Level

KMPT led the system in establishing in July 2020 a county-wide network of the six provider trusts' BAME Network chairs. This pre-dated by months, the groups that NHSI/E required Integrated Care Systems (ICSs) to establish and it created a firm foundation for further work to be delivered across the system as a whole.

The group delivered some significant outputs including training for BAME staff, and in 2021 the first county-wide Black History Month celebration. The group reviewed its terms of reference at the end of 2021 and agreed that the time was right to amalgamate with the Turning the Tide group. This was a positive step, further raising the profile of the difference that had been made through the work of a committed group of BAME Network chairs.

January 2022 Update on Meeting the Seven Challenges

The original seven challenges are set out below with progress shown against each.

Challenge		Progress
1	Increase the number of non BAME colleagues involved in the BAME Network and engage more staff in planning and celebrating black history month	• Membership of the network increased from 100 -140. Non BAME staff account for the majority of that increase. • KMPT produced a film about the history of the NHS and marking Black History month. It was shared across the system, • Senior leaders from KMPT shared their personal stories at 'The Power of Me' system-wide event in October 2021
2	Elevate training around race, ethnicity and respect to a more prominent position.	• Coaching course established and evaluated, now being incorporated into the career development pathway. • Health Inequalities Group working with BAME advisors. • Reverse mentoring programme established. 16 trained mentors matched to their mentees in April 2021 programme concluding in March 2022. • Active Ally training developed and rolling out in April 2022 • Review and refresh of Management Development training to ensure inclusion,
3	Actively support staff to feel sure that we will support them to report racist incidents to the police.	• KMPT Chief Executive and Chief Constable launched Operation Cavell in February 2021. • Impact evaluation of Cavell planned – reviewing the first twelve months. • Programme of regular meetings between Trust Security Manager with staff and Kent Police.

		• New, Colleague Harassment task and finish group established, chaired by executive. Analysing reporting and developing actions to ensure consistent promotion of zero tolerance.
4	Actively support all staff to challenge any racial incident whether it was directed at them or not	• 160 BAME Allies have been through 4 training sessions covering: 1) Being an active ally 2) Why it's a micro-aggression 3) Understanding white privilege and fragility 4) Becoming anti-racist • Additional six Freedom to Speak Up Guardians recruited in 2021
5	To insist that Race and Diversity is included on all meeting and supervision agendas	• A specific question was added to the Trust's supervision form in January 2021 and has remained. • Additional prompt added to 2021's appraisal document to be repeated in 2022 • Equality objective added to each executive's objectives
6	To consider developing a champion/ally network for BAME staff	• BAME champion funding of £3k per Care Group was been allocated in 2021 and will be awarded again in 2022. • See Me First campaign ran through Black History Month creating discussion and increased profile of the importance of tackling racism
7	For members of the board, to educate themselves in particular, in order to understand how we can be part of the solutions for change.	• NED induction package has been reviewed and updated in the light of feedback. • Board members have open access to BAME Network meetings to engage in the debate and hear feedback directly from colleagues. • All executive directors' annual objectives include a personal commitment in relation to equality, diversity and inclusion.

Version Control: 01

Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th January 2022
Title of Paper:	KMPT NET ZERO PLAN
Author:	Sirina Blankson, Sustainability and Environment Manager
Executive Director:	Sheila Stenson, Executive Director of Finance

Purpose of Paper

Purpose:	Approval
Submission to Board:	Statutory and Regulatory Requirement

Overview of Paper

Delivering a Net Zero Plan with a set ambitious carbon reduction target for KMPT. This paper sets out the plan to achieving this target.

Issues to bring to the Board's attention

The Board is asked to approve the plan within the paper and give consent for the team to pursue a suite of additional phased actions to reduce emissions from KMPT between now and 2040.

The Green Plan focuses on 10 main areas split across 4 themes (1. Embedding Sustainability 2. Direct Emissions 3. Partnership Working and 4. Travel) which have been identified as being key to embedding sustainability into the operations of the Trust and they are as follows:

1. Corporate Approach
2. Asset Management and Utilities
3. Sustainable Use of Resources
4. Carbon Emission / Greenhouse Gases
5. Sustainable Care Models
6. Travel and Logistics
7. Our People
8. Capital Projects
9. Adaptation
10. Green Space and Biodiversity

Governance

Implications/Impact:	Resource and finance/engagement and consultation
Assurance:	Reasonable
Oversight:	Sustainability Programme Board/Finance and Performance Committee

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KMPT NET ZERO GREEN PLAN

2021 – 2025

Executive Summary

As a Trust, we continue to recognise the need to reduce our carbon emissions. Carbon dioxide remains one of the main contributors to climate change and climate change is predicted to have far-reaching consequences including increased global average temperatures, more floods and droughts and stronger hurricanes. Climate change will have health impacts such as increased prevalence of skin cancer and increased spread of mosquito- and tick-borne diseases. It is therefore imperative that KMPT demonstrates its commitment to promoting environmental and social sustainability through their actions as a corporate body and healthcare organisation. The Trust also has an obligation to corporate citizenship during these challenging times.

In accordance with the NHS pledge to a commit to sustainable development and long-term carbon dioxide emission reductions, the purpose of this document is to formulate the Trusts specific policies and actions to enable the Trust to become a reputable leader in the delivery and provision of sustainable healthcare and mental health services, through the production and implementation of a Board approved Green Plan. More importantly, the Trust recognise the need for a Green Plan especially as this plan is written at the time of a global pandemic, which has impacted on our communities and around the world in recent years. This has highlighted that community health is dependent on a healthy planet and sustainable economic development is dependent on the health of our communities.

Developing a Green Plan will enable KMPT as an organisation to:

- Improve the health of the local community
- Meet its legislative requirements

Deliver on the NHS Long-Term plan

- And achieve financial sustainability

Benefits of Developing a Green Plan

Green Plans are required under NHS planning guidance and standard contracts. They also support sustainability requirements under the Social Value Act and Local authority contracts. The plan reflects the need to support the transition to a circular economy, protect scarce natural resources, improve local air quality and the resilience of our estate, services and supplies, addressing social inequalities within our region and ethical sourcing of goods and services.

This KMPT Green Plan will provide the detail of our approach to sustainable development. It outlines projects and activities including staff awareness and engagement, waste reduction and reducing the carbon emissions associated with our service delivery and operating our estate.

Methods of reaching 'Net Zero'

To achieve a Net Zero Vision, we will work to 4 strategic themes:

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The Green Plan focuses on 10 areas split across 4 themes which have been identified as being key to embedding sustainability into the operations of the Trust. Figure 1 below illustrates how each of the key areas have been grouped together under 4 themes. These areas form the foundations of the Green Plan, where each area has been set realistic, measurable targets requiring clear focus to ensure delivery.

Figure D: The Green Plan four themes and 10 key areas

We will develop specific projects across these areas in line with our action plan over the next 5 years.

KMPT's Performance So Far

The first step in reducing carbon emissions is to measure our current emissions (our carbon footprint). Many of our activities produce carbon emissions. However, it is not currently possible to collect data on emissions resulting from all the activities above, so we have limited the scope of our carbon footprint to energy consumption in buildings, waste generation, water consumption and fleet transport emissions. We have excluded refrigerant top ups, procurement, business travel on public transport, staff commuting and patient and visitor travel.

We will continuously review the list of excluded areas every year to find ways of including this data in line with recommendation from Greener NHS and best practice.

KMPTs ambitious Sustainable Development Management Plan 2015-2020 (SDMP) sets out our clear vision, strategy and objectives for delivering sustainable healthcare across the Kent and Medway system and beyond. We are legally obliged to address climate change, with an 80% reduction in carbon emissions required by 2050 as set out in the UK's Climate Change Act (CCA).

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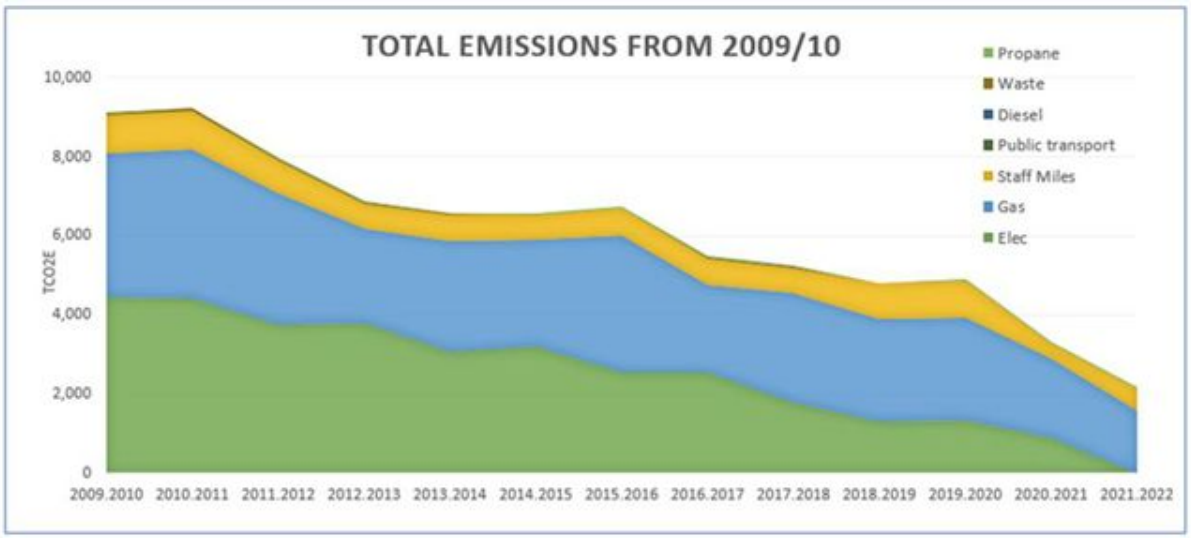
As per Figure 2, our core Carbon Footprint has reduced significantly since 2009 from 9,122 tonnes of CO_2e where current emissions for 2020/2021 were estimated to be 3311 tonnes of CO2e.

This reduction can be attributed mainly through huge behaviour change efforts by Green Champions across the Trusts sites, the implementation of LED lighting across the main Hospital sites and installation of Solar Panels across some of our hospital sites is amongst our most proud moments in addressing climate change and reducing our carbon emissions. The LED project has enhanced light levels in all areas of implementation, creating a brighter and fresher environment for patients and staff alike, thus improving health and well-being. This single project is set to reduce the energy consumption for lighting by an average of 69% in the project areas.



In the future, we will look to increase the scope by including emissions from business travel on public transport, staff commuting and patient and visitor travel. Procurement is likely to account for a large proportion of our carbon footprint, 60% according to the NHS sustainable development unit estimate, however, we have not included it due to the difficulty in obtaining data at this stage.

What does Net Zero look like?

In 2009/2010 it is estimated that KMPT was responsible for emitting over 9122 Tonnes of CO2e into the atmosphere. KMPT and the wider NHS have agreed to reduce the volume of CO2e being emitted as part of day to day practices by 80% by 2035. In practical terms, this means that KMPT must be responsible for emitting no more than roughly 1800 tonnes of CO2e per annum

In an attempt to reach these challenging targets, we will look at projects such as investigating and identifying potentially suitable sites for the installation of low carbon heating schemes; identifying potential to maximise free cooling within existing systems; fully optimised Building Management Systems covering all major buildings and plant, insulation program to upgrade doors, windows, walls and roofs and further generation/supply renewable projects amongst others. These projects will span from now till 2040

Figure 3 shows how a plan of continued gradual reductions will help not only to ensure that overall reductions targets are met but allowing time for innovation and adaptation to embed.

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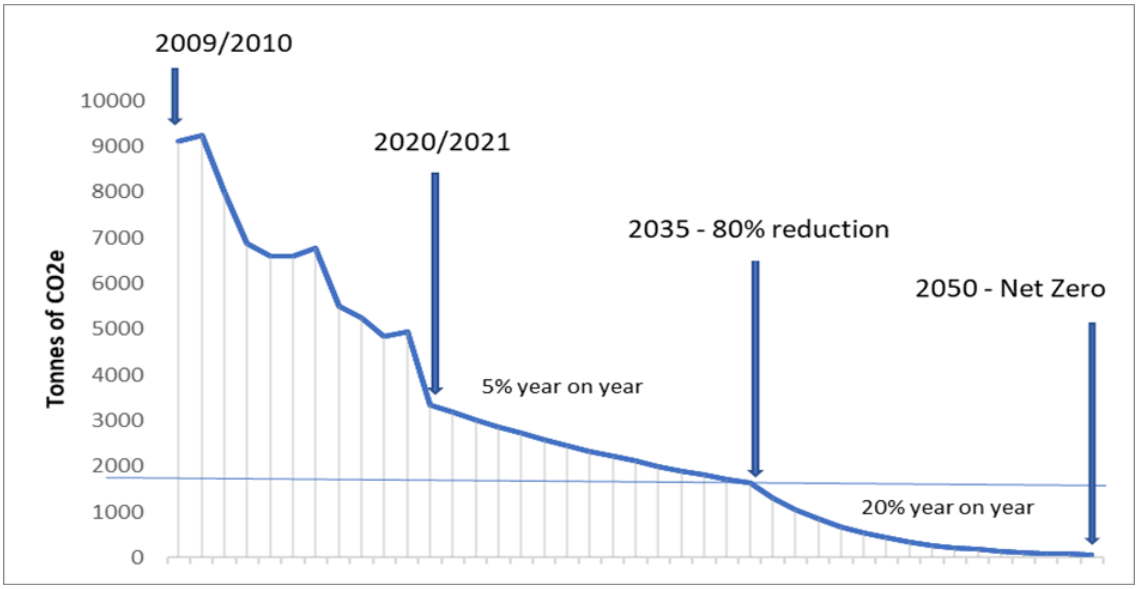

FIG2 : Planned emissions reductions target to reach 80% and then Net Zero

Financing the Green Plan

The individual projects identified will be costed and business cases submitted for approval via the Trust governance processes. The Trust needs to commit to allocating funding to the revenue budget (where required) and to the rolling replacement programme, as well as submitting capital bids to ensure the carbon reduction projects are included with our annual business planning.

Monitoring and Measuring

Finally, we will monitor our progress regularly to ensure that we are on track to meeting our carbon reduction target. To facilitate this, we will continue to hold bi-monthly Sustainability team meetings; we will update our carbon footprint every six months and will report our progress to the Trust Board.

Conclusion

Communication of the Green Plan

To ensure we meet our Net Zero target, it is essential we embed carbon management in the day-to-day running of our Trust. We will achieve this by updating our policies to ensure they reflect our low carbon vision and help us to achieve our Net Zero target.

We will spread responsibility for sustainability and carbon across the organisation with our carbon topic owner's initiative as well as Green Champions. This will ensure all departments are involved and will help with succession planning. We will continue to improve our data management, fill data gaps in our carbon footprint and organise our data so that we can easily update our footprint. We will work with partners in Kent and Medway Integrated Care System (ICS) to deliver a carbon communication programme to raise awareness of the Green Plan and to encourage the involvement of staff, patients and visitors.

We will minimise or avoid adverse effects on biodiversity from our core operations and ensure that all staff are aware of their responsibilities towards protecting and enhancing biodiversity. We will collaborate with local

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councils and businesses to provide our staff and patients with easy access to green spaces on our sites, and in our community.

We will examine the way clinical services are currently delivered and consider whether they make best use of our resources and infrastructure whilst delivering the best care and outcome for our patients. We will continue to develop initiatives to promote staff health and wellbeing linking the importance of improved public health with reducing carbon emissions.

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NHS
Kent and Medway
NHS and Social Care Partnership Trust

KMPT 'NET ZERO' GREEN PLAN

NHS
Saving Carbon
Improving Health

RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

Brilliant care through brilliant people

Contents

Foreword

I am pleased to support KMPT's Green Plan, formerly the Sustainable Development Management Plan, that has been developed to build upon previous work undertaken by the Trust to reduce the environmental impact of its activities while supporting the NHS long term plan to focus on delivering sustainable healthcare.

As a mental health Trust providing community health care services across Kent, relevant activities and the procurement of materials and services, use of energy and water, staff patient and visitor travel results in significant environmental impacts.

Also, as an organisation serving the population of Kent and Medway, it is important the Trust makes clear its commitment and contribution to the Sustainable Healthcare and Net Zero agenda, both in the interest of improved health outcomes as a consequence of less carbon being fed into the atmosphere, and in terms of a more sustainable, efficient way of delivering Trust services so that funding can be clearly directed at frontline services.

I firmly believe that everyone has a part to play in this work, and it is only by working together as 'Brilliant People' that we will achieve the ambition to deliver high quality, sustainable healthcare for our patients now, and for future generations. I hope that you will join us in supporting our plan and helping deliver the improvements required.

I will support fully the implementation of the Green Plan to help meet the targets as set out by Net Zero Carbon Targets.

Helen Greatorex
Chief Executive

NHS
Saving Carbon
Improving Health

Introduction

Climate change is one of the most serious threats to the continued health and wellbeing of millions of people worldwide. The worst aspects of climate change will impact mostly those who are vulnerable and least able to cope. It is therefore vital that action is taken at all levels to reduce carbon emissions and apply the broader principles of sustainable development. The need to keep worldwide temperature rise to below 1.5 degrees means urgent action must be taken now. Other environmental effects like air pollution also have a direct impact on population health.

KMPT needs to demonstrate commitment to promoting environmental and social sustainability through their actions as a corporate body and healthcare organisation especially as the Trust faces many challenges as mental health trust as well as meeting its obligation to corporate citizenship.

More importantly, this Plan also written at the time of a global pandemic, which will impact on our communities and around the world for many years. This has highlighted that community health is dependent on a healthy planet and sustainable economic development is dependent on the health of communities.

The added impacts will be in the foreseeable resetting of budgets, NHS and wider objectives and healthcare delivery in response to the pandemic; which will be reflected in flexibility and management of this Green Plan.

Throughout the transition to becoming Net Zero by 2040, this document will be reviewed and updated to set out a clear strategy, with assigned responsibility to ensure continued progress against carbon reduction targets and other sustainability objectives. This will help lower business risk, improve resilience, reduce the resources impact and improve wider health outcome.

This KMPT Net Zero Green Plan supersedes the Sustainable Development Management Plan (SDMP)

Sirina Blankson
Sustainability and Environment Manager

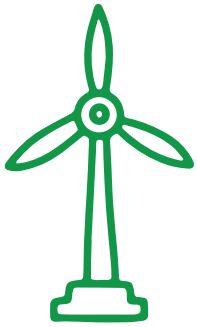
Kent and Medway NHS and Social Care Partnership Trust aims to meet the target in line with the NHS to achieve Net Zero reduction by 2040 based on our 2009 baseline.

What does 'Net Zero' mean?

Net Zero means achieving a balance between the greenhouse gases put into the atmosphere and those taken out. Net Zero can be achieved using three strategies;

1. Reducing/minimising our effects on the environment
2. Decarbonise/switching our energy use to renewable sources
3. Offset – support projects to absorb the carbon we emit

Subsequent to the new announcement of the NHS becoming 'Net Zero' by 2040, we as a Trust are perfectly placed to ensure our Net Zero Green Plan covers the challenges that this target sets for the NHS nationally and supporting regional priorities.



Context and drivers

As stipulated by NHS England, a Green Plan is a Board approved, current and live strategy document outlining the organisation's aims, objectives, and plans for delivering services sustainably.

This Green Plan is also written in the context of the NHS Long-Term Plan, the urgent need to support efforts to address the climate health emergency and the transition to'Net Zero' carbon emissions, as enshrined in the updated UK Climate Change Act. This should include implementation of the NHS Long Term plan deliverables.

The national policy context and local drivers below:

1. **Net Zero Carbon Emissions by 2050** - The first major economy in the world to pass laws to end its contribution to global warming by 2050 in 2019. The target will require the UK to bring all greenhouse gas emissions to Net Zero by 2050, compared with the previous target of at least 80% reduction from 1990 levels.
2. The UK has already reduced emissions by 42% while growing the economy by 72% and has put clean growth at the heart of our modern Industrial Strategy. This could see the number of "green collar jobs" grow to 2 million and the value of exports from the low carbon economy grow to £170 billion a year by 2030.

3. The Climate Change Act -The UK Government introduced a range of legislation and incentives to encourage public sector organisations to reduce their environmental impact. The Climate Change Act 2008 introduced statutory targets to reduce the UK's carbon emissions (CO2e).

