AGENDA

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Title of Meeting	Trust Board Meeting (Public)
Date	30th March 2023
Time	9.45 to 12.15
Venue	The Friars, Aylesford, Kent ME20 7BX (use ME20 7BY for SATNAV)

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/22-23/137	1.	Welcome, Introductions & Apologies		Verbal	Chair	9.45
TB/22-23/138	2.	Declaration of Interests		Verbal	Chair	
BOARD REFLECTION ITEMS						
TB/22-23/139	3.	Personal Story – KMPT staff member – racism work with university		Verbal	SG	9.50
TB/22-23/140	4.	Quality Improvement – Improving Signposting Letters *(please note: this item will fall later in the agenda on the day of the meeting)*		Verbal	AQ	10.00
STANDING ITEMS						
TB/22-23/141	5.	Minutes of the previous meeting	FA	Paper	Chair	10.10
TB/22-23/142	6.	Action Log & Matters Arising	FN	Paper	Chair	10.15
TB/22-23/143	7.	Chair's Report	FN	Paper	JC	10.20
TB/22-23/144	8.	Chief Executive's Report	FN	Paper	HG	10.25
TB/22-23/145	9.	Board Assurance Framework	FA	Paper	AC	10.30
STRATEGY, DEVELOPMENT AND PARTNERSHIP						
TB/22-23/146	10.	Strategic Delivery Plan Priorities 2022/23 – year-end review	FD	Paper	HG	10.40
TB/22-23/147	11.	New Trust Strategy 2023-2026	FD	Paper	HG	10.50
TB/22-23/148	12.	MHLDA Provider Collaborative Report	FD	Paper	HG	11.00
OPERATIONAL ASSURANCE						
TB/22-23/149	13.	Integrated Quality and Performance Report – Month 11	FD	Paper	HG	11.10
TB/22-23/150	14.	Finance Report: Month 11	FD	Paper	SS	11.25
TB/22-23/151	15.	Financial Plan	FA	Paper	SS	11.30
TB/22-23/152	16.	Workforce Deep Dive: Equality, Diversity & Inclusion	FD	Paper	SG	11.40
TB/22-23/153	17.	National Staff Survey	FD	Paper	SG	11.50
CONSENT ITEMS						
TB/22-23/154	18.	Quality Committee Chair Report	FN	Paper	CW	12.05
TB/22-23/155	19.	Workforce and Organisational Development Committee Chair Report	FN	Paper	VB	
TB/22-23/156	20.	Audit and Risk Committee Chair Report	FN	Paper	PC	
TB/22-23/157	21.	Finance and Performance Committee Chair Report	FN	Paper	MW	
TB/22-23/158	22.	Register of Interests	FN	Paper	TS	
TB/22-23/159	23.	Use of the Trust Seal	FN	Paper	TS	

CLOSING ITEMS						
TB/22-23/160	24.	Any Other Business			Chair	12.10
TB/22-23/161	25.	Questions from Public			Chair	
	Date of Next Meeting: 25th May 2023					

Members:		
Dr Jackie Craissati	JC	Trust Chair
Venu Branch	VB	Deputy Trust Chair
Kim Lowe	KL	Non-Executive Director
Peter Conway	PC	Non-Executive Director
Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
Mickola Wilson	MW	Non-Executive Director
Dr MaryAnn Ferreux	MAF	Associate Non-Executive Director
Helen Greatorex	CE	Chief Executive
Dr Afifa Qazi	AQ	Chief Medical Officer
Andy Cruickshank	AC	Chief Nurse
Donna Hayward-Sussex	DHS	Chief Operating Officer
Sheila Stenson	SS	Chief Finance and Resources Officer/ Deputy Chief Executive
Sandra Goatley	SG	Chief People Officer
Dr Adrian Richardson	AR	Director of Partnership and Transformation
In attendance:		
Tony Saroy	TS	Trust Secretary
Hannah Puttock	HP	Deputy Trust Secretary
Kindra Hyttner	KH	Director of Communications and Engagement
Apologies:		
Sean Bone-Knell	SB-K	Non-Executive Director
Dr Asif Bachlani	AB	Associate Non-Executive Director

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

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)
Minutes of the Public Board Meeting held at 09.30 to 12.15hrs on Thursday 24th November 2022
Via Videoconferencing

Members:

	Dr Jackie Craissati	JC	Trust Chair
	Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
	Peter Conway	PC	Non-Executive Director
	Kim Lowe	KL	Non-Executive Director
	Mickola Wilson	MW	Non-Executive Director
	Sean Bone-Knell	SBK	Non-Executive Director
	Stephen Waring	SW	Non-Executive Director
	Dr Asif Bachlani	AB	Associate Non-Executive Director
	Helen Greatorex	HG	Chief Executive
	Dr Afifa Qazi	AQ	Chief Medical Officer
	Andy Cruickshank	AC	Chief Nurse
	Donna Hayward-Sussex	DHS	Chief Operating Officer
	Sandra Goatley	SG	Chief People Officer
	Sheila Stenson	SS	Chief Resources and Finance Officer and Deputy Chief Executive
	Adrian Richardson	AR	Director of Partnerships and Transformation

Attendees:

	Tony Saroy	TS	Trust Secretary (Minutes)
	Hannah Puttock	HP	Deputy Trust Secretary
	Kindra Hyttner	KH	Director of Communications and Engagement
	Julie Dilallo	JD	Consultant Psychotherapist & Clinical Lead for Kent Specialist Personality Disorder Services Therapeutic Communities
	Kate		Service user
	Cathy		Service user
	John Rea	JR	Personality Disorders Service Lead
	Abbie Crysell	ACr	Occupational Therapist
	Emmie Clarke	EC	STR Worker
	Lulu Nwosu	LN	Guardian Service
	Lincoln Murray	LM	Guardian Service

Apologies:

	Venu Branch	VB	Deputy Trust Chair

Observers:

	Michele Streatfield		Head of Nursing, Physical Healthcare
	Dr Salih Babiker		Consultant
	Stacey Care		Senior Prosthetist/Orthotist
	Julie Steel		Consultant Clinical Psychologist
	Andy Inett		Consultant Psychiatrist
	James Osborne		Lead for Psychological Practice Secondary Care and Specialist PD services
	Vinodini Vasudevan		Deputy ward manager
	Philippa Macdonald		Interim Head of Allied Health Professions – Acute Care Group
	Adam Kasparek		
	Sara Casado		Director of Psychological Therapies

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Item	Subject	Action
TB/22-23/112	**Welcome, Introduction and Apologies** The Chair welcomed all to the meeting, which was livestreamed to the public. All written reports were taken as read.	
TB/22-23/113	**Declarations of Interest** There were no declarations of interest.	
TB/22-23/114	**Personal Story – Specialist Personality Disorder Service – The Brenchley Unit** The Board welcomed JD and JR to the meeting. They were joined by two patients (Cathy and Kate) who are open to services at the Brenchley Unit. The unit provides specialist therapeutic community treatment for people with severe or complex personality difficulties. The presentation took the form of a small group therapy meeting for the Board to observe. Cathy and Kate informed the Board of the impact that the unit has had on their care and the benefits of the service over other forms of treatment provided to them. The Board noted the issue that service users feel there is a lack of support provided once a person has been discharged from the Brenchley Unit. The Board recommended that the Trust review that clinical pathway. The Board thanked JD, JR, Cathy and Kate for the presentation and **noted** the Personal Story – Specialist Personality Disorder Service – The Brenchley Unit item.	
TB/22-23/115	**Quality Improvement (QI) – Promoting Physical Health and Well-being through Accessible Information** The Board welcomed ACr and EC to the Board who presented a recent quality improvement project focussed on improving accessibility to physical health and well-being information. ACr and EC detailed to the Board the process of creating the QI project with quality defined by way of patient surveys and benchmarking. The redesigned noticeboards were created so that it was easy for staff members to pool information regarding nutritional and wellbeing needs for patients. The project will be cascaded across the Trust. The Board reflected on the benefits of having apprentices involved in QI projects and the request for apprentices to have protected time for QI projects. The Board **noted** the Quality Improvement (QI) – Promoting Physical Health and Well-being through Accessible Information.	

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Item	Subject	Action
TB/22-23/116	**Minutes of the previous meetings** The Board **approved** the minutes of the meeting held on 24th November 2023, subject to the following changes: • Item TB/22-23/87 to change "The Board noted that the Trust is rolling out Open Dialogue services across the Trust with the intention to replicate its success in different services that the Trust provides" to "The Board noted that the Trust is **working on a plan to roll out Open dialogue training to staff in a number of services, in a phased manner**. (Changed wording in bold). • Item TB/22-23/94 to change "Thus far, engagement has occurred through surveys and a total of 43 recommendations for RiO improvement have been identified" to "Thus far, engagement has occurred through **team visits** and a total of 43 recommendations for RiO improvement have been identified". (Changed wording in bold). • Item TB/22-23/99 to read: The Board reflected on the workstreams that were making the biggest difference to the Trust. Discussions centred on establishing and reinforcing the nursing pipeline through student nurses, UK recruitment, international recruitment and sponsoring Registered Mental Health Nurse degrees. A business case is being prepared on the nurse pipeline focussing on sponsoring RMN degrees. We are currently sitting on 130 Band 5 nurse vacancies and we have to build our longer-term pipeline where we will not see the benefits of the sponsorships until 4 years' time.	
TB/22-23/117	**Action Log & Matters Arising** The Board **approved** the Action Log as presented.	
TB/22-23/118	**Chair's Report** The Board received and **noted** the Chair's Report.	
TB/22-23/119	**Chief Executive's Report** The Board received the Chief Executive's Report. HG highlighted the following matters to the Board: • The Trust's recruitment continues to be strong, with over 100 members of staff being inducted in the last few weeks. The Trust is focussed on improving retention of staff and the Board will be updated in future with a workforce deep dive on the topic • Regarding performance, the Trust's memory assessment service continues to be hindered by a lack of consultant psychiatrists to ensure full assessment requirements are met. AQ is managing a task-and-finish group to deal with the issue. • In terms of delayed transfers of care (DToC), the Trust is working to discharge patients appropriately, but the Trust continues to see an increase in the number of referrals causing an increase in the pressure on beds. The Board **noted** the Chief Executive's Report.	

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Item	Subject	Action
TB/22-23/120	**Board Assurance Framework** The Board received the Board Assurance Framework (BAF) for approval, with the Board noting that there were no new risks added to the BAF since November 2022. The Board was updated regarding the Staff Turnover Risk that reduced its score, but still was considered an extreme risk. The Board reflected on Risk ID 7050 – Increased level of DToC. The Board noted that although the Trust has good engagement with the local authority commissioner at a frontline level, the Trust would benefit from greater working at a more senior level. The Trust is therefore considering a joint post with the local authority commissioner. The Board also noted that the number of patients with lengths of stay greater than 200 days now stands at zero and the number of patients staying for more than 100 days is reducing. The Board also considered the level of sickness absence, which has been increasing due to COVID-19 related reasons. For January, the Trust's focus in staff supervision is on wellbeing, freedom to speak up, and equality and diversity. The Board will be receiving a deep dive in May 2023 regarding staff sickness. **Action: SG to produce a workforce deep dive report regarding staff sickness. The report is to be presented at the May Board meeting.** The Board reflected on the request from clinicians for protected time to focus on Digital rollout. The Board was informed that the Trust held a Digital workshop for clinicians and the Trust is looking at additional remunerated roles to assist in the project. The Board discussed Risk ID 4083 Management of Environmental Ligatures, noting that there are regular audits of fixed points. These audits are fairly frequent because the fabric of rooms change over time. The Board noted that some risks can be managed effectively rather than eliminated. The Board heard that the risk is well managed at a clinical level. The Board **approved** the BAF.	**SG**
TB/22-23/121	**MHLDA Provider Collaborative Board Update** The Board received the MHLDA Provider Collaborative Board Update, noting that the workstreams of the Provider Collaborative have been RAG rated in terms of progress. The Board reflected on the update, with concerns raised on how the various changes are being communicated with staff and managers. There will be changes in the new system landscape, the Community Mental Health Framework, and staffing models. The Trust confirmed that staff are being consulted with in terms of the change and that there is effective communication with staff ongoing.	

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Item	Subject	Action
	Commenting on the paper itself, the Board recommended that there be a change in the terminology – from 'Commercial function' to 'Procurement function'. This is to avoid confusion as to the aim of the function The Board recognised the importance of the Provider Collaborative to the Trust's strategy and the Board recommended that a Provider Collaborative Update be provided more regularly. **Action: In consultation with the Trust Chair and the Chief Executive, by March 2023, TS to amend the Board workplan to allow for more frequent reporting.** The Board **noted** the MHLDA Provider Collaborative Board Update.	**TS**
TB/22-23/122	**Community Mental Health Framework (CMHF) – Quarterly Update** The Board was updated on the progress of the CHMF programme. The new programme director is now in post and those workstreams that were proving to be difficult are now being addressed. The Trust will be piloting the programme in Medway at the beginning of April. The Board reflected on the programme and the impact that digital can have on delivery of services. The Trust continues to develop its digital capability and there are working groups to identify digital solutions within the programme. The Board noted that there were three workstreams that were amber rated and one that was red rated. The Board highlighted the need to deliver the programme quickly given the current pressures on the Trust. It was confirmed that there will be swift rollout once the model has been finalised. The Trust's services will continue to be service user-led and the balance between delivery of services by way of digital and by way of face-to-face appointments will be reviewed by the Quality Committee. The Board will retain oversight over the programme and the next report will need to be clear regarding the items the Trust will stopping in order to deliver the programme. The Board **noted** the Community Mental Health Framework – Quarterly Update.	
TB/22-23/123	**Integrated Quality and Performance Report (IQPR) – Month 9** The Board reflected upon the following matters: • The Trust is reviewing its recruitment pipeline, including student nurses and apprenticeships, as well as Occupational Therapist apprenticeships. The Trust has been receiving positive comments from newly appointed staff regarding the Trust's values and culture. • Staff turnover has been fairly stable, with some of the vacancy gap due to new roles being created. • The Trust is supporting staff financially through the rollout of Wagestream allowing staff to access their earned wages on a weekly basis.	

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Item	Subject	Action
	• The Care spell start to Memory Assessment (Routine) Assessment within 6 weeks should include a column setting out the date on which the various teams have implemented the new service model. • Pressure on the Memory Assessment Service is due to new referrals and a difficulty in recruiting staff to some of the teams. The Board **noted** the IQPR – Month 9.	
TB/22-23/124	**Finance Report: Month 9** The Board received the Finance Report: Month 9. • **Income and Expenditure**: KMPT is continuing to use temporary staffing due to vacancies and staff absence. Agency spend remains high, with the in-month position representing a £0.73m spend compared to a year to date average of £0.64m, Pressure areas continue to be Medical and Nursing staff groups with highest levels of spend seen in the Community Recovery and Acute Care Groups. Agency caps have been reintroduced which is resulting increased external scrutiny. Executive led meetings continue to review agency spend. Check and challenge meetings continue to take place with further meetings in January as part of planning with focus on Care Group positions, CIP achievement and agency spend. In other expenditure areas, month 9 saw higher levels of spend continue in external placements with 382 bed days being utilised in month. These additional charges, plus all additional observations for the patient, are being recharged to the Integrated Care Board (ICB) whilst a permanent placement is sought. • **Capital Programme**: In December, the Trust underspent by £0.83m against the plan. Year to date (YTD) the position remains underspent by £4.41m. The underspend relates to the delayed start and completion dates for Estates schemes, delays in recruitment to new digital staffing posts and slippage in the Improving Mental Health Services (IMHS) Programme due to issues found during groundworks and delays with the mechanical, electrical and plumping packages (MEP). • **Cash**: Whilst the cash position reduced in month due to capital payments it remains strong at £26.74m. The actual cash position is £10.88m higher than the original plan. Receipts are £4.92m higher, the main factors being additional funding in relation to the pay award and acute inpatient ward pressure and higher funding from Health Education England (HEE). Payments are £5.95m lower than plan predominantly due to lower creditor and capital payments (due to slippage), partially offset by the impact of the pay award on payroll costs. The year-end forecast has been increased by £3.49m to £16.57m, largely to reflect the slippage in the capital programme which will lead to higher capital creditors in March. • **Agency:** Agency spend has exceeded plan in month 9 and on a year to date basis are over plan by £0.74m and this is forecast to continue - due to both vacancies and operational pressures particular within Medical and Nursing staffing groups. There will be continued focus and scrutiny on all agency spend as the financial year progresses to ensure spend remains within budget. Agency spend remains high with a year to date spend of £5.8m. Agency caps have been reintroduced to support the reduction of agency expenditure at a system level with KMPT having an agency limit	

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Item	Subject	Action
	of £6.8m. If spend continues as forecast we will exceed the cap by £1.1m - presenting a worsening position as the financial year has progressed. • **Cost improvement programme:** The Long-Term Sustainability Programme (CIPs) for 22/23 continues to make progress with a focus on the identified plans delivering as per plan. Work has continued to identify further CIP schemes to close the gap which is currently £0.88m, a favourable movement of £0.4m since the last report. The focus will remain on identifying further schemes which will enable the annual target to be achieved and support the eradication of the underlying deficit by March 2023. Executive led check and challenge meetings continue as part of planning to ensure focus remains on CIPs and efficiency plans for this year but also to develop a pipeline of schemes for 23/24. The Board noted the transformation work being undertaken through the Community Mental Health Framework and through the Mental Health Optimal Staffing Tool work, which evaluates efficiencies in staffing. These will improve the Trust's performance data. The Board **noted** the Finance Report: Month 9.	
TB/22-23/125	**Workforce Deep Dive – Staff Safety** The Board noted the contents of the report with the following matters agreed: • The Workforce and Organisational Development Committee will oversee the Trust's actions as contained in the report. • The Chair and VB will be meeting with the BAME Network lead to discuss matters raised within the report. • The evidence indicates that where there is sufficient Occupational Therapy staffing, the levels of violence and aggression from patients is lower. • The increase in the reporting of violence and aggression is seen to be a positive matter, indicating a willingness of staff to come forward with staff confident the Trust will treat the matter seriously. The Board **noted** the Workforce Deep Dive – Staff Safety.	
TB/22-23/126	**Freedom to Speak Up Report – six-monthly report** The Board was joined by Lulu Nwosu and Lincoln Murray from the Guardian Service with the Board receiving a presentation on the report. Completion of the recommended actions will be overseen by the Workforce and Organisational Development Committee. The Board requested that future reports include a percentage of staff at various sites who have contacted the Guardian Service. This will provide an accurate picture of areas of concern as the sites with more contact have more members of staff. In terms of the actions, there will be an attempt to address these on a cost-neutral basis but there may be a need for capital investment, which will be considered at the appropriate time.	

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Item	Subject	Action
	Action: The next Freedom to Speak Up Report, due in July 2023, shall have a high-level progress chart against the recommended actions. The Board **noted** the Freedom to Speak Up Report.	**SG**
TB/22-23/127	**Safer Staffing Report** The Board received and **noted** the Safer Staffing Report.	
TB/22-23/128	**Quality Committee Chair Report (incl. Mortality Report Q3)** The Board received and **noted** the Quality Committee Chair's Report including the Quarter 3 Mortality Report. **Action**: **In consultation with the Trust Chair and Chief Executive, TS to schedule a Board seminar focussed on the Suicide Thematic Review.**	**TS**
TB/22-23/129	**Workforce and Organisational Development Committee Chair Report** The Board received and **noted** the Workforce and Organisational Development Committee Chair's Report.	
TB/22-23/130	**Mental Health Act Committee Chair's Report** The Board received and **noted** the Mental Health Act Committee Chair's Report.	
TB/22-23/131	**Finance and Performance Committee Chair's Report** The Board received and **noted** the Finance and Performance Committee Chair's Report.	
TB/22-23/132	**Any Other Business** There was no Any Other Business.	
TB/22-23/133	**Questions from Public** The Board received no questions from the Public.	
	Date of Next Meeting The next meeting of the Board would be held on Thursday 30th March 2023.	

Signed …………………………………………………………….. (Chair)

Date …………………………………………………………..

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BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 22/03/2023

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
ACTIONS DUE IN MARCH 2023								
29.09.2022	TB/22-23/74	Closed cultures and professional boundaries	AC to provide an update on closed cultures and professional boundaries in March 2023.	AC	March 2023	May 2023	As signposted within the Chief Executive Report, a full update will come back to the May meeting.	IN PROGRESS
29.07.2022	TB/22-23/46	Operation Cavell Annual Progress Report	VB2 to provide an Operation Cavell update report to the Board in January 2023.	HG	January 2023	July 2023	An update is within the Chief Executive Report and the update report will come in July.	IN PROGRESS
26.01.2023	TB/22-23/121	MHLDA Provider Collaborative Board Update	In consultation with the Trust Chair and the Chief Executive, by March 2023, TS to amend the Board workplan to allow for more frequent reporting.	TS	March 2023		This has been completed and an update will now come to every Public Board meeting.	COMPLETE
26.01.2023	TB/22-23/128	Quality Committee Chair Report	In consultation with the Trust Chair and Chief Executive, TS to schedule a Board seminar focussed on the Suicide Thematic Review.	TS	March 2023		This has been provisionally arranged for June 2023	COMPLETE
ACTIONS NOT DUE OR IN PROGRESS								
24.11.2022	TB/22-23/96	KMPT-KCHFT Memorandum of Understanding	HG to provide the Board with a high-level 2023/24 action plan for areas of joint working under the MOU, by March 2023.	HG	May 2023			
26.01.2023	TB/22-23/120	Board Assurance Framework	SG to produce a workforce deep dive report regarding staff sickness. The report is to be presented at the May Board meeting.	SG	May 2023			
26.01.2023	TB/22-23/126	Freedom to Speak Up Report – six monthly report	The next Freedom to Speak Up Report, due in July 2023, shall have a high-level progress chart against the recommended actions.	SG	July 2023			
CLOSED AT LAST MEETING OR COMPLETED BETWEEN MEETINGS								
29.09.2022	TB/22-23/68	MHLDA Provider Collaborative Update	SS to provide an update paper on the MHDLA Provider Collaborative workstreams and their outcomes. Update to be provided at November Board meeting.	SS	November 2022	January 2023	On agenda	COMPLETE

Action Log v2

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BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 22/03/2023

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
29.09.2022	TB/22-23/72	Workforce Deep Dive – Leadership Development Strategy	In January 2023, SG to update the Board if the Trust is able to develop a formal in-house leadership development programme.	SG	January 2023		This will be progressed in 2023/24 in conjunction with KCHFT (Mandatory management training programme)	**COMPLETE**
29.09.2022	TB/22-22/73	Community Mental Health Framework Transformation	DHS to include implementation timeline and financial milestones in the next Community Mental Health Framework, which is due in January 2023.	DHS	January 2023		On agenda	**COMPLETE**

Action Log v2

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NHS
Kent and Medway
NHS and Social Care Partnership Trust

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**Thursday 30th March 2023**
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 six matters:

- Kent & Medway System
- Board appointments
- Board Seminar Day & Patient Engagement Council
- Trust Chair and Non-Executive Director visits

2. Kent & Medway system

I continue to work with my colleagues across the Integrated Care System (ICS) in my role as chair of the Dartford, Gravesham & Swanley Health and Care Partnership Board (DGS HCP), and chair of the Mental Health, Learning Disability & Autism (MHLDA) Provider Collaborative Board. It is fair to say that our system is financially challenged at present, and these mechanisms for collaboration are a crucial means of improving the impact of resource-constrained services for the people of Kent & Medway. The importance of the MHLDA provider collaborative means that we will now have a report on progress for every KMPT board meeting.

3. Board appointments

The Board is pleased to welcome Dr MaryAnn Ferreux as an Associate Non-Executive Director on the KMPT Board. MaryAnn has international experience working across both the Australian and UK health system, with specialist qualifications in health system leadership, management, and public health. She has held Board level roles as a medical leader in both primary and secondary care.

Helen Greatorex has announced her intention to retire from the NHS in the autumn, and our recruitment for a new Chief Executive is now underway, led by Gatenby Sanderson. There will be time later in the year to formally acknowledge the incredibly important impact that Helen has had on the trust during her time with us, and I know that the staff and wider stakeholders will want to have an opportunity to thank her in person and wish her well for the future. The current interest in her post is testament to high regard with which she and the trust are held.

I am delighted to have been appointed as chair of Dartford & Gravesham NHS Trust, as of 1st April 2023. This is in addition to my chair role with KMPT; I believe this is a great opportunity for increased collaborative working and shared learning across the county.

4. Board Seminar Day & Patient Engagement Council

On 23ʳᵈ February 2023, the Board met in person for three Board seminars. One of the seminars included the third joint session between the Trust Board and the Patient Engagement Council. The session included an update on the work of the Patient Engagement Council and discussions took place around the Trust's future strategy.

5. Trust Chair and NED visits

Since the last Board meeting, the following visits having taken place.

Where	Who
February 2023	
East Kent CRHT	Jackie Craissati
Fern Ward & 136 Suite	Stephen Waring & Catherine Walker
March 2023	
Rosewood Mother and Baby Unit	Jackie Craissati
Pinewood	Jackie Craissati
Place of Safety	Jackie Craissati
Willow Suite	Jackie Craissati
Liaison Psychiatry	Catherine Walker

Jackie Craissati - visits
I have completed a really delightful set of visits across the trust in the past two months. These visits really emphasised, for me, the central importance of strong local leadership; I saw evidence of leaders driving innovation and more effective practice, raising team morale, and ensuring a patient-focus. On a more sombre note, I was pleased to see that the support offered to staff and to family members in the response to the tragic suicide of a patient was well received and thoughtfully delivered.

As always, important issues were raised by staff, including the pressure on inpatient beds, challenges to staffing recruitment, sluggish electronic patient record systems, and violence on the wards. I have picked up some of these issues with Andy Cruikshank, Chief Nurse, and am assured that they are being addressed in our strategic delivery plan for 2023/24.

Catherine Walker – Liaison Psychiatry
The KMPT COO, Donna Hayward Sussex, and I visited the Liaison Psychiatry Service in Maidstone Hospital. The initiative of putting KMPT nurses at first triage point in A and E seems to be working well. I had positive feedback from MTW staff about the benefits of having one of our nurses co-located and visible. I understand that in Maidstone, as in other acute sites, there are some challenges around getting the right floorspaces and exactly at what point of the A and E pathway is best for KMPT staff to be positioned but these are being worked through. The pressure on KMPT beds at times to admit those in need was mentioned.

We also visited the S 136 suite which was out of action following an incident where premises were damaged and staff were threatened. I noted positive thoughts around the possible move to one central place of safety which would be purpose built and provide a better environment and service to patients and staff alike.

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Chief Executive's Board Report

Date of Meeting: 30 March 2023

Introduction

Since the last Chief Executive's report in January we have continued to experience significant pressure on our services and remain focused on ensuring the provision of safe, high quality care. We continue to play our part as a member of the Kent and Medway integrated care system, ensuring that our patients receive the care and treatment that they need, when and where they need it. A current example of this commitment in action is the work of our psychiatric liaison teams based in the acute trusts. Our reinforced model of front door triage for anyone who presents at the Emergency Department with mental health needs has resulted in a 38% decrease in the number of people who go on to require a detailed mental health assessment. Putting those we serve at the heart of all we do, whilst playing our part in the system means that the quality of experience for our patients improves and the system is able to work more efficiently.

The Cost of Living

The trust has over recent months introduced a number of initiatives aimed at supporting KMPT staff through the cost of living crisis. The board has previously heard about the introduction of free, Blue Light discount cards for staff as well as the 'It's okay to say' campaign supporting colleagues to share concerns about whatever is on their mind. The latest initiative is Wagestream. Introduced in February, Wagestream allows staff to access a percentage of their salary whenever they need it. Whilst the number of staff using the option to date is low, feedback about its availability and KMPT's support to staff has been positive.

The Integrated Care Board (ICB)

The board continues to develop, refining its strategy and setting out its aims. The most recent meeting on March 7th considered the significant operational and financial pressures on our system along with the solutions. Clarity about the role of the ICB in contrast to that of the provider trusts is a current theme of discussion along with the importance of capturing the difference that the ICB is making. The work of the Mental Health, Learning Disability and Autism Improvement Board is well regarded and its work valued by the ICB. KMPT's Chief Executive has agreed to take on the role of lead Chief Executive for Provider Collaboratives, supporting other system leaders to establish a further two in the coming months.

Closed Cultures and Professional Boundaries

The board will recall that following the Panorama documentary exposing the abuse of patients at the Edenfield Centre in September last year, National Clinical Director Claire Murdoch wrote to all specialist mental health trusts setting out her expectation in relation to identifying and tackling closed cultures and professional boundaries. KMPT's work in this area predated the letter and our Quality Committee are regularly updated on the elements of this ongoing work. One of the board's seminars in the last six months addressed this area, and as part of a continued focus on this important area, the Chief Nurse will be updating the board further in May.

KMPT strategy

Today's board will consider two particularly important documents. First is the year end stock take of our last strategy which ran from 2020 to 2023. The second is our new three-year strategy which will run from 2023 to 2026. The new strategy, developed over a number of months has been informed by conversations and reflections with service users, carers and staff and sets out our ambition to continuously improve our services. Focusing on three Ps, it has at its heart, those we serve, our patients and services users, our people, KMPT staff and our partners of all sorts. The strategy will be underpinned by a detailed operational delivery plan for each of its three years, ensuring that we hit the ambitious targets we have set.

Bed Strategy

Supporting our continuous improvement of services, Dr Afifa Qazi is leading a review of KMPT's inpatient beds and considering what it is that a modern mental health service for our population needs. The Quality Committee will be receiving updates as this work progresses and the board will receive an update on the findings and next steps at its meeting held in public in July.

Staff Survey results

The survey which was undertaken by staff last autumn as part of a national annual exercise, provides extremely valuable feedback about how colleagues experience working for KMPT. Our simple mission remains to deliver brilliant care through brilliant people, the analysis of the results is therefore extremely important and supports our continuous improvement of staff experience. The board will receive a report on this work today.

Operation Cavell

A shared initiative with Kent Police, Operation Cavell (named after Dame Edith Cavell) was launched in the Spring of 2021. Its aim was to ensure that offences committed by patients or visitors against KMPT staff, were acted on quickly, with appropriate action taken by the police. With a new Chief Constable now in post, the Chief Executive and Director of Partnerships and Transformation have agreed that the time is right to refresh both organisations' commitment to the initiative and drive the change that we need to see. The Workforce and Organisational Development Committee will be updated on the progress of this work with the intention that a new, annual report will be presented to the board at a point to be agreed.

Working With Days

Since the last board meeting the Chief Executive has made a series of visits to services including joining the early shift on Woodchurch ward as a Healthcare Assistant. As always, the care and compassion, skill and expertise of the team were impressive as was the quality of care delivered in an environment that the Trust is committed to improving. A similarly impressive team was the Psychiatric Liaison Team based at the Queen Elizabeth the Queen Mother Hospital in Margate. The Chief Executive was able to see the new triage model in action and understand the day to day reality of the challenges of working in the Emergency Department.

Helen Greatorex
Chief Executive

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30 March 2023

Title of Paper: Board Assurance Framework

Author: Louisa Mace, Risk Manager

Executive Director: Andy Cruickshank, Chief Nurse

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 January 2023.

- One new risk has been added to the BAF since January
    - Risk ID 7176 – Loss of Lloyds Pharmacy Premises and Resulting Medication Supply Issues (Rating of 15 - Extreme)

- 1 risk has changed their risk score since January
    - Risk ID 6848 – Staff Turnover (Reduced from 15 (Extreme) to 12 (High))

- 4 risks are recommended for removal
    - Risk ID 6573 – Demand and Capacity for Adult and Older Adult CMHTs compared to pre pandemic levels
    - Risk ID 7084 – New Landscape (New Operating Model) (Reduced from 9 (High) to 6 (Moderate))
    - Risk ID 6861 – Estates and Facilities Resources
    - Risk ID 6485 – Clinical Engagement for the Strategy

- Work is underway to map the current process for updating the Board Assurance Framework to determine how it can become more agile and still feed quality information and explanatory narrative through to the Board. It is intended that this work is presented to ARC in May, and reflected in the July BAF report.

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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)

Version Control: 01

The Board Assurance Framework

The BAF was last presented to the Board on 26th January 2023.

The Top Risks are

- Risk ID 3164 – Capital Projects – Availability of Capital (Rating of 16 – Extreme)
- Risk ID 6847 – Organisational Sickness Absence (Rating of 16 – Extreme)
- Risk ID 6881 - Organisational inability to meet Memory Assessment Service Demand (Rating of 16 – Extreme)
- Risk ID 7176 – Loss of Lloyds Pharmacy Premises and Resulting Medication Supply Issues (Rating of 15 - Extreme)

Risk Movement

One risk has changed their risk score since the Board Assurance Framework presented to Board on 24 November

- **Risk ID 6848 – Staff Turnover (Reduced from 15 (Extreme) to 12 (High))**
  This risk has reduced in risk score to meet its target risk rating. The vacancy gap data for January was 16.1%. There is a high degree of confidence that the vacancy rate target will be achieved by year end, but the data will not be available into April. There has been good progress on the identified actions within the Trust and KMPT is linking in with the ICB work on Retention across the K&M system. The vacancy rate target for next year has yet to be agreed, but this risk will be reviewed and updated once this is in place.

Risks Recommended for Removal

Four risks are recommended for removal

- **Risk ID 6573 – Demand and Capacity for Adult and Older Adult CMHTs compared to pre pandemic levels**
  This irks is recommended for removal from the BAF and closure. Demand and capacity remain an issue, but the community transformation and skill mix work which forms part of the community mental health framework pilot is intended to help to address this.
  Therefore, this risk will close and the monitoring of demand and capacity will continue via the CMHF Pilot work.

- **Risk ID 7084 – New Landscape (New Operating Model) (Reduced from 9 (High) to 6 (Moderate))**
  This risk has been reviewed and reduced to its target rating. All actions have been completed or are due to complete by the target date, and the move to the new operating model is on track for implementation on 1st April. There are no concerns with this, so this risk is also recommended for removal from the BAF and closure.

- **Risk ID 6861 – Estates and Facilities Resources**
  This risk is recommended for closure. The Estates and Facilities structure review was completed and key posts int hat structure have been recruited to. Postholders are due to be in place before the end of April.

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- **Risk ID 6485 – Clinical Engagement for the Strategy**
  This risk has been fully reviewed and is recommended for closure. Engagement of clinical staff in digital projects remains an issue, however there is some engagement; albeit at a level lower than desired. The digital strategy is due to be reviewed and improving the clinical engagement in schemes will be considered during that review.

New Risks

One new risk has been added to the BAF for this report.

- **Risk ID 7176 – Loss of Lloyds Pharmacy Premises and resulting Medication Supply Issues**
  This new risk has been opened and added to the BAF following notification that Lloyds Pharmacy will be closing two pharmacy sites which currently supply all inpatient and community medications as well as Depot and Clozapine clinics to our patients across Kent and Medway. KMPT have been working closely with Partner organisations in Kent and Medway who are also affected by this change to identify a premises solution for Lloyds Pharmacy to operate from. This has recently been identified and work is now happening to prepare the site for Lloyds to occupy before their current premises become unavailable to them. this in turn has meant the risk score can reduce from 20 (Extreme) to 15 (Extreme).

Emerging Risks

No new emerging risks have been identified for this report.

Other Notable Updates

- Work is underway to map the current process for updating the Board Assurance Framework to determine how it can become more agile and still feed quality information and explanatory narrative through InPhase whilst being cognisant that it is a point in time report with updates ahead of a 7 day deadline for papers. We are looking at the opportunity to build in horizon scanning, risk controls assurance and risk proximity intelligence. This work is being progressed through March and April, with the intention that it is presented to ARC in May, and reflected in the July BAF report.

- The InPhase system has been introduced for risk management during the reporting cycle. This report includes the existing Datix risk ID numbers. Future reports will transition to the new InPhase Risk ID numbers as new risks are opened in the system.

- **Risk ID 7050 – Increased level of Delayed Transfers of Care**
  The position around Delayed Transfers of Care within the Trust remains very fluid. There is a better understanding and grip of the DToC position, but this fluctuates daily.
  There continues to be a delay to the action regarding a dedicated local authority commissioner to solely work on DToC reduction. The Chief Operating Officer Is due to meet with the Director of Social Care in March to look at moving this action forward.

- **Risk ID 7170 – Medway and Swale Community Mental Health Framework**
  The Community mental health framework pilot is due to start at the end of April 2023. Two actions are proving challenging and are highlighted in red as they are not as far progressed as would have been hoped at this point. The digital solution for data collection and reporting is a bit behind at the time of reporting.
  The discussion with the ICB regarding financial flows to partner organisations are still underway, but there is a lot to work through. This is identified as red as clarifying and

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developing these financial flows to ensure partners receive the agreed funding could be a risk to the programme.

- **Risk ID 6881 – Organisational inability to meet Memory Assessment Service Demand**
  There has been little change to this risk. There are some challenges with progressing the backlog work due to delays in recruitment to approved locum Dr posts and some data quality issues.
  From a system perspective, the Dementia SIG has begun to meet again, chaired by KCC. A draft strategy has been completed and is in the process of being shared with stakeholders.

- **Risk ID 5991 – Organisational Risk – Industrial Action (Rating of 6 (Moderate))**
  This risk has been reviewed and the risk description updated to widen the description to include any strike action which may impact on the delivery of services for the Trust. It remains under review and is updated as the outcome of each Union's ballots are announced. At the time of this report the Junior Drs Strike action has begun, and command and control arrangements are in place in order to assess the impact on services. Once the current period of action is complete, this will be reviewed and any learning fed back into Trust plans.
  The Chartered Society of Physiotherapists also have a mandate to strike in March. This is a small cohort of staff for KMPT, so the impact is expected to be minimal and managed under usual Business continuity arrangements.

- **Risk ID 6847 - Organisational Sickness Absence**
  It is not expected that this risk will meet its target risk score by year end. At the end of January sickness levels were at 5.6%, which is a drop from the sickness level seen in December, but still some way off from the trust target of 4%. It is likely that sickness levels will settle further through February, but anecdotally, there is likely to be a rise in March due to some cases of Covid. A lot of work has been completed in the past year including wellbeing initiatives for staff and deep dives into areas of higher sickness. The trust is seeing that factors in personal lives such as cost of living and post Covid impacts are reasons for mental health sickness absence rather than it solely being work related. The sickness absence target is being reviewed for the 2023/24 year, and will be tied to the Trust Strategy and Strategic Workforce Plan.

- **Risk ID 3164 – Capital Projects – Availability of Capital**
  This risk has been reviewed and updated. The capital funding for 2023/24 is severely limited across the system. This limits the funds available for the Trust to invest in life expired equipment and buildings. There are processes in place for considering and prioritising capital schemes and a new head of Capital Projects is due to start in April.

- **Risk ID 6628 – Long Term Financial Sustainability**
  This risk has been updated for the current financial year. The Trust is operating in a financial challenged health economy and therefore needs to move to a longer term focus to ensure its services are financially sustainable

- **Risk ID 6857 – Maintenance Services Funding Availability**
  This risk has been updated in light of the challenging financial climate for 2023/24.

- **Risk ID 6966 – 2023/24 Financial Planning**
  The 2022/23 financial round has come to an end and this risk has been fully revised and updated for the 2023/24 financial year. At this time, due to the change of risk management system during the reporting period, this risk has been fully revised for the current financial year.

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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.

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Updated: 22 March 2023

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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

Risk 7176 — Loss of Lloyds Pharmacy Premises and Resulting Medication Supply Issues

Opened: Feb 2023 — Board Level Risk Owner: Chief Medical Officer

- 28/02/2023 Risk Opened — 14/03/2023: This risk has been opened as the two Pharmacy sites due to close supply all inpatient and community medications and Depot and Clozapine clinics to our patients across Kent and Medway
- 22/03/2023: A site has now been identified within a neighbouring Trust and work is underway to prepare the site for Lloyds to occupy.

Risk Description: IF we don't secure alternative premises for Lloyds pharmacy services following the closure of sites in Singleton and Rainham

THEN we will be unable to provide inpatient and community medications and Depot and Clozapine clinics to our patients across Kent and Medway

RESULTING IN compromised patient care, patient safety incidents, potential delay in providing medications, delayed discharges, financial impact from sourcing medication from alternative suppliers, reputational damage for KMPT

Initial rating: L 4 C 5 Rating 20
Controls Description: Contract management arrangements; Joint tender with KCHFT for Pharmacy services with Lloyds; FP10's for patients to have medications dispensed in community pharmacies during intermittent supply issues; Stock medication supplies on wards; Understanding of level of medication required for inpatient wards, community teams and clinics
Top Five Assurances: Contract with Lloyds Pharmacy; Contract management meetings
Current rating: L 3 C 5 Rating 15
Trend: NEW ↓
Target rating: L 2 C 4 Rating 8 — Target Date (end): 22/04/2023
Action owner: Chief Medical Officer — Confidence Assessment

Actions to reduce risk	Owner	Target Completion (end)	Status
Identification of a site for Lloyds Pharmacy Services to locate to, and completion of the legal work between the Trust and Lloyds	Director of Estates and Facilities	31/03/2023	A
Contract to be signed by Lloyds Pharmacy	Chief Pharmacist	31/03/2023	A
Communications plan about change of Location for Pharmacy Services	Chief Pharmacist	03/04/2023	A

Risk 7050 — Increased level of Delayed Transfers of Care (DToC)

Opened: Jun 2022 — Board Level Risk Owner: Chief Operating Officer

- 06/06/2022 Risk Opened — 15/09/2022: Actions are progressing well with tackling DToCs. There is a good level of engagement with the local authority for escalations to strategically manage blockages.
- 14/03/2023: This remains a high risk for the Trust. There is a better grip and understanding of our DTOCs, and things are improving, but there are daily fluctuations.

Risk Description: IF there are not the care packages or placements available for patients who are assessed as medically fit for discharge, THEN KMPT will have a high number of Delayed Transfers of Care RESULTING IN increased length of stay including in the place of safety, mental health act delays, emergency department breaches, reduced bed availability on inpatient wards, financial cost to the Trust, poor patient outcomes, reputational damage.

Initial rating: L 4 C 5 Rating 20
Controls Description: Daily reporting; Weekly DToC check and challenge with the Local Authority; Senior oversight led by the deputy COO; Super stranded Multi Agency Discharge Events; Social worker seconded into Patient Flow team; Weekly meeting between dedicated KCC Assistant Director and service manager, and KMPT Deputy COO and Senior patient flow manager to plan future initiatives and support individual patient escalations; Discharge Assessment form revised to explicitly detail any potential DToC issues.
Top Five Assurances: Daily scrutiny of DToC data
Current rating: L 3 C 4 Rating 12
Trend: ↔
Target rating: L 3 C 2 Rating 6 — Target Date (end): 01/09/2023
Action owner: Chief Operating Officer

Actions to reduce risk	Owner	Target Completion (end)	Status
Development of step down beds in progress with ICB. Funding agreed for the equivalent of 7 step-down beds	Deputy Chief Operating Officer	01/08/2023	A
Consideration with ICB and Local Authority on potential for dedicated local authority commissioner to solely work on DToC reduction by intensive placements support	Deputy Chief Operating Officer	28/02/2023	R

Risk 6573 — Demand and Capacity for Adult and Older Adult CMHTs compared to pre pandemic levels

Opened: Nov 2020 — Board Level Risk Owner: Chief Operating Officer

- 17/11/2020 Risk Opened — 04/08/2021: 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 remains an issue for the CMHTs, but this risk feels like it is at a steady state. 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.
- 22/02/2022: A review is needed as this relates to Covid. MAS which was one of the highest areas of risk now has its own system risk in BAF and delivery of the CMHF is a 3 year programme due to fully deliver at the end of 2024. Therefore the risk for demand and capacity has mitigations for CMHTs and Older Adult CMHT which will take another two years
- 14/03/2023: This risk is recommended for closure. Demand and capacity remains an issue, but the community transformation and skill mix work is incorporated into the community mental health framework pilot.

Risk Description: 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.

Initial rating: L 4 C 4 Rating 16
Controls Description: 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.
Top Five Assurances: Reduction in referral to assessment and referral to treatment targets through IQPR. Recruitment and retention in line with Trust target monitored through IQPR. Improved Clinical outcomes
Current rating: L 4 C 3 Rating 12
Trend: ↔
Target rating: L 3 C 3 Rating 9 — Target Date (end): 30/04/2024
Action owner: Chief Operating Officer

Actions to reduce risk	Owner	Target Completion (end)	Status
Refocussed Community Transformation Programme (led by KMPT)	Chief Operating Officer	30/04/2023	A
Integration of provider workforce to aid skill mix and new ways of working	Chief Operating Officer	30/04/2023	A

Risk 7170 — Medway and Swale Community Mental Health Framework

Opened: Feb 2023 — Board Level Risk Owner: Chief Operating Officer

- 15/02/2023 Risk Opened

Risk Description: IF the Community Mental Health Framework is not piloted with the appropriate governance and data systems in place, THEN it may not be possible for agencies to work effectively together RESULTING IN poor data quality for reporting to IQPR, Staff dissatisfaction and engagement with the pilot, continued...

Initial rating: L 4 C 4 Rating 16
Controls Description: CMHF Programme Board with multi- agency digital workstream; CMHF Programme Board dedicated communications lead; Clear reporting lines established with clinical leadership and oversight of new models; Robust programme management in place
Top Five Assurances: Community Mental Health Framework Programme Board
Current rating: L 3 C 3 Rating 9
Trend: ↔
Target rating: L 2 C 3 Rating 6 — Target Date (end): 30/04/2024
Action owner: Chief Operating Officer

Actions to reduce risk	Owner	Target Completion (end)	Status
Digital Solution for Data Collection and Reporting to be identified and implemented	Deputy Chief Operating Officer	15/04/2023	R
Development of a communications plan for staff	Deputy Chief Operating Officer	15/04/2023	A

				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)

Top continued rows:

Risk Description	Rating	Planned Actions and Milestones	Owner	Date	Status
dissatisfaction and engagement with the pilot, continued capacity issues, lack of improved waiting times, inability to achieve parity of access regardless of patient age, reputational damage	(red/amber)	Development of patient pathways	Deputy Chief Operating Officer	15/04/2023	A
		Discussions underway with the ICB to clarify and develop financial flows to partner organisations	Chief Operating Officer	31/07/2023	R
		Integration of provider workforce to aid skill mix and new ways of working	Chief Operating Officer	30/04/2023	A

Timeline row (6881):
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. — 10/03/2022 — The Dementia SIG have identified key actions for delivery by year end. — 21/04/2023 — Since the last report, part year funding has been agreed for extra clinics for dementia diagnosis. GPs with Special Interests are due to start in May, under supervision, with the plan for them to be independent from 1st September. — 31/10/2022 — Since the introduction of the ICB, the clinical lead role for Dementia across K&M has been dissolved. This has created a gap in system leadership that casts doubt on the whether the Dementia workstreams in progress through the SIG will be delivered on target. — 10/02/2023 — The system wide Dementia SIG has begun to meet again, chaired by KCC. There remains a question around the system wide clinical lead role for Dementia, but it is positive the SIG is meeting again. A draft strategy has been completed and is in the process of being shared with stakeholders

ID	Opened	Board Level Risk Owner	Risk Description	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend	Actions to reduce risk	Owner	Target Completion (end)	Status	Action owner	Confidence	L	C	Rating	Target Date
6881	Jan 2022	Chief Medical Officer	**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 quality of life for patients and carers and increased system impact both financially and reputationally	4	5	20	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 (using QI Methodology), Advanced Clinical Practitioners – skill mix to release medic capacity, Diagnostic Imaging Protocol, Psychology reporting, enhanced screening tool, updated GP referral form. EMAIS roll out for one step diagnosis as opposed to previously used two step model. 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 March 2023. Local care initiatives include: GP with Enhanced Roles, DiADem in Care Homes, Pathway Development - Diagnosis by Community Geriatricians, Diagnostic Imaging Recovery Programme, Dementia Care Navigators System Partners via MHLDA IB and KM Dementia SIG.	KPI/Targets - 6 week to diagnosis system metric with internal exception reports for 4 week and 18 week targets. 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	↔	Trajectory development to reduce waiting list from 1200 to 200. This includes work on understanding the impact of the backlog work and new referrals on current waiting list.	Chief Operating Officer & Chief Medical Officer	31/03/2023	R	Chief Medical Officer	(green)	3	3	9	01/08/2023
													Recruitment of additional medical capacity within KMPT to address the backlog as a result of additional funding approved and released to KMPT by the ICB.	Chief Medical Officer	31/03/2023	R						
													Task and Finish group in place meeting every two weeks to drive the roll out of the Enhanced Memory Assessment and Intervention Service (EMAIS) and backlog work.	Chief Medical Officer	26/06/2023	A						
													Dementia Strategy Development	Chair of K&M Dementia Service Improvement Group	30/06/2023	A						
													Dementia Service Improvement Group to agree actions and deliver on actions to meet system demand for Memory Assessment	Chief Medical Officer	01/07/2023	A						

Timeline row (5991):
04/12/2014 — Risk Opened — 04/06/2021 — Risk added to BAF due to increased risk proximity. There is an increased likelihood of industrial action over dissatisfaction over the national pay award — 03/11/2021 — Risk Score has increase from the target rating due to the current ballot for strike action by the Royal College of Nursing. — 13/03/2023 — So far there has been little impact from industrial action. Business continuity plans and Command and control arrangements are in place and have so far proved adequate. This is being kept under review.