Context and drivers continued

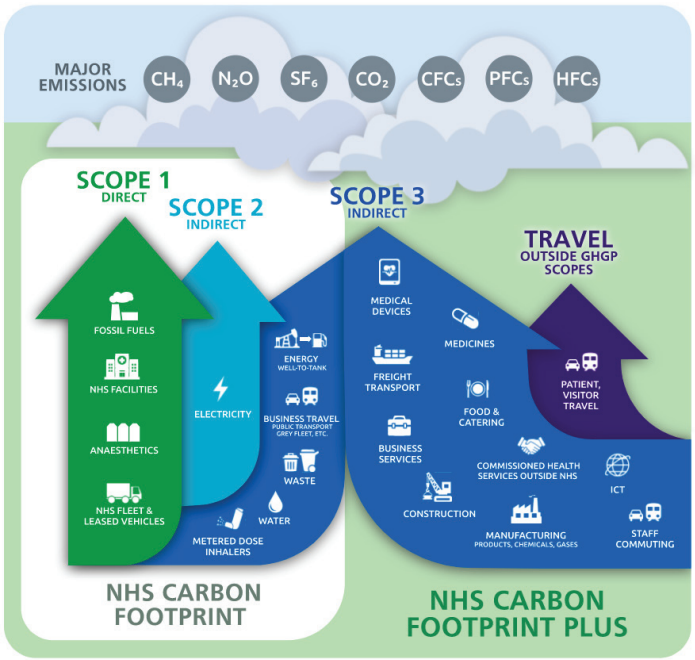
Reduction targets in relation to the NHS 1990 baseline are shown below:

- 34% by 2020
- 64% by 2030
- 80% by 2050

The NHS Context – With around 4% of the country's carbon emissions and over 7% of the economy, the NHS has an essential role to play in meeting the Net Zero targets set under the Climate Change Act (Delivering a 'Net Zero' National Health Service).

Two clear and feasible targets are outlined in the Delivering a 'Net Zero' National Health Service report:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach Net Zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach Net Zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.



The NHS is in a strong position with over a decade of expertise and progress in sustainable healthcare, and the knowledge that our staff support our response to climate change.

The NHS's first Chief Sustainability Officer indicates that the Greener NHS National Programme exists to drive this transformation while delivering against our broader environmental health priorities. Laid out in the NHS Long Term Plan, these extended sustainability commitments range from reducing single-use plastics and water consumption, through to improving air quality.

NHS Long Term Plan

The Long Term Plan for the NHS sets out the following deliverables for environmental sustainability in the NHS. The expectation from NHS England States that, at a minimum, the Green Plans must include the following:

Reduce carbon, waste and water by:

- Phasing out coal and oil fuel as primary heating
- Switching to lower carbon asthma inhalers
- Reducing the carbon footprint from anesthetic gases
- Improving air quality
- Cutting business mileages and fleet air pollutant emissions by 20%
- Reducing the use of avoidable single-use plastics

The draft 2022/23 NHS Standard Contract (www.england.nhs.uk/nhs-standard-contract/nhs-standard-contract-2022-23-consultation-documents) which is currently being consulted on, sets out key deliverables for NHS organisations to support delivery of the NHS Long Term Plan commitments. To keep up to date with the Standard Contract text, please see this link. The 2022/23 Priorities and Operational Planning Guidance also includes sustainable development deliverables for NHS organisations:

- Whilst recognising the need for financial sustainability and meeting the needs and practical challenges associated with significant change, this document sets out a number of ways for the organizations to progress towards a truly sustainable healthcare system.
- It builds on the progress already made to reduce carbon emissions and provides a framework with guidance to facilitate continued improvements in sustainable health.
- KMPT's Green Plan team will continue to explore opportunities available to the Trust, using this guidance and other recent publications to bring about the "Transformation" in the way we deliver a sustainable healthcare.

Benefits of developing a Green Plan

Developing a Green Plan will help KMPT as an organisation to:

- Improve the health of the local community
- Meet its legislative requirements
- Deliver on the NHS Long Term plan
- Achieve its financial goals.

Green Plans are required under NHS planning guidance and standard contract. They also support sustainability requirements under the Social Value Act and Local authority contracts. It also reflects the need to support the transition to a circular economy, protect scarce natural resources, improve local air quality and the resilience of our estate, services and supplies, addressing social inequalities within our region and ethical sourcing of goods and services.

This KMPT Green Plan will provide the detail of our approach to Sustainable Development. It outlines projects and activities including staff awareness and engagement, waste reduction and reducing the carbon emissions associated with our service delivery and operating our estate.

Our Green Plan is structured in the format recommended by NHS Sustainable Development Unit and replaces our previous Sustainable Development Management Plan, reviewed by the Board in 2014.

“ Our Green Plan will be accompanied by a ‘Green Plan: Action Plan’, the progress of which will be reported to the Board annually and the Sustainability Programme Board bi-annually. The action plan will be continually updated to reflect latest national guidance and KMPT progress.

We will collaborate with NHS and other partners to develop local and regional solutions to sustainability where these are of benefit.

Purpose of this plan

This Green Plan will further detail the commitment of the Trust to continuous improvement in minimising the impact of its activities on the environment by:

"KMPT remains committed to continuous improvement in minimising the impact of its activities on the environment while improving positive sustainable healthcare activities.

- Ensuring compliance with all relevant legislation (for up to date guidance on relevant legislation please use the following link: www.netregs.gov.uk/netregs/legislation/current/63594.aspx)
- Including climate change in the Trust's risk register, together with the associated financial risk
- Designating a Board lead for sustainability, and allocating additional lead responsibilities
- Developing and implementing plans to address the major components of the Trust's carbon emissions including direct energy consumption, procurement, transport (including business, commuting and patient travel) and waste
- Working in partnership with identified stakeholders under Local Strategic Partnerships to ensure that collaboration aids the integration of this agenda, both within the organisation and also in a wider setting
- Pursuing an active communications initiative to engage all staff, visitors and patients who visit/use the Trust's facilities.

Our Net Zero carbon vision

Our vision remains the same as previously stipulated our Carbon Management Plan and Sustainable Development Management Plan it's even more poignant now that we are developing the Green Plan to build on.

KMPT's performance so far

KMPT still continues to demonstrate its compliance, commitment to sustainability, reducing its carbon emissions and minimising its impact on the environment and climate change through various initiatives and projects. This report covers the sustainability performance of the Trust up to the year 2020/2021.

KMPTs ambitious Sustainable Development Management Plan (SDMP 2015-2020) sets out our clear vision, strategy and objectives for delivering sustainable healthcare across the Kent and Medway and beyond. As we are already aware, we are legally obliged to address climate change, with an 80% reduction in carbon emissions required by 2050 as set out in the UK's Climate Change Act (CCA). This informs our carbon reduction targets of 34% by 2020 (using the NHS 1990 and KMPT 2009 baseline figures).

The implementation of LED lighting and installation of Solar Panels across some of our hospital sites is amongst our most proud moments in addressing Climate Change and reducing our Carbon Emissions. The LED project has also enhanced light levels in all areas of implementation, creating a brighter and fresher environment for patients and staff alike, thus improving health and well being. Also, this single project is set to reduce the energy consumption for lighting by an average of 69% in the project areas.

Using the Carbon Trust Sustainability reporting metrics for the healthcare sector, for the period of 2018/19, we measured a 30% reduction of the 34% reduction target at the start of 2019/20.

As per Figure A, our core Carbon Footprint has reduced significantly since 2009 where current emissions for 2020/2021 were estimated to be 3311 tonnes of CO2e.

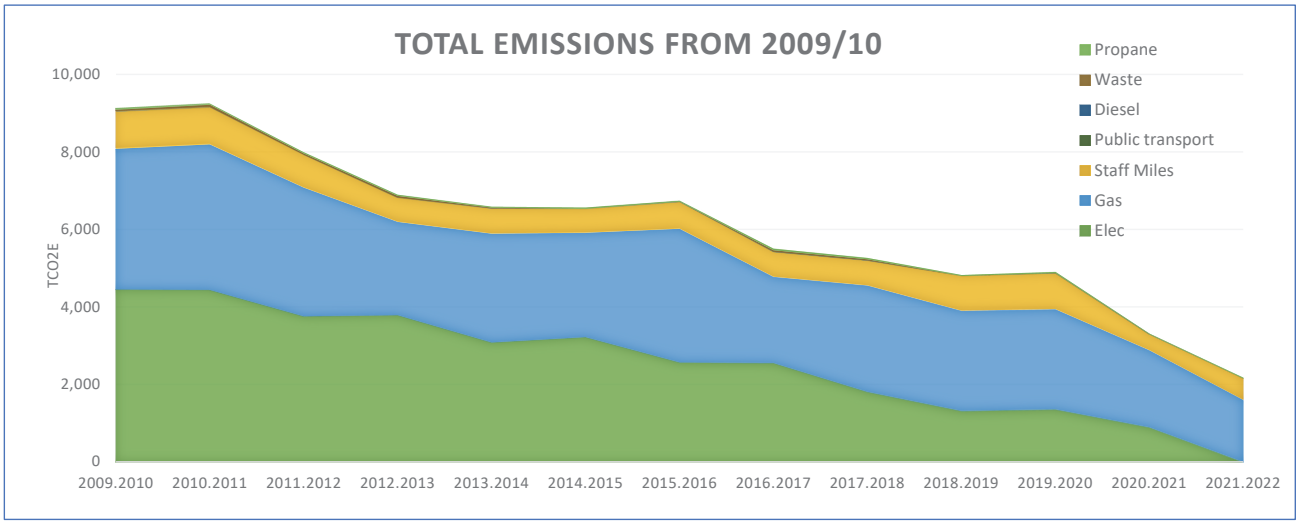


Figure A: Baseline comparison of total CO2e emissions released from day-to-day practices across the Trust.

Figure B shows how the makeup of emissions has changed from 2009/2010 to 2020/2021. There have been significant reductions across all 3 Scopes, with the most notable being Scope 2 emissions. This can be directly attributed to the installation of solar panels and the rollout of LED lighting helping to reduce our draw of electricity from the grid as Scope 2 emissions are all emissions associated to the "consumption of purchased electricity, heat, steam and cooling. These are a consequence of the academy trust's activities but are from sources not owned/controlled"; i.e. grid powered electricity.

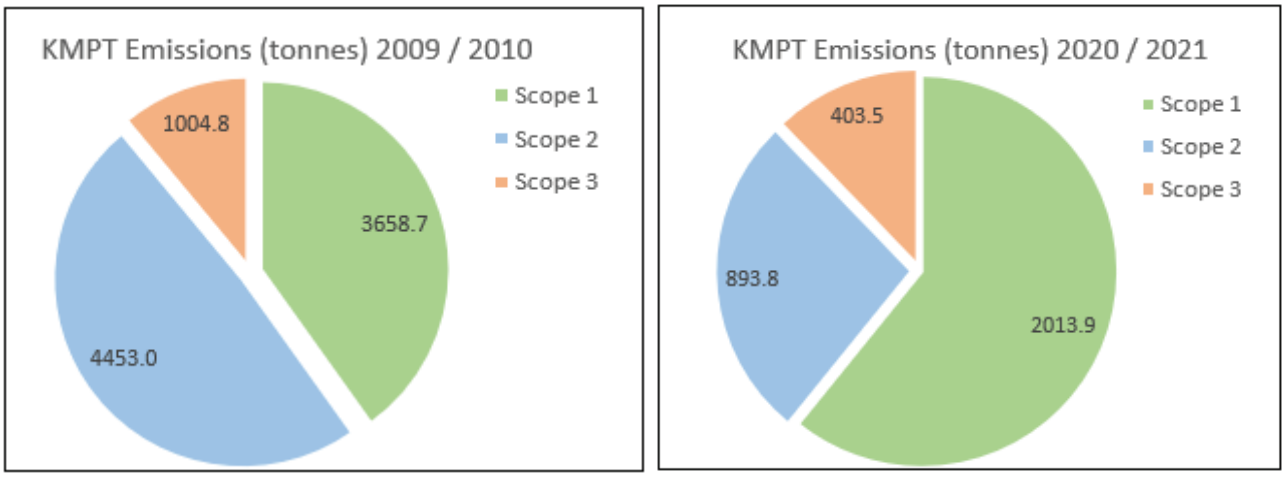


Figure B: Emissions Trend from 2009 – 2021 with breakdown of Scopes. For a more detailed breakdown of the 3 scopes and the associated emissions, please see Appendix 1: Scope Emissions Summary.

With the progress that has been made thus far and the proposed plans laid out in the 'Green Plan: Action Plan', we are hopeful that we will be able to reach the ambitious Net Zero targets we have set ourselves.

"We demonstrate our compliance, commitment to sustainability, reducing our carben emissions and minimising our impact on the environment and climate change through our various initiatives and projects.

Methods of reaching 'Net Zero' and 80% reduction?

In 2009/2010 it is estimated that KMPT was responsible for emitting over 9000 Tonnes of CO2e into the atmosphere. KMPT and the wider NHS have agreed to reduce the volume of CO2e being emitted as part of day to day practices by 80% by 2035. In practical terms, this means that KMPT must be responsible for emitting no more than roughly 1800 tonnes of CO2e per annum.

In an attempt to reach these challenging targets, Figure C shows how a plan of continued gradual reductions will help not only to ensure that overall reductions targets are met but it also allows time for innovation and adaptation to embed to ensure excellent service delivered across the trust is maintained. It is on this basis that KMPT will be aiming for a continued reduction of 5% year on year between 2020/2021 and 2035 to enable the trust to reach the 80% reduction target, and then from 2035 to 2050 a more challenging target of 20% reduction year on year is proposed to see that the Trust reaches Net Zero.

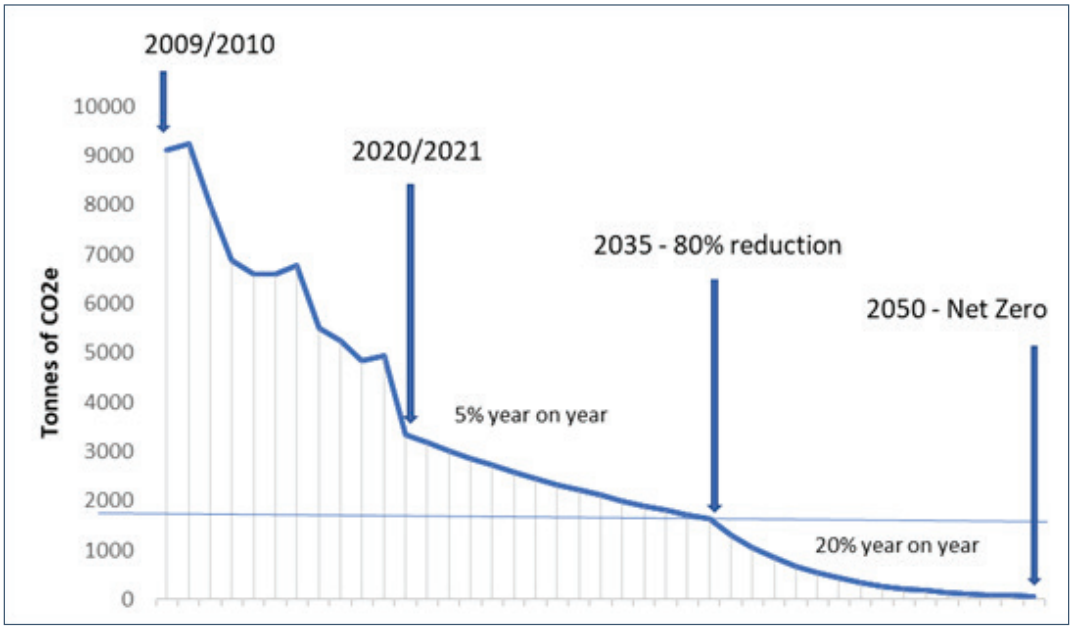


Figure C: Planned emissions reductions target to reach 80% and then 'Net Zero'.

To reach these lower levels of emissions, KMPT must address how and what energy is used across all departments.

The "how" refers to how much energy the Trust are using; improving energy efficiency and reducing energy waste are key aspects to look at.

Examples of how the Trust will be reducing energy usage include:

- Phasing out coal and oil fuel as primary heating
- Replace old boilers and heating systems with more efficient ones
- Increase the level of insulation of all buildings
- Reduce temperature variations between work spaces
- Ensure all light fittings are installed with LED
- Increase use of low carbon/sustainable/recyclable supplies
- Holding virtual meetings wherever possible
- Prioritise the use of local products and services with a lower carbon footprint.

The "what" refers to what energy the Trust is using; using clean source of energy are fundamental in reaching our emissions targets.

Examples of what energy is being used:

- Increase the number of solar panels capable of generating on site electricity
- Switch all grid powered electricity to come from renewable sources
- All KMPT vehicles to be fully electric or hybrid vehicles
- KMPT to ensure EV charging points are available at all sites. Carbon offsetting is the third element that will need to be included in the mix. Carbon offsetting refers to techniques used to remove carbon from the atmosphere; these can be natural or technological although the ecological benefits of natural methods of capturing carbon from the atmosphere often means these are the preferred method.

Examples of carbon capture methods KMPT will adopt:

- Improving the quality of the green spaces in and around site
- Planting carbon capturing tree and plant species
- Partner with national charitable organisations specialising in revitalising peatlands, seagrass, moorlands etc; all of which are shown to be huge carbon sponges.

Defining the components of the Green Plan

The Green Plan focuses on 10 areas of focus split across 4 themes which have been identified as being key to embedding sustainability into the operations of the Trust. Figure 8.1 below illustrates how the each of the key areas have been groups together under 4 themes. These areas form the foundations of the Green Plan, where each area has been set realistic, measurable targets requiring clear focus to ensure delivery.

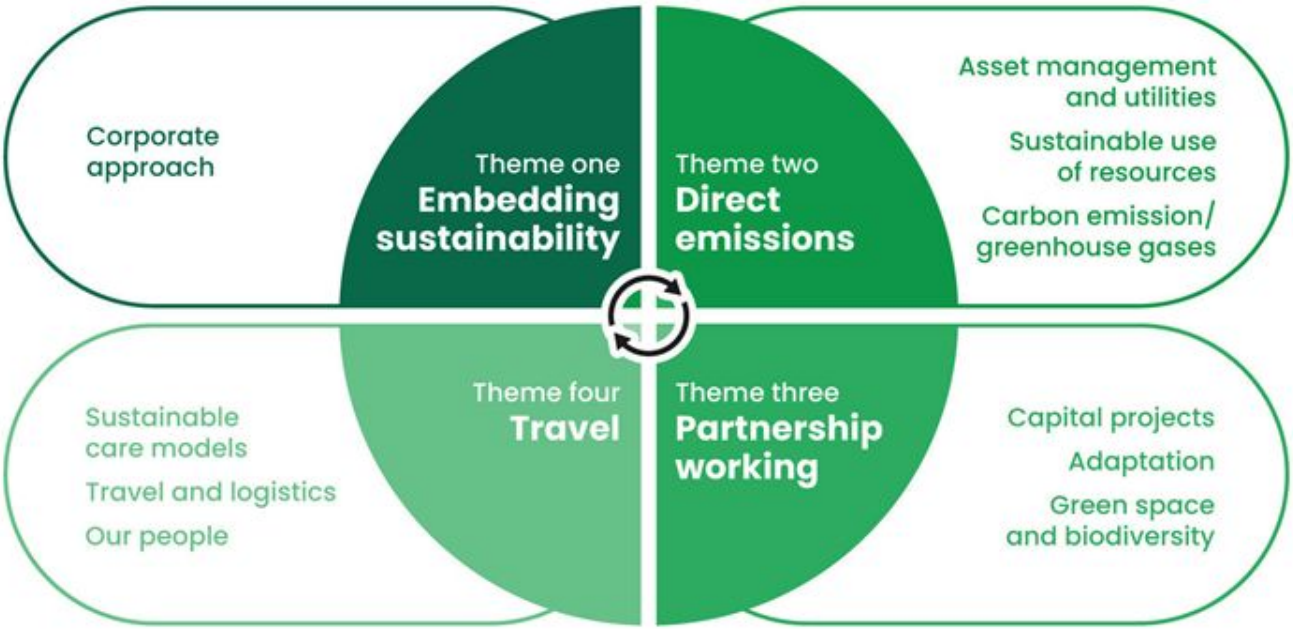


Figure D: The Green Plan four themes and 10 key areas

The next part of the Green Plan dedicates a section to each area of action and describes what we want to achieve, how we wish to achieve it and how we will measure this.

This is the most fluid part of the Green Plan and will require frequent updates to reflect new and better metrics, operational priorities and environmental factors. Individual Action plans will be created for each area to provide further detail on how these aims are to be achieved. Year 1 action plans for each of areas to be focused on in 2022/2023 are appended to this Green Plan.

This action plan will also be reflective of the regional and national priorities as well as working with our non-NHS partners to meet our Net Zero Plans. The action plan below will be implemented alongside our Estates Net Zero Plan, see Appendix 4 to ensure all future and ongoing plans for our buildings and infrastructure are aligned.

Theme one
Embedding sustainability

Corporate approach: The corporate approach is about how we embed green/ sustainability practices and thinking into all aspects of the Trust's work and contract agreements.