ID	Opened	Board Level Risk Owner	Risk Description	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend	Actions to reduce risk	Owner	Target Completion (end)	Status	Action owner	Confidence	L	C	Rating	Target Date
5991	Jan 2019	Chief People Officer	**Organisational Risk - Industrial Action** IF industrial action is enacted within KMPT by Unison, Unite, BMA, RCN etc, or any external service affected by industrial action, which may have an effect on the business continuity of the Trust THEN there may be an impact on staffing attendance, especially if other unions initiate industrial action in support RESULTING IN the potential of inadequate staffing levels within units, both clinical and admin, impacting on KMPT's ability to deliver services	3	3	9	Industrial Action SOP inclusive of Command and Control [2e] Significant Incident Plan [2e] Business Continuity Plans [2e] Workforce and OD Industrial Action Monitoring Group EPRR Lead receives weekly Gateway Industrial Action notifications to report by exception to HR Director. [2f] KRF notifications of Industrial Action Horizon scanning for Industrial Action that will affect staff/supplies/services Hybrid working arrangements to support staffing levels within units, both clinical and admin Trade Union communications Engagement with local Staff Side Situation Reporting to ICB	Little impact from previous industrial action (Junior Drs Strike in 2016; RCN 2022 - No Impact; GMB Ambulance Staff 2022/23 - Minor Impact; ASLEF Train 2022/23 - Minor Impact; Teachers and Headteachers Union 2023 - Minor Impact; CWU Postal Union - Minor Impact; CSP Physiotherapists - Minor Impact). ICB Oversight of Trust Arrangements via ICB Operational Control Centre on non strike days for assurance and ICB Emergency Control Centre on Strike Days.	3	2	6	↔	Junior Drs contingency arrangements Control and Hub Development for strike action planned 13, 14, 15 March 2023.	Medical Staffing Manager	12/03/2023	G	Chief People Officer	(green)	1	1	1	29/07/2024

				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 — 22/02/2022 | Sickness rates have increased over the months of December and January due to the impact of Omicron variant of Covid-19. Consideration is being given to Health and wellbeing initiatives to support staff. | 21/03/2022 | Sickness levels remain consistent. A Health and Wellbeing Strategy has been drafted and will be presented to EMT for sign off. The current Key actions have been completed. New Actions will be aligned to key strategy deliverables for the coming year. |

ID	Opened	Board Level Risk Owner	Risk Description	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend					Action owner	Confidence Assessment	L	C	Rating	Target Date
6847	Nov 2021	Chief People Officer	**Organisational Sickness Absence** IF we fail to manage Covid-19 and Mental health Sickness Absence rate THEN we will be inadequately supporting the health and wellbeing of our staff and see sickness absence rates remain above the target of 4% RESULTING IN reliance on agency staff, increased staff turnover rate, reduced staff retention rates, increased cost and potentially lower quality service to patients.	5	4	20	Health & Wellbeing Group [2a] Range of targeted support and leadership Mental wellbeing and stress support Winter wellbeing messaging Health and Wellbeing Conversations [1a] Promotion of Flu and Covid vaccinations	Monitoring locally, reporting to IQPR Report to WF&OD Committee	4	4	16	⬌					Chief People Officer		3	3	9	31/03/2024

Actions to reduce risk:

Actions to reduce risk	Owner	Target Completion (end)	Status
Refresh of schedule of wellbeing activities and targeted support offer (including financial wellbeing offer)	Chief People Officer	30/04/2023	A
Revision of Occupational Health Specification	Chief People Officer	31/05/2023	A
Creating and promotion of more safe spaces for shared reflection (including Schwartz Rounds, Staff Council)	Chief People Officer	31/03/2024	A

| 17/11/2021 — Risk Opened — 22/02/2022 | Turnover rates are still poor. High level national staff survey results have been received. This has shown a good response rate and high level of engagement. More granular detail is expected in March and this will be used to inform planning. | 21/03/2022 | Granular detail from the National Staff Survey has been received and shared with EMT and the WFOD Committee. This detail is being used to inform the priorities for 2022/23 | 03/11/2022 | This risk has been revised and updated to combine the turnover and retention risks and refocus them on the current trust priorities. | 18/01/2023 | The target vacancy rate has been reviewed and ammended to 16%. this has led to a reduction in the likelihood score, reducing the overall current risk score. | 13/03/2023 | This risk has reduced in score to the Target rating as the vacancy gap for January is 16.1%. There is a high degree of confidence that the vacancy rate target will be met by year end, but the data will not be available till into April. |

ID	Opened	Board Level Risk Owner	Risk Description	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend					Action owner	Confidence Assessment	L	C	Rating	Target Date
6848	Nov 2021	Chief People Officer	**Staff Turnover** IF we fail to manage the current labour market influences on turnover and our ability to recruit successfully THEN this will impact on our achievement of the vacancy rate target of 16% RESULTING IN reduced staff morale and productivity, increased absence, reliance on agency staff, increased cost, potentially lower quality service to patients, loss of reputation and business.	4	5	20	Onboarding Flexible working opportunities Health & Wellbeing Group [2a] Career paths [2e] Early 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] Application of the hybrid working policy Support through the Centre for Practice and Learning for career pathways International recruitment	Monitoring locally, reporting to IQPR Report to WF&OD Committee Annual Staff Survey [1c] NHS Staff Survey [2e]	3	4	12	⬇					Chief People Officer		3	4	12	31/03/2024

Actions to reduce risk	Owner	Target Completion (end)	Status
Develop and promote career pathways and opportunities (including through development of online Careers Hub)	Head of OD	31/03/2024	A
Embed the new electronic exit interview process	HR Business Partners	30/06/2023	A
Scoping of New workforce model as a pilot in Priority House	Deputy Director of Workforce and OD	31/03/2023	A
Increasing registered nursing degree apprenticeship places	Deputy Director of Workforce and OD	31/03/2023	G
Reducing time to hire	Head of Resourcing	30/06/2023	A

					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)

3 - Put continuous improvement at the heart of what we do

Risk Opened 20/09/2022 — 14/03/2023 — Risk Recommended for closure. the implementation is on track to begin on 1st April, with no concerns.

| 7084 | Sep 2022 | Chief Operating Officer | **New Landscape (New Operating Model)** IF KMPT move to a new operating model with revised leadership structure without proper planning and formal consultation THEN there will be high levels of disruption to service delivery and concern amongst staff RESULTING IN disconnected systems and reporting structures, reduced staff retention, disruption to service delivery, poor patient experience and outcomes, reputational damage, potential litigation | 4 | 4 | 16 | Portfolio Plan Executive Director Oversight Support services involved in the programme Detailed Project plan outlining milestones and required steps to ensure smooth transition HR engagement with consultation and support to the workforce Regular communication strategy in place | Project oversight group minutes Learning and action logs Executive oversight | 3 | 2 | 6 | ↓ | | | | Chief Operating Officer | | 3 | 2 | 6 | 14/04/2023 |

Actions to reduce risk table for 7084:

Actions to reduce risk	Owner	Target Completion (end)	Status
Align clincial services to new Directorate structures, detailed plan underway	Chief Operating Officer	28/02/2023	G
Align support services and systems with proposed change	Chief Operating Officer	15/03/2023	G
Recruitment to vacant leadership posts	Chief Operating Officer	01/04/2023	A

Risk Opened 02/03/2021 — 14/03/2023 — This risk is recommended for closure as recruitment to key roles in the new structure has been completed. Postholders are due to be in place before the end of April.

| 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 | 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 | 3 | 3 | 9 | ↓ | | | | Executive Director of Finance | | 3 | 3 | 9 | 01/04/2023 |

Actions to reduce risk table for 6861:

Actions to reduce risk	Owner	Target Completion (end)	Status
Recruitment of interim Head of Capital Development and substantive staff to key management roles within the approved Structure	Strategic Director of Estates and Facilities	31/12/2022	G
Monitor staff workloads	Acting Lead for Estates	20/06/2022	G
New structure being drafted and approved at EMT w/c 21st March	Strategic Director of Estates and Facilities	31/03/2022	G
Full review of JDs and Person Specifications underway to draft develoment programmes where required for staff	Strategic Director of Estates and Facilities	20/06/2022	G

4 - Develop and extend our research and innovation work

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

		Initial rating			Current rating			Target rating	

5 - Maximise the use of digital technology

Timeline notes:
- 23/07/2020 Risk Opened — 04/06/2021
- Actions to reduce risk need development and top 5 assurances need to be identified. 06/09/2021 Risk score reduced to reflect this.
- Digital Business partners are attending clinical meetings to improve engagement. Action has completed ahead of planned date. 15/11/2021
- Digital Transformation team now in place to support improved clinical engagement with the clinical technology strategy. 26/10/2022
- Risk Score increased due to the lack of clinical leadership in digital projects. A new non executive director for digital is due in post, and further recruitment to change lead posts is underway. 14/03/2023
- This risk is recommended for closure. On review, this risk describes an issue that is faced when developing and introducing digital schemes related to the digital strategy. There is some engagement in schemes, but this needs to increase further. The digit al strategy is due to be reviewed and improving the level of clinical engagement in schemes will be considered during that review.

ID: 6485 | Opened: Jul 2020 | Board Level Risk Owner: Executive Director of Finance

Risk Description: 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

Initial: L 5 | C 3 | Rating 15

Controls Description:
Trust board commitment and approval (3a)
Reviewed at risks and issues (1a)
Recruitment of digital Transformation Change Leads (2a)
Digital Transformation Group (3a)
Dedicated change management team (1g)

Top Five Assurances:
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

Current: L 3 | C 3 | Rating 9 | Trend ↔

Actions to reduce risk	Owner	Target Completion (end)	Status
Recruitment of Change Leads	Head of ICT	31/01/2023	A
Embedding Digital change leads and specialists within services	Head of Digital Transformation	31/01/2023	A
Working closely with QI where QI and Digital required to deliver quality improvements.	Head of Digital Transformation	31/01/2023	A

Action owner: Executive Director of Finance | Target rating: L 1 | C 1 | Rating 1 | Target Date (end): 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

Timeline notes:
- 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. 14/03/2023
- The capital allocation for 2023/24 is severely limited across the system, which limits the ability of the Trust to invest in life expired buildings and equipment.

ID: 3164 | Opened: Apr 2020 | Board Level Risk Owner: Executive Director of Finance

Risk Description: Capital Projects - Availability of Capital

IF the capital programme is not prioritised robustly, and delivered as planned
THEN the restricted capital allocation for 2023/24 may not be fully utilised despite a high need for capital spend across the organisation,
RESULTING IN inability to invest in life expired equipment or buildings, increased pressure on the operational maintenance budget, potential for an increasing backlog, clinical and workplace environments which may not be fully fit for purpose, potential loss of use of a facility.

Initial: L 5 | C 5 | Rating 25

Controls Description:
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.

Top Five Assurances:
Board, FPC and Trust Capital Group
Oversight (3a/2b)
Business care review group

Current: L 4 | C 4 | Rating 16 | Trend ↔

Actions to reduce risk	Owner	Target Completion (end)	Status
Develop 3-5 year capital plans to address backlog maintenance and service issues	Director of Estates and Facilities	31/03/2023	G
Develop pipeline of schemes to bring forward that can be delivered in-year should Capital be available	Director of Estates and Facilities	30/06/2023	A
Provide comprehensive report to Trust Capital Group.	Director of Estates and Facilities	30/09/2023	A
Maintain monitoring of capital scheme to ensure work can be reprioritised if more significant issues present	Director of Estates and Facilities	30/09/2023	A

Action owner: Executive Director of Finance | Target rating: L 2 | C 3 | Rating 6 | Target Date (end): 31/03/2024

Timeline notes:
- 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. 14/03/2023
- This risk has been reviewed and updated for the coming financial year.

ID: 6628 | Opened: Mar 2021 | Board Level Risk Owner: Executive Director of Finance

Risk Description: Long Term Financial Sustainability

IF the Trust does not continue to focus on cost savings, productivity and efficiency initiatives to ensure services are financially sustainable
THEN it may move back into an underlying deficit position,
RESULTING IN increased scrutiny from NHSE/I, potential for financial sanctions to be imposed.

Initial: L 4 | C 5 | Rating 20

Controls Description:
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

Top Five Assurances:
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 been set to start to tackle the underlying deficit. Monthly reporting is taking place through QPRs and Finance Reports, and a full review of CIP governance commenced in July to ensure all programmes have PIDs and QIAs

Current: L 3 | C 4 | Rating 12 | Trend ↔

Actions to reduce risk	Owner	Target Completion (end)	Status
Delivery of multiyear efficiency programme	Deputy Director of Finance	30/06/2023	A
Review of underlying deficit	Deputy Director of Finance	30/09/2023	A
Monthly reporting is taking place through QPRs and Finance Reports	Deputy Director of Finance	30/09/2023	A
Review pricing and contracting for services prior to 2024/25 planning round	Deputy Director of Finance	30/09/2023	A

Action owner: Executive Director of Finance | Target rating: L 3 | C 3 | Rating 9 | Target Date (end): 31/03/2024

				Initial rating							Current rating										

Column headers: 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)

Risk 6857

- 17/12/21 Risk Opened — 19/07/2022 — All actions have been completed and this is being managed as business as usual. — 14/03/2023 — This risk has been updated in light of the challenging financial climate for 2023/24.

ID	Opened	Risk Owner	Risk Description	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend
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	3	4	12	↔

Planned Actions and Milestones:

Actions to reduce risk	Owner	Target Completion (end)	Status
Complete full competitive compliant procurement process	Director of Estates	31/07/2023	A
Planned and effective mobilisation of new contract	Director of Estates	01/10/2023	A

Action owner: Executive Director of Finance | Target rating: L 3 | C 4 | Rating 12 | Target Date 30/09/2023

Risk 6966

- 22/03/2022 Risk Opened — 14/03/2023 — Risk updated for the 2023/4 financial year

ID	Opened	Risk Owner	Risk Description	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend
6966	Mar 2023	Executive Director of Finance	**2023/24 Financial Planning** IF the Trust fails to deliver on the 2023/24 financial Plan THEN this could impact on the long term financial sustainability agenda RESULTING IN an increased risk and impact on the Trust ability to deliver long term financial sustainability and a risk to the ICS system financial performance	3	4	12	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	Monthly Finance Report [1h] Finance position and CIP update [1h] Forecast papers for FPC Agreed contracts with commissioners	3	4	12	↔

Planned Actions and Milestones:

Actions to reduce risk	Owner	Target Completion (end)	Status
Deliver efficiency programme - fully identified 30th June 2023 (as per CIP delivery plan led by the deputies)	Deputy Director of Finance	30/06/2023	A
Ensure agency controls are in place, and monitor	Deputy Director of Finance	31/05/2023	A
Mid Year Review of Vacant posts	Deputy Director of Finance	30/09/2023	A
Signed Commissioner Contracts	Deputy Director of Finance	30/03/2023	A

Action owner: Executive Director of Finance | Target rating: L 2 | C 3 | Rating 6 | Target Date 31/03/2024

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8 - Develop our core business and enter new markets through increased partnership working

		No Risks Identified against this Strategic Objective					

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9 - Ensure success of our system wide sustainability plans through active participation, partnership and leadership

- 10/03/21 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 functioning 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.

ID	Opened	Risk Owner	Risk Description	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend
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).	Performance outlined in the delivery plan. EAC oversight through exception reporting	3	2	6	↔

Planned Actions and Milestones:

Actions to reduce risk	Owner	Target Completion (end)	Status
Board Sub Committees to incorporate performance priorities from strategy delivery plan into Committee Workplans	Lead Executive Director and Trust Secretariate	Completed	G
Half Yearly Executive Assurance Committee and Board Assurance report to the end of September 2021	Executive Director Partnerships and Strategy	Completed	G
Review of strategy delivery plan trajectories to final quarter 2021/22	Executive Director Partnerships and Strategy	March 2022	A

Action owner: Executive Director Partnerships and Strategy | Confidence Assessment: To be confirmed | Target rating: L 2 | C 2 | Rating 4 | Target Date 25/04/2022

NHS
Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30th March 2023

Title of Paper: KMPT Strategic Objectives Update

Author: All Executive Directors

Executive Director: Helen Greatorex, Chief Executive

Purpose of Paper

Purpose: Discussion

Submission to Board: Board requested

Overview of Paper

A paper setting out the Trust's performance against those 2022/23 Strategic Priorities at the end of Q4.

Issues to bring to the Board's attention

This is the final report for this financial year and is based on the forecast position for Month 12. The Trust is forecasting a reduction in delivery of the Trust's overarching strategic objectives. 13 out of 27 measurable items that underpin the trust's strategic objectives are on track (20 achieved in Quarter 3).

The reduction reflects the results of the NHS National Staff Survey 2022, highlighting the ongoing pressures within the NHS. There has been a reduction in the number of staff satisfaction scores. An action plan is being completed and this will form part of the Trust's new 3-year strategy.

The items to highlight are as follows:

Red Rated:

1. Production of a clinically led RiO streamlining and improvement plan

2. Clinically led implementation of changes identified, and approved of RiO

3. Improved sharing of patient information between providers and digital systems (EMIS/RIO)

4. Reducing the use to temporary staffing

5. Establish new partnerships to improve Dementia Diagnosis rates

6. Improvement in Raising Concerns question in National Staff Survey

7. Increase in the National Staff Survey (NSS) Autonomy and Control score; and raising concerns score

8. Improvement in NSS Burn Out Score

9. Review of workforce model at Priority House

10. Improvement in NSS Raising Concerns Theme

11. Building our employer brand

Governance

Implications/Impact: Delivery of Trust Strategy

Assurance: Reasonable

Oversight: Oversight by Trust Board and all Committees

NHS
Kent and Medway
NHS and Social Care Partnership Trust

KMPT 2022/23 Strategic Priorities Overview
Quarter 4 Update

Trust Board
March 2023

Contents

2

Executive Summary

Position at end of Month 11 (Quarter 4 Forecast)

	On Track / Achieved	Off trajectory with recovery plan in place	Not Delivered
Accelerating an empowered culture to improve the quality of services	6	1	3
Improving employee recruitment, retention and wellbeing	5	2	6
Building partnerships with a purpose to improve key pathways of care	2	1	1
Total	13	4	10

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Report Key

On Track / Achieved
Off trajectory with recovery plan in place
Not Delivered

3

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Accelerating an empowered culture to improve the quality of services

Objective	Monitoring Committee	Measure(s)	Actuals			
			2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Increase the QI team to 14 full time posts	QC	Count of WTE in QI team		6	10	14
			On track	4	14	14
Deliver 20 QI projects	QC	Number of projects completed in 2022/23	2	5	11	20
			2	5	11	20
Establish a formal QI partnership with an expert organisation	QC		Creation of a formal QI partnership with East London Foundation Trust	Peer to peer learning taking place	To accelerate learning of best practice in QI: Pioneer Programme restarted	Adopting a culture associated with 'outstanding' in terms of quality of care.
Start every public board meeting with an example of QI in practice	Board		Achieved	Achieved	Achieved	Achieved
Streamlining clinical work by making our systems more efficient	FPC	Production of a clinically led RiO streamlining and improvement plan by end of Q2	Complete 123 staff from 34 services across all care groups, including some corporate teams, were involved in providing extensive feedback	Final Report and presented to DSB 43 Recommendations	•Workshop conducted •Top 10 priorities agreed •Clinical Leads identified •Quick wins identified and in flight to implementation	•Detailed action plan in place •PIDs in place per work package •Resource Plan in place across programme •Projects initiated •Reporting mechanisms in place to update FPC
	FPC	Clinically led implementation of changes identified, and approved of RiO	On track	Final Report and presented to DSB		
	FPC	Improved sharing of patient information between providers and digital systems (EMIS/RIO)	Underway	Understanding the Digital need. •Engagement with SLAM re: EMIS / understand use case / taken on board lessons learnt /EMIS DQ issues/ decision to remove EMIS •Engaged with EMIS to understand functionality and cost model	Meeting with Services to define problem statement / stage of implementation Investigate Options for Pilot / implement options Investigate long term solution Design proposed Digital and Data Governance	Final costed solution identified Funding Identified (see commentary on Page 5)

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Objective	Monitoring Committee	Measure(s)	Actuals			
			2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Improving how our workforce systems serve our people	WF&OD	Successfully completed ESR cleanse by Q4	On track	In progress - cleanse underway	Ongoing cleanse	Cleanse completed.
		Production of a robust plan for workforce systems by end of Q4	On track	On track	On track	Plan in place
Coordinating and improving systems to make it easy to connect, share and hold one version of data	FPC	Successful implementation of Power BI with supporting governance for report production	On track	Power BI Security implementation and Initial user testing	Power BI Go Live	3 apps live + formal review of progress

Commentary

Establish a formal QI partnership with an expert organisation: We have been unable to formalise a partnership at this stage.

Streamlining clinical work by making our systems more efficient: We have a project plan for improving Rio together (IRT) that has been reviewed and agreed at Finance committee. Detailed plans and Project Initiation documents are underway. We recognise we are further behind than intended. In the new 3 year strategy this is the number one priority for digital working with clinician to address the issues the detailed review has highlighted. We need to be ambitious with our time frames for delivery.

Improved sharing of patient information between providers and digital systems (EMIS/RIO): There has been a delay in the overall CMHF project pilot date expected and work is ongoing to create a final operating model with supporting standard operating procedures. Data and Digital leads are working with CMHT PMO to be in a position to respond to finalised documents with some working assumptions of how to engage partners in this work. A final costed solution with identified funding will therefore not be in place by the end of Q4 as planned, although as much preparedness will be completed as possible by continuing existing engagement.