What we want to achieve	How we are going to acheive it?	How are we going to measure it?
To take a holistic approach to delivering sustainable healthcare driven from the top down. To integrate an appropriate governance structure, that heavily involves staff and stakeholder engagement, communications and training. The development of new and the continued use of existing forums and groups open to all staff to actively participate in Sustainability and Environmental discussions. Make essential sustainability training available for all staff by 2025.	Ensuring there is a Sustainability Training for all staff (induction and e-learning) to provide and improve skills, knowledge and support across all staff to drive behavior and culture change. Ensure there is a dedicated webpage for awareness and updating staff on Sustainability initiatives. Actively engage with the Green Champions more frequently. Governance structure for the Green Plan to be signed off. Work with our partners and suppliers to improve knowledge and understanding of the Trust's challenges and mitigation opportunities.	Report on the Trust's Sustainability transition against the Green Plan. Sustainability Group to report to the Sustainability Programme Board. Include a comprehensive sustainability section in the Annual Report. Include the financial aspects linked to the carbon reduction commitment energy efficiency scheme in annual reports. Review the effectiveness of Green Champion meetings with notable completed actions, levels of attendance and improved levels of engagement.

Theme two
Direct emissions

Asset management and utilities: The Trust is committed to reducing the environmental impact of our entire infrastructure. This applies not only to reducing the energy consumption of the large assets, such as buildings and operational plant, but also to reducing water consumption and waste.

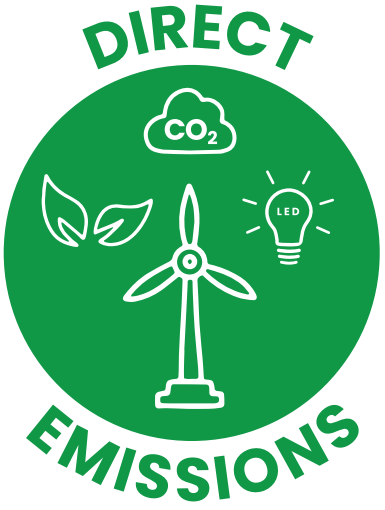
What we want to achieve	How we are going to acheive it?	How are we going to measure it?
Reduce fossil fuel use on our estates over the next 5 years, with the long-term goal of phasing out their use before 2040. Reduce our overall waste volume by 5% per year, thus improving our overall recycling rate and continuing our zero to landfill achievement. Reduce water consumption by 5% year on year and remain within the lower quartile value of our peers.	Install water saving devices as standard into building projects. Influence users, patients and visitor towards water efficiency. Assess and divert existing waste streams to increase recycling where feasible. Encourage paperless offices and other waste reduction indicatives. Co-ordinate feasibility studies to identify the potential areas for the installation of new green technology.	Data collection and regular reporting of waste, water, gas and electricity usage. Create metrics to aid year on year comparisons. Regularly audit sites and buildings to identify potential areas for improvement.

Sustainable use of resources: The Trust is committed to better implementation of the waste hierarchy with the aid of an approved Waste Policy.

What we want to achieve	How we are going to acheive it?	How are we going to measure it?
Reduce the emissions associated with procurement purchases. Move the Trust towards a circular economy together with the increased use of WARPIT to avoid "buying new". Cease purchase of single-use plastics (including stirrers, straws, cutlery, plates or cups made of expanded polystyrene or oxo degradable plastic) by April 2023.	Minimise the amount we buy, considering whole life costs and strengthening our requirement for sustainable products. Focus on waste prevention and reuse and ensuring resources are put back into the system for recycling. Evaluate the environmental and sustainability credentials of all goods and services.	Create a sustainable procurement plan to support NHS supply chain. Monitor stock management and streamlining of products lines to reduce waste (Single use plastics). Track the food miles, consumption patterns and disposal of food and drink products for staff and patients. Track the carbon and cost savings made by staff using WARPIT.

Carbon emissions/greenhouse gases: We are committed to improving the carbon performance of existing buildings (energy consumption, water consumption, waste production).

What we want to achieve	How we are going to acheive it?	How are we going to measure it?
Exceed the current NHS commitments and reduce carbon emissions from energy consumption by 80% by 2035 (from our 2009/10 baseline). Cut overall emissions by 5% year on year from 2020/2021. KMPT to achieve Net Zero status by 2050. Maintain the current diversion of 100% of domestic waste streams from Landfill to Energy Recovery.	Engage our supply chain in carbon reduction. Improve data collection on supply chain emissions. Engage with all departments across the Trust to encourage Staff to make environmentally responsible decisions. Carry out site surveys to identify areas of water or energy wastage.	Use the Emissions Reporting tool to provide regular updates and track reductions. Annual review of progress being made and put steps in place to overcome any obstacles preventing us from meeting the targets. Identify and monitor direct and indirect emissions sources within the locations where the Trust operates.



Theme three
Partnership working

Capital projects: We are committed to developing low carbon new builds and major refurbishments and we commit to entering into new leases with Low Carbon buildings.

What we want to achieve	How we are going to acheive it?	How are we going to measure it?
To achieve at least "average" emissions ratings for our newer buildings. Aim to improve the energy rating of all KMPT owned property by at least 1 unit of measure by 2035.	Use building surveys, advisory reports and project teams to ensure sustainable compliance and develop improvement plans for buildings. Design sustainability in early project specifications, briefs, contract and tender documents. Utilise Building Management Systems to maximise the efficiency of existing infrastructure. Ensure all capital projects have a detailed environmental/ sustainability impact assessment.	Record BREEAM ratings for new builds and refurbishments. Record and monitor energy ratings of all existing buildings. Review all capital project initiatives to ensure a detailed environmental/sustainability impact assessment has been carried out.

Adaptation: The Trust is committed to working with key partners and other local, regional or national stakeholders to develop and implement effective action to mitigate future risks.

What we want to achieve	How we are going to acheive it?	How are we going to measure it?
Develop an Adaptation and Risk Management plan to guarantee the future of service provision.	Remain an integral part of our national, regional and local partnership networks; i.e. local councils, Greener NHS, ICG etc. Utilise specialist advice and guidance from peers and external consultants to aid. Implement adaptation strategies across the Trust to ensure the longevity of building, infrastructure and services.	Annual update and review of the Adaptation and Risk Management plan. Active participation in Carbon reduction and sustainability group meetings. When feasible, commit to trials on new technology, schemes or processes and report our findings to partners.

Green spaces and biodiversity: The Trust is committed to improving and maintaining green space has positive benefits on mental health and wellbeing whilst supporting cleaner air, noise reduction and supporting biodiversity.

What we want to achieve	How we are going to acheive it?	How are we going to measure it?
To empower staff to take pride in and improve their green spaces. Improve the carbon sequestration potential of existing green spaces. Increase the area of green space by 50% across all KMPT sites by 2025. Improve the quality of our green spaces for staff, patients and wildlife.	We will encourage staff to be actively involved in the creation, maintenance and ongoing development of our green spaces. Co-ordinate feasibility studies and site surveys to identify potential areas for biodiversity improvement. Create a board approved Green Space and Biodiversity strategy in partnership with existing stakeholder groups.	Increased volunteering opportunities for staff and increased take up of these opportunities. Increase biodiversity/percentage of green space across the Trust. Report on the quality and accessibility of our green spaces and biodiversity to the board. Gather staff feedback on their wellbeing improvements due to greater access to green space during working hours. Gather patient feedback on their experiences and how they interacted with the green spaces.

Theme four
Travel

Sustainable care models: The Trust is committed to delivering the right care, at the right time, in the right place, every time.

What we want to achieve	How we are going to acheive it?	How are we going to measure it?
Confidence that, in spite of the increasing severity and impacts of Climate Change, our services remain fit for purpose. To deliver low carbon, high quality healthcare. The creation and implementation of sustainable care models. Include a sustainability and social value assessment on all business cases.	Include a sustainability and social value assessment on all business cases. Instill elements of sustainability as part of our care services by engaging with Clinical Services. Quantify the financial, economic, social and health benefits of some of our sustainable care models. Actively engage staff and service users in service design, so that the care models we provide are realistic and appropriate.	Calculate the environmental and carbon impact of specific care models to inform improvement plans. Monitor the impact from efficiency programs. Evidence holistically sustainable care models by way of case studies. Increased and encouraged participation by Clinical Services in Green Champions events and Sustainability Steering Groups.

Travel and logistics: We will reduce emissions from our fleet by using more fuel efficient vehicles and will encourage cycling, walking and the use of public transport.

What we want to achieve	How we are going to acheive it?	How are we going to measure it?
Reduce emissions associated to transport (Business mileage) by 25% by 2025 to improve local air quality. All fossil fuel powered transport owned/leased by KMPT to be replaced with electric alternatives. Improved access to EV charging points for staff and patients. Increased use of teleconference and video conference options.	Develop a Green Transport plan to incorporate sustainable travel options. Install EV Charging Points where possible. Engage with local and regional councils to develop and promote increased use of green travel initiatives, EV charging point rollout programs and increased use of public transport options.	ARecord and report on business miles and the associated emissions. Produce annual travel information and data to staff. Questionnaires and data collection from Trust staff, patients and visitors to inform Green Travel plan options. Monitor active Green travel take up.

Our people: The Trust is committed to demonstrating Green Plan leadership and involving all levels of management and staff, while reinforcing this in job descriptions.

What we want to achieve	How we are going to acheive it?	How are we going to measure it?
All staff have both the understanding and motivation to embrace the commitments being made in the Green Plan. Empower staff to make sustainable and environmentally conscious decisions. Deliver a bespoke Green Agenda to the Green Champions to encourage and support their efforts in helping to drive change across the Trust.	Supporting staff to adopt more sustainable ways of working which will deliver benefits to patients and the community. Deliver programs to raise awareness of sustainability and the links between our environment and health and wellbeing. Ensure sustainability is a standard agenda item throughout the Trust. Include sustainability in workforce development, reviews and appraisals.	Increase in staff participation of sustainability programs, events and activities. All job descriptions will refer to personal responsibility within all roles towards sustainability. Creation of a mandatory training module on sustainability. Improved attendance at Green Champion meetings and other Sustainability Groups. Record and log requests from staff for further training, information and ideas.

Governance structures

The Board recognise that successful implementation of this agenda will require cross organisational support. The Carbon Management Project Team will therefore monitor the implementation of this agenda. Initially they will prepare the corporate statement and strategic direction of work, which will then be consulted upon and ratified by the Carbon Management Program Board.

Reporting on the Green Plan

The Green Plan Project Team will provide progress reports to the Board at six monthly intervals.

Organisation and responsibilities

The Green Plan should be owned by the entire organisation, with appropriate training arranged and monitoring undertaken at all levels. Figure E below demonstrates the dissemination of responsibility throughout the organisation.

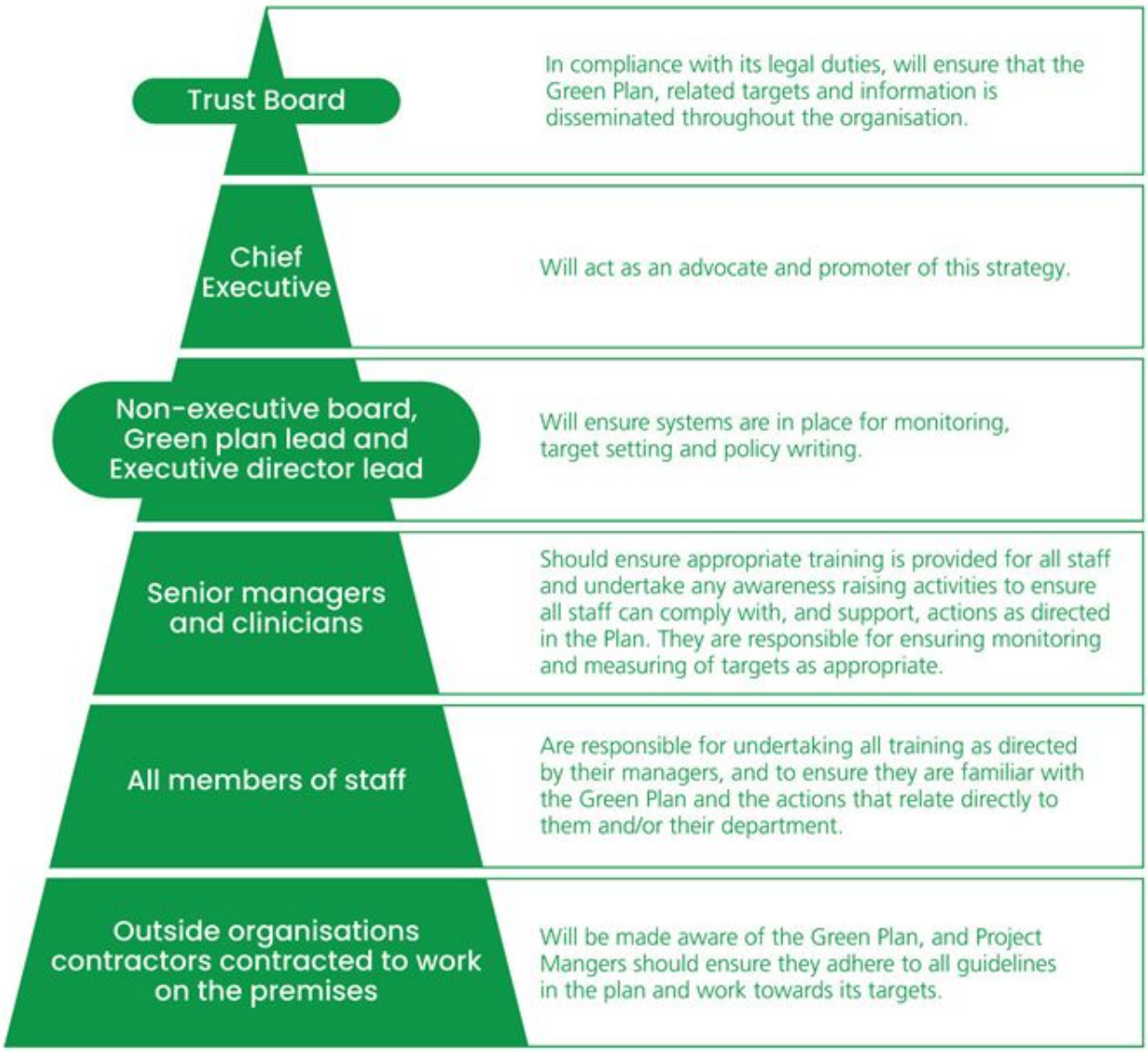


Figure E: Pyramid of responsibility.

Communication of Green Plan

The success of the delivery of this plan will depend on a good communication plan. The communication plan highlights all the forms of communication to be used to raise awareness, engage and educate various levels of staff across the Trust. Please see below the different media with which we will communicate the plan:

Channels of communication:

- Sustainability report to the Finance and Performance Committee
- Sustainability Board engagement session
- i-connect
- Email
- Green Champions
- Twitter
- Trust newsletter bulletin
- Campaigns
- Posters
- Training

Financing the Green Plan

Currently there is no dedicated budget towards sustainability projects; a business case for each project has been written in the past, funding options or existing budgets have also been used to be able to deliver some projects.

In order to successfully deliver the on all the action plan and communications plan and projects required to meet the targets outlined in this plan whilst still maintaining compliance, additional resources maybe needed to support the small environmental team which will need to be explored further.

Revenue funding will be required to deliver an annual engagement program, including the sustainability seminar; this will allow the sustainability team to make small purchases to assist with the behaviour changes required to create a sustainable KMPT.

There is a risk for not undertaking and investing in sustainability in the Trust. Solutions to such challenges (such as Green Infrastructure) offer a significant opportunity to increase climate resilience, whilst potentially also improving health outcomes, economic performance and overall quality of life

A lack of engagement or contribution from staff poses a risk that would result in the targets and aims of this plan not being met. Reducing consumption patterns, installing new technologies, adapting services and changing organisational cultures for example are not achievable without the support and willingness of all stakeholders to get involved. Training and education will be key to overcoming this risk together with publicised and verbalised support from all levels of the "pyramid of responsibility" (Figure E) to demonstrate the need to take collective responsibility for these targets.

Monitoring and measuring

Without accurate measuring and reporting, organisations will find sustainability and carbon reduction difficult to monitor. Regular feedback and reporting will become standard practice within the Trust, where automated metering and monitoring will play a critical role in allowing the Trust to monitor real time energy consumption and eradicate estimated billing, and further allow the Trust to react early to any potential utility wastage thus contributing to maintaining our organisation carbon and energy reduction commitments.

We will track the progress of this Green Plan using both qualitative and quantitative methods of data collection. We will be using the most appropriate measurement monitoring tool available to the Trust which could easily be adapted to Greener NHS monitoring tool. We will also utilise a number of schemes and UK accredited organisations to aid the Trust in monitoring our sustainable aspects and impacts consisting of:

- Carbon Trust
- Greener NHS Unit (SDU)
- BREEAM (Healthcare)
- ERIC Returns

There are currently a number of mandatory and voluntary reporting streams which Trusts are required to undertake:

ERIC (Estates Return Information Collection)
A mandatory data collection for all NHS Trusts required by the Department of Health and Social Care.

Greener NHS Sustainability Reporting Portal
This requires Trusts to input their annual data collection which then calculates the carbon emissions the various areas of organisational activity e.g. energy, estates, travel and procurement etc. which then informs and helps populate the mandatory sustainability section within the Trust's Annual Report.

It is essential that a series of robust baselines are agreed between all parties before the delivery of any sustainability initiatives. The lack of both an accurate baseline and an agreed monitoring mechanism will make the evaluation of any initiative impossible, hence the mandatory requirement prior to commencement. For the purposes of this Green Plan, the baseline of 2009 will be used.

Conclusion

The Trust is fully committed to Climate Change adaptation and this strategy provides a vision of why Green Plan is vital to the Trust's reputation for a range of economic, social and environmental reasons. Government targets and associated penalties put pressure on organizations to reduce carbon emissions; risks of not taking action are listed. However there are many additional reasons why a socially responsible organisation should want to take action – particularly within healthcare where clear public health benefits to the population can be demonstrated in addition to economic drivers.

The benefits of well designed sustainability projects will more than offset the upfront costs, but we will calculate and plan our next steps to realise these benefits and ensure we remain on route to achieving our targets. More importantly, underpinning these actions are the need for Board-level support, clear governance and resource-planning, excellent communications, and full engagement within all departments and from stakeholders across the wider healthcare community.

A document entitled Green Plan Work streams will be drafted to provide greater detail as to how the commitments made by the Trust are to be delivered. The Green Plan Work streams document will serve as the mechanism by which tasks and performance are both planned and monitored.

Once agreement has been reached as to the priority work streams, full project plans will be created and resources identified and assigned.

Appendices

- **Appendix 1:** Emissions summary
- **Appendix 2:** Year 1 action plans
- **Appendix 3:** Communication strategy
- **Appendix 4:** Estates project plan
- **Appendix 5:** Green Plan targets

Appendix 1
Emissions summary

Scope 1 - includes emissions from activities owned or controlled by the academy trust that release omissions into the atmosphere. Examples include emissions from combustion in owned or controlled boilers, vehicles.

Scope 2 - includes emissions from own consumption of purchased electricity, heat, steam and cooling. These are a consequence of the academy trust's activities but are from sources not owned/controlled.

Scope 3 - emissions that are as a consequence of the trust's actions, but the source is not owned or controlled, and which are not classed as scope 2 emissions.

2009/2010

Scope 1 - direct GHG emissions			
Emissions source	**Units**		**tCO2e**
Natural gas	kWh (gross CV)	19,743,564	3626.00
Solar	kWh	0	0.00
Diesel	kWh	10,597	2.55
Propane	kWh	140,069	30.19
	Total	19,905,230	3659

Scope 2 - energy indirect emissions			
Emissions source	**Units**		**tCO2e**
Grid electricity	kWh	8,238,194	4453.00
	Total	8,238,194	4453

Scope 3 - other indirect emissions			
Emissions source	**Units**		**tCO2e**
Staff travel	km		962.84
Public transport	km		0.00
Waste	tonnes		41.98
	Total		1005

2020/2021

Scope 1 - direct GHG emissions			
Emissions source	**Units**		**tCO2e**
Natural gas	kWh (gross CV)	10,861,574	1993.32
Solar	kWh	527,200	0.00
Diesel	kWh	10,583	2.55
Propane	kWh	84,254	18.07
	Total	11,483,611	2014

Scope 2 - energy indirect emissions			
Emissions source	**Units**		**tCO2e**
Grid electricity	kWh	3,868,708	893.83
	Total	3,868,708	893.83

Scope 3 - other indirect emissions			
Emissions source	**Units**		**tCO2e**
Staff travel	km	2,091,102	403.39
Public transport	km	15,744	0.11
Waste	tonnes	0	0.00
	Total	2,106,847	403

Appendix 2
Year 1 project plan

The KMPT Green Plan sets out 10 areas of focus for the Trust to improve sustainability, resilience and reduce the impact of our services on the environment and the local community.

The Green Plan sets out the target areas that are to be completed or integrated into KMPT services over the coming 20 years.

To help focus attention on certain areas of the plan, it is KMPT's ambition to take 3 key aspects of the Green Plan and focus heavily on promoting these 3 key aspects throughout the year.

The following Project Plans detail what 3 key aspects will be the focus of 2022/2023 and how KMPT intend to promote and integrate these areas within Trust services.

Green space and biodiversity project plan

The commitment

The Trust is committed to improving and maintaining green spaces that have positive benefits on mental health and wellbeing whilst supporting cleaner air, noise reduction and improving biodiversity.