Improving employee recruitment, retention and wellbeing

Objective	Monitoring Committee	Measure	Actuals			Forecast
			2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Launch a new, confidential and independent 24/7 Freedom to Speak Up Service for all to safely speak up	WF&OD	Launched achieved in Q1. Monthly reporting in place. Improvement in Raising Concerns question in National Staff Survey to 7.0	Achieved	Monthly reporting in place. Themes and trends being reviewed.	6 month review completed and to be submitted to January Board	Improvement in Raising Concerns question in NSS not achieved (deteriorated from 6.7 to 6.6). FTSU only in place for 3-4 months. National Average (NA) 6.7 for MH Trusts
Reduce our vacancy gap from 14% to 10% through improved recruitment and retention	WF&OD	IQPR measure: 006.W-W, Vacancy Gap - Overall	15.3%	18.0%	18.0%	Revised 16% target likely to be achieved (reviewed Nov 2022 and agreed by WFOD)
Open a new staff restorative space in the three main sites; Dartford, Canterbury and Maidstone	WF&OD	Canterbury space by end of Q2	On track	Achieved	Achieved	Achieved
		Dartford space by end of Q2	Achieved	Achieved	Achieved	Achieved
		Maidstone space by end of Q2	On track	Achieved	Achieved	Achieved
Develop a KMPT strategy for psychological safety in the workplace	WF&OD	Increase in the National Staff Survey Autonomy and Control score to 7.5 and in the Raising Concerns score to 7.0.	On track	Workshop launch event	Plan developed and campaign launched.	Autonomy and Control score - 7.2 (NA - 7.2 for MH trusts). Raising Concerns score deteriorated marginally from 6.7 to 6.6 (NA - 6.7 for MH trusts).
		Strategy in place and commencement of work in Q3	On track	On track	Plan developed and campaign launched.	Evaluation of first few months of roll out of plan completed and part of 2023-24 workplan.
Eliminating our underlying financial deficit	FPC	Reduce from 2022/23 opening deficit of £7.6m	*£4m*	*£3m*	*£2m*	*£0*
			£4m	£3.75m	£3m	£0

			£1.87m	£3.53m	£5.04m	£6.62m
Reducing our use of temporary staff	FPC	To reduce to agency ceiling of £6.6m	£1.87m	£3.66m	£5.78m	£7.85m
Creating a better work-life balance	WF&OD	Improvement in NSS Burn Out score to 5.5	5.2	N/A	N/A	5.2 (NA - 5.1 for MH trusts)
Creating new roles and new opportunities	WF&OD	Review of workforce model at Priority House.	Project scoped.	Project launched.	N/A	Range of new roles introduced, including Registered Nurse Degree Apprentices, Advanced Clinical Practitioners, Nurse Consultant, additional Ots, Peer Support Workers, Sport and Exercise Technician, Assistant Psychologists, Physician Associate
Ensuring all staff feel safe to speak up and responding to what they share	WF&OD	Improvement of NSS Raising Concerns theme to 7.0	6.7	N/A	N/A	Deteriorated marginally from 6.7 to 6.6 (NA - 6.7 for MH trusts).
Building our employer brand	WF&OD	NSS recommendation score to increase to 61.5%.	60.20%	N/A	N/A	Deteriorated to 57.6%. Work around employer brand in next year's plan.

Commentary

Launch a new, confidential and independent 24/7 Freedom to Speak Up Service for all to safely speak up

Improvement not achieved but approach only in place for 3-4 months before the NSS. Confidence this will improve due to improvement in reporting of B&H (which is significantly above average).

Reduce our vacancy gap from 14% to 10% through improved recruitment and retention:

Please see IQPR for further details regarding performance against vacancy target. Revised target agreed of 16%, change reported in IQPR. The forecast for March Q4 is 16%.

Eliminating the underlying financial deficit:

We have updated the phasing based on current achievement and progress of plans, therefore at Q3 we have reduced the deficit to £3m and are forecasting to breakeven at the end of Quarter 4. The remaining items for delivery are MHOST £2m and MHLD £1M. The MHLD represents the largest risk and will be reviewed as we finalise the Month 12 position.

Reducing our use of temporary staff:

Due to operational pressures, the Trust is forecasting to exceed its agency cap in year, with a forecast spend of £7.91m. This would represent a slight reduction on last year's position, in line with other local providers. Conversations are on-going on the implication of this. From a trust perspective, this level of spend is built in to the present forecast. Further details are set out in the Trust's finance report

Building partnerships with a purpose to improve key pathways of care

Objective	Monitoring Committee	Measure	Actuals			Forecast
			2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Actively support and promote the development of the KMPT Engagement Council	TWPEG	Clear and visible impact from Councils work	**Produce engagement plan**	**Board updated on programme**	**Comms delivered to support recruitment of staff to the Engagement Council**	**Co-produced priorities for the Engagement Council set for 2023/2024**
Establish new partnerships to improve Dementia Diagnosis rates (GPs/Alzheimer's Society or another organisation of equal standing)	Board	National dementia target met	**New model of working**	**9 specialist GPs with Extended roles in post, completing dementia a diagnosis assessments under consultant supervision**	**No National reported position for Q3 available, estimated to be 55.7% against 60% target**	**57.8% (Jan23) against a target of 64%.**
Build on our partnership with KCHFT to identify and drive delivery of existing three areas and consider others	Board	Improvements delivered in each of the three original projects	**On track**	**Please refer to Nov board paper for details**	**on track**	**Maximising benefits of MOU & agreeing 2 areas of focus (estates optimisation and workforce pipeline)**
Meeting new national improvement targets (TBC, agency caps)	Board		**On track**	**Deliver targets when set nationally**	**Deliver targets when set nationally**	**Deliver targets when set nationally**

Commentary

Establish new partnerships to improve Dementia Diagnosis rates:

Ten GPs with an extended role in Dementia in post. 7 accredited to work independently and 3 will be accredited in Apr23. A community based model is now being developed to provide a stepped model from primary care. In the interim, the GPwER provide additional capacity to address the diagnostic waiting list. The target improvement in Dementia Diagnosis rates remains challenging. The Dementia Diagnosis Rate improvement trajectory was met in Quarter 1 but the trajectories set for quarter 2 onwards have proved unachievable. Work continues to roll out the Enhanced Memory Assessment and Intervention Service (EMAIS) and a number of additional capacity initiatives have been agreed to reduce the waiting list to closer to six weeks. This will be supported by work such as a conference to be held in partnership with KCC and The Alzheimer's Society during Mental Health Awareness Week in May 2023.

Meeting new national improvement targets:

Measurement against national improvement targets is currently only measured against the agency cap, as previously reported within the empowered culture section challenges exist in the delivery of this target and is monitored via FPC. The Trust is anticipating a number of targets in 2023/24 based on the national financial position.

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NHS
Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30th March 2023

Title of Paper: New Trust Strategy 2023-2026

Author: All Executive Directors

Executive Director: Helen Greatorex, Chief Executive

Purpose of Paper

Purpose: Approval

Submission to Board: Regulatory Requirement

Overview of Paper

A paper setting out the new Trust Strategy 2023-2023.

Issues to bring to the Board's attention

Kent and Medway NHS and Social Care Partnership Trust (KMPT) has for the last six years, remained true to one simple mission; To provide brilliant care through brilliant people. In order to achieve that simple aim twenty-four hours a day, three hundred and sixty-five days a year we need a strategy that clearly sets out where and why we want to get to, and then tells the reader how we are going to do it.

The Trust's new, three-year strategy runs from April 2023 to April 2026 and is set out against three Ps. The **P**eople we serve, our patients and their loved ones, our **P**eople, KMPT staff and volunteers and our **P**artners of all sorts both local and national.

It has been developed in partnership with a wide range of stakeholders including service users and carers, our staff and our partners and reflects KMPT's ambition to continuously improve the quality and efficiency of what we provide.

The Board is asked to approve the strategy which will then be launched across the organisation.

The underpinning delivery plan has been further honed following February's board seminar and Quarter One's activity will be presented to the board meeting held in public in July.

Given the significant pressure on services and the backdrop of enormous financial challenge in our Integrated Care System, it has never been more important that KMPT retains its focus on delivery. The revised governance and oversight of the operational delivery plan is designed to ensure a sharper line of sight through the organisation creating a culture of shared purpose and delivery at every level.

Supporting this new approach the Executive Team has in place a programme of work with deputies and other senior leaders to ensure that everyone understands their accountability and responsibility in delivering the shared aims set out in the plan.

Version Control: 01

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Governance

Implications/Impact: The setting of purpose and strategic goals for the Board and the Trust.

Assurance: Reasonable

Oversight: Oversight by Board

Version Control: 01

KMPT 3 year strategy
2023 - 2026

V10 23.03.2023

Brilliant care through brilliant people

Our vision

To provide outstanding mental health care and work in partnership to deliver this in the right place, for every service user, every time.

Brilliant care through brilliant people

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We will achieve this vision through…

Our strategic ambitions

- (People we care for) We deliver outstanding, person-centred care that is safe, high-quality and easy to access

- (People who work for us) We are a great place to work and have engaged and capable staff living our values

- (Partners we work with) We lead in partnership to address health inequalities and improve the quality of life for our communities

Brilliant care through brilliant people

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Which are supported by…

Our strategic enablers

- We use technology, data and knowledge to transform patient care and our productivity

- We are efficient, sustainable, transformational and make the best of every resource

- We create environments that benefit our service users and staff

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Our strategic ambitions

Brilliant care through brilliant people

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1. We deliver outstanding, person-centred care that is safe, high quality and easy to access

Objectives	What this will look like	2026 outcome measures	Why?
1.1 Improve access to quality care	- People who need care know when they will receive it - People have access to urgent care - People are treated close to home, near the people they love	- 95% of people Presenting to Emergency Departments (EDs) with a mental health crisis will be triaged within 1 hour - 95% of mental health patients in EDs will be admitted to a psychiatric bed or discharged within 12 hours - 95% of people referred for a dementia assessment will be seen within 6 weeks - Eliminate all inappropriate specialist out of area placements - Reduce OOA placements for patients requiring (acute and PICU care)	Some areas of our care are rated outstanding but we do not consistently meet national targets and we have variations in services across the Kent and Medway system. We recognise the need to improve on some specific areas of care. We've made a lot of improvements to our wards, but there's more to do to create safer and better experiences for our service users. We also need to better measure and monitor our patient outcomes to ensure we are making a difference to the outcomes of our patients. There is a new national approach to responding to patient safety incidents which we will implement to ensure we meet national standards. This includes ensuring staff, service users and their loved ones are consistently involved following patient safety incidents. We are already involving our service users and carers in co-production,
1.2 Create safer and better experiences on our wards	- People receive outstanding, safe inpatient care - People have improved patient outcomes - Our wards are autism-friendly - Our staff will actively respond to safety incidents, with the goal of learning and improving	- Increase service user's experience of receiving care - Improve patient outcome measures - Increase satisfaction for in-patient experience by 10% - Decrease violence and aggression on our wards by 15% - Reduce inpatient harms relating to medicine incidents, self-harm, falls and sexual safety by 10% - All staff are trained on autism awareness and service users report friendlier wards	
1.3 Actively involve service users, carers and loved ones in shaping the services	- Service transformation and continuous improvement are co-produced - Service users and local	- 90% of all transformation and Qi projects involve service users, carers or loved ones - Increase service user and public participation in local-led research projects by 10%	

2. We are a great place to work and have engaged and capable staff living our values

Objectives	What this will look like	2026 outcome measures	Why?
2.1 Create a culture where our people feel safe, equal, and can thrive	- Our staff feel safe, comfortable and able to raise issues openly in the workplace - Our staff feel empowered to make improvements and share learning - Our minority ethnic staff are treated equally, experience less racist violence and aggression and feel safer - Our staff are proud to be part of a workplace that is diverse, kind and healthy	- Increase our raising concerns sub-scores from 6.6 to 6.9 - Increase our burnout sub-score from 5.2 to 5.5 - Reduce racist violence and aggression incidents to 15%, in line with the national average - The number of minority ethnic staff involved in conduct and capability cases so that there is 0% variation against the numbers of white staff affected - Reduce sickness rates to 3.5% - Our people feel KMPT is a supportive and compassionate employer (from 6.9 to 7.1) - Increase our work-life balance sub-score from 6.7 to 6.9 - Increase engagement score from 6.9 to 7.1	Our people are at the heart of everything we do. We aim to create an environment where they can be successful in their roles, and where we're focusing on issues that matter most to them. We are facing significant workforce pressures and national and local factors are impacting our vacancies, turnover and agency spend. We need to invest in longer-term workforce planning and educational partnerships, focusing on the roles and skills we need most now. This includes delivering high quality training, learning and education at all levels of the workforce and educating future generations of clinical staff. We are creating an environment for our people to be their best. We are embedding a new place-based organisational structure, which will require our leaders to have strong leadership capabilities. These skills will enable them to create an environment for our people to be their best; continuously improve; and effectively embed change and transformation.
2.2 Build a sustainable workforce for the future	- We have less vacancies - We have a sufficient internal and external talent pipeline - We will be educating the next generation of doctors, nurses and healthcare professionals	- Drive down our vacancy rate to 14% - Reduce our agency spend to 3.7% of the trust total pay bill - Reduce voluntary turnover to 14% or below - We will be ready to apply for formal teaching status - Our joint working with Kent Medical School and University of Kent will be formalised	
2.3 Create an empowered, capable and inclusive leadership team	- Our leaders are empowered, confident and capable of leading their teams to achieve our vision - Our leaders reflect the diversity of our organisation - Our leaders use relationships to improve patient care	- 95% of all staff receive 6-weekly supervisions and annual appraisals with their line manager - Increase percentage of minority ethnic staff in roles at band 7 and above by 2% - 90% of leaders at Band 7 to have attended KMPT leadership and management development - Increase staff satisfaction with their line managers from 7.6 to 7.9 in our staff survey	

3. We lead in partnership to deliver the right care and to reduce health inequalities in our communities

Objectives	What this will look like…	2026 outcome measure	Why?
3.1 Bring together partners to deliver location based care through community mental health framework transformation	- People will have access to psychological therapies, improved physical health care, medicines management, employment support and self-harm support, as well as support for substance use disorders. - People will have greater choice and control over their care, so they can live well in their communities.	- See 85% of urgent referrals in 24 hours - See 85% of routine referrals within 4 weeks	NHS England introduced a national community mental health framework through the Long-Term Plan in 2019.We are part of shaping this transformation for our local communities which will significantly change how we deliver community mental health care. We want to improve how we respond to external pressures to help our partners and our service users. Levels of delayed transfers of care and seeing people quickly in a crisis are the biggest challenges to our ability to deliver the right care, at the right time for our service users. Our communities are the most deprived and have the highest rates of suicide in the country. We have a crucial role working with our partners on joint initiatives to reduce local suicides and self-harm. We need to work closely with our partners to support the physical health and wellbeing of people across our communities to improve the local life expectancy. We have committed to helping the UK reach its levelling up goals. We are doing well in many areas, but need to focus on other areas including opportunity, progression and the cost of living to help those in our communities.
3.2 Work together to deliver the right care, in the right place at the right time	- More women experiencing severe perinatal mental health will get specialist treatment - People are seen and discharged from hospital without unnecessary delay - There is reduced pressure in EDs and across our own hospital occupancy	- Increase the number of women with severe perinatal mental health needs who have access to specialist care - Reduce the length of stay for patients waiting onward transfer by 75% - Decrease our bed occupancy to 85% - Work with our partners to assess 95% of people in a crisis within 4 hours	
3.3 Play our role to address key issues impacting our communities	- We help prevent self-harm and suicide across Kent and Medway by working with system partners - People with mental health, learning disability and autism receive equality in their physical and mental health care - We are delivering on priorities to improve social mobility for our people, our service users and our communities	- Fulfil our role to deliver joint initiatives to reduce suicide and self-harm - 85% of people with a severe mental health illness presenting through Mental Health Together will have a physical health check - 85% of people in our care with learning, disability and autism are referred for an annual physical health check - Improve social mobility and inequality through our commitment to deliver against the 14 levelling up goals.	

Our strategic enablers

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4. We use technology, data and knowledge to transform patient care and staff productivity

Objectives	What this will look like	2026 outcome measure	Why?
4.1. Have consistent, accurate and available data to inform decision making and manage issues	- Our leaders and managers will confidently use high quality data to inform short and long-term evidence based decisions - Data and communication between teams is triangulated quickly, easily and accurately	- Reduction in time spent capturing and revalidating non-value adding data by 25% - Our leaders and managers have increased access to reliable data and knowledge to help decision making - Sharing information and data internally is smoother and quicker and we have one version of the truth	• Leaders and managers don't always have the right information, or the capability to interpret it, to spot problems quickly, respond effectively and inform a longer-term perspective. We must make better use of our data to understand current system performance, and continually improve our ways of working.
4.2 Enhance our use of IT and digital systems to free up staff time	- Our people will have technology that enables them to spend more time delivering value - We will streamline our processes, making them more efficient and cost-effective - Our staff are fully capable, confident, and motivated to use digital technology	- All digital solutions are co-designed by clinical and digital staff - Clinical staff report that our Electronic Patient Records System is quicker and easier to use. - Electronic solutions have been deployed for medicines, ordering investigations, patient safety alerts and bed management.	• Triangulating data is a challenging and complicated process and often data from different sources is recorded on different systems. We need to improve the data and communication between our systems, in particular data across incidents, complaints, claims and employee relations.
4.3 Effective digital tools are in place to support joined-up, personalised care	- Service users are empowered to access and manage their care digitally - Improved sharing of information between organisations provides the right care to service users when they need it	- Electronic solutions have been delivered for referrals and consultations - A service user portal has enabled access to personalised information and freedom to control their own care - Reduce the number of serious incidents, complaints and investigations associated with information sharing across the system and wider NHS - Increase the digital literacy of our workforce	• Digital transformation is a top priority for the Department of Health and Social Care and NHS England. We have been set goals to build our digital capabilities, invest in long-term digital transformation, and meet the digital standards expected of us. In order to do this, we will focus on freeing up our people's time so they spend less time inputting data and more time delivering value. We need to offer our service users an

5. We are efficient, sustainable, transformational and make the most of every resource

Objectives	What will this look like	2026 outcome measure	Why?
5.1 Achieve financial sustainability	- We manage a growing demand, while ensuring that high-quality services are delivered safely within the resources given to us	- Achieve recurrent annual break-even financial position - Eliminate our underlying deficit - Reduce unwarranted variation in services - Forecast mental health capacity and meet demand	Growing demand, rising costs and constrained financial resources are a challenge for the whole of the NHS. We can make a number of changes to deliver efficiency and become more effective on a sustainable basis. We must continue to collaborate and support our partners across the Kent and Medway system to deliver long-term sustainability and to ensure we have timely investment in services. We see significant potential to improve our services by improving our operational management capability. There is too much unwarranted variation in service delivery so we need to raise the quality of consistency of care we offer across the board. That starts with capturing the right data to inform decision making and to stop capturing data that does not add value. We want to be a great place to work, train and be treated in. Teaching status will help us strengthen and develop our support to our clinical workforce which in turn will have a positive impact on patient care. It will also enhance our reputation, stimulate opportunities for further expanding our teaching and research capabilities and make us an attractive place to work.
5.2 Exceed the ambitions of the NHS Greener programme	- We are on track to becoming one of the first net zero NHS trusts	- Reduce carbon emissions from energy consumption by 80% by 2035 - Cut emissions associated with transport by 25% by 2025 - Reduce our overall waste volume by 5% every year - Reduce water consumption by 5% every year - Increase the environmental quality of our green spaces by 2025	
5.3 Transform the way we work	- Our services will be fundamentally transformed through operational excellence to meet rising demand and eliminate waste - Have leaner and more efficient internal and external processes - We can respond to and meet complex challenges and transformation	- Devise new model for transformation - Overhaul organisational governance - Embed hybrid working model	

6. We create environments that benefit our service users and people

Objectives	What this will look like	2026 outcome measures	Why?
6.1 Maximise our use of office spaces and clinical estate	- Our office spaces and clinical estate support service and workforce capacity - We have shared spaces and estates with our system partners to meet the needs of our local population - Our staff are happy in their working environment	- Release office space footprint and increase clinical space through hybrid working and new ways of delivering integrated models of care by 10% - Secure shared clinical spaces with our partners - Increased staff satisfaction with estates maintenance of office and clinical spaces - Improve the efficiency of our estate and invest in more maintenance	Following the pandemic, we're changing how we use our offices, clinical estate and other spaces. We need buildings that can support our changing needs. This means increasing the utilisation and quality, of our estate. In support of the government's promise to eradicate mental health dormitory wards, we secured capital investment to replace our last remaining dormitory ward (Ruby).
6.2 Invest in a fit for purpose, safe clinical estate	- Our buildings are safe, secure and fit for purpose, enabling outstanding care for our service users - Our service users have their own rooms and are in single sex wards	- Prioritise patient safety and backlog maintenance - We repurpose our estate to recycle back into our existing buildings - Completion of Ruby Ward build	It is vital in the treatment of our service users that our clinical estate is safe, high quality and therapeutic. In some areas this is not the case and we will work with partners across the system to find better solutions.