To empower staff to take pride in and improve their green spaces.

How this is to be achieved

A 4-stage approach to meeting this commit is outlined below:

Stages	Action to be taken	Timescales for completion	Who will be involved
Research	Run an exercise to appoint a qualified and certified Consultancy to complete Ecological Surveys across all KMPT sites. Surveys to start April 2022 Complete ecological surveys across all sites to determine: • the existing level of biodiversity • the quality of the ecosystems already on site • identify potential opportunities for improving biodiversity and ecosystem health	February/March April to May	Procurement External ecology consultancy/ agency to be appointed Estates team Utilities team
Design	Review the recommendations of the Ecological Survey to identify potential opportunities for improving biodiversity and ecosystem health across KMPT sites. Scope out the feasibility of all potential opportunities for biodiversity and ecological improvements. Determine which opportunities are to be implemented and create a Biodiversity Improvement Plan. Secure funding for these projects	May June July to August	Estates team Utilities team Capital projects Procurement

Install	Manage the installation of the projects through to completion	August to March (Some installations may be seasonal and therefore could fall outside of this time frame)	External expert contractors to undertake the necessary works Estates team Utilities team Capital projects
Review	Six to 18 months after installation review the renewed quality of the ecosystems and record the improvements made to biodiversity across all sites.	Up to one month to complete	Utilities team Estates team

Proposed benefits of the green space and biodiversity project

- Supporting and improving habitats for a variety of species
- Improved visual aesthetics of sites which can help to instil a sense of price among staff and service users
- Encourage volunteers to help with the development of the sites to promote engagement, social interaction and inclusion
- An increase in planting and vegetation will improve the potential for carbon capture across the sites, which will help KMTP to offset some of its carbon emissions, improve on site air quality and reduce flood risk
- Improving the quality and accessibility of green spaces across the Trust will help to promote increased usage of these areas by both staff and service users, which in turn can have a positive impact on individual health and wellbeing.

Travel and logistics project plan

The commitment

The Trust is committed to reducing emissions from our fleet by using more fuel-efficient vehicles.

The Trust will encourage cycling, walking and the use of public transport by staff and service users.

How this is to be achieved

A 4-stage approach to meeting this commit is outlined below:

Stages	Action to be taken	Timescales for completion	Who will be involved
Research	Undertake a survey of existing KMPT fleet to better understand the size of the fleet, vehicle types and usage. Gather together all staff mileage data to understand the miles travelled by staff and the types of vehicles used. Distribute a survey to all staff to understand the barriers to using sustainable forms of transport. Undertake surveys at all KMPT sites to assess what facilities are available to support the use of sustainable transport. Obtain information on miles travelled to KMPT sites by service users and what methods of transport are used. Consult with KCC on what programmes/information the Council are able to provide to promote and support increased use of sustainable transport across the County.	March April March April April April	Utilities team Facilities team Communications Finance team (for mileage data) Kent County Council Green Champions
Design	Review the information collected from the staff survey to understand what barriers staff are experiencing. Identify which KMPT sites require improvements in facilities or infrastructure to help support the use of sustainable transport by staff and service users. Create a Sustainable Transport Improvement Plan using the data collected and secure funding where necessary.	May May June to July	Utilities team Capital projects Facilities team Procurement
Install	Implement the actions from the Sustainable Transport Improvement Plan. Undertake a campaign to promote the improvements being made on sites and the facilities/services available to staff and service users.	July to September September to March	Utilities team Capital projects Facilities team Procurement Communications
Review	Review the uptake/use of sustainable transport. Collect data from newly installed facilities to review patterns of usage. Liaise with KCC to review the uptake of county wide schemes and identify ways to improve usage where possible.	March	Utilities team Kent County Council

Proposed benefits of the travel and logistics project

- The action to reduce carbon emissions from transport will support the KMPT Clean Air Pledge
- Reduced emissions on KMPT sites and county wide will help to improve air quality
- Increased staff and service user mobility will help to improve both physical and mental health
- Reduced traffic in and around KMPT sites will help to reduce accidents and near miss events and improve staff and service user safety
- Fewer cars and vehicles on sites will reduce the stresses on parking facilities.

Corporate approach project plan

The commitment

The Trust is committed to promoting staff and stakeholder engagement with and awareness of the KMPT Green Plan and Carbon Strategy, improving communication and understanding of sustainable practices and embedding training at all levels throughout KMPT.

How this is to be achieved

A 4-stage approach to meeting this commit is outlined below:

Stages	Action to be taken	Timescales for completion	Who will be involved
Research	Review the sustainability training currently available to staff. Review what information is currently available to staff and how easy this is to access for all staff. Undertake a resource review to ensure all documentation is up to date, relevant and is in line with KMPT pledges and plans.	February and March	Utilities team Learning and development team Communications
Design	Review the quality of the information and training available to staff. Create a Training Improvement Plan and secure funding where necessary.	April May	Learning and development team Utilities team
Install	Implement the improvements to the training material and resources available to staff as recommended in the Training Improvement Plan. Carry out a staff wide campaign to promote the new material available and ensure all staff are up to date with their training requirements.	May to July July to March	Utilities team All staff Green Champions Learning and development team Communications

Review	Once the improvements have been completed, undertake 6month reviews of the training and resources available to staff to ensure it continues to be maintained, updated and relevant to KMPT pledges and plans.	One month to complete	Utilities team Communications Learning and development team

Proposed benefits of the corporate approach project

- All staff will have the required level of knowledge and understanding of sustainability and what it means for them and the Trust
- Staff will be familiar with KMPT pledges and Green Plans, therefore allowing them to get involved and improve staff engagement
- Staff will have an improved level of understanding of what impact their actions can have on the local and wider environment
- Improved understanding will encourage staff to review internal processes and procedures to incorporate more sustainable methods of working
- Take home messages will help staff to improve their own carbon footprints and to make more sustainable choices at home.

Appendix 3

Communications strategy

A comprehensive communications strategy is vital to the success of the Trust's Net Zero Plan.

By undertaking sustained, creative and targeted communication activity it will be possible to change behaviours and have a positive impact on the Trust's carbon footprint, and possibly that of staff when they are not at work. Communications activity will focus on three key areas:

- Educating and imparting knowledge and understanding of carbon reduction issues
- Prompting voluntary collective action amongst staff and service users
- Informing staff about carbon reducing initiatives introduced by the Trust

2022 - 23 therefore needs to be considered and communicated as a year of action as attached in Year 1 project plan.

To achieve the first two bullet points above, the Trust will work in partnership with the other Trusts, KCC and the ICS to agree a shared timetable for communications activity and to generate the necessary communications material. This collaborative working will not only ensure consistent messages across the NHS in Kent but will also create efficiencies by ensuring there is minimal duplication.

A standard set of communications materials will be produced by a Communications Team in turn to support each monthly theme and shared with the other members of the collaborative. This will include, web copy, pictures, newsletter articles, briefing material, posters and other supporting material as appropriate.

Many of the themed months will 'piggyback' national initiatives and action days and will be support by a designated day of action each month. These Days will be called "Green Days". These monthly days will be the day people are called to voluntarily undertake a carbon reducing activity – such as walking to work. Publicity throughout the month will support these events and a system for measuring participation and impact will be introduced. As will a mechanism for recognising success – e.g. a CEO Green Certificate.

In addition, all partners will work together with the ICS to deliver a ICS wide Green Plan.

Communications activity will also be undertaken to support the activity in the third bullet point above. As the Trust introduces centrally driven initiatives that reduce carbon use the associated messages can be dovetailed with the messages on the activities described above.

Suitable branding, across Kent NHS organisations, is also being agreed.

Appendix 4

Estates project plan (2021-2040)

Heating	
2021-2025	• Review Existing Boilers systems and start phasing out as per Backlog maintenance. • Investigate and identify potentially suitable sites for the installation of low carbon heating schemes • Identify Commercial Partners to support this scheme.
2025-2030	• Investigate connecting to District Heating source where feasible with other partners.
2030-2040	• Fossil Free Assets • Renewable Energy Source at all sites.

Cooling	
2021-2025	• Investigate and identify potential to maximise free cooling within existing systems • Set building specification to ensure that all new builds and refurbishment projects are achieving BREAAM Excellent for new builds and Very Good for refurbishments.
2025-2030	• Replacement of all Existing R22 units to high Efficiency Units.
2030-2040	• Full Utilisation of Free Cooling across sites.

BMS (Building Management System)	
2021-2025	• Investigate and identify potential to maximise recommission existing systems • Program to upgrade, expand and integrate BMS.
2025-2030	• Fully optimised BMS covering all major buildings and plant.
2030-2040	• Heating ventilation, air conditioning and lighting fully integrated to building and room usage profiles.

Lighting	
2021-2025	• LED Upgrades in Buildings
2025-2030	• 100% LED across all sites
2030-2040	• Daylight sensing and presence detection on all lighting

Building insulation	
2021-2025	• Survey existing insulation • Insulation program to upgrade doors, windows, walls and roofs
2025-2030	• 100% insulated doors, windows, walls, roofspaces across all sites
2030-2040	• New buildings to BREEAM and HTM standards, existing buildings to similar where possible

Generation/supply	
2021-2025	• PV surveys and Installation on all buildings
2025-2030	• 100% PV generation across all sites
2030-2040	• New buildings are potentially carbon negative, residual load is met by onsite generation and PPA

Reduction in the use of single use plastics (SUPs)	
2021-2025	• Full SUP audit of Trust sites undertaken
2025-2030	• 50% decrease on non-medical SUP
2030-2040	• No single use plastics in the Trust

Decarbonisation of the value chain	
2021-2025	• Policies to be written for Low carbon procurement; Business travel and Paper reduction • Low carbon catering enshrined in new catering provision • 10% - 40% reduction in carbon intensive travel and paper use over 4 years
2025-2030	• 50% reduction in carbon intensive travel and paper use
2030-2040	• 50% reduction in influence able scope 3 emissions

Increase in recycling of waste and 100% diversion from landfill	
2021-2025	• Zero to landfill for all waste from KMPT
2025-2030	• 50% - 90% improvement in recycling rate
2030-2040	• 99% recycling rate

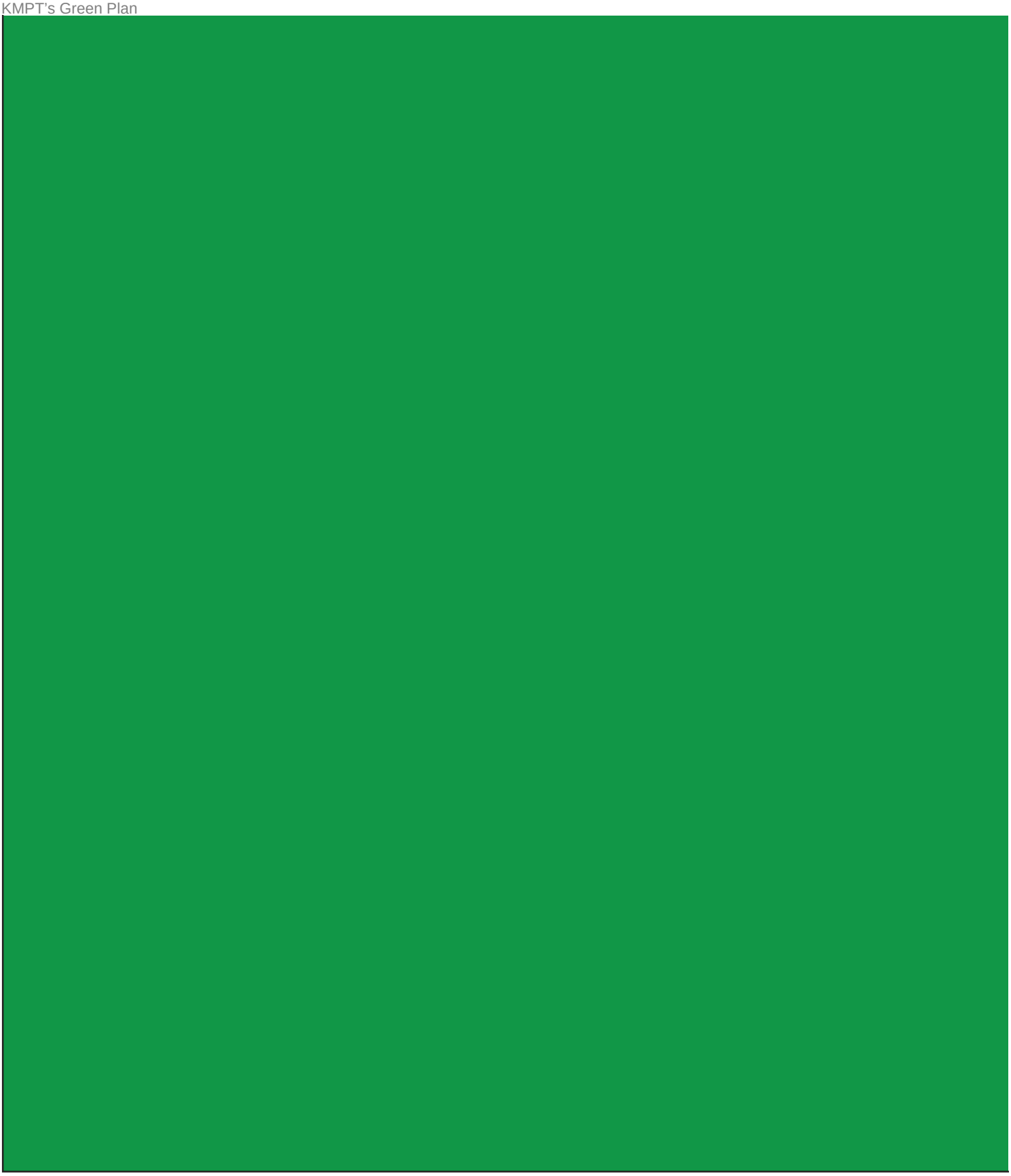
Financing the project

- Full project briefs and business case will be will be drawn for each of the projects identified
- Where possible, external funding will be sought.

Appendix 5
Green Plan targets

- Exceed the current NHS commitments towards sustainability, we will: Reduce carbon emissions from energy consumption by 80% by 2035 (from our 2009/10 baseline).
- Aim to cut emissions associated to transport (Business mileage) by 25% by 2025 to improve local air quality
- Reduce overall emissions by 5% per year from 2020/2021.
- Reduce our overall waste volume by 5% per year from 2020/2021, thus improving our overall recycling rate and continuing our zero to landfill achievement.
- Cease purchase of single-use plastic stirrers and straws, single-use plastic cutlery, plates or single use cups made of expanded polystyrene or oxo degradable plastics by April 2023.
- Reduce water consumption by 5% year on year and remain within the lower quartile value of our peers, as determined by the Model Hospital.
- Increase the area of green space by 50% across all KMPT sites by 2025
- Make available essential sustainability training for all staff by 2025

This will place us favourably on the path towards Net Zero carbon emissions by 2040.



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Review December 2022 KM1515

Kent and Medway NHS
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th January 2022
Title of Paper:	Integrated Quality and Performance Report (IQPR)
Author:	All Executive Directors
Executive Director:	Helen Greatorex, Chief Executive

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Standing Order

Overview of Paper

A paper setting out the Trust's performance across the Care Quality Commission (CQC)'s five domains.

Issues to bring to the Board's attention

Whilst this report (which presents December's activity) includes targets met and some areas of improvement, it also clearly sets out areas of challenge where targets have been missed, helping to inform future priorities

The Board's attention will naturally focus on those areas below target, seeking assurance that measures are in place to rectify the situation. The report shows continued pressure in some of our key workforce metrics along with examples of the work in train to improve the situation. Care Planning for patients who are not subject to the Care Programme Approach (CPA) to ensure they have an up to date Care Plan or Personal Support Plan, have required improvement targets and executive oversight.

For other indicators however, the cause of the problem is multifactorial and requires a system approach. Examples of these instances include our ability to meet the significant increase in demand for Memory Assessment Services combined with backlogs accrued during the pandemic for our older patients. Delayed Transfers of Care remain in excess of 10%, creating further pressure on our beds which can lead to more KMPT patients needing to be placed outside KMPT. In these instances, KMPT through the Mental Health Learning Disability and Autism Improvement Board (MHLDA Board) takes a system leadership role to drive the improvements required.

The executive working with Heads of Service, Clinical Directors and the wider system, is reviewing the areas where the solution is not solely in the gift of KMPT and agreeing trajectories for improvement. The Board should note that planning has commenced for 2022/23, draft national planning guidance has been issued. The Trust will need to focus on the delivery of recurrent efficiencies as we move into the new financial year to ensure deliver of a break-even position. KMPT's spend on temporary staffing has increased during the last year and remains a significant concern in relation to both quality and cost. Agency spend increased in month and remains above plan, but below 2020-21. Spend is £5.7m at the end of December representing a £1m reduction when compared to Month 1-9 last year. Further work is being done to understand the drivers of the increase and address this issue including: weekly medical agency meetings, proposals for developing a locum bank and sharing the learning from opportunities to use existing resource and locum resource more effectively.

In order to mitigate the potential impact on performance and patient outcomes significant work is in hand to address Vaccination as a Condition of Deployment (Mandatory Vaccination) or VCOD. Whilst some staff who had previously declined vaccination have now received it, KMPT has a number of staff who have confirmed their choice to decline vaccination. A redeployment procedure supported by a potential staff gap analysis is designed to mitigate known risks. Any member of staff who to date has not received their first vaccination, must have had it before February 3rd in order to be compliant with the new requirement on April 1st 2022.

Governance

Implications/Impact:	Regulatory oversight by CQC and NHSE/I
Assurance:	Reasonable
Oversight:	Oversight by Trust Board and all Committees

Kent and Medway NHS
NHS and Social Care Partnership Trust

CQC Domain	Safe
Trust Strategic Objective & Board Assurance Framework	• **Achieving our Quality Account Priorities** • **Developing and delivering a new KMPT Clinical Strategy**

Executive Lead(s): Executive Director of Nursing & Quality
Lead Board Committee: Quality Committee

Issues of Concern
No areas of concern to raise this month.

Executive Commentary

Care Programme Approach (CPA) Patients Receiving Formal 12 Month Review (002.S)
It is positive to note a slight improvement in month to 93%, 2% away from the required 95%. Continued focus remains in place with the aim to move back to meeting this standard by February/March 2022.

Restrictive interventions (011-013.S)
The four main restrictive interventions that are reported and monitored by the Trust include use of rapid tranquilisation, all incidents of restraints including in a prone position and use of seclusion. Use of prone restraints continues to be low and review of these incidents show that patients were in prone position for a minimal period. Reasons for prone restraint are always captured and reported in great detail in the Quality Digest report to Quality Committee. No level of harm was reported in any of the 4 instances reported in November and December.

Various initiatives that are being deployed in the services such as Safety Pods, Broset Tool and continuous engagement on the wards. This has seen a continued downward trajectory in restraints over the last year. However, in December there were increased cases of Covid19 and outbreaks on some wards which resulted in wards being closed to admissions and patient movement being restricted to the ward in order to reduce the risk of infection. These situations whilst usually relatively brief can be very difficult for patients who want to use their leave and go out. Incidents may arise due to restrictions in place to manage outbreaks. Some of these incidents may result in restrictive interventions such as restraints. All ward restrictions are closely monitored by the Infection Control and Prevention Team, senior nurses and medical staff.