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2023-26 Strategy

Operationalisation Proposal

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Setting Us Up For Success

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

Programme Formation

Metric Identification

Scorecard Development

Strategy Deployment Model

Board Strategy Review

Board Strategy Review

Board Strategy Review

Programme Launches

Business Planning

Business Planning

Business Planning

End of Strategy Review
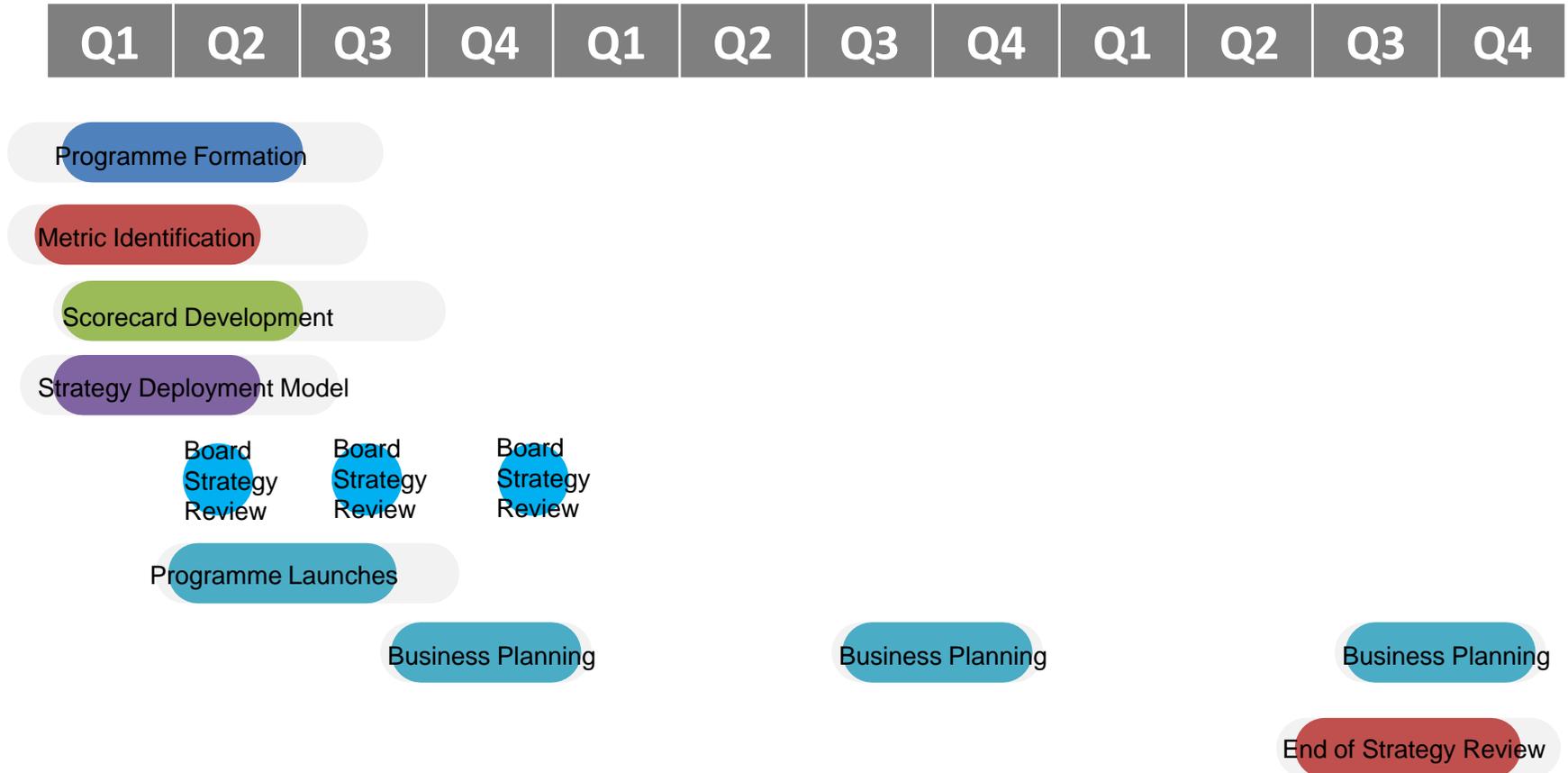
Detailed Plans to be monitored via appropriate Board-Sub Committees

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RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

How We Will Deliver

- Outcomes themed into a series of programmes

- Programmes utilise new model of transformation

  – Collaborative, non-silo working, accountability

  – Executive Sponsor and SRO (Deputies or equivalent leader)

- Outcomes within each programme operationalised in detail Q1-Q4 on year 1 and year 2/3

- Monthly tracking of outcomes to ensure turning the dial

  – Trust level scorecard>Directorate>Team

- Monitored and assurance given through re-purposed Transformation Board into Strategy Deployment Group

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Example Patient Programmes

People We Care For

Urgent Care and Access

Dementia

Patient Safety & Experience

- 95% of people Presenting to EDs with a mental health crisis will be triaged within 1 hour
- 95% of mental health patients in EDs will be admitted to a psychiatric bed or discharged within 12 hours
- Reduce Out of Area placements for patients requiring acute and PICU care
- Eliminate all inappropriate specialist out of area placements

- 95% of people referred for a dementia assessment will be seen within 6 weeks

- Decrease violence and aggression on our wards by 15%
- Increase satisfaction for in-patient experience by 10%
- Reduce inpatient harms relating to medicine incidents, self-harm, falls and sexual safety by 10%
- All staff are trained on autism awareness and service users report friendlier wards
- Service users report friendlier wards
- Increase service user's experience of receiving care
- Increase patient outcomes
- Staff, service users and their loved ones are involved following patient safety incidents

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RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

Example Patient Operational Plan

P		Year 1 - Q1	Year 1 - Q2	Year 1 - Q3	Year 1 - Q4	Year 2	Year 3
	95% of people Presenting to Emergency Departments (EDs) with a mental health crisis will be triaged within 1 hour 95% of mental health patients in EDs will be admitted to a psychiatric bed or discharged within 12 hours	• Collect Baseline data. • Commence Measurement plan	• Develop improvement plan • Embed consistent triage model • Identify with partners suitable assessment spaces	• Begin improvement plan • Identify with partners suitable assessment spaces • Rapid pilot for assessment space	• Improvement plan review and refine • Rapid pilot for assessment space • Pilot assessment space evaluation • Pilot assessment space development plan	• Rollout assessment space plan • Review of improvement plan	• Rollout assessment space plan • Review of improvement plan • Work with partners in integrated models of care
	95% of people referred for a dementia assessment will be seen within 6 weeks	• Differentiate backlog with optimisation of new model • Secure additional resource for backlog • Create a demand and capacity model • Develop HCP/Directorate dashboard • QI Project to review EMAIS	• Mobilise additional resource • Embed backlog review within directorates and QPR • Additional refinement of EMAIS	• Review backlog resource and need for further/less resource	• Close/clear off backlog	• Ensure learning is embedded within the QI project for EMAIS • Roll out improvements from Qi project • Strengthen relationship with carers and dementia envoys	• Secure accreditation for memory service model

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RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30th March 2023

Title of Paper: Mental Health Learning Disability and Autism Provider Collaborative Update

Author: Helen Greatorex, Chief Executive

Executive Director: Helen Greatorex, Chief Executive

Purpose of Paper

Purpose: Noting

Submission to Board: Board requested

Overview of Paper

This paper provides an overview update for the Board on the 8th February 2023 meeting of the Collaborative and progress of its work programmes.

Issues to bring to the Board's attention

The Provider Collaborative (PC) for Mental Health, Learning Disability and Autism held its inaugural meeting in May 2022.

The PC operates at a strategic level aimed at continuous improvement. Supporting it are multiagency working groups focusing on each of the PC's priority areas.

Governance

Implications/Impact: KMPT Trust Strategy - Use our expertise to lead and partner

Assurance: Reasonable

Oversight: Integrated Care Board

Version Control: 01

Key items considered at the February meeting included

A stocktake report setting out progress made by each workstream was considered and discussed. Elements of the slide deck that was presented at the meeting are attached as an appendix. Board members will see that good progress has been made across a number of areas but that there remains a need to sharpen our focus and step up the pace in some workstreams. The PC board will be revisiting the trajectory from this report at a later point in the year.

A review of the Mental Health Investment Standard (MHIS)

This important national commitment ensures that investment in mental health services is protected and grown at a rate that will enable systems to deliver improving services.

The PC receives as a standing agenda item an update from the Integrated Care Board (ICB) Director of Finance on performance in relation to the MHIS. It was confirmed in February that our system in on track to meet the required standard for 2022/23 with no significant concerns. This is important to note, given the significant financial challenges across our county's system.

Three Deep Dives

The PC undertakes Deep Dives into three workstreams at every meeting. In February these were:

- Learning Disability and Autism

- Children and Young People Transitions

- Wellbeing, Community and Prevention.

For each of these Deep Dives, a series of actions was agreed with updates to be presented to the next PC Board.

Voluntary Sector Sustainability

Director of Adult Social Care, Richard Smith updated the PC on the funding challenges related to voluntary organisations across the county. The PC was clear in its commitment to supporting long term sustainable solutions to voluntary services which could include practical solutions such as the statutory sector offering office space to voluntary organisation partners in order to reduce their costs.

Out of Area Specialist Placement Alliance Model

In 2019, KMPT initiated and led a work programme to bring back to the county patients who required specialist care and who had been placed outside Kent by commissioners often, many years ago. The work was extremely successful and not only returned people to their home county, friends and family but released recurrent savings in excess of £2m every year. The PC considered and endorsed a new way of working which would result in savings being reinvested in mental health services and not absorbed by the wider system. This is one of the clearest pieces of evidence of the PC's effectiveness.

Version Control: 01

Purpose and scope

Across Kent and Medway there are currently nine key programmes of work that make up the Mental Health, Learning Disability, and Autism (MHLDA) PCB portfolio. A stocktake of the programmes has been undertaken to provide a summary overview of the current status of each. The stocktake is intended as a resource that can be utilised by the Kent and Medway MHLDA Provider Collaborative Board, the Kent and Medway Partnership Trust (KMPT) Board, and wider partners, to help understand the cumulative impact, deliverability and manageability of the MHLDA portfolio.

Out of Area Placements	Urgent and Emergency Care	Dementia	Wellbeing, Community, and Prevention	Mental Health Investment Standard	Learning Disability & Autism	Children & Young People: Transitions	Psychological Wellbeing (IAPT)	Community Mental Health Framework

The following areas were included for assessment as part of the stocktake across all eight programmes:

- Overarching objectives

- Expected outcomes and any identified associated monitoring and evaluation criteria

- Key milestones and critical path

- High-level assessment of the system and structure maturity of each programme

- High-level map of resourcing of each workstream

- Identification of major risks for each programme

The assessment of these in scope areas has enabled a thematic analysis of issues common to all eight programmes, al and a roadmap that highlights key milestones across the MHLDA portfolio.

The contents of this paper includes:

- Methodology
- Strategic fit of programmes against stated objectives
- Milestone plan of portfolio of programmes
- Assessment of programme processes
- Key themes for PCB

1

Strategic alignment

Long Term Plan for Mental Health

LDA strategies, including National Autism Strategy for autistic children, young people and adults: 2021 to 2026 and Building the Right Support Action Plan (August 2022)

Kent and Medway Programme Alignment

Grow investment in mental health services faster than the NHS budget	Improving services for people with common disorders	Improving services for people with Severe Mental Illness	Emergency Mental Health Support	Inpatient Care	Suicide Prevention	Improve Children & Young People's Mental Health Services	LDA
MHIS Programme	Psychological Wellbeing (IAPT)	Community Mental Health Framework Transformation	Urgent & Emergency Care	Out of Area Placements	Wellbeing, Community and Prevention	Children & Young People: Transitions	Learning Disability and Autism

The Kent and Medway Provider Collaborative Board has made a commitment to deliver compliance against the Long Term Plan for Mental Health (LTP MH) and the Mental Heath Investment Standard (MHIS), and the various strategies relating to LDA. The diagram above sets out the key objectives of the LTP for Mental Health, and where activity across the Kent and Medway MHLDA portfolio aligns to the various strategies.

2

Milestone roadmap: 2022/23 - 2025/26

The cumulative delivery roadmap for the nine programmes is set out below.

	2022/23	2023/24	2024/25	2025/26
OOA	Reduce annual system cost by 10%	KMPT lead provider OOA provider Bus. Case	Reduce average length of stay	
	Reduce number of SMI patient cohort	Confirm reinvestment options	Standardise OOA Provider contracts	Potential to expand services to Surrey and Sussex
UEC	S140 Implementation; Enhancing Home Treatment Dev. Rapid Response Ph1 implementation	Updated bed modelling implementation	Crisis House Implementation Development	
		S12 Solution App Implementation; MH Primary and Secondary Conveyance Implementation	Crisis Café implementation and Development	
Dementia	Dementia Coordinator Expansion & Evaluation	Young Onset Dementia Session implementation	Admiral Nursing resource development and inclusion within pathway	
	Diagnostic Pathway Redesign & Service Enhancements; Enhanced Care Model Review	DiADem Care Home Pilot; Crisis Pilots	Development and mobilisation of GpwER services	
	Increase K&M DDR Rate to 66.7% by Q4	West Kent Dementia Crisis pilot launch; DGS bridging service re-procurement	ACP Functional service developments	
		Ongoing plans to improve the Kent & Medway dementia diagnosis rate (DDR)		
W, C, P	Development subject to programme funding confirmation			
MHIS	2023-2024 MHIS Planning — Undertaken via monthly/ bi-monthly meetings held by mental health planning group			
LDA	LeDeR Reviews; CETR Repeat Inpatient Reviews; 75% LD annual Health Check; 100% of people on QOF LD register aged 14 yr < to receive completed Health Action Plan following LD annual health check; Commissioner Oversight visits	Workforce Skills Development; Reduction in OOA; Reduction LOS; 35-50% reduction in adult inpatient with LDA	35-50% reduction in CYP patients with LDA; Reduce number of LDA people admissions to mental health settings	
CYP : Transitions	Delivery of general transition communications video	Delivery of bespoke interventions to support transition pathways		
	Increase access to evidence based interventions	Delivery of bespoke staff training surrounding transition		
Psychological Wellbeing (IAPT)	We Listen Website Launch	Interface Pilot completion	GP Education training Hub session	
	IAPT Service Lead Procurement	Equity Audit roll out		
CMHF	Finalise Core Model Design; Governance Refresh inc. Prog Board; Demand & Capacity Model Build	Medway & Swale Trailblazer: Phased Implementation; Lead Provider – KMPT	Scale Mental Health Together to other HCPs	
	Trailblazer Spec & Operating Policy Dev.	Monitoring & Evaluation		

RAG Rating

RAG has been undertaken based on programme lead self-assessment.

- 🟢 On plan
- 🟡 Late to plan, manageable risk
- 🔴 Late to plan, at risk
- ⚫ Planned activity

3

Programme process maturity assessment

Maturity Assessment

RAG has been undertaken based on Attain assessment of programme.

- 🟢 Mature with ongoing development plans in place
- 🟡 Emerging
- 🔴 Development required

	OOA	UEC	Dementia	W, C, P	MHIS	LDA	CYP: Transitions	Psych. Wellbeing	CMHF
Programme Objectives	🟡	🟡	🟢	🔴	🟢	🟡	🟢	🟡	🟡
Programme Design, Controls and Documentation	🟢	🟡	🟢	🟡	🟡	🟡	🟢	🟢	🟡
Outcome Management	🟢	🟡	🟡	🟢	🟢	🔴	🟢	🟡	🔴
Programme Workforce Resource	🟢	🔴	🟡	🟢	🟢	🔴	🟡	🟡	🟢
Reporting	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢
Risk and Issue Management	🟡	🟡	🟡	🔴	🟡	🟡	🟡	🟡	🟡

4

Identified strengths and areas to explore

	Programme strengths and areas of confidence	Areas to explore
Out Of Area Placements (OOA)	▪ Strong project design and control ▪ Project impact evidenced ▪ System cost saving evidenced	▪ KMPT lead OOA provider decision ▪ Ability to support dementia patient cohort ▪ Formation of standardise OOA provider contracts
Urgent Emergency Care (UEC)	▪ Met Liaison 24 standard targets ▪ Complete utilisation of year 1 funding	▪ Strategic guidance to support 2023 -2025 planning ▪ Programme workforce resource requirements
Dementia	▪ Progress against majority of programme objectives ▪ Clear 2023 – 2025 strategic direction ▪ Evaluations clearly embedded within programme informing future strategic decision	▪ Investment requirements for programme workforce team to support delivery against strategic plans ▪ Workstream workforce requirement to progress objectives and to meet service demands
Well Being Community & Prevention Oversight (WCP)	▪ Strong progress against programme objective evidence ▪ Project impact evidenced ▪ Agile programme delivery design ▪ Successful pilot outcomes that can be used to support future expansion plans	▪ Funding allocation to support programme continuation post March 2023
Mental Health Investment Standard (MHIS)	▪ National MHIS standard target met ▪ Robust governance structure	▪ Workstream workforce recruitment challenges ▪ Understanding of system baseline financial needs
Learning Disability and Autism (LDA)	▪ Robust governance structure ▪ Strong stakeholder partnerships established	▪ Funding allocation ▪ Programme Workforce Needs
Children and Young People (CYP): Transitions	▪ Successful workforce recruitment to vacant positions within transition programme ▪ Evidence based Transitions pathway design in place ▪ Strong collaborative working from all project leads within programme	▪ Workstream workforce resource requirement to meet service demand and capacity ▪ Relationship with the CYP Programme Board governance and reporting
Psychological Well Being (IAPT)	▪ Robust governance and programme structure in place ▪ Effective collaborative working across 8 IAPT providers ▪ Workstream bottlenecks uncovered with mitigating actions in place	▪ Workstream workforce recruitment

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Kent and Medway **NHS**
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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	30th March 2023
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 February'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.

Sickness Absence increased by 0.5% in month to 6.1% compared to the 4% target. Although reduced since their peak in December, sickness absence levels have remained significantly escalated beyond normal levels since the Autumn. The increase is considered to be driven largely by an increase in Covid-19 and other respiratory-related illnesses over this period. It should also be noted that Covid-19 related absence had been separated out from other sickness absence for reporting purposes prior to September.

Additionally, the Vacancy Gap and turnover continue to have little variation month on month and exceed target. A broad range of interventions are in train to address these challenges, the detail of which can be found within this report under the Well-Led domain.

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Bed pressures is an area of focus for the Executive Team; levels of Delayed Transfers of Care (DToC) have decreased in recent months following a high of 13% in December, 11.6% of bed days were lost to DToC in February.

Out of Area placements which exceed contracted beds remains a challenge. 123 bed days were used in February 2023, below the annual average of 177 and considerably lower than the peak of 322 days in September 2022. This remains an area of focus with robust processes overseeing all placements.

It has previously been highlighted that our community teams require an increased focus, this includes; care planning and waiting times for assessment and treatment. Despite ongoing challenges, it is positive to note that the access measure for assessment within 4 weeks for Community Mental Health Team (CMHT) and functional Community Mental Health Service for Older Persons (CMHSOP) routine referrals has returned to 79.9%. Please note the actions being taken under the effective domain section of this report to address the CMHSOPs performance.

Governance

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

2

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): Chief Nurse
Lead Board Committee: Quality Committee

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

Executive Commentary

Restrictive Practice

The Trust's approach to the use of restraint is carefully monitored and reviewed in line with national best practice. The use of restraint is always a last resort and staff are trained in de-escalation techniques and other preventative measures which are always considered before restraint is implemented. Please note that this reporting period is 01/02/2023 – 28/02/2023.

There were 80 reported incidents of restraint needing to be used in February 2023, a slight decrease of two from the previous months. The Acute Care Group (ACG) maintained the number of incidents at 63; the Forensic and Specialist care group (FSCG) reported just one use of restraint, a decrease of five from January and the Older Adult care group (OACG) increased by four to sixteen restraints for the month. The majority of restraints occurred in the Acute Care Group (ACG) with 63, where the highest reporters were Fern Ward (13) Chartwell Ward (9) and Cherrywood Ward (9). All use of restrictive interventions is monitored in line with Trust policy with strategic oversight by the Promoting Safe Care group which has membership from all care groups and subject matter experts.

In February 2023, there were five prone restraints reported, involving three different patients. All occurred in the ACG, three on Chartwell Ward and one each on both Amberwood and Willow Suite. No harm was reported with any use of prone restraint.

The use of seclusion continues to fluctuate monthly with 13 episodes reported in February 2023; twelve transpired within the ACG and one occurred in the FSCG. These involved 13 different patients throughout the Trust. All instances of seclusion are reviewed and an overview retained in order to identify outliers or patterns.

3

IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
001.S	Occurrence Of Any Never Event	✔	0	N	1	0	0	0	0	0	0	0	0	0	0	0
002.S	CPA Patients Receiving Formal 12 Month Review		95%	N	93.8%	93.4%	92.7%	93.0%	93.2%	91.3%	90.0%	90.2%	93.2%	93.5%	93.8%	94.3%
011.S	Restrictive Practice - All Restraints		-	-	105	82	121	97	120	103	71	87	67	74	82	80
020.S	Unplanned Readmissions within 30 days		8.8%	L	7.7%	6.7%	6.4%	6.3%	5.5%	3.6%	4.5%	4.4%	5.1%	8.7%	4.2%	6.4%

Kent and Medway **NHS**
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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): Chief Operating Officer
Lead Board Committee: Finance and Performance Committee

Issues of Concern

- Care planning continues to be an area of concern and increased focus.
- Delayed transfers of care (DToC) continue to have an impact on bed availability, it is positive to note the reduction in external placements despite the ongoing DToC pressure

Executive Commentary

Within the effective domain DToC continue to be above the annual average despite reducing to 11.6% in February from 13% in December and 12.2% in January. Work continues with partners to explore every opportunity to reduce the impact of delays for our patients including the use of winter funds by social care colleagues. The total number of patients delayed for more than 100 days at the end of February was two, whilst a slight increase on January (0) it remains lower compared to eight at the end of October and three at the end of December.

There is recognition of continued challenges in meeting performance targets consistently across CMHTs and CMHSOPs with a high degree of variability between teams. A key focus for both older and younger adult mental health teams is the required reduction in caseloads. This can only be achieved with support from all agencies supporting a step-down model for patients whose mental state is stable. This important aspect of improving care will be achievable with the implementation of Mental Health Together which will be piloted in Medway & Swale April 2023. In the meantime, the community services continue to seek improvement through regular scrutiny of caseloads. It is recognised that the OACG have a number of areas that they need to focus on to achieve improvement. These areas are largely linked to Memory Assessment with actions highlighted below:

To Date:

- Agreement of the creation of a dedicated backlog memory assessment team. The team will focus specifically on the 885 patients waiting.
- Clinical Director and Head of Psychiatry have reviewed psychiatry time available to complete face to face appointments to enable realistic projections for activity flows through the new model of care.
- Clinics have been implemented to allow direct booking which is being monitored.

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- Cleansing of data undertaken to ensure every patient with a formal diagnosis has been recorded on RIO.

Next Steps

- Recruitment to backlog team.
- Model to be clearly defined on one page and shared with the teams to ensure consistency.
- Waiting lists are clear with identification of those awaiting treatment from those awaiting outcomes.
- Each team to identify how they intend to address variation.
- Each Directorate will have an identified Clinical Lead to aid the ongoing implementation of the new model, who will ensure consistency of the model across the teams.
- A weekly "awaiting treatment" report will be made available.
- GPs with extended roles deployed to see patients waiting for treatment.

Forecasting a backlog trajectory for clearance is challenging given the many variables including the timeline for recruiting three locum doctors and do not attend rates not increasing. Current trajectories would indicate September 2023 for clearance is possible.

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			67.0	0.0	-34.1	111.2	38.5
2 OPMH			0.0	0.0	0.0	0.0	0.0
3 PICU			56.0	0.0	13.9	261.0	137.5
4 **Trust Total**			123.0	0.0	10.8	341.2	176.0

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

February 2023 saw comparable levels to recent months in the use of out of area beds not procured in advance by KMPT, 123 bed days were used (67 YA Acute and 56 PICU), compared to 117 in January (55 YA Acute and 762 PICU). This is the lowest position since July 2022. A contract is in place for five Acute beds whilst the required estates works are undertaken on Fern ward. However only three of the five are in Kent meaning usage of the remaining two beds contributes to this indicator. This contract is in place until the end of March 2023.

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Kent and Medway **NHS**
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015.E: % Of Patients on CPA With Valid Care Plan	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1 Acute			87.8%	95.0%	61.2%	94.2%	77.7%
2 CRCG			88.5%	95.0%	84.8%	91.3%	88.1%
3 FSCG			91.7%	95.0%	90.3%	97.5%	93.9%
4 OPMH			97.0%	95.0%	93.0%	98.8%	95.9%
5 Trust Total			90.0%	95.0%	87.3%	91.9%	89.6%

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			67.2%	80.0%	64.9%	69.9%	67.4%
2 FSCG			68.9%	80.0%	66.5%	76.9%	71.7%
3 OPMH			76.1%	80.0%	70.2%	81.5%	75.9%
4 Trust Total			71.1%	80.0%	68.8%	74.1%	71.4%

Interpretation of results (Trust wide)	
Variation	*CPA Care Plans:* Common Cause - no significant change
	Non CPA PSP & Care Plans: Special Cause Variation of a **Concerning nature**
Assurance	Variation indicates consistently **failing short of target**
Narrative	

CPA Care Planning

CRCG remains the biggest contributor to this indicator. The care group position reduced by 0.4% in February to 88.5% following and improvement of 1.6% in January. This equates to 192 patients on CPA with an overdue Care Plan across CRCG, a decrease from 221 at the end of December. OPMH and FSS are exceeding 90%, the Acute Care Group Figure reflects a low number of patients (49).

Non CPA Care Plans and Personal Support Plans (PSP):

Trust wide performance remains stable with only minor variation in recent months, although continuing to fall short of target.

The CMHTs were at 68.8% compliance (+0.3% in month) at the end of February 2023. Thanet CMHT remain the only team surpassing the 80% target. Medway CMHT are subject to special cause variation, breaching the lower confidence limit. Last month Dover & Deal and Swale CMHTs were also breaching lower confidence intervals, these teams have seen an improved position in February. Workforce issues, namely vacancy rates and staff sickness absence, impact the performance. There are recruitment plans in place and sickness absence management plans to address these issues. Locality based recruitment days supported by HR Business Partners are in place as part of the ongoing focus in addressing these challenges

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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 Ashford & Canterbury CMHT			70.7%	80.0%	67.6%	79.3%	73.5%
2 DGS CMHT			74.2%	80.0%	60.2%	73.6%	66.9%
3 Dover & Deal CMHT			66.9%	80.0%	65.9%	85.7%	75.8%
4 Maidstone CMHT			60.8%	80.0%	47.7%	65.8%	56.7%
5 Medway CMHT			53.9%	80.0%	56.0%	70.0%	63.0%
6 Shepway CMHT			85.8%	80.0%	72.4%	92.7%	82.6%
7 Swale CMHT			72.2%	80.0%	53.8%	75.9%	64.9%
8 SWK CMHT			58.1%	80.0%	42.7%	66.5%	54.6%
9 Thanet CMHT			94.7%	80.0%	75.8%	94.2%	85.0%
10 **CMHT Total**			68.8%	80.0%	65.6%	70.9%	68.3%

CMHSOPs are no longer subject to special cause variation overall, however four CMHSOPs continue to show special cause variation.