Most of the instances of seclusion were in the Acute Care Group, the seclusions were implemented and reviewed in line with policy and good practice. Seclusions were terminated at the earliest opportunity and other interventions were put in place to support the patient. The increase in

November and December were related to the high acuity reported in Acute Care Group particularly in the group of patients newly admitted to the wards.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
001.S	Occurrence Of Any Never Event	✓	0	N	0	0	0	0	0	0	0	0	0	0	0	0
002.S	CPA Patients Receiving Formal 12 Month Review		95%	N	96.4%	96.4%	95.5%	95.8%	94.7%	94.5%	94.2%	93.2%	92.8%	92.3%	92.9%	93.0%
003.S	% Inpatients With A Physical Health Check Within 72 Hours		90%	L	95.8%	92.9%	96.4%	96.2%	96.5%	98.8%	96.5%	95.8%	97.1%	97.5%	98.4%	96.2%
005.S	Number Of Unplanned Absences (AWOL and Absconds on MHA)		-	-	26	8	22	17	23	22	25	21	32	21	19	9
006.S	Serious Incidents Declared To STEIS		-	-	23	15	21	24	17	13	11	13	21	20	23	20
007.S	% Serious Incidents Declared To STEIS within 48 hours		-	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
008.S	Number Of Grade 1&2 Sis Confirmed Breached Over 60 Days		0	L	5	0	5	2	3	4	4	1	0	0	0	0
010.S	All Deaths Reported On Datix And Suspected Suicide		-	-	275	178	155	150	75	146	75	122	107	91	97	120
011.S	Restrictive Practice - All Restraints		-	-	114	106	146	103	145	88	151	96	82	62	72	71
012.S	Restrictive Practice - No. Of Prone Incidents		0	L	10	3	6	4	8	4	6	5	11	4	2	2
013.S	Restrictive Practice - No. Of Seclusions		-	-	16	8	24	12	21	21	26	19	17	12	17	19
015.S	Ligature Incidents - Ligature With Fixed Points (moderate to severe harm)		0	L	0	0	1	0	0	0	0	0	0	0	0	0
016.S	Ligature Incidents - Ligature With No Fixed Points (moderate to severe harm)		-	-	0	0	0	0	0	0	0	0	0	1	0	0
017.S	RIDDOR Incidents		-	-	2	0	3	2	6	0	2	2	3	3	2	5
018.Sa	Infection Control - MRSA bacteraemia		0	N	0	0	0	0	0	0	0	0	0	0	0	0
018.Sb	Infection Control - Clostridium difficile				0	0	0	0	0	0	0	0	0	0	0	0
019.S	Safer staffing fill rates		80%	L	106.0%	104.3%	108.8%	108.9%	110.1%	110.7%	110.5%	110.5%	110.5%	110.3%	110.2%	100.6%
020.S	Unplanned Readmissions within 30 days		8.8%	L	8.1%	7.7%	5.2%	6.3%	4.2%	3.8%	7.8%	11.0%	5.6%	8.5%	5.8%	7.2%

Kent and Medway NHS
NHS and Social Care Partnership Trust

CQC Domain	Effective
Trust Strategic Objective & Board Assurance Framework	• **Implementing programmes that improve Care Pathways** • **Strengthening our approach to Research and Development and delivering evidence-based care.** • **Testing and evaluating models for integrating care and systems with our partners**

Executive Lead(s): Executive Medical Director
Lead Board Committee: Finance and Performance Committee

Issues of Concern
%Patients with Non CPA Care Plans or Personal Support Plans is under constant review to to ensure continuous improvement

Executive Commentary

	005.E: Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			15.0	0.0	-64.4	145.1	40.4
2	OPMH			0.0	0.0	0.0	0.0	0.0
3	PICU			123.0	0.0	18.8	262.9	140.8
4	**Trust Total**			138.0	0.0	6.8	346.6	176.7

Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change
Assurance	Variation indicates consistently **failing short of target**

Narrative

December saw further improvement in use of out of area beds not procured by KMPT with a decrease in month in external bed usage at 138 days (123 PICU, 15 YA Acute) compared to a total of 153 days in November. The Chief Operating Officer continues to review closely with patient flow services noting the national requirement to aim for zero out of area non-contracted bed use by the 1st of April 2022.

	015.E: % Of Patients on CPA With Valid Care Plan	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	**Acute**			52.0%	95.0%	58.2%	92.4%	75.3%
2	**CRCG**			89.6%	95.0%	87.1%	92.8%	90.0%
3	**FSS**			95.5%	95.0%	91.1%	98.1%	94.6%
4	**OPMH**			95.6%	95.0%	94.1%	99.4%	96.7%
5	**Trust Total**			90.7%	95.0%	88.7%	93.6%	91.1%

Kent and Medway NHS
NHS and Social Care Partnership Trust

	017.E: % Non CPA Patients with a Care Plan or PSP	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	CRCG		F	70.2%	95.0%	65.9%	71.9%	68.9%
2	FSS	H	F	75.2%	95.0%	63.5%	77.8%	70.6%
3	OPMH		F	72.6%	95.0%	66.6%	76.7%	71.7%
4	Trust Total	H	F	72.6%	95.0%	66.6%	73.0%	69.8%

Interpretation of results (Trust wide)	
Variation	*CPA Care Plans:* Common Cause - no significant change *Non CPA PSP & Care Plans:* Special cause of **Improving** nature to **higher** values
Assurance	Variation indicates consistently **failing short of target**

Narrative

CPA Care Planning

The percentage of patients on CPA with a valid Care Plan remains above 90% for the second successive month, 90.7% in December. The reduction in performance within the Acute Care Group represents 25 patients, less than 1% of the denominator, this is being addressed as part of the data quality agenda, to ensure the correct assignment of activity.

Personal Support Planning - PSP:

It was previously reported two CMHTs were at the lower end of compliance (SWK and DGS), however, over the period of Q3 these teams have improved by 10.3% and 21.9% respectively. Whilst both remain below the CMHT average by 9% it is positive to note this significant improvement month on month. The Head of Nursing for CRCG has provided additional training on PSP for all CMHTs which will support new starters in the teams.

This standard, along with CPA, are the two keys area the team leadership is focussing on. The CRCG leadership recognise the imperative to improve set a target for ongoing improvement to be shown in the January IQPR for CMHTs.

CPA Care Plans Distributed (016:E)

At 71.7% this is highest level of attainment against a 75% standard for at least 2 years. It has improved month on month for the past 12 months and is now just 4% outside the required standard.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard: Effective

Ref	Measure	SoF	Target	Local / National Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
001a.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	✓	95%	N	96.5%	98.9%	98.3%	98.9%	97.3%	97.8%	97.8%	96.4%	96.3%	95.2%	95.3%	96.2%
001b.E	CPA patients receiving follow-up within 72hours of discharge				88.8%	90.9%	88.4%	86.7%	84.0%	82.7%	86.5%	86.6%	81.7%	87.5%	88.0%	80.0%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓	95%	-	95.6%	95.7%	95.8%	95.8%	96.0%	95.9%	95.7%	95.7%	95.9%	95.9%	95.8%	95.6%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓	-	-	171	221	181	189	192	351	201	103	205	175	153	138
006.E	Delayed Transfers Of Care		7.5%	L	10.5%	9.2%	8.5%	8.7%	8.6%	8.4%	8.8%	9.0%	10.6%	11.9%	9.6%	10.6%
011.E	Number Of Home Treatment Episodes		224	L	189	220	250	241	270	291	246	242	250	231	234	222
012.E	Average Length Of Stay(Younger Adults)		25	L	36.25	31.78	27.75	25.94	26.42	33.92	28.23	27.68	29.78	36.63	33.96	26.85
013a.E	Average Length Of Stay(Older Adults - Acute)		52	L	69.97	76.09	70.97	101.79	61.63	65.75	53.24	56.90	72.25	80.22	85.18	85.90
015.E	%Patients with a CPA Care Plan		95%	L	91.8%	91.0%	89.5%	90.3%	89.0%	89.9%	90.7%	91.3%	89.5%	88.7%	91.4%	90.7%
016.E	% Patients with a CPA Care Plan which is Distributed to Client		75%	L	52.8%	52.9%	56.2%	56.7%	58.9%	60.9%	63.5%	64.4%	65.4%	66.3%	67.9%	71.7%
017.E	%Patients with Non CPA Care Plans or Personal Support Plans		95%	L	66.9%	69.3%	72.1%	72.7%	73.4%	74.1%	74.4%	74.2%	73.2%	74.0%	73.7%	72.6%

CQC Domain	Well led – Workforce
Trust Strategic Objective & Board Assurance Framework	• **Building a resilient, healthy and happy workforce** • **Evolving our culture and leadership**

Executive Lead(s): Director of Workforce and Communications
Lead Board Committee: Workforce Committee

Issues of Concern
Staff sickness & Turnover, full details within executive summary below. **Staff Vaccinations**: A new KMPT risk has been added to reflect the new regulations: Vaccination as a Condition of Deployment (Mandatory Vaccination) or VCOD. We have staff who have confirmed their current choice to decline having a vaccination and are working to confirm vaccination status for staff which are unknown at present. We have devised a redeployment procedure to support us to manage the impact on staff.

Executive Commentary

Staff Sickness (001.W-W)

December 2021 - Sickness is 4.96% (including Covid related sickness). This is above the target for 2021/22 (4%).

If we remove the Covid sickness which is 0.22%, the sickness for the month is 4.74%

Year to date (April 2021 to December 2021) - Sickness is 4.78% including Covid and 4.5% excluding Covid

December 2021 - Short term sickness is 1.92%, compared to 2.27% last month. Long term sickness is 2.82%, compared to 2.62% the previous month.

Comparisons to other similar mental health trusts in our region at August 2021 (last available benchmarking) sickness excluding Covid are shown below along with KMPT's position at the same point in the year

SLAM – 4.04%

Oxleas – 4.89%

Sussex Partnership – 4.77%

KMPT – 4.2%

The latest national benchmarking for all NHS Trusts, (August 2021), shows the overall sickness absence rate for England was 5.1% (KMPT was below this figure). This is the same as July 2021 data and higher than August 2020 (3.9%).

Activities in place to reduce sickness absence include:

- Successfully closed 25 long term sickness absence cases.
    - 19 employees are returning to same post
    - 4 employees are no longer employed at KMPT
    - 2 were redeployed
    - We are currently actively supporting managers with 72 cases of sickness absence.
- Part of NHS Health and Wellbeing Framework Trailblazer Project
- Bringing Schwartz Rounds to KMPT
- Wellbeing Conversation Cafés - looking after our people
- Health and Wellbeing sessions and managers training
- Stop smoking practitioner training
- Healthy Workplace Allies eLearning programme
- Health and Wellbeing Conversations
- NatureWell Training for healthcare practitioners
- £30k funding received for health and Wellbeing. A paper is being developed for EMT to consider options for how to spend

Staff Turnover (004.W-W)

December 2021 - turnover is 13.6% for rolling 12 months. This is an increase of 0.8% since previous month. The biggest increase is in Forensics and Specialist Services.

Year to date (April 2021 to December 2021) - turnover is 11.5% against 9% target.

Activities to reduce turnover:

- Getting recruitment right first time
- Onboarding and first 2 years in service
- Enhancing flexible working
- Staff feedback from Staff Survey and quarterly People Pulse
- Staff wellbeing
- Development, internal opportunities and career pathways
- Understanding why people are leaving
- A recruitment and retention group is also supporting strategies to address turnover.

Comparisons to other local Trusts for the rolling 12 months to September 2021 (last available benchmarking) is:

SLAM – 13.3%

Oxleas – 18%

Sussex Partnership – 11.1%

KMPT – 12.2%

Staff Retention (004.W-W)

December 2021 - retention rate is 83.2%.

Year to date (April 2021 to December 2021) – retention is 83% against a target set for 2021/22 of 90%. The year to date position for the reported staff groups is as below:

- Additional Clinical services from 86% to 90% - currently 82%
- Nursing from 88% to 91% - currently 82%
- Medical from 91% to 92% - currently 86%

Activities to support retention are reflected in turnover:

- Getting recruitment right first time
- Onboarding and first 2 years in service
- Enhancing flexible working
- Staff feedback
- Staff wellbeing
- Development, internal opportunities and career pathways
- Understanding why people are leaving

Comparisons to other local Trusts for September 2021 (last available benchmarking) is:

SLAM – 86.4%

Oxleas – 82.3%

Sussex Partnership – 88.5%

KMPT – 87.6%

NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Target	Local / National Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
001.W-W	Staff Sickness - Overall	✓	4.00%	L	4.2%	3.8%	3.5%	3.7%	4.0%	4.6%	4.6%	4.2%	4.6%	5.0%	4.9%	4.7%
005.W-W	Appraisals And Personal Development Plans		99%	L	98.1%	98.1%	98.1%	98.1%							98.8%	99.0%
006.W-W	Vacancy Gap - Overall		11.85%	L	14.1%	14.0%	14.2%	15.3%	15.5%					15.0%	14.9%	14.9%
007.W-W	Vacancy Gap - Medical			-	28.0%	27.9%	28.8%	28.8%	29.8%					28.5%	31.3%	31.4%
008.W-W	Vacancy Gap - Nursing			-	14.5%	14.7%	15.4%	16.2%	16.5%					12.6%	13.7%	13.9%
009.W-W	Vacancy Gap - Other			-	14.1%	12.2%	12.2%	13.6%	13.5%					13.1%	13.1%	13.6%
012.W-W	Essential Training For Role		90%	L	91.3%	90.4%	91.2%	91.8%	92.4%	92.4%	90.4%	90.5%	92.6%	91.5%	92.7%	93.1%
015.W-W	Staff Retention (overall)		90%							87.3%	82.7%	84.3%	81.8%	81.8%	81.0%	83.2%
016.W-W	Staff Retention (Additional Clinical Services)		90%							85.1%	82.3%	83.9%	77.6%	78.8%	81.5%	80.8%
017.W-W	Staff Retention (Nursing)		91%							87.0%	80.5%	82.1%	78.9%	79.3%	81.6%	81.6%
018.W-W	Staff Retention (Medical)		92%							89.2%	86.8%	88.4%	82.2%	82.6%	85.8%	85.8%
019.W-W	Staff Turnover (Overall)		9.00%		9.4%	9.6%	9.4%	10.1%	10.5%	9.5%	10.9%	11.3%	12.2%	12.6%	12.8%	13.6%
020.W-W	Staff Turnover (Additional Clinical Services)		10.00%							11.9%	13.1%	12.7%	13.1%	15.1%	16.2%	15.6%
021.W-W	Staff Turnover (Nursing)		9.00%							9.1%	10.8%	9.7%	10.6%	9.9%	9.1%	10.1%
022.W-W	Staff Turnover (Medical)		8.00%							8.1%	10.4%	12.2%	12.5%	12.4%	13.2%	13.2%

- *New indicators and targets were introduced June 2021; historic data RAG rated against the new targets however may have previously been compliant against old targets.*

CQC Domain	Well led – Finance
Trust Strategic Objective & Board Assurance Framework	• **Partnering beyond Kent and Medway, where it benefits our population** • **Optimising the use of resources** • **Investing in system leadership.**

Executive Lead(s): Executive Director of Finance
Lead Board Committee: Finance and Performance Committee

Issues of Concern

One area of concern this month is the significant month on month increase in medical agency usage. A number of actions are in place:

1. Weekly medical agency meetings have started looking at all posts that are over cap.
2. A paper is being drafted with as a proposal for developing a locum bank.
3. We will be sharing the learning from the acute care group and the opportunities to use existing resource and locum resource more effectively to support the gaps in medical posts

Planning has commenced for 22/23 – draft national planning guidance has been issued. The Trust will need to focus on the delivery of recurrent efficiencies as we move into the new financial year to ensure deliver of a break-even position.

The Trusts underlying deficit is c£6.6m an increase year on year by £600k.

Executive Commentary

Please see the financial performance report included as a separate agenda item for the detailed financial performance narrative.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
004.W-F	In Month Budget (£000)		0.0	N	(0)	0	0	0	0	(0)	(0)	(0)	(0)	0	0	0
005.W-F	In Month Actual (£000)		-	-	0	0	3	0	(0)	(0)	0	0	(0)	0	0	0
006.W-F	In Month Variance (£000)		-	-	0	0	3	(0)	(0)	0	0	0	(0)	0	0	0
006a.W-F	Distance From Financial Plan YTD (%)	✓	0.0%	N				0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
007.W-F	Agency - In Month Budget (£000)		-	N	427	427	427	427	427	427	427	427	427	427	427	427
008.W-F	Agency - In Month Actual (£000)		-	-	638	596	767	699	661	520	664	658	687	562	536	741
009.W-F	Agency - In Month Variance from budget (£000)		-	-	211	169	340	272	234	93	237	231	260	135	109	314
010.W-F	Agency Spend Against Cap YTD (%)	✓	0.0%	N	72.74%	69.73%	75.78%	74.68%	73.02%	69.04%	60.85%	59.31%	51.76%	48.88%	45.97%	49.04%

- *Some targets are variable in year; historic data RAG rated against the new targets however may have previously been compliant against old targets.*

CQC Domain	Caring
Trust Strategic Objective & Board Assurance Framework	• **Embedding Quality Improvement in everything that we do** • **Build active partnerships with Kent and Medway health and care organisations** • **Strengthening partnerships with people who use our services and their loved ones**

Executive Lead(s): Executive Director of Nursing & Quality & Chief Operating Officer
Lead Board Committee: Quality Committee

Issues of Concern
No areas of concern to raise this month.

Executive Commentary

Patient Reported Experience Measures (PREM) (014-015.S)

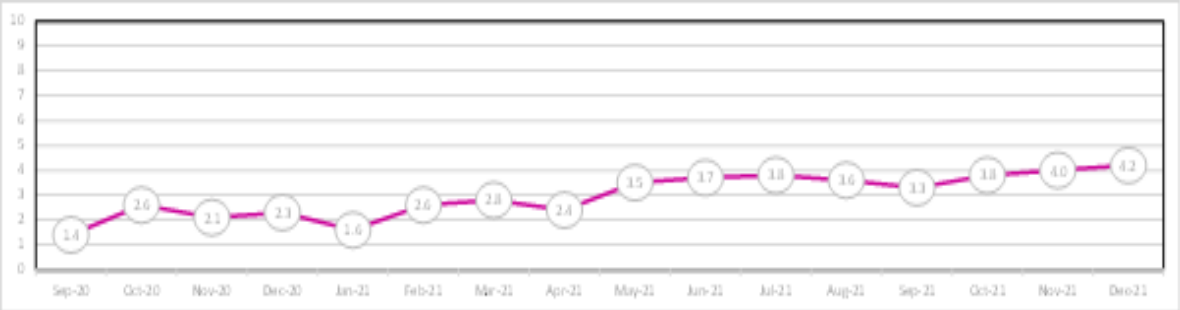
Patient Friends and Family Test (PFFT) ask a question about the person's "overall experience of our service". Analysis of the data shows that the Trust is exceeding the national response rate. The average overall experience of care was 81.3 % which is in the "very good" range and is comparable to the national position. The PFFT target of 93% was locally set by the Trust a few years ago. It is noteworthy that NHS England do not have a target set nationally. They encourage providers to ensure that all patients and people that use services are able to give feedback if they want to, and providers should use the feedback to identify good practice and opportunities to improve.

The NHS Friends and family test question asks 'Overall, how was your experience of our service?" There was a reduction in month but the score remains in the 'very good' range. Where patients did feedback that their experience was 'very poor' (the lowest range), lack of communication was the main cause of their very poor experience. Training programmes, induction and supervision are just three of the mechanisms in place to ensure that a strong focus is placed on the importance of consistently high quality communication.

PREM responses

The PREM survey responses are gradually increasing but are still below the internally set target of 10% of contacts which is approximately 1,400 per month. Over the reporting period the PREM response rate has increased to the highest rate so far. 641 PREMs were collected in November which is a 4% response rate and 653 PREMs were collected in December which is a 4.2% response rate. Graph 1 below shows the trust PREM response

rate going back to October 2020. The acute care group consistently exceeds the 10% response rate target, with a 16% response rate in November 2021 and a 15.4% response rate in December 2021.



Analysis of the PREM results indicates a good position. The patient experience indicator is being well maintained with a score of 8.5 out of 10 in November 2021 and 8.1 out of 10 in December 2021. This is in the range where patients 'strongly agree' that they experience our services positively. A focus of patient experience continues be on 'You said, we did'.

Patient Friends and Family Test (FFT)

The NHS Patient Friends and Family Test (NHS FFT) question is "Overall, how was your experience of our service?" and it is included on the PREM survey. The latest national NHS FFT data was released in October 2021.

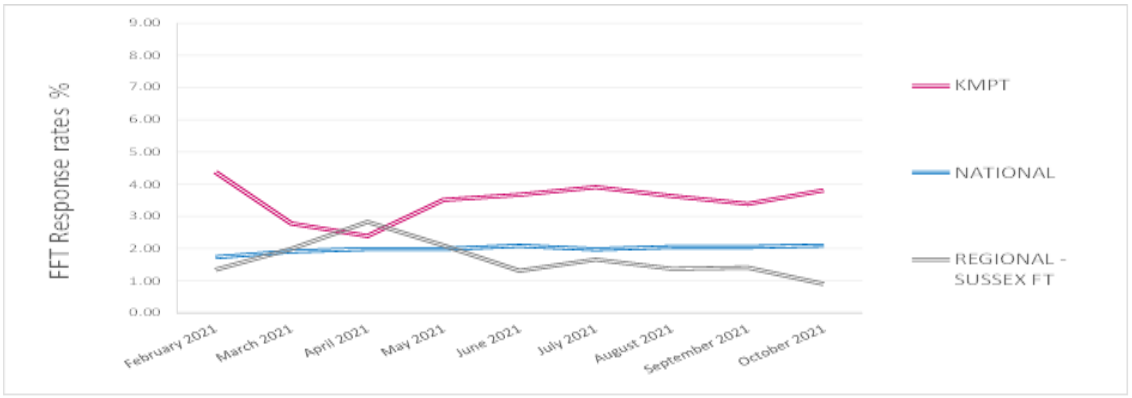
In terms of how we compare nationally and regionally for the quantity of NHS FFT submitted, the analysis is positive see below Graph 2. We are exceeding the national response rate (note: there is no formal national target). KMPT submitted 3.8% compared with all mental health trusts who submitted 2% in October 2021. We are exceeding a regional response rate comparison with other MH trusts.

We compare ourselves nationally and regionally for performance, analysis shows KMPT was just below the national 'positive percentage' in October 2021 where nationally patients were 87% positive about their experience. For KMPT, patients were 86% positive about their experience. This is in the range where overall patient experience of our services is 'very good'. KMPT is exceeding regional performance, with other trusts scoring 74% positive percentage.

NHS England and NHS Improvement wish to better understand the needs of NHS staff to make more and better use of qualitative (freetext) patient experience data to support service improvement. The

needs they capture in this project will feed into the creation of an ambitious strategy for supporting providers and systems to listen meaningfully to patient voice. KMPT is taking part in the project.

Graph 2 NHS FFT response rate month on month tracking



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IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
002.C	Mental Health Scores From Friends And Family Test – % Positive	✓	93%	N	86.4%	81.8%	82.6%	84.4%	82.4%	84.4%	87.2%	85.1%	82.5%	85.6%	87.8%	81.3%
003.C	Complaints - actuals		-	-	33	29	29	36	48	45	28	47	36	46	34	33
004.C	Complaints - per 10,000 contacts		-	-	8.97	7.90	6.88	9.29	12.84	11.27	7.19	13.36	9.83	12.94	8.78	10.15
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	100.0%	100.0%	100.0%	100.0%	95.0%	98.0%	98.0%	98.0%	100.0%	96.0%	98.0%	100.0%
007.C	Compliments - actuals		-	-	97	96	122	111	100	120	141	121	106	106	195	148
008.C	Compliments - per 10,000 contacts		-	-	26.36	26.15	28.93	28.65	26.74	30.06	36.20	34.39	28.93	29.83	50.38	45.53
010.C	PALS acknowledged within 3 days (or agreed timeframe)		-	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
011.C	PALS responded to within 25 days (or agreed timeframe)		-	-	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	99%
012.C	PALS - actuals		-	-	86	81	110	97	75	94	83	62	70	85	95	57
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	249	391	447	372	550	591	611	541	526	585	641	653
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	1.6	2.6	2.8	2.4	3.5	3.7	3.8	3.6	3.3	3.8	4.0	4.6
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %		-	-	8.3	8.1	8.1	8.3	8.2	8.3	8.4	8.3	8.2	8.2	8.4	8.0

CQC Domain	Responsive
Trust Strategic Objective & Board Assurance Framework	• **Partnering beyond Kent and Medway, where it benefits our population** • **Driving integration to become business as usual for the system and for KMPT.**

Executive Lead(s): Chief Operating Officer
Lead Board Committee: Finance and Performance Committee

Issues of Concern

Waiting times for Memory Assessments continue to be a challenge due to high numbers of referrals, challenges with staffing and the need to address the Covid backlog.

% Patients waiting over 28 days from referral has increased in month by 7.5% to the highest position in the last 12 months. Due to increased demand the waiting list is now 600 greater than in January 2021, positively however this is 200 less than at its peak in August 2021. The increases are evenly split across CMHTs and CMHSOPs.

Executive Commentary

	013.R - 0.15R: Referrals	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			1,412		1,675.7	2,496.2	2,085.9
2	CRCG			4,800		4,374.2	6,375.7	5,374.9
3	FSS			1,629		1,622.0	2,191.2	1,906.6
4	OPMH			1,427		1,216.3	1,703.2	1,459.8
5	Trust Total			9,268		9,392.0	12,262.6	10,827.3

Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change in month
Assurance	N/A – not set target
Narrative	

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CMHSOPs continue to show Special Cause variation within four teams (reduction from five last month) due to sustained higher pressure compared to the mean of the last 18 months. CMHTs are no longer showing special cause variation against an 18-month average and have stabilised at a higher level in recent months.

High numbers of referrals, challenges with staffing and the need to address the Covid backlog especially for Memory Assessment Services compounds the ability to sustain improvement especially against the 4 week wait standard. As discussed at Board in November the Memory Assessment Service challenge have been added to the Board Assurance Framework requiring a system response.

	Referrals Received	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Ashford CMHSOP			74.0		45.5	99.4	72.4
2	Canterbury CMHSOP			137.0		100.1	193.1	146.6
3	DGS CMHSOP			97.0		70.7	142.0	106.3
4	Dover & Deal CMHSOP			71.0		28.7	89.1	58.9
5	Maidstone CMHSOP			145.0		96.6	160.8	128.7
6	Medway CMHSOP			110.0		90.4	159.5	124.9
7	Sevenoaks CMHSOP			68.0		35.0	87.2	61.1
8	Shepway CMHSOP			88.0		36.4	109.3	72.8
9	Swale CMHSOP			64.0		32.0	73.9	52.9
10	Thanet CMHSOP			93.0		77.9	129.5	103.7
11	Tunbridge Wells CMHSOP			67.0		45.4	87.7	66.6
12	CMHSOP Total			1,014.0		812.7	1,177.6	995.2

	016.R: Routine Referral To Assessment Within 4 Weeks	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	**CRCG**			69.5%	95.0%	59.9%	93.0%	76.4%
2	**OPMH**			53.9%	95.0%	27.9%	67.6%	47.7%
3	**Trust Total**			59.0%	95.0%	43.0%	72.4%	57.7%

Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change in month
Assurance	Variation indicates consistently **failing short of target**

Narrative

Whilst neither the Older Adults or the CMHTs have been able to meet a standard of 95% for referral to assessment for the past 12 months it is useful to note that when breaking down average wait times for CMHTs for this standard it is 28.6 days.

The challenges are generally an issue of demand outstripping capacity and with referral rates for both areas continuing to be high (above historic levels). There is significant work in place as previously noted in IQPR and at subcommittee to address the challenges

Positively and despite the holiday period the CMHTs delivered 313 assessment in December, only marginally below the 12-month average. Ashford (38.5%), Medway (40%) and Shepway (40.4%) CMHTs were the main outliers in month. All three teams have been able to achieve considerably higher %'s in the last 6 months. Ashford and Medway CMHT have growing waiting lists (partly due to recent referral rises) and are showing as special cause variation of a concerning nature.

Medway CMHT experienced a spike in staff sickness which resulted in some initial assessments having to be rebooked resulting in the 4 week wait not being achieved. This position has since improved with staff returning to work. There have also been some Saturday clinics to reduce the backlog and an "assessment week" is planned for the beginning of February to further support this.

Ashford CMHT currently have 3 Band 6 vacancies. The team have been successful in appointing 2 of their 3 vacancies and with the support of the Canterbury CMHT have been able to increase their initial assessment slots by 8 slots per week which will support the backlog. It will continue to be a challenging position for the short term until posts are filled.

The impact of the Omicron variant of Covid across December and into January 2022 will impact on further ability to combat waiting lists in the short term.

Older Adult performance against the 4 week wait in December 2021 is 46.9% (up 9% in month) for routine Memory Assessment Service (MAS) and 63.9% (up 0.6% in month) for functional and complex dementia referrals. Despite the holiday period referral rates remains high, with statistical significance. There were 1014 referrals in December compared to 1067 in November. 651 initial assessments were completed in December 2021, whilst lower than recent months it is comparable to 675 in August 2021. Additional memory assessment clinics which have been delivering 50 additional assessments per month since mid-September; these will run up to the end of the financial year but are dependent on current staff working extra hours. During December some CMHSOP staff were diverted to inpatient wards which would have reduced capacity and has the potential to lead to further reductions in performance in future months.

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	017.R: 18 Weeks Referral To Treatment	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	CRCG			92.4%	95.0%	87.0%	97.4%	92.2%
2	OPMH			71.6%	95.0%	54.9%	79.5%	67.2%
3	Trust Total			80.2%	95.0%	71.5%	84.7%	78.1%

Interpretation of results (Trust wide)	
Variation	Special cause of **Improving** nature or higher pressure due to **higher** values
Assurance	Variation indicates consistently **failing short of target**

Narrative

Overall performance (80.2%) reduced by 3.2% in month and remains below previous levels achieved, as recently as August 2021 performance was in excess of 89% and increasing monthly.

Despite an in-month reduction CMHSOPs continue to show special cause variation of an improving nature, despite falling short of the target, due to a run of 7 points above the mean of the last 18 months showing sustained improvements. CMHTs (92.4%) improved for the second successive month, achieving the highest position since June 2021. Like the 4 week wait for assessments it is positive to note that the numbers commencing treatment in month did not drop significantly despite pressures from sickness absence and annual leave.

The increased referrals observed in the summer has the potential to impact this indicator in future months as patients progress through assessment and into treatment. This will be subject to ongoing monitoring through existing weekly waiting list management processes.

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IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	60%	N	78.9%	63.6%	80.0%	71.4%	69.2%	75.0%	87.5%	78.6%	85.2%	82.8%	75.0%	73.7%
005.R	% of Liaison (urgent) referrals seen within 1 hour		-	-	88.3%	83.2%	82.5%	93.1%	88.3%	87.5%	85.7%	85.6%	83.9%	80.0%	89.3%	87.3%
006.R	% of Liaison (urgent) referrals seen within 2 hours		-	-	94.4%	90.7%	90.7%	88.2%	93.9%	89.1%	90.2%	96.0%	91.3%	93.8%	95.3%	92.1%
007.R	DNAs - 1st Appointments		-	-	12.6%	12.9%	11.3%	8.3%	8.7%	9.8%	11.0%	11.2%	11.5%	11.2%	10.3%	9.6%
008.R	DNAs - Follow Up Appointments		-	-	11.0%	9.9%	9.4%	8.1%	8.2%	10.7%	12.4%	9.8%	8.7%	8.5%	8.4%	7.8%
009.R	Patient cancellations- 1st Appointments		-	-	0.9%	1.0%	0.8%	1.5%	1.4%	2.0%	1.9%	2.0%	2.5%	1.9%	2.1%	2.7%
010.R	Patient cancellations- Follow Up Appointments		-	-	2.9%	2.6%	2.7%	3.5%	3.9%	3.9%	4.2%	4.5%	4.5%	4.5%	4.9%	5.0%
011.R	Trust cancellations- 1st Appointments		-	-	4.4%	3.9%	3.3%	2.9%	3.5%	3.9%	4.3%	3.9%	4.6%	4.9%	5.2%	5.4%
012.R	Trust cancellations- Follow Up Appointments		-	-	9.2%	9.2%	8.9%	8.0%	8.8%	8.9%	8.5%	9.7%	10.2%	10.4%	10.0%	10.8%
013.R	Referrals Received (ave per calendar day)		-	-	342.5	363.4	399.0	360.0	361.6	372.0	359.5	335.1	345.5	320.9	341.6	299.0
014.R	Referrals Received (ave per working day)		-	-	419.1	433.8	459.6	427.4	458.7	434.8	427.0	405.9	404.7	400.5	406.3	371.7
015.R	Referrals Received (per 10,000 Kent and Medway Registered GP population))		-	-	625.9	629.8	744.7	643.0	633.0	696.3	697.8	631.1	653.3	621.7	649.3	574.1
016.R	Referral to Assessment with 4 weeks Care Spell		95%	-	52.2%	68.7%	70.4%	68.9%	67.7%	63.6%	62.1%	57.3%	43.8%	51.4%	55.4%	59.0%
017.R	Referral to Treatment within 18 weeks Care Spell		95%	-	72.7%	74.0%	78.6%	84.1%	87.7%	90.0%	88.8%	89.1%	83.3%	83.5%	83.4%	80.2%
018.R	% Patients waiting over 28 days from referral		-	-	39.0%	30.9%	23.1%	28.0%	30.4%	28.5%	33.7%	43.3%	41.2%	39.9%	37.5%	45.0%
019.R	Urgent referrals seen within 72 Hours		95%	-	54.2%	61.6%	63.1%	59.6%	62.3%	62.4%	59.2%	62.6%	59.8%	60.4%	61.3%	65.1%

A further breakdown of 016.R is provided below which shows performance by all contributing teams with an additional split of CMHSOP activity.

016.R - Service Type & CMHSOP Split	Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Dec-21 Care Spell Assessments	Dec-21 Average Wait (days)
CMHT	95%	67.6%	86.9%	86.6%	74.8%	75.1%	72.4%	79.1%	73.9%	66.4%	76.0%	74.5%	69.0%	313	28.6
Open Dialogue	95%		50.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	5	9.4
CMHSOP*	95%	43.8%	59.6%	61.3%	65.4%	63.9%	58.9%	51.2%	48.5%	30.4%	39.9%	46.2%	53.9%	651	38.7
CMHSOP routine memory assessment	95%							42.7%	40.3%	22.1%	32.5%	37.9%	46.9%	397	45.6
Functional, Urgent, Complex Memory Ass.	95%							64.6%	63.6%	51.2%	57.4%	63.3%	63.9%	241	28.6

** CMHSOP totals don't match breakdown as small proportion of activity uncoded at triage*

Appendix A: Single Oversight Framework

Overview

The Single Oversight Framework (SOF) sets out how NHS Improvement (NHSI) oversees NHS trusts and NHS foundation trusts, using one consistent approach. It helps to determine the type and level of support needed. The first version of the SOF was published in September 2016 with small amendments made in 2017. The Framework aims to help NHSI to identify NHS providers' support needs across five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

NHSI monitor providers' performance under each of these themes and consider whether they require support to meet the standards required in each area. Individual trusts are segmented into four categories according to the level of support each trust needs. KMPT's current segmentation is 1 as highlighted below

Segment/ category	Description of support needs
1 (Maximum autonomy)	No actual support needs identified across the five themes described in the provider annex. Maximum autonomy and lowest level of oversight appropriate. Expectation that provider supports providers in other segments.
2 (Targeted support)	Support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not considered needed.
3 (Mandated support)	The provider has significant support needs and is in actual or suspected breach of the licence (or equivalent for NHS trusts) but is not in special measures.
4 (Special measures for providers; legal directions for CCGs)	The provider is in actual or suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean it is in special measures.

NHSI segment providers based on information collected under the SOF, existing relationship knowledge, information from system partners (e.g. CQC, NHS England, clinical commissioning groups) and evidence from formal or informal investigations. The process is not one-off or annual. NHSI will monitor and engage with providers on an ongoing basis and, where in-year, annual or exceptional monitoring flags a potential support need a provider's situation will be reviewed.

A breakdown of measures reported against the Single Oversight Framework is shown below. This shows that currently the trusts biggest challenge is achievement of the agency cap against the national target. It also reports staff turnover as non compliant. This is against a target that is set by the Trust as no target has been set in the SoF.

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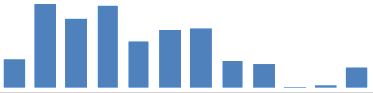
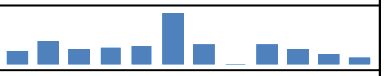
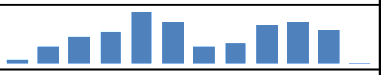
IQPR Dashboard: Single Oversight Framework

Ref	Measure	Target	Nov-21	Dec-21	Trend *(Last 12 months where available, left to right)*
001a.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	95%	95.3%	96.2%	
001b.E	CPA patients receiving follow-up within 72hours of discharge		88.0%	80.0%	
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		153	138	
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60%	75.0%	73.7%	
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	95%	95.8%	95.6%	
001.S	Occurrence Of Any Never Event	0	0	0	
001.W-W	Staff Sickness - Overall	4.0%	4.9%	4.7%	
002.C	Mental Health Scores From Friends And Family Test – % Positive		87.8%	81.3%	

**The above tables includes those SoF measures that are reportable and supported by clear national guidance but is not inclusive of all indicators within the SoF. Full details available*

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Appendix B: IQPR Overview and Guides

The Integrated Quality and Performance Report (IQPR) is a key document in ensuring that the Board is sighted on key areas of concern in relation to a range of internally and externally set Key Performance Indicators (KPIs).

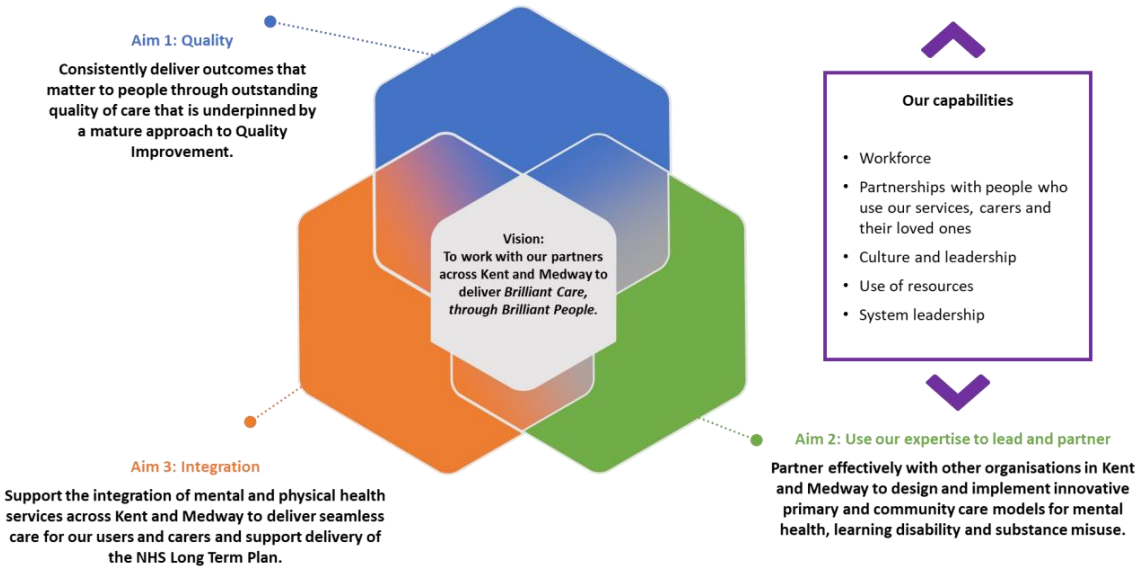
Good examples of IQPRs from high performing organisations change and improve over time. KMPT's is no different, and continues to be adjusted and improved in the light of feedback from internal and external stakeholders. Any changes to indicators are clearly documented and the report will include the rationale for any change.

The report contains exceptions driven by Statistical Process Control (SPC) which draw conclusions about whether the process variation is consistent (in control) or is unpredictable (out of control, affected by special causes of variation). This is focussed on a selection of key indicators and is additionally embedded in executive led Care Group Quality Performance Meetings (QPR).

Each member of the Chief Executive's team provides the narrative to support the exceptions identified via SPC commentary along with wider commentary for the area for which they are the lead. This adds a further strengthening to the actions outlined, and ownership and accountability where improvements are required.

Because this report brings together in one place, all the key work streams that the Chief Executive's team lead, the overarching paper is presented to the Board by the Chief Executive.

Our Strategic Objectives (for 2020-23) are set out at the start of the report under our aim of Brilliant Care Through Brilliant People. The detail within these are mapped to the Care Quality Commission's five Domains (Safe, Caring, Effective, Responsive and Well Led) helping focus the report on both the national and local context.


Aim 1: Quality
Consistently deliver outcomes that matter to people through outstanding quality of care that is underpinned by a mature approach to Quality Improvement.
Vision:
To work with our partners across Kent and Medway to deliver Brilliant Care, through Brilliant People.
Our capabilities
Workforce
Partnerships with people who use our services, carers and their loved ones
Culture and leadership
Use of resources
System leadership
Aim 2: Use our expertise to lead and partner
Partner effectively with other organisations in Kent and Medway to design and implement innovative primary and community care models for mental health, learning disability and substance misuse.
Aim 3: Integration
Support the integration of mental and physical health services across Kent and Medway to deliver seamless care for our users and carers and support delivery of the NHS Long Term Plan.

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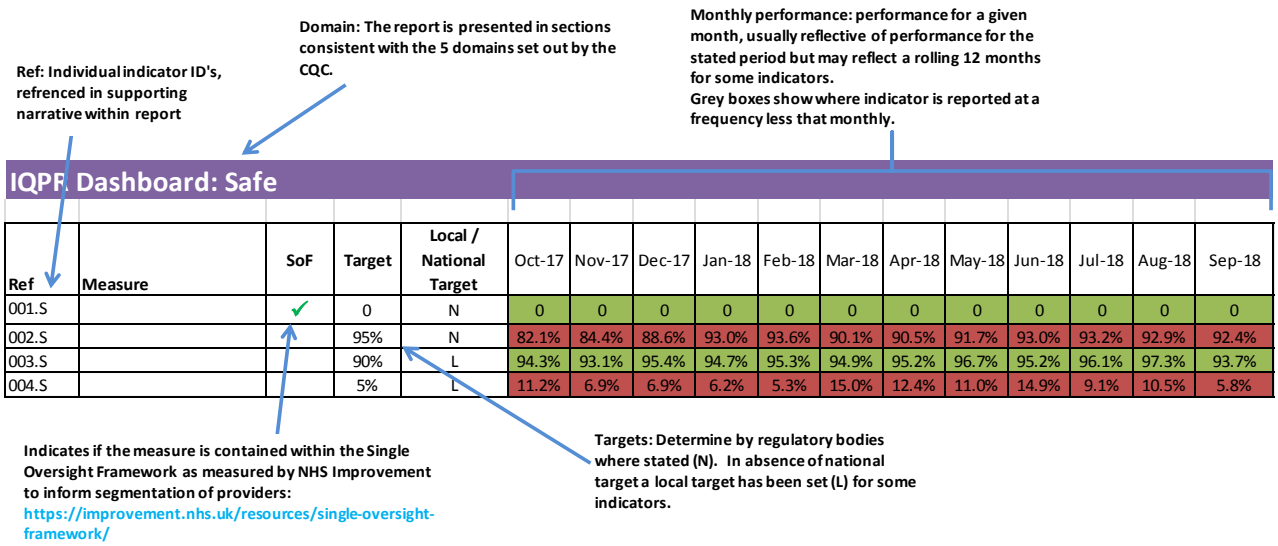
IQPR Dashboard Guide

The IQPR is structured by domains with executive commentary followed by the domains dashboard and a page in which up to three indicators are brought into focus with additional information on current actions in place.