Instances of PSPs not being correctly recorded on RiO were identified. Work to rectify previous errors and processes has been reviewed to ensure accurate data collection. An improvement of 3.7% was shown in December, with a further 4% increase in January 2023.

017.E: % Non CPA Patients with a Care Plan or PSP	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1 Ashford CMHSOP			85.4%	80.0%	67.5%	88.0%	77.7%
2 Canterbury CMHSOP			89.7%	80.0%	64.2%	89.2%	76.7%
3 DGS CMHSOP			75.8%	80.0%	72.1%	88.2%	80.1%
4 Dover & Deal CMHSOP			72.6%	80.0%	77.8%	91.9%	84.9%
5 Maidstone CMHSOP			70.0%	80.0%	57.6%	81.3%	69.5%
6 Medway CMHSOP			74.4%	80.0%	65.5%	83.0%	74.3%
7 Sevenoaks CMHSOP			64.6%	80.0%	59.6%	78.9%	69.3%
8 Shepway CMHSOP			79.3%	80.0%	74.2%	85.9%	80.1%
9 Swale CMHSOP			67.9%	80.0%	62.9%	80.6%	71.8%
10 Thanet CMHSOP			79.5%	80.0%	72.1%	86.1%	79.1%
11 Tunbridge Wells CMHSOP			47.3%	80.0%	48.6%	74.5%	61.5%
12 **CMHSOP Total**			76.1%	80.0%	71.0%	80.6%	75.8%

It is positive to note that the average LOS of Older adults has reduced to 76.24 in month, we discharged three long stay patients as part of our focus on DTOC in January which has had a positive impact on our LOS.

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IQPR Dashboard: Effective

Ref	Measure	SoF	Target	Local / National Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
001a.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	✔	95%	N	93.8%	95.6%	95.8%	95.2%	97.0%	98.4%	100.0%	98.5%	97.2%	96.4%	97.1%	98.3%
001b.E	CPA patients receiving follow-up within 72hours of discharge				84.4%	84.1%	83.9%	85.7%	85.1%	85.3%	78.9%	90.7%	81.1%	80.4%	84.8%	84.4%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✔	95%	-	95.7%	95.7%	95.7%	95.6%	95.6%	95.5%	95.3%	95.2%	95.3%	95.4%	95.1%	95.4%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✔	-	-	176	283	255	141	117	176	270	152	167	150	117	123
006.E	Delayed Transfers Of Care		7.5%	L	12.4%	10.9%	9.9%	10.7%	12.2%	13.3%	12.2%	11.1%	11.5%	13.0%	12.2%	11.6%
012.E	Average Length Of Stay(Younger Adults)		34	L	36.23	38.84	37.11	36.38	35.88	37.30	34.76	36.14	36.33	34.49	36.48	37.94
013a.E	Average Length Of Stay(Older Adults - Acute)		77	L	72.63	81.88	85.15	69.11	64.40	117.17	98.88	78.42	89.65	125.16	113.50	76.24
015.E	%Patients with a CPA Care Plan		95%	L	89.3%	87.9%	87.7%	88.9%	89.0%	88.3%	88.2%	88.4%	90.5%	89.6%	90.6%	90.0%
016.E	% Patients with a CPA Care Plan which is Distributed to Client		75%	L	72.5%	71.5%	72.2%	75.3%	75.2%	71.8%	73.9%	76.1%	74.4%	74.9%	74.4%	73.7%
017.E	%Patients with Non CPA Care Plans or Personal Support Plans		80%	L	70.9%	69.2%	68.7%	71.1%	69.9%	68.8%	68.2%	68.5%	68.5%	69.0%	71.1%	71.0%
018.E	Bed Occupancy (Net)				94.4%	94.4%	96.1%	96.5%	95.6%	97.8%	96.1%	96.4%	96.4%	95.0%	95.6%	96.2%

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

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): Chief People Officer
Lead Board Committee: Workforce and Organizational Development Committee

Issues of Concern
Sickness absence levels

Executive Commentary

Although reduced since their peak in December, sickness absence levels have remained significantly escalated beyond normal levels since the Autumn. The increase is considered to be driven largely by an increase in Covid-19 and other respiratory-related illnesses over this period. It should also be noted that Covid-19 related absence had been separated out from other sickness absence for reporting purposes prior to September.

These high levels of sickness absence are affecting all areas of the Trust, although CMHTs and the CHMSOPs are particularly challenged.

Although respiratory illness appears to be the most significant contributing factor behind the increase in sickness absence, it is not the most prevalent reason for absence overall.

Rather, the most prevalent reason for sickness absence at KMPT continues to be poor mental health, reflecting national trends. At KMPT, poor mental health represents in excess of 30% of all sickness absence, with a growing prevalence of work-related factors (although the majority of mental health related absence is reported to result from challenges at home rather than work).

Interventions planned and in train relating to sickness absence include:

- Maintenance and enhancement of health and wellbeing offer, including offer relating to financial wellbeing;
- Where work-related reasons are cited for poor mental health amongst our workforce, managers and HR staff are being encouraged to be curious as to the underlying cause of these;
- Robust absence management, which focuses on early identification of triggers for absence.

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A deep dive on sickness absence is due to be considered by the Trust Board in May.

As has been widely reported over recent weeks, the labour market continues to be extremely challenged, with record lows in unemployment, and record highs in vacancies. This context, coupled with pressures around cost of living increases and significant work pressures, has affected KMPT over recent months, creating higher levels of candidate withdrawals and longer lead-in times in recruitment.

Although vacancy levels have remained relatively stable over recent months, this has been achieved through considerable efforts and attention to this area, and vacancy levels remain higher than desirable. They continue to be of greatest concern in relation to our Band 5 and 6 nursing workforce, and OT workforce, and particularly in the Dover and Dartford geographies.

Similarly, turnover levels have remained stable notwithstanding these challenges (as previously noted, a correction to turnover figures as part of the ongoing cleanse of data and improvement in reporting gives the appearance of an increase from November, but this is not a real term increase). However, current levels of turnover do match levels of recruitment, meaning that vacancy rates remain unchanged. Prevalent reasons for leaving continue to be for career progression and for improved work-life balance.

A deep dive into turnover and retention was considered by the Workforce and OD Committee in March.

Interventions planned and in train relating to vacancy rates, retention and turnover include:

- Increase in Registered Nurse Degree Apprenticeship places to support registered nurse pipeline;
- Reduction of time to hire and implementation of enhanced candidate experience programme;
- Expansion of the Centre for Learning and Practice (currently offers key retention opportunities for B2/3 HCAs/HCSWs);
- Continued development of the Centre for Learning and Practice to enhance career opportunities and development and improve retention;
- Flexible Working Campaign to improve retention;

Continued embedding of refreshed exit interview process to ensure an opportunity to discuss any reasonable options that might enable a member of staff to stay with KMPT.

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IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Target	Local / National Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
001.W-W	Staff Sickness - Overall	✔	4.00%	L	4.3%	4.3%	4.5%	4.5%	4.2%	4.8%	5.1%	6.3%	5.9%	6.8%	5.6%	6.1%
005.W-W	Appraisals And Personal Development Plans		95%	L	99.0%	99.0%					71.6%	92.9%	94.7%		95.8%	95.8%
006.W-W	Vacancy Gap - Overall		16.00%	L	15.7%	15.1%	15.3%	16.6%	17.8%	15.8%	16.0%	15.8%	16.3%	16.2%	16.1%	16.2%
012.W-W	Essential Training For Role		90%	L	92.0%	91.9%	92.5%	92.6%	92.8%	93.0%	92.8%	93.1%	93.1%	93.2%	93.8%	93.5%
015.W-W	Staff Retention (overall)		86%		83.2%	83.4%	84.0%	83.3%	84.2%	84.2%	83.7%	83.8%	84.2%	84.2%	83.9%	84.1%
019.W-W	Staff Turnover (Overall)		12.50%		12.7%	13.0%	13.1%	12.6%	14.9%	13.3%	13.3%	13.4%	14.6%	14.8%	14.7%	14.7%
023.W-W	Safer staffing fill rates		80.00%	L	101.5%	103.5%	103.6%	101.9%	100.5%	102.1%	102.5%	99.9%	100.4%	99.1%	100.2%	99.6%

- *New targets were introduced November 2022; historic data RAG rated against the new targets however may have previously been compliant against old targets.*

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

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): Chief Finance and Resources Officer
Lead Board Committee: Finance and Performance Committee

Issues of Concern
The Trust is also focussed on eliminating the underlying financial deficit and has a clear plan for the remaining quarter of this financial year on how this will be delivered to achieve break-even. The focus in the last few months has been on 23/24 financial planning. The Board will receive the financial plan today for approval for submission to NHSE.

Executive Commentary

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

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IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
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	0	0	0			0	0	0	0	0
006.W-F	In Month Variance (£000)		-	-	0	(0)	0	0	0			0	0	0	0	0
006a.W-F	Distance From Financial Plan YTD (%)	✔	0.0%	N	0.00%	-0.32%	0.00%	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	565	565	565	565	565	565	565	565	565	565	565
008.W-F	Agency - In Month Actual (£000)		-	-	698	533	572	612	708	544	709	631	766	728	739	580
009.W-F	Agency - In Month Variance from budget (£000)		-	-	271	(32)	7	46	143	(22)	143	65	201	163	173	15
010.W-F	Agency Spend Against Cap YTD (%)	✔	0.0%	N	47.08%	-5.69%	-2.27%	1.23%	7.24%	5.03%	8.42%	8.87%	12.20%	14.05%	17.86%	16.47%

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

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

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): Chief Nurse & Chief Operating Officer
Lead Board Committee: Quality Committee

Issues of Concern

No areas of concern to raise this month.

Executive Commentary

Friends and Family Test (002.C)

The latest data reflects a positive overall position. The NHS FFT asks "Overall, how was your experience of our service?" Overall, the experience of our services is 'very good', which is the top range. There are no Trust-wide concerns.

PALS, complaints and compliments (005-008.C)

All localities and wards are receiving a similar level of contact and no particular locality is reported as an outlier. Detailed reporting is provided to the care group quality meetings.

Patient Reported Experience Measures (PREM) (013-015.C)

PREM response rates remain below target. December 2022 had a 4.1% response rate (522). There is however an upward trend in the response rate over time.
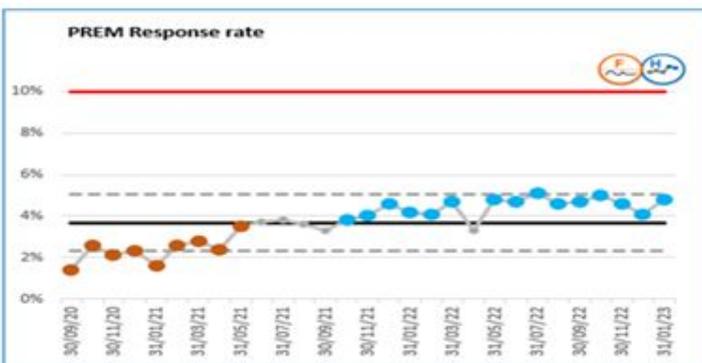
Actions being taken are:

The Trust wide patient and carer experience group (TWPCEG) will be reviewing the PREM and the target in collaboration with the Mental Health Together project group. New areas of delivery will be:

- To ensure effective interface with the Fit for the Future place-based directorates

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- To look at the way we listen to and learn from people and communities about their experiences, to ask the right questions about how services work together around peoples' needs in a way that makes sense to them and turn that understanding into action.

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IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
002.C	Mental Health Scores From Friends And Family Test – % Positive	✔	93%	N	84.5%	84.5%	79.5%	84.9%	83.8%	86.6%	84.8%	83.7%	87.1%	88.1%	84.9%	85.1%
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	98.0%	98.0%	97.0%	98.0%	99.0%	97.0%	98.0%	99.0%	98.0%	98.0%	99.0%	99.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	97.0%	98.0%	98.0%	98.0%	98.0%	97.0%	97.0%	98.0%	97.0%	98.0%	97.0%	97.0%
007.C	Compliments - actuals		-	-	162	113	115	89	174	184	145	123	120	143	114	101
008.C	Compliments - per 10,000 contacts		-	-	43.68	34.90	30.79	25.70	50.87	52.97	42.11	36.78	33.34	48.20	31.52	31.09
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	698	511	738	691	740	686	698	729	681	522	703	584
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	4.6	3.6	4.8	4.7	5.1	4.6	4.8	5.2	4.6	4.1	4.8	4.2
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %		-	-	8.3	8.2	8.0	8.3	8.2	8.3	8.3	8.2	8.3	8.4	8.4	8.4

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
Memory Assessment Services demand continues to outstrip capacity. Actions include the role out of a new model (see below and details in the Effective domain).

Executive Commentary

There is recognition of continued challenges in meeting performance targets consistently across CMHTs and CMHSOPs with a high degree of variability between teams. Work is being undertaken to address the waiting list for the Memory Assessment Service as highlighted previously.

Work is underway to review access times in future service transformation, some of which will be driven by national guidance, such as access times for non-urgent referrals. Work on the urgent referral pathway will also look to redefine how measures can best be applied.

016.R: Routine Referral To Assessment Within 4 Weeks	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1 CRCG	🙂	?	77.4%	75.0%	53.5%	91.3%	72.4%
2 OPMH	🙂	?	87.9%	75.0%	46.2%	92.3%	69.2%
3 Trust Total	🙂	?	79.9%	75.0%	54.8%	87.8%	71.3%

Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change in month
Assurance	Variation indicates **inconsistently hitting or failing target**
Narrative	

This indicator has been amended for 2022/23: Older Adult activity relating to organic presentations is now reported within a separate measure against a 6-week target (reported below). The activity reported against CMHSOPs for the 4-week target reflected Functional and Complex Dementia presentations until 14th July 2022, when changes were made to RiO to give the ability to split the two pathways.

Following two months of reduced CMHT performance, February saw an increase to 77.4%.

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

CMHT Total - 31/03/21 - 28/02/23
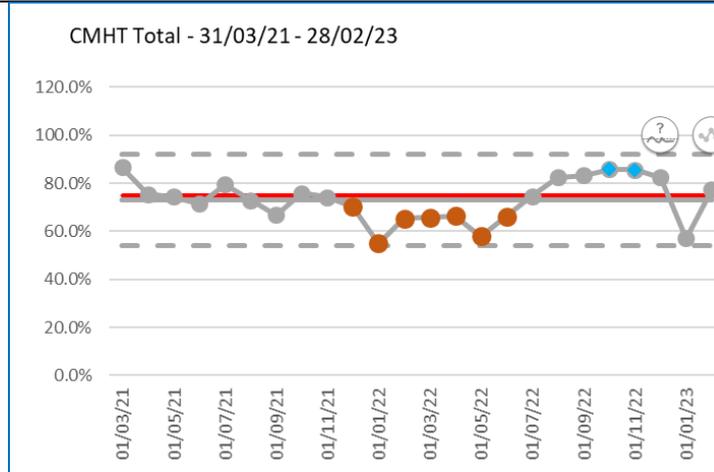
Performance across teams continues to show high levels of variation as shown in the table below. The implementation of the Community Mental Health Framework will commence in the Medway locality from April 2023 and whilst this will not demonstrate a sudden impact, the revised model will provide a multi- agency response to all referrals.

	Routine Referral to assessment in 4 weeks	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Ashford & Canterbury CMHT			93.6%	75.0%	57.3%	105.8%	81.6%
2	DGS CMHT			92.9%	75.0%	65.5%	103.3%	84.4%
3	Dover & Deal CMHT			100.0%	75.0%	55.2%	114.3%	84.7%
4	Maidstone CMHT			71.0%	75.0%	-9.6%	117.3%	53.9%
5	Medway CMHT			41.9%	75.0%	27.0%	103.4%	65.2%
6	Shepway CMHT			100.0%	75.0%	19.8%	116.3%	68.0%
7	Swale CMHT			66.7%	75.0%	33.1%	107.9%	70.5%
8	SWK CMHT			80.9%	75.0%	42.2%	98.6%	70.4%
9	Thanet CMHT			50.0%	75.0%	56.9%	108.7%	82.8%
10	CMHT Total			77.3%	75.0%	54.2%	91.9%	73.0%

The following chart and table show the performance of CMHSOP teams against the 6-week target for Routine Memory Assessments and Complex Dementia, highlighting three teams showing special cause variation, a decrease from five teams in the previous month.

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

016.R: Care Spell start to Memory Assessment (Routine) Assessment Within 6 Weeks	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1 Ashford CMHSOP			90.0%	75.0%	67.4%	111.9%	89.6%
2 Canterbury CMHSOP			27.8%	75.0%	2.3%	71.0%	36.6%
3 DGS CMHSOP			31.3%	75.0%	12.1%	90.3%	51.2%
4 Dover & Deal CMHSOP			83.3%	75.0%	19.3%	92.9%	56.1%
5 Maidstone CMHSOP			58.2%	75.0%	45.7%	102.5%	74.1%
6 Medway CMHSOP			15.4%	75.0%	6.5%	53.5%	30.0%
7 Sevenoaks CMHSOP			23.1%	75.0%	-9.3%	59.4%	25.0%
8 Shepway CMHSOP			10.5%	75.0%	32.7%	92.4%	62.5%
9 Swale CMHSOP			36.4%	75.0%	51.0%	100.4%	75.7%
10 Thanet CMHSOP			27.1%	75.0%	20.7%	85.0%	52.8%
11 Tunbridge Wells CMHSOP			18.2%	75.0%	-16.2%	57.3%	20.5%
12 CMHSOP Total			38.4%	75.0%	33.2%	73.6%	53.4%

Overall, there remains a large variance across teams in performance against the 6-week to assessment measure. The implementation of the new service model Enhanced Memory Assessment and Intervention Service (EMAIS) varies significantly as historic waiting lists are addressed. Work is underway to review implementation to date, in order to learn lessons and inform a refreshed plan to complete implementation and address the ongoing backlog with actions previously described to address this variance. More detail of the actions being taken is included within the effective section of this report.

February 2023 saw a further increase in the number of assessments completed in month (558), the most in any month to date – especially when considering fewer working days in February compared to other months.

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IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	60%	N	75.0%	76.5%	77.4%	75.0%	45.8%	69.6%	76.2%	87.0%	87.5%	70.4%	66.7%	64.3%
007.R	DNAs - 1st Appointments		-	-	10.7%	11.0%	12.4%	11.4%	13.4%	13.4%	12.9%	13.2%	14.3%	13.8%	11.5%	11.7%
008.R	DNAs - Follow Up Appointments		-	-	7.9%	8.4%	8.3%	8.4%	9.1%	8.2%	8.5%	8.7%	8.6%	8.4%	8.0%	7.9%
009.R	Patient cancellations- 1st Appointments		-	-	2.7%	2.3%	2.3%	2.5%	2.5%	2.1%	2.4%	2.4%	2.4%	2.4%	1.9%	2.5%
010.R	Patient cancellations- Follow Up Appointments		-	-	5.2%	5.4%	5.4%	5.2%	5.6%	5.1%	5.6%	6.2%	6.2%	6.3%	5.5%	5.9%
011.R	Trust cancellations- 1st Appointments		-	-	4.5%	4.9%	5.0%	4.2%	4.6%	4.0%	4.9%	4.5%	4.3%	4.7%	4.4%	4.0%
012.R	Trust cancellations- Follow Up Appointments		-	-	12.0%	11.6%	9.9%	11.4%	11.1%	10.4%	11.5%	10.5%	10.3%	11.2%	10.2%	10.6%
016a.R	Care spell start to Assessment within 4 weeks (Excl. MAS)		75%	-	68.3%	67.0%	63.8%	67.2%	71.4%	81.6%	80.8%	84.4%	81.3%	83.3%	62.0%	79.9%
016b.R	Care spell start to Assessment within 6 weeks (MAS only)		75%	-	55.6%	58.2%	61.1%	52.6%	59.0%	61.5%	50.7%	41.6%	46.4%	44.1%	30.3%	38.4%
017.R	Care spell start to Treatment within 18 weeks		95%	-	78.3%	77.5%	76.1%	76.5%	78.2%	78.7%	75.8%	75.5%	73.3%	75.4%	74.6%	72.9%
018.R	% Patients waiting over 28 days from referral (Excl. MAS)		-	-	32.2%	36.5%	26.5%	26.1%	22.7%	24.1%	25.5%	24.3%	28.8%	44.7%	30.2%	32.4%
019.R	Urgent referrals seen within 72 Hours		95%	-	58.4%	62.6%	63.4%	61.5%	62.8%	65.1%	60.0%	65.5%	62.6%	63.2%	65.3%	60.9%

Appendix A: Single Oversight Framework

Overview

The Single Oversight Framework (SOF) sets out how NHS England (NHSE) oversees Integrated Care Boards (ICB) and NHS trusts, using one consistent approach. The purpose of the NHS Oversight Framework is to:

- ensure the alignment of priorities across the NHS and with wider system partners
- identify where ICBs and/or NHS providers may benefit from, or require, support
- provide an objective basis for decisions about when and how NHS England will intervene.

The first version of the SOF was published in September 2016 with amendments made annually. The Framework aims to help NHSE to identify NHS providers' support needs across six themes:

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

NHSE 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 2 as highlighted below, this is the default segment that all ICBs and trusts will be allocated to unless the criteria for moving into another segment are met:

Segment	Description	Scale and nature of support needs
1	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place based and overall ICB priorities.	No specific support needs identified. Trusts encouraged to offer peer support. Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations.
2	Plans that have the support of system partners in place to address areas of challenge. Targeted support may be required to address specific identified issues.	Flexible support delivered through peer support, clinical networks, the NHS England universal support offer (e.g. GIRFT, Right Care, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs
3	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts)	Bespoke mandated support, potentially through a regional improvement hub, drawing on system and national expertise as required.
4	In actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme

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IQPR Dashboard: Single Oversight Framework

Ref	Measure	Target	Jan-23	Feb-23	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%	97.1%	98.3%	
001b.E	CPA patients receiving follow-up within 72hours of discharge		84.8%	84.4%	
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		117	123	
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60%	66.7%	64.3%	
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	95%	95.1%	95.4%	
001.S	Occurrence Of Any Never Event	0	0	0	
001.W-W	Staff Sickness - Overall	4.0%	5.6%	6.1%	
002.C	Mental Health Scores From Friends And Family Test – % Positive		84.9%	85.1%	
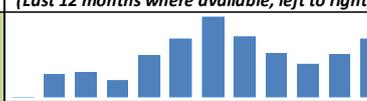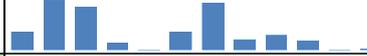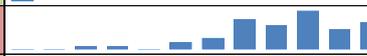
The above tables includes those SoF measures that are reportable and supported by clear national guidance but is not inclusive of all indicators within the SoF. Full details available

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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.

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NHS
Kent and Medway
NHS and Social Care Partnership Trust

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.

Our capabilities

- Workforce
- Partnerships with people who use our services, carers and their loved ones
- Culture and leadership
- Use of resources
- System leadership

Vision:
To work with our partners across Kent and Medway to deliver *Brilliant Care, through Brilliant People.*

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.

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.

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: Individual indicator ID's, refrenced in supporting narrative within report

Domain: The report is presented in sections consistent with the 5 domains set out by the CQC.

Monthly performance: performance for a given month, usually reflective of performance for the stated period but may reflect a rolling 12 months for some indicators.
Grey boxes show where indicator is reported at a frequency less that monthly.

IQPR Dashboard: Safe

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%

Indicates if the measure is contained within the Single Oversight Framework as measured by NHS Improvement to inform segmentation of providers:
https://improvement.nhs.uk/resources/single-oversight-framework/

Targets: Determine by regulatory bodies where stated (N). In absence of national target a local target has been set (L) for some indicators.