The diagram below provides a guide for each of the columns with the domain dashboards; this is followed by further information on the application of Statistical Process Control charts which are applied within the 'Domain Indicators in Focus' sections.



Ref	Measure	SoF	Target	Local / National Target	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
001.S		✓	0	N	0	0	0	0	0	0	0	0	0	0	0	0
002.S			95%	N	82.1%	84.4%	88.6%	93.0%	93.6%	90.1%	90.5%	91.7%	93.0%	93.2%	92.9%	92.4%
003.S			90%	L	94.3%	93.1%	95.4%	94.7%	95.3%	94.9%	95.2%	96.7%	95.2%	96.1%	97.3%	93.7%
004.S			5%	L	11.2%	6.9%	6.9%	6.2%	5.3%	15.0%	12.4%	11.0%	14.9%	9.1%	10.5%	5.8%

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IQPR Exception Reporting

The report identifies exceptions against a selection of key trust measures using Statistical Process Control (SPC) Charts. SPC charts are used to study how a process changes over time. Data is plotted in time order. A control chart always has a central line for the average, an upper line for the upper control limit and a lower line for the lower control limit. These lines are determined from historical data, usually over 12 months within this report. By comparing current data to these lines, you can draw conclusions about whether the process variation is consistent (in control) or is unpredictable (out of control, affected by special causes of variation).

SPC Key:

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Full details on SPC charts can be found at: https://improvement.nhs.uk/resources/making-data-count/

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IQPR Change Tracker

Date	Change	Report Reference
January 2021	Statistical Process Control Charts implemented for exception report within a new section within the report. Previous areas of focus within individual domains removed.	
Februray 2021	Indicator removed: Freedom to speak up issues IQPR Overview and Guide moved to appendicles	013.W-W
May 2021	New/amended indicators for 2021/22: Unplanned Readmissions within 30 days (020.S) Replaces 28 day readmission indicator CPA patients receiving follow-up within 72hours of discharge (001b.E) New inclusion in IQPR Care Planning / Crisis Planning / Distribution Previous indicators retired, new measures introduced to include PSP reporting. (015.E – 017.E) Waited time measures Previous indicators retired, new measures introduced to include PSP reporting. (016.R – 018.R) Workforce metrics Vacancy metrics retired, replaced with retention measure (015.W-W) New absence and turnover targets	
July 2021	New indicator for urgent referrals	019.R

Changes made prior to January 2021 removed from table, these can be viewed in IQPR versions pre Dec 2020

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th January 2022
Title of Paper:	Finance Report for month 9 (December 2021)
Author:	Victoria French, Deputy Director of Finance
Executive Director:	Sheila Stenson, Executive Director of Finance

Purpose of Paper

Purpose:	Noting
Submission to Board:	Regulatory Requirement

Overview of Paper

The attached report provides an overview of the financial position for Month 9 (December 2021). This is consistent with the position submitted to NHS Improvement in the Month 9 Financial Performance Return.

Items of focus

As at the end of December 2021, Kent and Medway NHS and Social Care Partnership Trust (KMPT) is reporting a breakeven even position in line with forecast and expectation for H2.

The 2022/23 draft priorities and operational planning guidance for the NHS in England was published on 24 December 2021 and Business Planning has been launched internally.

Focus needs to also remain on ensuring a breakeven position is delivered for this financial year.

1. The 21/22 efficiency target has a small unidentified balance and focus must be on identifying recurrent and sustainable efficiencies for the forthcoming financial year. A workshop is being held in January with Care Groups to discuss efficiencies to ensure the programme for 22/23 is being developed.
2. Agency control totals for each care group have been put into place which are currently not being delivered with adverse movements within medical agency. There are weekly meetings in place to monitor the agency utilisation position.
3. Page five of the finance report highlights the exceptions to bring to the Board's attention. These continue to be Temporary Staffing Spend: Agency, Private Placement Spend, Planned and Reactive maintenance, and Patient Travel spend.

The Trust Capital year to date position is underspent by £6.1m, of which £0.15m relates to IM&T, £3.8m on estates and £2.2m on strategic schemes and the Improving Mental Health Services programme.

The cash position remains strong at £19.6m at the end of December.

Governance

Implications/Impact:	Risk to capital programme due to restraints on capital funding in year. Further risk of non-delivery of efficiencies, impacting on financial sustainability.
Assurance:	Reasonable
Oversight:	Oversight by Finance and Performance Committee

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Finance Report

Trust Board

December 2021

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Contents

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Executive Summary

Key Messages for December 2021

At the end of December, the Trust continues to report a breakeven position both in month and year to date. This is in line with the expectation for H2.

The 2022/23 draft priorities and operational planning guidance for the NHS in England was published on 24 December 2021. The guidance recognises the uncertainty around Covid-19 variants, transmission patterns and consequent demand on the NHS and sets out a number of priorities for the NHS in 2022/23. Further guidance for 22/23 was due to be released in early January and is still awaited. The guidance states that the planning timetable will be extended to the end of April 2022, with draft plans due in mid-March. Business planning has been launched internally in order that these deadlines are met.

In relation to the Long Term Sustainability Programme, of the £7m target set, £6.6m has now been identified. A large proportion of this is non-recurrent in year, whilst longer term plans are made to secure recurrent savings. Workforce reviews are progressing that will convert these non recurrent savings to recurrent from April 2022.

Income and Expenditure

Within the breakeven position reported, there are several key factors. There are continued pressures in temporary staffing due to vacancies and staff absence. Year to date agency spend at the end of December was £5.7m, £1.0m lower than the same period last financial year. Agency spend remains at high levels with increases within medical agency in month. There are also rising costs in Estates maintenance as we address backlog issues across the Trust.

Year to Date

	Plan	*Actual*	*Variance*
	£000	**£000**	**£000**
Income	(167,000)	(165,611)	1,389
Employee Expenses	128,530	126,474	(2,056)
Operating Expenses	34,695	35,323	629
Operating (Surplus) / Deficit	**(3,775)**	**(3,813)**	**(38)**
Finance Costs	3,776	3,813	38
(Surplus) / Deficit	**0**	**(0)**	**(0)**

At a Glance - Year to Date

Income and Expenditure
Efficiency Programme
Agency Spend
Capital Programme
Cash

Key

On or above target
Below target, between 0 and 10%
More than 10% below target

Capital Programme

The year to date position is underspent by £6.1m, £0.15m on IM&T, £3.8m on estates and £2.2m on strategic schemes and the Improving Mental Health Services programme.

The year-end forecast of £10.9m has increased by £0.25m due to funding received for Cyber Security. The forecast will be updated in the coming weeks to reflect the rephasing of the Improving Mental Health Services Programme and 21/22 planned estates schemes. Any reduction in spend in the current year will put pressure on the capital budget for 22/23 and will need to be managed with the system.

Cash

The cash position increased by £0.7m in month to £19.6m, £6.3m higher than the original plan. Payments are £7.2m lower than plan due to slippage on the capital programme and reduced creditor payments, partially offset by the pay award.

The forecast for year-end has been increased by £1.9m to £16.5m reflecting movements in the working capital position based on recent trends.

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Income and Expenditure and Long Term Sustainability Programme

Statement of Comprehensive Income

	Current Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income	(18,894)	(18,937)	(43)	(167,000)	(165,611)	1,389
Employee Expenses	14,318	14,550	233	128,530	126,474	(2,056)
Operating Expenses	4,145	3,955	(190)	34,695	35,323	629
Operating (Surplus) / Deficit	**(431)**	**(432)**	**(0)**	**(3,775)**	**(3,813)**	**(38)**
Finance Costs	431	432	0	3,776	3,813	38
(Surplus) / Deficit	**(0)**	**0**	**0**	**0**	**(0)**	**(0)**

Commentary

Pay continues to underspend and is £2m underspent at the end of December. Within this, substantive pay is £4.2m underspent. This is largely driven by vacancies and in particular within Mental Health Investment Standard initiatives, some of which have commenced later than originally planned due to recruitment challenges. For these areas, corresponding income has also been deferred to match and performance is being closely monitored between the Trust and ICS colleagues.

Operating expenses is overspent by £629k. The key area contributing to the overspend is planned and reactive maintenance, where a renewed focus has been put on addressing backlog issues across our sites.

Long Term Sustainability Programme (Efficiency Programme)

	Annual	Current Month			Year to Date		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance
Pillar	£000	£000	£000	£000	£000	£000	£000
Back Office	(2,000)	(167)	(97)	70	(1,500)	(957)	543
Workforce	(1,000)	(100)	(27)	73	(700)	(214)	486
Service Line Reporting	(1,000)	(167)	0	167	(500)	0	500
Patient Pathways	(1,500)	(163)	(80)	82	(1,013)	(722)	290
Procurement and Purchasing	(1,000)	(100)	(41)	59	(700)	(368)	332
Commercial Development	(500)	(56)	(15)	40	(333)	(167)	166
Non-recurrent slippage	0	0	(365)	(365)	0	(2,463)	(2,463)
Total	**(7,000)**	**(751)**	**(626)**	**126**	**(4,746)**	**(4,891)**	**(145)**

Commentary

The majority of schemes are progressing through H2. Due to the nature of some of these schemes in-depth work needs to be undertaken with Care Groups and external stakeholders. To ensure the gap is mitigated for this financial year, non-recurrent slippage of £2.5m has been identified, with a forecast full year value of £3.3m. Currently the gap for 21/22 is £423k of the £7m target.

The SLR pillar project has seen deep dive information being finalised for Older Adults, CRCG and Forensics & Specialist Services in readiness for discussion with Care Group teams.

Care Group devolved targets have been created, with most achieved through increased pay slippage. Agency spend caps have been put in place to be monitored monthly.

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Exception Report

Top 4 Variances

	Plan	Actual	Variance	Proportionate	Reported
	£000	£000	£000	Overspend	Last report
Agency	4,813	5,728	914	19%	19%
Planned and reactive maintenance	1,788	2,749	961	54%	41%
Clinical Supplies	2,166	2,514	348	16%	23%
Patient travel	435	628	193	44%	78%

1. Temporary Staffing Spend: Agency £914k

Although agency spend remains a high variance, the percentage overspend remains consistend with November's at 19% This is forecast to remain at lower levels over the rest of the year. There has been some movement in the staff group profile of agency spend with a growing pressure within medical agency.

International recruitment is expected to impact positively on agency use in the latter part of the financial year with recruitment plans currently being finalised. Agency control targets have been issued to Care Groups to retain focus on agency spend but are not currently being delivered, weekly agency meetings are taking place to review the position.

	2017/18	2018/19	2019/20	2020/21	2021/22 YTD	2021/22 FOT
Bank	11,131	11,390	13,560	16,968	12,886	17,068
Agency	***6,924***	***6,459***	***6,395***	***8,740***	***5,728***	***7,590***
Total	18,055	17,849	19,955	25,708	18,614	24,658

2. Planned and reactive maintenance £961k

The budget for Planned and Reactive maintenance charges is based on trend analysis from previous financial years with input from Estates in order to horizon scan what works are planned. For 2021/22 this spend has increased and represents a significant year on year increase.

At the end of the month 9 spend is over and above these levels by £961k. The Executive Director of Finance is working with the estates function and the supplier to manage both spend and the overall maintenance schedule.

This will also be an area of focus for the newly appointed Director of Estates.

3. Clinical supplies £348k

For 21/22 the Trust has seen a consistent increase in spend on Clinical Supplies. The overspend is predominantly within the Limbs and ECS service where spend clinical supplies have been higher than plan and have returned to pre-Covid levels. This percentage overspend has reduced to 16% from the 23% reported last month

There has been an increase in the average cost per patient for this financial year which will continue to be monitored and if significant will need to feature as part of the 22/23 contractual discussions with NHS England.

4. Patient Travel £193k

Between April and November the Trust had seen consistently high levels of spend above budget, much of which aligns to the increase in private placements and associated travel costs. In December however, this overspend against budget reduced, bringing the YTD overspend down to £193k from £264k last month. This is as a result of a key element of patient transport (AMHP bookings) being transferred over to the CCG to manage - as these bookings are made by KCC and not KMPT. It has been agreed that credits will be raised for c £0.1m by the suppliers and all future AMHPs invoices will be invoiced directly to the CCG. This will reduction on spend on patient travel will enable clearer focus on KMPT influenceable journeys.
Plans are also underway to deploy a patient transport team as part of the DTOC programme which will sit within the Acute Care Group and which will enable us to fully understand the Patient Transport requirements.

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Appendices

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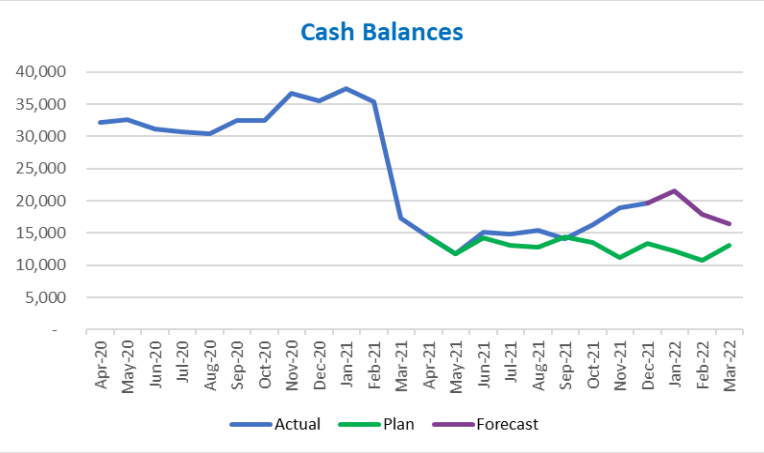
Statement of Financial Position Overview

Statement of Financial Position	Opening 31st March 2021 Actual £000	Prior Month 30th November 2021 Actual £000	Current Month 31st December 2021 Actual £000
Non-current assets	130,002	130,376	129,954
Current assets	22,682	25,149	25,568
Current liabilities	(24,777)	(27,951)	(28,042)
Non current liabilities	(11,976)	(11,228)	(11,135)
Net Assets Employed	**115,931**	**116,345**	**116,345**
Total Taxpayers Equity	**115,931**	**116,345**	**116,345**



Commentary

Non-current assets

Non current assets has decreased by £0.4m, reflecting depreciation exceeding the low year to date capital expenditure.

Current Assets

The cash position remains strong with an increase of £0.7m in month.

Receivables have decreased by £0.3m with reductions in NHS and trade receivables, £0.2m, prepayments, £0.3m and VAT receivables, £0.2m. This was partly offset by a £0.4m increase in accrued income, associated with funding DTOC income for acute block beds and CMHF funding.

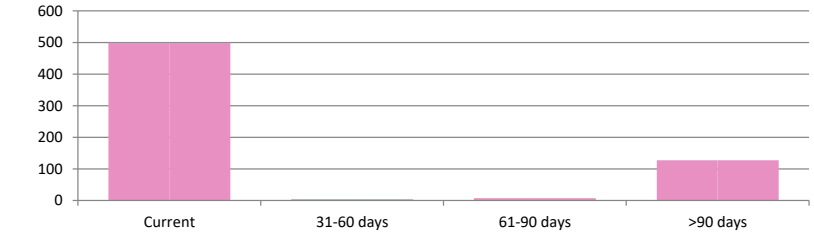
Current Liabilities

Trade and other payables have increased by £0.1m with increases in trade and NHS creditors, £0.2m, general accruals, £0.6m (mainly associated with ICOM planned and reactive works) and PDC, £0.3m. This was partially offset by decreases in deferred income, £0.6m (£0.4m relating to Health Education England and £0.1m for NHS England) and capital creditors, £0.4m.

Aged Debt

Our total invoiced debt is £0.6m, of which £0.5m is within 30 days. Debt over 90 days is reported at £0.1m this is largely for debts owed by individuals, including staff (for issues such as salary overpayments & lease cars). For these collection activity is in progress, and for many a payment plan in place.

Aged Debt Analysis



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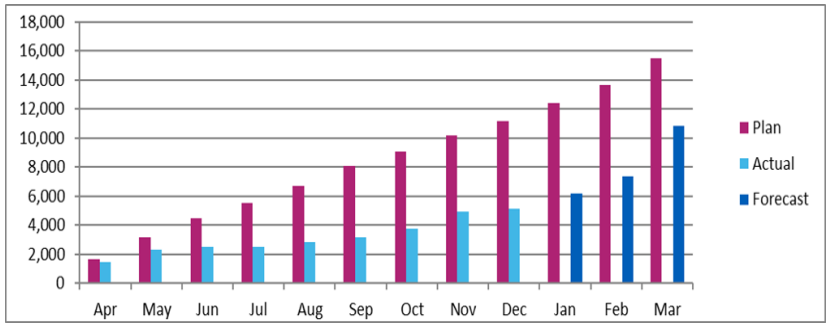
Capital Expenditure

	Current Month			Year to Date			Full Year	Full Year
	Plan £000	*Actual* £000	*Variance* £000	*Plan* £000	*Actual* £000	*Variance* £000	*Forecast* £000	*Plan* £000
Information Management and Technology	125	163	38	1,891	1,738	(153)	3,382	2,856
Capital Maintenance & Minor Schemes 2021/22	190	(0)	(190)	2,420	165	(2,255)	1,882	3,256
Capital Maintenance & Minor Schemes from 2020/21	0	36	36	3,100	1,723	(1,377)	2,799	2,799
Capital Maintenance & Minor Schemes Prior Year Adj	0	0	0	0	(143)	(143)	(143)	(143)
Strategic Schemes - Orchards Ward	0	(43)	(43)	1,045	672	(373)	698	910
Improving Mental Health Services (Maidstone)	709	1	(708)	2,714	919	(1,795)	2,452	5,787
PFI 2020/21	3	3	0	30	30	0	40	40
Total Capital Expenditure	**1,027**	**160**	**(867)**	**11,200**	**5,104**	**(6,096)**	**11,110**	**15,505**

Cumulative YTD Performance against Plan



Commentary

In December, the Trust spent £0.2m against the plan of £1.0m, £0.7m of the underspend related to the Improving Mental Health Services Programme.

The year to date position is underspent by £6.1m, £0.2m on IM&T, £3.8m on estates and £2.2m on strategic schemes and the Improving Mental Health Services programme. The main reasons for the underspend in estates are delays in completion of prior year schemes and commencing new schemes and VAT reclaims/ retention adjustments. There is an underspend on IT schemes including Crisis Mobile Rio due to equipment supply issues across the sector.

The year-end forecast of £10.9m has been increased by £0.25m due to the planned utilisation of PDC funding for Cyber Security. The forecast will be updated in the coming weeks to reflect the rephasing of the Improving Mental Health Services Programme which is likely to result in a reduction. Any reduction in spend will need to be managed as part of system discussions to achieve the overall control total. A decrease will also result in pressure on the capital budget for 22/23.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th January 2022
Title of Paper:	Remuneration and Terms of Service Committee Terms of Reference
Author:	Tony Saroy, Trust Secretary
Executive Director:	n/a

Purpose of Paper

Purpose:	Approval
Submission to Board:	Standing Order/Regulatory Requirement

Overview of Paper

A paper setting out the re-drafted Remuneration and Terms of Service Committee's Terms of Reference, which is submitted for the Board's approval.

Issues to bring to the Board's attention

The Remuneration and Terms of Service Committee has carried out its annual review of its Terms of Reference.

During the re-drafting stage, the Trust Secretary carried out a benchmarking exercise against other NHS Trusts' Remuneration and Terms of Service Committee Terms of Reference. A comparison against best practice guidance was also carried out.

The Trust Secretary worked with the Chair of the Remuneration and Terms of Service Committee and the Director of Workforce and Organisational Development when drafting the Terms of Reference.

On 24th November 2021, the Remuneration and Terms of Service Committee approved the finalised version of the Committee's Terms of Refence for presentation to the Board for approval.

Governance

Implications/Impact:	Maintenance of sound governance systems
Assurance:	Significant
Oversight:	Oversight by Trust Board

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Remuneration and Terms of Services Committee's Terms of Reference

1 Background

In order to fulfil its statutory duties and responsibilities, the Trust Board has established Committees. The Board Committees are an essential part of the overall governance structure and provide the Board with assurance and scrutiny in the areas delegated to them by the Board. These responsibilities are defined in the Committees' Terms of Reference and only the Trust Board can approve any changes to these.

To ensure robustness and best practice in the way the Remuneration and Terms of Service Committee operates, the Chair of the Committee requested that the Trust Secretariat carry out a benchmarking exercise against other NHS Trusts' Remuneration and Terms of Service Committee Terms of Reference. A comparison against best practice guidance was also carried out.