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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

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NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Change Tracker

Date	Change	Report Reference
April 2022	**Removals:** • 003.S % Inpatients With A Physical Health Check Within 72 Hours • 007.S % Serious Incidents Declared To STEIS within 48 hours • 008.S Number Of Grade 1&2 Sis Confirmed Breached Over 60 Days • 010.S All Deaths Reported On Datix And Suspected Suicide • 015.S Ligature Incidents - Ligature With Fixed Points (moderate to severe harm) • 016.S Ligature Incidents - Ligature With No Fixed Points (moderate to severe harm) • 018.Sa Infection Control - MRSA bacteraemia • 018.Sb Infection Control - Clostridium difficile • 011.E Number Of Home Treatment Episodes • 005.R % of Liaison (urgent) referrals seen within 1 hour • 006.R % of Liaison (urgent) referrals seen within 2 hours • 013.R. 014.R, 015.R Referral counts *All removals are subject to appropriate internal governance despite no longer being reported in the IQPR with routes of escalation if required.* **Amendments and Additions:** • 019.S. Safer staffing fill rates – moved to workforce section with new reference • Acute bed occupancy introduced • Amendments to inclusions for 4 week wait and additional 6 week wait metric for Dementia waits introduced	023.W-W 018.E 016.R (a,b)
September 2022	**Removals:** • 006.S Serious Incidents Declared To STEIS • 012.S Restrictive Practice - No. Of Prone Incidents • 013.S Restrictive Practice - No. Of Seclusions • 017.S RIDDOR Incidents • 003.C Complaints - actuals • 004.C Complaints - per 10,000 contacts • 010.C PALS acknowledged within 3 days (or agreed timeframe) • 011.C PALS responded to within 25 days (or agreed timeframe) • 012.C PALS - actuals **Target Changes:** • 012.E Average Length of Stay (Younger Adults) • 013a.E Average Length of Stay (Older Adults - Acute) • 017.E %Patients with Non-CPA Care Plans or Personal Support Plans • 016a.R Care spell start to Assessment within 4 weeks (Excl. MAS) • 016b.R Care spell start to Assessment within 6 weeks (MAS only)	

Changes made prior to 2022/23 reports removed from table, these can be viewed in earlier IQPRs

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30 March 2023

Title of Paper: Finance Report for month 11 (February 2023)

Author: Nicola George, Associate 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 11 (February 2023). This is consistent with the position submitted to NHS Improvement in the Month 11 Financial Performance Return.

Items of focus

As at the end of February 2023 Kent and Medway NHS and Social Care Partnership Trust (KMPT) is reporting a breakeven even position in line with plan.

For this financial year it is imperative focus continues on ensuring a breakeven position is delivered. It is important to note the following:

1.   Focus needs to continue on minimalising agency spend as much as possible. Agency caps have been reintroduced this financial year and the Trust 's cap has been set at £6.78m. The Trust is presently forecasting to exceed this cap by £1.0m. This position is consistent with trusts across the country but is likely to attract additional external scrutiny as per the pre-Covid regime.

2.   Focus needs to continue on ensuring the progress on the sustainability programme continues. Progress has been made but it is vital that any gaps and delays in planned savings plans are mitigated. This is in line with the Trust objective to eradicate the Financial deficit by March 2023.

3.   Capital spend remains under plan, with a year to date underspend of £4.91m, with a year end forecast of £1.90m underspent. This underspend has been supported by the system in brokering funds to ensure they are available in 2023/24.

4.   The cash position remains strong at £18.57m at the end of February 23.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

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

Finance Report
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Executive Summary

Key Messages for February 2023

For the period ending 28 February, the Trust has reported a break even position against the system control total. This position is expected to continue in year with the Trust delivering a break even position against plan.

Key financial challenges for the Trust continue to be:
- The demand pressures on the Trust's bed base, presenting the risk of utilising further external beds.
- Continued high agency usage with particular pressures within Nursing and Medical staff groups. This area is subject to external scrutiny through an agency cap.
- The year to date position for capital spend is £4.91m behind plan; £3.80m of this relates to slippage in the Ruby Ward scheme. The contractors have provided spend projections for the remainder of the year which are built into the year end forecast of £20.19m.
- Cash balances remain high with a significant factor being the delay in the capital plan.

The Trust draft provider finance plan was submitted as per the national planning deadlines. Work continues with system colleagues to ensure we have a triangulated position on finance, workforce and activity with final plans due to be submitted 30 March 2023.

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	🔴

Income and Expenditure

KMPT is continuing to use temporary staffing due to vacancies and staff absence. Agency spend within the Care Groups remains high with the highest spend in the Nursing and Medical staff groups. Medical spend increased in November due to additional medics in CRCG and Acute and this level of spend has continued. Agency spend is reported at £0.6m in February and a year to date spend of £7.1m.
Agency caps have been reintroduced which is resulting increased external scrutiny. Executive led meetings continue to review agency spend.

In other expenditure areas, month 11 saw consistent levels of spend in external placements with 352 bed days being utilised in month an average of 5 Female PICU beds and 5 Acute beds which relate to the Fern Decant, In addition to the block spend, a further two beds are still being used to accommodate a complex patient. These additional charges, plus all additional observations for the patient, are being recharged to the ICB whilst a permanent placement is sought. Placement spend reflects all spend both in and out of area and will therefore be different to the data presented in the IQPR.

	Year to date		
	Plan	Actual	Variance
	£000	£000	£000
Income	(213,354)	(223,709)	(10,356)
Employee Expenses	165,318	165,667	349
Operating Expenses	42,733	52,941	10,209
Operating (Surplus) / Deficit	**(5,303)**	**(5,100)**	**203**
Finance Costs	5,303	9,741	4,438
(Surplus) / Deficit	**0**	**4,640**	**4,640**
Of which: Impairment	0	4,640	4,640
Control Total (Surplus)/Deficit	**0**	**0**	**0**

Capital Programme

In February, the Trust underspent by £0.19m against the plan. YTD the underspend has increased to £4.91m. The forecast remains that we will spend £20.19m by 31st March.

£3.8m of the YTD underspend relates to slippage in the Ruby Ward build due to issues found during groundworks and delays with the mechanical, electrical and plumbing packages (MEP), the remainer is due to delays in recruitment to new digital staffing posts, and ongoing work to scope the project for the refurbishment of Sevenscore and Woodchurch. The expected spend on Ruby has been reviewed, further slippage is not expected.

Works are underway on previously agreed estates schemes which has led to this category being overspent in month and YTD. Opportunities to bring forward schemes from 2023/24 have been identified and are being pursued, the forecast remains at £20.19m.

Cash

The cash position remains strong with an increase of £2.74m in month. The increase is largely due to additional funding from the ICB.

The actual cash position is £16.31m higher than the original plan. Receipts are £8.88m higher, the main factors being additional funding in relation to the pay award and acute inpatient ward pressure and higher funding from HEE. Payments are £7.42m lower than plan predominantly due to lower creditor and capital payments (due to slippage), partially offset by the impact of the pay award on payroll costs.

The year-end forecast remains at £18.57m, this reflects the agreement of the final position for the mental health investment standard.

3

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	(19,441)	(25,495)	(6,054)	(213,354)	(223,709)	(10,356)
Employee Expenses	15,066	15,078	12	165,318	165,667	349
Operating Expenses	3,897	10,110	6,213	42,733	52,941	10,209
Operating (Surplus) / Deficit	**(477)**	**(306)**	**171**	**(5,303)**	**(5,100)**	**203**
Finance Costs	477	306	(171)	5,303	9,741	4,438
(Surplus) / Deficit	**0**	**(0)**	**(0)**	**0**	**4,640**	**4,640**
Of which: Impairment	0	0	0	0	4,640	4,640
Control Total (Surplus)/Deficit	**0**	**(0)**	**(0)**	**0**	**0**	**0**

Commentary

Year to date pay is over plan at the end of February by £0.34m. Substantive pay is underspent by £4.6m at the end of February due to vacancies. This is offset by bank and agency costs being under plan by £4.97m.
The underspend on substantive pay is largely driven by vacancies and in particular within Mental Health Investment Standard initiatives.

Agency spend remains high with a year to date spend of £7.1m, KMPT have an agency cap of £6.8m and therefore year to date spend is £0.3m in excess of the cap level.   If spend continues as forecast, the Trust will exceed the cap by £1.0m by the end of the financial year. In month spend is reported lower than seen in previous months due to a retrospective adjustment within Support Services. Care Group run rates have not reduced in month.

Other non pay includes a high level of spend on External placements compared to plan which has been contributed to by the Fern Ward decant due to capital works and a patient admitted with complex needs which impacted the usage of the external placement beds.

The month 11 position reflects the agreement of the final position for the mental health investment standard.

Long Term Sustainability Programme (Efficiency Programme)

	Annual	Current Month			Year to Date			22/23
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Forecast
Pillar	£000	£000	£000	£000	£000	£000	£000	£000
Back Office	(816)	(91)	(109)	(18)	(633)	(1,326)	(693)	(1,435)
Workforce	(938)	(111)	(20)	91	(742)	(179)	563	(216)
Service Line Reporting	(2,905)	(326)	(62)	264	(2,288)	(732)	1,556	(794)
Patient Pathways	(905)	(100)	(43)	57	(700)	(651)	49	(694)
Procurement and Purchasing	(300)	(30)	(20)	10	(225)	(118)	108	(137)
Commercial Development	(1,130)	(100)	(190)	(90)	(908)	(2,537)	(1,629)	(2,840)
Non-recurrent slippage	0	0	0	0	0	0	0	0
Total	**(6,995)**	**(757)**	**(443)**	**314**	**(5,495)**	**(5,542)**	**(47)**	**(6,116)**

Commentary

The Long Term Sustainability Programme (CIPs) for 22/23 continues to make progress with a focus on the identified plans delivering as per plan.

Work has continued to identify further CIP schemes to close the gap which is currently £0.88m. It is expected that the of the £7.0m target, £6.1m (87.4%) of efficiencies will deliver, presenting an in year gap of £0.9m (12.6%).
Executive led check and challenge meetings continue as part of planning to ensure focus remains on CIPs and efficiency plans for this year but also to develop a pipeline of schemes for 23/24.

Work is on-going with key programmes of work such as MHOST (where the consultation now draws to a conclusion), and the actions to be taken forward following the in-depth review as well as the Roster review.

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NHS
Kent and Medway
NHS and Social Care Partnership Trust

Exception Report

Top Variances	Plan £000	Actual £000	Year to date Variance £000	Proportionate Overspend	Reported Last report
Agency	6,071	7,104	1,033	**17%**	**17%**
Bank	13,800	17,735	3,935	**29%**	**28%**
External Placements	3,280	4,411	1,131	**34%**	**35%**

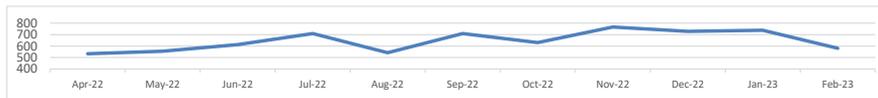### 1. Temporary Staffing Spend: Agency — £1.03m

Agency spend has exceeded plan in month 11 and on a year to date basis are over plan by £1.03m and this is forecast to continue - due to both vacancies and operational pressures. The highest levels of spend were seen in the Nursing and Medical staff groups with further Medical agency requests being received Medical agency spend is likely to increase further.

There will be continued focus and scrutiny on all agency spend as the financial year progresses to ensure spend remains within budget. Agency spend remains high with a year to date spend of £6.5m. Agency caps have been reintroduced to support the reduction of agency expenditure at a system level with KMPT having an agency limit of £6.8m. If spend continues as forecast we will exceed the cap by £1.0m - presenting a worsening position as the financial year has

0	2018/19	2019/20	2020/21	2021/22	2022/23 (YTD)
Agency	6,459	6,395	8,740	7,537	7,104

MONTHLY TREND - AGENCY SPEND

2. Temporary Staffing Spend: Bank — £3.93m

The financial plan for bank has been based on trend analysis from previous financial years, and is predominantly planned to cover annual leave and short term sickness.

There has been an increase in the run rate for all staff groups in month 11 if spend is normalised to reflect February being a shorter month. The increase is partly due to a higher level of annual leave to be covered due to school holidays as well as on going operational pressures and vacancy cover.
The Acute and Forensic Care Groups continue to report higher levels of bank due to the clinical requirements and the high level of observations of a specialist patients. There is a Quality Improvement project underway with focus on clinical observations which will provide further insight into the cost drivers for bank spend - the financial outcomes for the project are currently being accessed.

MONTHLY TREND- BANK SPEND

	Qtr 1	Qtr 2	Qtr 3	Jan-23	Feb-23
Nursing	1,797	1,892	1,766	646	625
HCAs	2,455	2,720	2,685	880	805
Other	511	454	416	151	135
Total	**4,762**	**5,065**	**4,867**	**1,677**	**1,565**

3. External placements — £1.13m

As at month 11 the year to date spend remains high with 352 bed days reported in month - this reflects all placements both in area and out of area.

The main driver for movement away from plan continues to be the 5 additional acute beds being utilised due to the planned Fern Ward decant. This relates to the refurbishment work being undertaken and is in line with the expected impact.

In addition 2 additional beds have been required due to a complex patient. These beds have been held empty to enable the patient's needs to be meet.

External placements - bed days summary:

Type	Actual Qtr 1	Actual Qtr 2	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23
PICU	997	852	311	228	220	237	201
Younger Adult	331	331	114	165	165	148	151
Total	**1,328**	**1,183**	**425**	**393**	**385**	**385**	**352**

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NHS
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Structural Deficit

Current Annual Underlying Deficit   **£6.4m**

Key Drivers

Forensic Community Service	£0.8m
Forensic Inpatients	£0.4m
External placements	£1.2m
Brookfield	£0.7m
Mental Health Learning Disability Services	£1.1m
Neurology Services	£0.3m
Bridge House Detox Service	£0.3m
Agency Spend (premium element)	£1.5m

Total   **£6.4m**

M11 Summary

The Trust rota review, led by the Chief Nurse, draws to a conclusion this month and savings can now be recognised. The savings are generated from the introduction of different shift patterns which significantly reduces the handover times in shifts
The expected savings from this initiative total £2m and are now reflected and this is the reason for the favourable movement in month.

Key Actions currently being implemented

These schemes have been reviewed with Care Groups. Any schemes still in development are not included in this section but mapped out in the "Bridging the Gap" section below. As schemes are signed off they will transfer to this section.

Psychology review*	£0.4m
Agency controls	£0.6m
Bridge House price increases	£0.3m
Forensic service establishment review	£0.7m
MHOST (Mental Health Optimal Staffing Tool) and ward establishment reviews	£0.3m
Brookfield price increase	£0.1m
FOLS contracted prices	£0.3m
Planning review	£0.7m
Rota review	£2.0m

*this is the recurrent value, £0.7m will be realised in 22/23, of which £0.3m is non recurrent

Total   **£5.4m**

Residual Annual Underlying Deficit   **£1.0m**

Target position for 31st March 2023   **£0m**

Remaining Gap   **£1.0m**

Bridging the Gap

Our Challenge   **Our Solution**

Waterfall chart — Surplus / (Deficit) £m:
Reported 21/22 Outturn £0m; Provider Collaborative (forensic) (£1.2m); Learning disability services (£1.1m); External placements (£1.2m); Bed prices (£1.3m); Agency premium (£1.5m); Underlying Deficit (£6.4m); Back Office £0.8m; Deep Dive Programme £1.1m; Workforce £2.4m; Procurement £0.3m; Commercial Development £1.1m; Patient Pathways £0.7m; Target position 0.0

Appendices

Kent and Medway
NHS and Social Care Partnership Trust

Statement of Financial Position

	31st March 2022	31st January 2023	28th February 2023
	Opening	*Actual*	*Actual*
	£000	**£000**	**£000**
Non-current assets			
Property Plant and Equipment	135,978	158,615	160,655
Intangible Assets	3,185	2,388	2,312
Other non-current receivables	538	444	440
Total non-current assets	**139,701**	**161,448**	**163,408**
Current Assets			
Trade and other receivables	6,522	6,355	4,876
Cash and cash equivalents	20,077	26,310	29,051
Assets held for sale	0	0	0
Total current assets	**26,599**	**32,665**	**33,927**
Current Liabilities			
Trade and other payables	(23,365)	(32,171)	(34,037)
Provisions	(1,629)	(1,635)	(1,642)
Borrowings	(914)	(2,699)	(2,699)
Other Financial Liabilities	0	0	0
Total current liabilities	**(25,907)**	**(36,505)**	**(38,377)**
Non-current Liabilities			
Provisions	(3,716)	(3,579)	(3,571)
Borrowings	(13,786)	(33,100)	(32,896)
Total non current liabilities	**(17,502)**	**(36,679)**	**(36,467)**
Total Net Assets Employed	**122,891**	**120,928**	**122,490**
Total Taxpayers Equity	**122,891**	**120,928**	**122,490**

Commentary

Non-current assets
Non current assets have increased by £1.96m in month, reflecting the capital expenditure of £3.03m in the month which offsets depreciation charges.

Current Assets
The cash position remains strong with an increase of £2.74m, largely due to funding from the ICB for pressures due to to the pay award.

Receivables have reduced by £1.48m. The most significant reduction has been in invoiced debt, payments were received for Transforming Care, £0.34m, services supplied to Cygnet, £0.16m and FM services at Littlebrook, £0.14m. There have also been decreases in the VAT debtor, £0.15m and prepayments,£0.16m.

Current Liabilities
Trade and other payables have increased by £1.87m in the month. There has been an increase in accruals of £4.76m, largely related to the agreed charges expected to be received from the acute trusts within the ICB for mental health activity undertaken in 2022/23. This has been partially offset by a reduction of £2.75m in deferred income.

Aged Debt
Our total invoiced debt is £1.12m, of which £0.89m is within 30 days. Debt over 90 days stands at £0.12m.

8
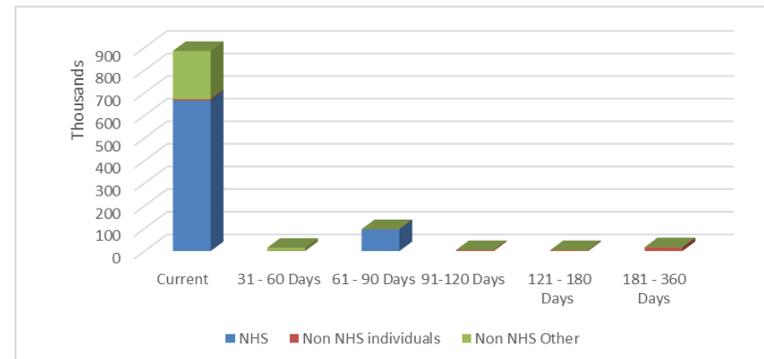
Capital Expenditure

	Current Month			Year to Date			Full Year	
	Plan	*Actual*	*Variance*	*Plan*	*Actual*	*Variance*	*Plan*	*Forecast*
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Information Management and Technology	172	683	511	2,155	1,880	(275)	2,350	3,696
Capital Maintenance & Minor Schemes 2022/23	649	1,389	740	3,468	3,835	368	4,154	5,316
Capital Maintenance & Minor Schemes from 2021/22	0	30	30	3,412	3,431	19	3,412	4,030
Strategic Schemes - Ward Refurbishment	600	11	(589)	1,300	77	(1,223)	1,988	339
Ruby Ward	1,793	910	(883)	8,900	5,097	(3,803)	10,145	6,766
PFI 2022/23	4	3	(1)	37	38	1	41	41
Total Capital Expenditure	**3,218**	**3,026**	**(192)**	**19,271**	**14,357**	**(4,914)**	**22,090**	**20,188**

Cumulative Performance against Plan

Commentary

April to February the Trust has underspent against its capital plan by £4.91m; the in month position is showing a £0.19m underspend.
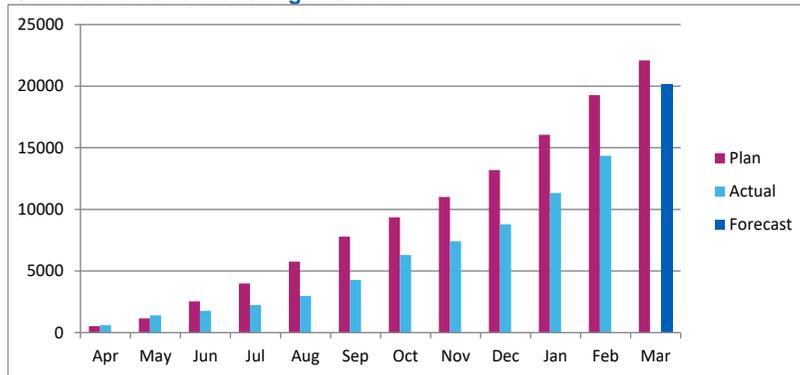
- Prior Year Schemes - Underspends on the Fern Ward refurbishment and Emmetts/Walmer Heating schemes have been offset by overspends on schemes such as sink holes, Comms Rooms and rest rooms.
- Estates schemes such as upgrading BMS controls, legionella works, jasmine anti ligature works, the new kitchen development and the fire alarm upgrade are all progressing leading to this category now being overspent for the YTD.
- The underspend of £0.28m on IT schemes is as a result of delays in recruitment to new digital staffing posts. The £0.51m overspend in month relates to the bringing forward of the devices replacement programme.
- The refurbishment scheme for Sevenscore and Woodchurch is underspent by £1.22m as works are ongoing to develop the scope for the project.
- The Ruby ward scheme is £3.80m underspent due to issues found during groundworks and delays with the Mechanical, Electrical and Plumbing (MEP) packages.

The overall forecast is unchanged from last month. The overall underspend against plan has been supported by the system in brokering funds to ensure they are available to complete Ruby Ward in 2023/24.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30th March 2023

Title of Paper: 2023/24 Financial Plan

Author: Nick Brown, 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 paper provides details to the Trust's 2023/24 financial plan.

Items of focus

The Trust is submitting a breakeven position for 2023/24. This is based on the delivery of a £4.76m Cost Improvement Programme.

In addition, the Trust has a capital programme in year of £12.74m

Governance

Implications/Impact: If the Trust fails to deliver on its 2023/24 financial plan then this could impact on the long-term financial sustainability agenda.