Following that benchmarking exercise, the new Terms of Reference for this Committee was presented to both the Chair of the Committee and the Director of Workforce & Communications for comment. Adjustments to the new Terms of Reference were made accordingly and were presented to the Committee for approval in July 2021.

The Remuneration and Terms of Service Committee reviewed the re-drafted version of its Terms of Reference at its meeting on 28 July 2021. The Committee approved the Terms of Reference, subject to a change in one section. That change dovetails the re-drafting of the Manging Conflicts Policy

A clean copy of the new Terms of References is attached at Appendix 1.

2 Recommendation

It is recommended that the Board approves the attached Terms of Reference for the Remuneration and Terms of Service Committee.

Appendix 1 – Remuneration and Terms of Service Committee Terms of Reference

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Terms of Reference

Name of Committee	**Remuneration and Terms of Service Committee**	
Date	**28 July 2021**	
Version	**V5**	
Approval	**Remuneration Committee**	**Date:28.07.2021**
	Trust Board	**Date: 28.07.2021**
Next review due	**July 2022**	

Review - Document Control

Version	Status	Date	Author	Summary of Changes
VO1	Draft	27.07.11	Val Woodin	Board Committee Structure review – separate Terms of Reference.
V01	Approved	26.10.11	Trust Board	Approved at Trust Board meeting 26.10.11for implementation January 2012.
V01.1	Draft	26.04.12	Remuneration and Terms of Service Committee	Minor amendments regarding attendance.
V01.2	Revised	26.03.15	Remuneration and Terms of Service Committee	Minor amendment regarding oversight of the appointment of Interim Board members. Added that Quorum included the Chair or nominated deputy.
V.02	Revised	30.07.15	Remuneration and Terms of Service Committee	Additional amendments including VSM salary review, performance of executives, Fit and Proper Persons Requirement and Termination Arrangements.
V.03	Reviewed	27.04.18	Remuneration and Terms of Service Committee	To remove from the Terms of Reference page 3, subject 7.1.5, the final paragraph that reads "and the appraisal; of Executive Directors, carried out by the Chief Executive."
V.04	Draft	25.09.19	Remuneration and Terms of Service Committee	Reviewed and revised
V.05	Reviewed	28.07.21	Remuneration and Terms of Service Committee	Full review of the Terms of Reference conducted. The Terms of Reference have been aligned with best practice guidance.

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1. Constitution

The Trust Board hereby resolves to establish a Committee of the Board to be known as the Remuneration and Terms of Service Committee. The Committee is a Non-Executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. Purpose

The Remuneration and Terms of Service Committee is a Board level Committee and has been established to advise on the appointment and appropriate remuneration and terms of service of the Chief Executive and Executive Directors; and Very Senior Managers ("VSM").

It will also advise the Board on the size, structure and membership of the Trust Board.

The Committee will also be responsible for succession planning for the role of the Trust's Chief Executive. In addition, it should also assure itself that adequate processes exist in relation to success planning for other Executive Directors and Very Senior Manager roles.

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3. Aims

To ensure all aspects of salary taking independent advice where appropriate and considering current benchmarking data for VSM roles of similar size and complexity, to ensure the remuneration can be justified.

4. Objectives

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of external professionals with the relevant experience and expertise if it considers this necessary.

5. Membership

The Committee shall comprise of all Non-Executive Directors on the Trust Board. The Trust Chair will also serve on the committee as an additional member.

The Board shall appoint the Committee Chair who will be a Non-Executive Director who should have served on the Remuneration and Terms of Service Committee for at least 12 months. In the absence of the appointed Committee Chair, the remaining members present shall elect one of themselves to chair the meeting who would qualify under these terms of reference. The Chair of the Trust Board should not chair the Committee.

Only members of the Committee have the right to attend Committee meetings and deputies cannot be nominated. However, other individuals such as the Chief Executive, the Director of Workforce and relevant external advisors may be invited to attend for all or part of any meeting, as and when appropriate. Individuals should not be invited to attend when matters relate to his/her own remuneration.

6. Quorum

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A Quorum will be three Non-Executive Directors including the Committee Chair or nominated Deputy Committee Chair.

Quorum must include the Trust Chair, for decisions relating to the appointment and position of the Chief Executive, including remuneration discussions.

7. Methodology (Duties, Reporting, Annual Workplan,)

The Committee is established to advise on the appointment and appropriate remuneration and terms of service of the Chief Executive and Executive Directors; and Very Senior Managers particularly covering the following:

Designing remuneration policies and practices to support strategy and promote long-term sustainable success, with executive remuneration aligned to Trust's purpose and values and clearly linked to the successful delivery of the Trust's long-term strategy.

To determine all aspects of the total remuneration package of relevant individuals as listed above. This includes bonuses, incentive payments and provisions for other benefits e.g. lease cars, relocation package and any enhancement of non-pay benefits such as annual leave. Independent advice should be taken where appropriate and current benchmarking data for VSM roles of similar size and complexity should be considered to ensure the remuneration can be justified.

Oversee compliance when appointing board members at salaries above the upper limits as set out in national NHSE/I guidance.

Review annually the structure, size, composition and diversity of the Board, and provide input to the formal board evaluation process. The Committee should work and liaise as necessary with other Board Committees to ensure that interaction between committees and with the Board is reviewed regularly. The Committee should also receive briefings on any major restructuring of management arrangements at the Trust after these have been discussed at the Workforce and Organisational Development Committee.

Provide assurance to the Board that there is appropriate succession planning in place for Executive directors and the organisational level below.

Before any appointment is made to the Executive team, evaluate the balance of skills, knowledge, experience and diversity and in the light of the evaluation, review a description of the role and capabilities required for a particular appointment.

Ensure that the appointment process is designed to attract the best candidates, through the use of a range of open advertising or the services of external advisers to facilitate the search. The Committee will seek to provide assurance that candidates fully reflect a wide range of backgrounds and the Trust's commitment to equality, diversity and inclusion and that the recruitment process will consider candidates on merit and against objective criteria.

Oversight and scrutiny of the appointment of interim Executive Directors, ensuring HM Treasury ("HMT") and NHSE/It guidance is adhered to.

The Committee will receive a report from the Chair of the Trust Board on the outcome of the annual assessment of the performance of the Chief Executive prior to its submission to NHSE/I. The Committee will consider this outcome when reviewing changes to the Chief Executive's remuneration.

The Committee will receive a report from the Chief Executive on the outcome of the annual assessment of the performance of the individual Executive Directors and will consider this outcome when reviewing changes to individual Director's remuneration levels.

The Committee should discuss and advise on any significant issues relating to the performance of individual Directors referred to the Committee by the Trust Chair or Chief Executive.

The Committee will ensure that a robust and effective process is in place to discharge the requirements of the Fit and Proper Persons Test for all existing and future Directors, or equivalent senior appointments, whether temporary or substantive.

The Committee will ensure there is a process in place that proposed Board appointees disclose any business interests that may result in a conflict of interest prior to the appointment and that any reasonably foreseeable future business interests that could result in a conflict are reported.

Arrangements for termination of employment and other contractual terms. The Committee should satisfy itself before approving any severance payment that:

- it has all necessary information, including a supporting business case, to enable a decision to be reached
- conscientious consideration has been applied to the merits of the case
- the proposed payment represents value for money, is the best use of public funds and in the public interest
- a written record, including a summary of the discussion and final decision is made (remembering that this document may be subject to further public scrutiny)
- in the event any extra contractual payment is involved, the supporting business case has been approved by the committee prior to submission for external approval to the NHSE/I and HM Treasury

The Committee will advise and oversee the contractual arrangements for the Chief Executive, Executive Directors and senior managers, including but not limited to the proper calculation and scrutiny of termination payments, ensuring they are fair to both the individual and the organisation, and that poor performance is not rewarded.

Ensure consideration and compliance with National guidance

8. Administration arrangements and Notice of Meetings

The Trust Secretary or their nominee shall act as the secretary of the committee and will ensure that the committee receives information and papers in a timely manner to enable full and proper consideration to be given to the issues. The secretary shall minute the proceedings and resolutions of all Committee meetings.

The Committee shall meet every six months at least. Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee Chair or on the advice of the Director of Workforce.

Two meetings of the Committee will be set in advance as part of the planning of the Trust Board and Committee meetings annual calendar of business.

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Meetings will be held whenever a board appointment, removal of a director, or a board restructuring is proposed.

9. Accountability and Reporting Arrangements (Annual Effectiveness Report)

The Committee shall report in writing to the Board the basis for its recommendation following each meeting.

The Committee shall provide a description of its work in the Annual Report in line with the requirements of the UK Corporate Governance. If the Committee has appointed remuneration consultants, the consultant/s should be identified in the annual report alongside a statement about any other connection it has with the company or individual directors.

The Committee will review its own performance, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

10. Review and Monitoring

The Terms of Reference will be reviewed annually by the Remuneration and Terms of Service Committee and approved by the Trust Board for approval.

The Committee will provide an annual report to the Board setting out how it has discharged its responsibilities as set out in these terms of reference.

Title of Meeting	Board of Directors (Public)
Meeting Date	27th January 2022
Title	Mental Health Act Committee (MHAC) Report
Author	Kim Lowe, Chair of MHAC
Presenter	Kim Lowe, Chair of MHAC
Executive Director Sponsor	Dr Afifa Qazi, Executive Medical Director
Purpose	Assurance

Matters to be brought to the Board's attention

- The risk of non-compliance with the new Liberty Protection Safeguarding standards.
- The delay system wide in the implementation of the full S12 Solution App.

Items referred to other Committees (incl. reasons why)

- None

MHAC met on 13th December 2021 to consider:

Significant assurance:

- The Executive Medical Directors Report.
- MHLOG Report.
- Mental Health Act Monitoring Report.

Reasonable assurance:

- The new S12 Solution App and its implementation across the system.
- The new Liberty Protection Safeguarding standards.
- Associate Hospital Managers Report.

S12 App

S12 App is widely used across the country amongst Clinical Commissioning Groups and Mental Health Trusts and is used by neighbouring Trusts. It was noted that the App is a good example of system working however, currently Kent County Council (KCC) have not signed up to the S12 App. Once KCC have completed their Data Protection Impact Assessment (DPIA), the Trust and neighbouring Trusts will be able to roll out the electronic statutory MHA forms feature on the app. It is hoped this will be rolled out early 2022.

The Committee recognised that without KCC's involvement the roll out of the full S12 App cannot be carried out. It was agreed that this should be raised with the Executive Director of Partnerships and Strategy.

Safeguarding

The Committee received a presentation on the current Deprivation of Liberty Safeguards changing to Liberty Protection Safeguards in 2022. The anticipation date of implementation was April 2022. However, the revised Code of Practice has not yet been published and although not formally advised, there is likely to be a delay to the April date.

NHS providers such as KMPT will become a 'Responsible Body' and hold the accountability and responsibility to ensure that a Human's Right is not infringed with an illegal deprivation of liberty; and can deliver a robust process for the application of Liberty Protection Safeguards (LPS). This will also now be applicable in all areas, including family homes, whereas currently it is only applicable in care homes and hospitals. The application will also travel with each service user and will not have to be repeated at multiple locations. The validity time frame has also increased, with relevant reviews included.

The Committee noted the following risk: A failure in preparation and ability to deliver LPS safety will impact on KMPT's reputation, increase litigation risk and importantly impact on patient cares and Human Rights.

	Title of Meeting	**Board of Directors**
	Meeting Date	**7 December 2021**
	Title	**Audit and Risk Committee (ARC) Report**
	Author	**Peter Conway, Chair of ARC**
	Presenter	**Peter Conway, Chair of ARC**
	Executive Director Sponsor	**N/A**
	Purpose	**Assurance**

ARC met on 7 December 2021 to consider:

- Risk Registers and Risk Management
- Auditors' Progress Reports
- Finance Matters
- Data Quality

Area	Assurance	Items for Board's Consideration and/or Next Steps
Risk Registers and Risk Management	*Reasonable Assurance*	(1)Continued progress in the evolution of the risk registers (2)Since Board sight of the BAF in November, the HR risks (retention, turnover and sickness) are targeted to be treated to 9/9/12 risk levels respectively by March 2022 (3)Estates risks now included (Contract Management 12, Resources 16, Capital Projects capital availability 16 and Maintenance 16) which will take through until 9.2022 to treat (4)Winter pressures risk to be included at next update plus a separation of memory assessments from CMHT demand (5)In line with other provider Trusts, the number of red risks (9 with current rating >15) is increasing reflecting the NHS as a whole ''running hot''
External Audit	Verbal update	(1)Sarah Ironmonger is being rotated off as Trust audit lead and replaced by Paul Cuttle (ex KMPG, recently involved with Medway, MTW and Kent CCGs) (2)Preliminary planning for 2021/22 Annual Audit underway
Internal Audit	Progress Report - *Reasonable Assurance*	(1)3x reasonable assurance reports (Complaints and Learning Processes, Remote Working, Payroll Services) and 1x limited assurance (Facilities Management Reactive Maintenance - there were 5 high priority recommendations with management responses targeting resolution by end January 2022. TIAA to provide assurance of completion to next ARC meeting in March) (2)Audit work plan amended to delay SPoA audit to Q2 2022 to allow new IT system to bed in and replaced by Memory Assessment Pathway audit (scope agreed JM-G and SS) (3)Outstanding/overdue audit recommendations all relate to IT Network Comms Rooms with remaining work targeted to be completed by June 2022 (2+ years after original target date - overrun explained by covid and unforeseen

		complexities)
Counter Fraud	Progress Report - *Reasonable Assurance*	No items for Board attention
Finance Matters	Single Tender Waivers, Losses/ Special Payments and Write-offs *Reasonable Assurance*	No items for Board attention
Governance	Fit and Proper Persons Test	CQC to complete their checks on 9.12.21. TL to consider enhancements to current processes possibly with support of TIAA
Information Governance	Data Quality	Paper noted and enhanced update requested for next ARC in March 2022

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**27th January 2022**
Title	**WFODC Chair Report**
Author	**Venu Branch, Non-Executive Director**
Presenter	**Venu Branch, Non-Executive Director**
Executive Director Sponsor	**-**
Purpose	**Noting**

Matters to be brought to the Board's attention

- Memory Assessment (Dementia)
- Acute Medical Model – Evaluation of test for change
- Equality Delivery System
- Staff Survey and Health and Wellbeing

Summary of Committee Meeting:

The Workforce & Organisational Development Committee (WFODC) met on Tuesday 18th January 2022 and discussed the following agenda:

- Older Adult Care Group Presentation
- Workforce and Organisational Development Overview Report, including KPIs
- Strategic Delivery Plan Priorities
- Recruitment of Nurses
- Equality Delivery System
- Community Recovery Care Group – evaluation of new roles
- Acute Medical Model – Evaluation of test for change
- HR Policies and Procedures
- HR Risk Register

The Committee would like to bring the following items to the attention of the Board:

- Memory Assessment – up and coming TIAA Audit for February 2022
- Acute Medical Model – Evaluation of Test for Change
- Equality Delivery System
- Staff Survey and Health & Wellbeing – New monies from NHSEI

Older Adult Care Group Presentation
The Committee received a comprehensive presentation setting out achievement of Key Performance Indicators (KPI's) for Workforce and OD related areas and Operational Priorities and Challenges for 2022. The Head of Service shared the on-going work with the Dementia SIG whereby the Kent and Medway wider system is looking at the diagnosis of Dementia across the board. The Committee heard that demand is higher than capacity and higher than pre-Covid levels, and the current growth means it is likely that KMPT will be unable to meet demand.

Dr Afifa Qazi, is the Executive lead and also Co-Chair for the Dementia Steering Group which has responsibility and agreeing a system response. Part of the response is to continue to develop the GP's and their expertise in Dementia.

The Head of Service informed the Committee that TIAA (external Auditors) will be doing a second audit of the Referral to Assessment Process within our Community Mental Health Service for Older People in February 2022.

Acute Medical Model – Evaluation of Test for Change
The Committee was provided with an overview and update with regard to the recruitment of the Advanced Clinical Practitioner (ACP) and Physician Associate (PA) roles for the Acute Care group (ACG) Inpatient medical test for change. The model has been developed in consideration of the issues within inpatients and the ACG, namely high number of Consultant vacancies in Acute Inpatient, high agency spend, increased patient flow, and increased Mental Health Activity and Consultant roles becoming more pressurised.

The test for change was agreed by EMT in August 2021 and the first phase, recruitment to the new roles of Physician Associates (PA) and advanced Clinical Practitioners (ACP) commenced in November 2021. To date for the first round we had 5 PAs and the second round there were 2 PAs which applied for the roles. All were shortlisted and invited to interview, by sadly they all withdrew from attending. It has become apparent that KMPT may have missed the window of recruitment and therefore lost candidates to competitors.

The Committee noted a third round of recruitment is underway with adverts closing on the 16th January 2021 and interviews to take place on the 28th January 2022.
7 applicants have applied. The working group is aware the current cohort of PAs sit exams in January 2022 and would be looking to commence employment following their results in February 2022, with this in mind the Care Group are optimistic that by reviewing their recruitment plan and targeting this cohort future recruitment will be more successful.

The Committee shared their concern about the time taken to approve the test for change and encouraged staff to recall the pace of moving to solutions that took place in response to the pandemic.

Equality Delivery System 2 update
The Committee received a paper which outlined the Equality Delivery System 2 (EDS2) was last completed in Spring 2020 and an update of EDS2 to EDS3 was due to take place at the end of 2020. The expected update for a refreshed Equality Delivery System has been delayed further due to Covid pandemic and meant there has been no updates to EDS2 in 2021 by KMPT. EDS2 will be updated in Spring 2022 and the Equality Steering Group will oversea the implementation of actions arising and will update the Workforce and OD Committee.

There is currently a draft of EDS3 but no timescales for the release of the planned update, but there is an opportunity to take part in the testing phase. A recommendation will be going to EMT to put KMPT forward for the testing phase. The Committee noted that though

monitoring will be through the Annual Equality Report, that this Committee should not lose track of the progress and wanted to ensure the evidence presented for positive outcomes was indicative of actual change and comprehensive.

Staff Survey and Health and Wellbeing
The Chair congratulated the Committee for all the hard work that took place in ensuring everyone had the opportunity to take part. The response rate was 67.8% which is the highest response rate in the last 6 years. The Workforce and OD Director also reported that KMPT has been awarded £30,000 by the NHSEI for Health and Wellbeing monies. The Chair encouraged staff to streamline decision making on expenditure, particularly if good ideas were on the blocks.

The Board is asked to note the content of this report.

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**19 January 2022**
Title	**Quality Committee Report**
Author	**Fiona Carragher, Non-Executive Director and Committee Chair**
Presenter	**Fiona Carragher, Non-Executive Director and Committee Chair**
Executive Director Sponsor	**N/A**
Purpose	**For Noting**

Matters to be brought to the Board's attention

- Quality Committee approval of the 'Cleaning National Standards', and to note positive progress
- Guardian of Safe Working Hours update
- Positive update on FFT, Appreciation Station/Brag Board, and the opportunity to look at a customer experience approach

Items referred to other Committees (incl. reasons why)

- None

The Quality Committee was held on 19 January 2022. The following items were discussed and scrutinised as part of the meeting:

1. Quality Digest
2. New Cleaning Standards
3. Guardian of Safe Working Hours Annual Report
4. Mortality Review – Q3
5. Infection Control Report – Q2
6. QC Workplan – 2022/2023

The following additional items were discussed under Any Other Business:

1. Newly revised IPC BAF
2. Dementia Pathway update

The following items were deferred ahead of the meeting, to an extended March Committee, due to business pressures:

1. Consultant Case Load Capping and Contacts Report
2. CMHSOPs Suicides
3. Active Review Process & SOP
4. Patient Experience Thematic Report
5. NICHE Action Plan Report
6. Research Strategy
7. Quality Committee Terms of Reference (there will be one amendment to the membership, as the Chair has confirmed only two NEDs will now sit on QC).

The Board is asked to:

1) Note the content of this report.

Title of Meeting	Board of Directors
Meeting Date	25th January 2022
Title	Finance and Performance Committee (FPC) Report
Author	Mickola Wilson, Chair of FPC
Presenter	Mickola Wilson, Chair of FPC
Executive Director Sponsor	N/A
Purpose	Assurance

Matters to be brought to the Board's attention

- The IQPR is being reviewed to ensure all metrics and trajectories are relevant and in line with best practice.
- Capital underspend remains an issue.
- The Trust's underlying deficit continues to grow, with action needed.
- Discussions with regards to the dormitory capital project are going well and the aim is to sign the contract next week. A joint paper will be provided to the QC and FPC chairs for a final update ahead of the contract being signed.

Items referred to other Committees (incl. reasons why)

- None

FPC met on 25th January 2022 to consider:

Significant assurance:

- Trust Annual Plan
- BAF Risk Update – Finance Risks
- Service Line Reporting Q2

Reasonable assurance:

- IQPR
- Financial Performance (month 9)
- Financial Forecast

Business Cases:

- Dementia Crisis Service Pilot(s) Business Case – approved.