Assurance: Reasonable

Oversight: Oversight by Finance and Performance Committee

Financial Annual Plan Submission
March Submission

2023/24

March 2023

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Overview

- The Trust is required to submit its financial plan on 30th March 2023
- The Trust is proposing to submit a break even position for 2023/24. This is based on the following assumptions,
  - CIP Delivery of £4.76m (2.04%). Reflecting on the NHS efficiency ask of 1.1% plus addition of the £2.11m of Non Recurrent CIP in 2022/23
  - The Trust will operate its pay budget within the agreed funding envelope
  - Agency spending will be set at a ceiling of 3.7%, £7m is the upper limit
  - Mental Health spend is expected to increase by 5.3% (due to MHIS), with an additional 1.7% assumed to cover the continuation of existing commitments (included in our plan)
  - The Trust is holding a 2% pay reserve for the notional impact of the expect pay award. Any additional increase will require further funding
  - The Trust is presently finalising its contracts with its commissioners.
  - The Trust has a capital programme of £12.74m in year.
  - Maintaining a reasonable cash balance

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Financial Plan

Financial Position	2022/23 FOT £'000	2023/24 Plan £'000	Year on Year Change £'000
Operating income from patient care activities	225,035	237,009	11,974
Other operating income	16,850	11,596	- 5,254
Employee expenses	- 183,530	- 187,272	- 3,742
Operating expenses excluding employee expenses	- 52,837	- 55,784	- 2,947
OPERATING SURPLUS/(DEFICIT)	**5,518**	**5,549**	**31**
FINANCE COSTS			-
Finance income	317	699	382
Finance expense	- 2,031	- 2,478	- 447
PDC dividends payable/refundable	- 3,807	- 3,770	37
NET FINANCE COSTS	**- 5,521**	**- 5,549**	**- 28**
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	- 3	-	3
Remove capital donations/grants/peppercorn lease I&E impact	3	-	- 3
Adjusted financial performance surplus/(deficit)	**-**	**-**	**-**

The main in year movements include;

- Income from Patient Care - Impact of the Mental Health Investment Standard
- Other Expenses – Impact of inflation including the impact of utilities

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Capital Plan

- The Trust is expecting to spend £12.74m on capital in year (£9.77m system capital, £2.97m for specific schemes)

- The plan assumes £7.39m will be required to complete the Ruby build. This scheme is expected to be completed and will be the first call on capital next year

- Schemes have been reviewed with capital leads and care groups and prioritised in line with the Trusts governance processes. This has been approved by the Trust Capital Group and is aligned to the Integrated Care Board (ICB) capital framework. The following are the proposed schemes to go forward:-

	£'000s
Eradicting Mental Health Dormitories	7,386
Schemes to be completed relating to Digital Transformation	583
TGU CCTV	400
Coleman House, Dover (All Windows and Doors)	300
TGU Access Control System	280
Sevenscore Ward (Replace all Bathroom Kit)	200
TGU Upgrade of Pinpoint PAA System	200
Trustwide CCTV	175
Completion of Jasmine Anti-Ligature Scheme	108
Other 2022/23 (Completion)	144
Total	**9,776**

- In addition the Trust is expecting national funding for two schemes, Centralised Health-Based Place of Safety (£1.08m); and Frontline Digitisation Programme (EPR) (£1.89m)

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NHS
Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30th March 2023

Title of Paper: Workforce Deep Dive: Equality, Diversity & Inclusion

Author: Yasmin Damree-Ralph – Diversity and Inclusion Manager

Executive Director: Sandra Goatley, Chief People Officer

Purpose of Paper

Purpose: Discussion and agreement

Submission to Board: Board requested

Overview of Paper

This paper gives a high-level overview of the current context in relation to racism in Kent and Medway NHS and Social Care Partnership Trust (KMPT). Although the full anti-discrimination strategy is in the development phase we have set out some of the interventions likely to feature in the strategy.

Issues to bring to the Board's attention

Items of excellence

- 24.8% of KMPT's workforce are from a BAME background, which is in line with the national percentage of 24.2%[1] and higher than Kent and Medway system BAME representation of 22%.
- KMPT's Black Asian Minority Ethnic (BAME) Network provides a safe space for to BAME staff to share their experiences whilst at work. The network provides the voice of its members as well as highlighting challenges that BAME Staff face in the workplace and the difficulties they have with regards to being heard as well as enabling members to have a platform to be recognised.
- Theresa Gannon – Forensic Psychologist, conducted research across the Low and Medium Secure Forensic services with a student from University of Kent to understand the impact of racial incidents against staff.
- Peter Ball – System Family Psychotherapist/Mental Health Nurse, Older Adults, has been conducting BAME safe space sessions and discussions have been themed to take actions forward into proposed projects as part of the anti-racism work that will be commencing.

Items of concern and hot spots

- KMPT 2022 staff survey highlighted that 50.8% (443) of BAME staff believed that KMPT provided equal opportunities for career progression or promotion this has decreased slightly from 2021 staff survey highlighted only 51.5% (474). The average for mental health trusts in 2021 was 46.8% and for 2022 the average was 49.6% an increase of 2.8%.

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[1] NHS England » NHS Workforce Race Equality Standard (WRES)2022 data analysis report for NHS trusts
Version Control: 01

- KMPT 2022 staff survey 35.7% (446) of BAME staff stated that they had experienced harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months this is slight increase from 2021 staff survey 34.5% (463) however a decrease in responses. A further deep dive into the data has highlighted hot spot areas/wards. The average for mental health trusts in 2021 was 31.8% and for 2022 the average was 31.5% which showed a slight decrease.

- The 2022 staff survey also highlights an increase in percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months has increase to 19.8% a 1.8% increase from 2021 staff survey. The average for mental health trusts in 2021 was 22.9% and for 2022 the average was 22.8% which showed a slight decrease.

- Datix quarter 3 (2022/2023) report highlighted that 263 BAME members of staff reported an incident of violence and aggression which includes verbal abuse as well as physical abuse.

Governance

Implications/Impact: Staff belonging, feeling valued and psychological safety is a key predictor of employee retention, motivation and advocacy of the organisation that is anti-discriminatory/anti-racist.

Assurance: Reasonable

Oversight: Workforce and Organisational Development Committee

Version Control: 01

1. Background and context

24.8% of KMPT's workforce are from a Black and Asian Minority Ethnic (BAME) background[2] , with many different nationalities and cultures represented. Whist we celebrate this diverse mix of people, we must also continue to accelerate our progress towards race equality and reducing disparities between White and BAME staff experience.

KMPT's anti-racism ambition is to create a safer and fairer KMPT for the current and future workforce by making the conscious choice to advance race equality, build a reputation as employers who look after and care for staff above and beyond functional value. The people who work for the NHS have friends, families and communities that care for them therefore we should ensure that our workforce return to their homes with good health and wellbeing and are able to come to work bringing their whole selves, feeling valued and included.

2. Strategy

KMPT vision is to become an anti-discriminatory Trust. This commitment is not only to act in a non-discriminatory way, but also to address systemic inequalities, disadvantage and discrimination that our workforce experience. Ultimately, KMPT aspires to be an employer of choice within Kent, that recruits, retains, progresses and develops a diverse and empowered workforce.

The Anti-discrimination strategy will:

- Develop a plan of action in collaboration with key stakeholders within KMPT that will deliver sustainable and measurable change.
- Have a focus on high priority areas that will make a difference to the lives of our workforce and patients/service users.
- Deliver better health outcomes for our service users and workforce by focusing on health and wellbeing.
- Tackle health inequalities within our workforce and local communities.
- Ensure the opportunity to co-design a long-term strategy "Nothing about me without me" with the workforce and with patients.
- Highlight that everyone sees equality and inclusion as their responsibility and adopt a proactive approach that is embedded within the KMPT culture.

The Anti-discrimination Strategy will span three years and will to address a range of inequalities. However, evidence indicates that progress in relation to racism specifically results in progress towards anti-discrimination in other areas. As such, KMPT is committed to focusing the first twelve months of the strategy on improving the experience and wellbeing of our Black, Asian and Minority Ethnic staff.

3. Current state in relation to anti-racism

Racism and discrimination have a negative impact on the health and wellbeing, physical and mental health of people from BAME groups, as well as limiting their potential and contributions.

Although KMPT has a strong history of investing in equality, diversity and inclusion, intelligence available suggests that, similar to many other organisations, KMPT has some way to go.

[2] KMPT WRES Data 2022/2023
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Race inequality and racism in relation to staff at KMPT manifests in particular through:

- Racial incidents (bullying, harassment, violence and aggression);
- Constraints around career progression and lack of visibility of BAME staff in senior roles;
- Low confidence of BAME staff to speak up.
- Recruitment – lack of diversity on recruitment panels to eliminate (perceived) biases

These areas and work to address them will feature in the first year of the anti-discrimination strategy, and each is explored in turn below.

Racial Incidents – Bullying Harassment, Violence and Aggression

It is often the manifestations of discrimination and/or violence and aggression[3] against an individual's racial identity that are the most damaging and can lead to periods of absence, the decision to leave, or split-second retaliation. These acts often involve 'harassment, verbal abuse, physical abuse or general forms of intimidation.

Racial abuse, including forms of violence and aggression, continues to rise, each month the Chair of the BAME network and the Diversity and Inclusion Manager receives monthly Datix reports on the number of racial incidents that have been reported.

Notwithstanding the above, racial abuse is likely to be underreported. This mean that data on violence and aggression does not necessarily capture the frequency or routine nature of the abuse, whether it is by a fellow member of staff or patient, family member or member of the public. At KMPT, it is considered that BAME staff may be reluctant to report racial incidents for reasons such as the length of time it takes to report one incident, the belief nothing will happen in regards to incidents i.e. no change, or because they have become conditioned to accept such incidents as "part of the job."

The data shows that for Q3 29.5% percentage of BAME staff experienced violence and aggressions (269 out of 909 BAME staff) whereas 9.2% of white staff experienced violence and aggression (248 out of 2697 white staff). If staff were to record every incident, the number of incidents we believe would be significantly higher for both White and BAME staff.

V&A incidents to staff by Ethnicity (Q3 - 2022/23)	Bangladeshi	Black African	Black Caribbean	Indian	Mixed white and Asian	Not stated	Other Asian	Other Black	Other mixed	Pakistani	Total
Physical contact (actual assault)	0	109	4	4	6	10	11	3	1	1	149
Physical threat (no contact)	0	27	0	1	1	9	4	1	2	1	46
Psychological abuse (bullying and harassment)	0	3	0	0	0	1	0	0	0	0	4
Sexual (including harassment and indecent exposure)	0	1	0	0	1	5	2	0	0	0	9
Verbal Abuse	1	11	0	0	0	16	1	1	0	0	30
Verbal abuse with gender content	0	0	0	0	0	0	0	0	0	0	0
Verbal abuse with racial content	0	19	0	0	1	6	4	1	0	0	31

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[3] Violence and aggression include harassment, (racial, sexual, homophobic, religious) verbal abuse, physical abuse and hate crimes.
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Total	1	170	4	5	9	47	22	6	3	2	269

V&A incidents to staff by Ethnicity (Q1 - 2022/23)	White - British	White - Irish	White - other white	Total
Physical contact (actual assault)	143	0	7	150
Physical threat (no contact)	27	5	0	32
Psychological abuse (bullying and harassment)	6	0	2	8
Sexual (including harassment and indecent exposure)	10	0	1	11
Verbal Abuse	39	0	4	43
Verbal abuse with gender content	3	0	0	3
Verbal abuse with racial content	1	0	0	1
Total	229	5	14	248

<u>Constraints around career progression and lack of visibility of BAME staff in senior roles</u>

There is a need for an understanding of how cultural heritage shapes individuals within KMPT and how the complexities of balancing different cultures in a professional capacity at times can be conflicting.

Through BAME safe space sessions, staff have expressed concerns that their ethnicity, accent and skin colour is a barrier to progression, and they explain that all the while they are in their role, they feel they have to work harder to prove their worth. Many believe this is due to "their faces not fitting" therefore there is no point in trying to progress to higher bandings.

Feedback through the National Staff Survey appears to reinforce concerns of inequity in relation to career progression, with 50.8% of BAME staff believing the organisation acts fairly in relation to career progression compared with 59.9% of BAME staff at mental health trusts nationally and 62.8% of white staff at KMPT.

The current Workforce Race Equality Standard data shows that BAME staff representation in band 7 and above is 113 for clinical roles and 24 for non-clinical roles. In comparison, there are 457 white staff in clinical roles at Band 7 and above, and 169 in non-clinical roles at Band 7 and above. BAME staff are less visible in higher banded roles.

<u>Speaking up</u>

Since June 2022 KMPT has invested significantly in building psychological safety and creating a climate where staff have freedom to speak up. This will continue to be an organisational priority for 2023-24.

Although the Staff Survey indicates that there is no material difference in freedom to speak up between BAME staff and white staff, anecdotally, BAME staff describe being unlikely to complain or speak up as there is a fear of repercussions from managers and team members. They report in particular feeling

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there are risks associated with saying no when asked to take on extra duties with no renumeration or recognition.

From the BAME Network safe sessions staff explained that there is concerns that when BAME staff do speak up, they are not heard, but are gaslighted by responses counteracting their concerns, which often leaves staff feeling that there is no point in speaking up. Examples shared includes:

> *BAME staff raising concerns about demanding caseloads and responses being "thought you wanted to work here!"*

> *BAME staff asking for training and development only to be told that the team are too busy, yet the same request from a white member of staff being agreed and told that they had capacity to attend.*

Over recent years, safe spaces such as the BAME network have been well received by BAME staff, particularly as a place where concerns could be shared. However, since the decision was taken to include white allies, members have slowly stopped attending, as they feel what was a safe space to share, has become a learning space for allies. Although the BAME network has not documented ethnic breakdown of members joining and attending meetings, it has been noticed at several meetings white staff outnumber BAME staff in attendance (it is recognised that some of the allies can identify with BAME members as they may be from a minority background or have families from an ethnic minority background). However, whilst welcoming white allies who are attending the meeting the network has acknowledged the decrease in BAME staff attending,

4. The Journey

KMPT's commitment to becoming an anti-discriminatory Trust, starts with anti-racism, the journey map below visually demonstrates the strategy over the next 12 months to address any identified inequalities in process or procedures and implement new initiatives that are embedded and sustainable. The successful implementation of KMPT's anti-racism strategy will start to address race inequalities and improve the experiences of Black, Asian, Minority Ethnic (BAME) staff, therefore resulting in the improvement experiences of all staff and service users.

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NHS
Kent and Medway
NHS and Social Care Partnership Trust

Red = Stop & think (Why?)
Amber = Engage
Green = Action

Race Strategy
Build relationships
Engage staff networks
Inclusive Language
Consult on Race Strategy
Training and wider engagement

EQIA
Policies, procedures, projects, strategies across the organisation

Developing Programmes
Inclusion Ambassador training
Race Ally training
Career Workshops/Talent Development
Imposter syndrome training
Coaching & Mentoring Opportunities

Collaboration
Build Relationships
Community engagement
ICS System Partners & External organisations
Internal collaboration with other minority groups

Dealing with Resistance
Unfair disciplinary
Dealing with Race related issues timely
Understanding the impact of Racism
Deal with detractors – accountability
Listen to staff experience and act on it

Staff survey shows improved experiences year on year
WRES ratios are 1:1
Get the blueprint rice for Race, get it right for all groups
Involve other minority groups
Staff stories
Success promo
Check in sessions for feedback

Success
Success is when Black, Asian, Minority Ethnic staff are confident they belong, are valued and see accountability

Intersectionality
Review and engagement
Campaigns

Communications

WRES, WDES, Staff Survey, Culture, Staff Retention, Leavers rate, Datix, Staff Networks, Schwartz rounds, FTSU

Measures

International staff/staff retention
Restorative Just & Learning Culture
Inclusive and accessible Recruitment

Inclusive Processes

Leadership

The culture, values and behaviours of KMPT is led by KMPT's leadership. It is important to understand and act on the concerns of the workforce, for example:

- To work in psychologically safe environment
- Opportunities for promotion
- Fair recruitment processes
- To be able to speak up without fear of victimisation
- To be listened to and action taken when discriminated against.

The leadership journey starts with the Board, Executive Management Team (EMT), Senior Leaders and Managers. A 12-month plan is being developed with an external consultant from Christchurch University, a lecturer in Race, who will work with leaders to build confidence and understanding around the issues of race, racism and anti-racism. The plan is proposed to consist of six half day workshops, attendance to KMPT Leadership event and big conversation as well as work with the BAME staff network and the Equality, Diversity and Inclusion Team.

Workforce

Workforce Race Equality Standard (WRES) data helps to measure the impact of BAME staff experience in data format however, lived experience provides the context of the day to day life. Trust is a crucial vector in progressing race equality and fostering good relations between KMPT and BAME staff.

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Over the next 12 months the development and delivery of training on race, racism and anti-racism will create awareness and allyship across KMPT. We will develop guidance on how we respond to violence and aggression to help staff and managers support colleagues who are victims of bullying, harassment, abuse, violence and aggression of a racial nature. We will strengthen our partnership with Kent police will help build confidence that KMPT and the Police are listening and supporting BAME staff.

Patients

Evidence shows that fair treatment of staff is linked to a better experience of the care for patients[4]. However, for KMPT to be confident that it is an anti-racist organisation, there is vital work needed when it comes to patient behaviours towards BAME staff. With racial incidents on the rise within KMPT, working groups have formed to tackle bullying, harassment, abuse, violence and aggression towards staff.

During the next 12 months, the working groups will look at patient consequences following incidents of bullying, harassment, abuse, violence and aggression towards staff, clinicians will be guided to have conversations with patients/service users to explain their behaviour and the impact on staff.

The Equality, Diversity and Inclusion Practitioner (Patient Lead) will collaborate with staff working with patients/service users to co-design awareness initiatives to encourage patients/service users to be more mindful of their behaviour, this includes challenging the behaviour at appropriate times as well as educating, utilising the allyship training that is currently being delivered within Low Forensic services to patients/service users.

5. Conclusion

The Board is asked to note the aspirations relating to anti-racism, to champion and support the work to overcome the challenge of race and racism within KMPT.   This is the first step in the vision for KMPT to become an anti-discriminatory Trust.

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[4] LGA, Health inequalities: Ethnicity case studies: https://www.local.gov.uk/our-support/safer-and-more-sustainable-communities/health-inequalities-hub/health-inequalities-4

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30th March 2023

Title of Paper: Staff Experience, Culture and the National Staff Survey

Author: Rebecca Stroud-Matthews, Deputy Director of People

Executive Director: Sandra Goatley, Chief People Officer

Purpose of Paper

Purpose: Discussion

Submission to Board: Board requested

Overview of Paper

This paper sets out the overall results of the National Staff Survey, areas where the Trust's results have improved and deteriorated, and comparisons with external mental health Trust benchmarks. The paper also describes the areas for focus in the next three years of KMPT's People Plan, drawing on findings from the National Staff Survey.

Issues to bring to the Board's attention

This year's Staff Survey results for KMPT remain largely consistent with last year's results, and largely reflective with the national picture – they have seen little change, and are on the whole consistent with the national averages for mental health trusts.

Key areas for improvement are considered to be:

- Satisfaction with levels of pay (deteriorated and poorer than average);
- Satisfaction with staffing levels (deteriorated although around average);
- Responding to concerns (deteriorated and poorer than average);
- Mitigating against and supporting staff who experience violence, aggression and discrimination from patients (consistent with 2021, but poorer than average).

Key strengths are considered to be:

- Satisfaction with line management (consistent with last year, and stronger than average in a number of areas);
- Access to learning and development opportunities (consistent with last year and stronger than average)
- Likelihood of reporting when things go wrong (somewhat improved from last year, and stronger than average).

The emerging People Plan (supporting KMPT's new three-year strategy) addresses each of these areas. Local

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Kent and Medway
NHS and Social Care Partnership Trust

Governance

|	
Implications/Impact:	Recruitment and Retention, Quality and Safety and Absence
Assurance:	Reasonable
Oversight:	Oversight by Workforce and Organisational Development Committee

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1. INTRODUCTION AND CONTEXT

1.1 Recognising that people are its most critical asset, Kent and Medway NHS and Social Care Partnership Trust (KMPT) continues to pay close attention to the experience that its people have in the workplace, and to the culture that exists in the organisation.

1.2 Indeed, there is a wealth of evidence reminding NHS organisations to address systemic cultural features which facilitate or impede the provision of safe, high quality care for patients. Bringing together this evidence, the national People Plan concluded that NHS organisations should aspire to a culture where:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are learning
- We work flexible
- We are a team.

1.3 The National Staff Survey (responded to this year by 63.4% of KMPT staff) serves, alongside other indicators, as a helpful barometer for organisational culture. It is a means of staff communicating, from their experience, where there are strengths and weaknesses in the culture and in the system which impact on the provision of care. The Staff Survey results at KMPT have remained fairly stable over the past 5 years, and have tended to be broadly in line with the average results for mental health Trusts. The same is true of the results for 2022.

1.4 KMPT has taken many positive steps over the past few years to make improvements in relation to staff experience and culture. A small number of examples include investing in its health and wellbeing offer to promote work life balance and team cohesion, creation of the Centre for Practice and Learning to promote career development and introducing the independent Freedom to Speak Up Guardian service to increase confidence and clarity about how to raise concerns.

1.5 Over the coming three years, KMPT seeks to build on these strong foundations to gain momentum towards its ambitions of being a truly great place to work and of fostering a culture where its people thrive.

1.6 This paper sets out the overall results of the National Staff Survey, areas where the Trust's results have improved and deteriorated, and comparisons with external mental health Trust benchmarks. The paper also describes the areas for focus in the next three years of KMPT's People Plan, drawing on findings from the National Staff Survey.

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2. STAFF SURVEY RESULTS

2.1 Staff Survey results: Overview against People Promise

2.1.1 Since last year, the National Staff Survey questions have been grouped into the key strands of the national People Promise, and scored on a scale of 1 to 10 (10 being the most positive) based on the responses. This grouping provides a helpful overview of the total feedback. The numbers labelled reflect KMPT's 2022 scores.
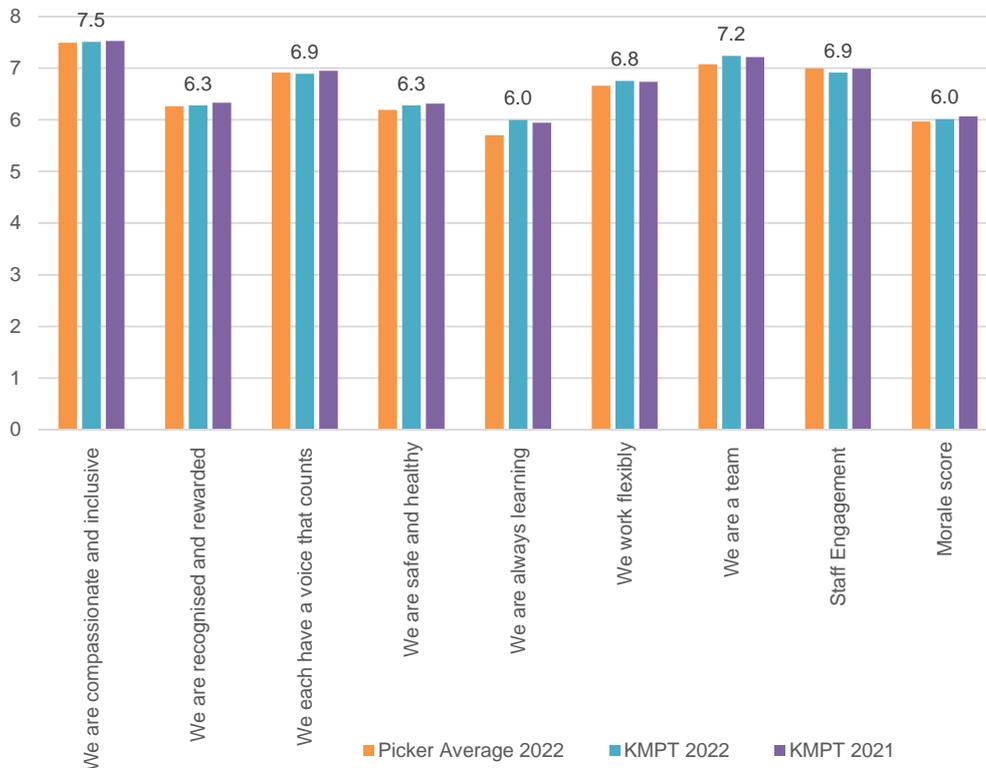
2.1.2 Overall, this highlights, as previously stated, that KMPT's results are broadly in line with the national average for Mental Health Trusts overall, and broadly in line with KMPT's results last year.

2.2 Staff Survey results: Historical benchmarking (changes over time)

2.2.1 Across all the 97 individual questions in this year's survey, responses had improved in response to 13 questions and deteriorated in response to 3 questions since the

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2021 National Staff Survey. It should be noted that for statistical purposes, only variations of more than 3% are recognised as variations.

2.2.2 The scores with the greatest improvement and deterioration are shown below:

Most Improved 5 scores compared to 2021		Trust 2022	Trust 2021	Picker Avg 2022
Q11e	Not felt pressure from manager to come to work when not feeling well enough	**84.1%**	81.5%	84.4%
Q3c	Opportunities to show initiative frequently in my role	**78.5%**	76.2%	77.1%
Q14d	Last experience of harassment/bullying/abuse reported	**67%**	65.5%	60.1%
Q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	**78.3%**	76.2%	75.4%
Q12a	Never/rarely find work emotionally exhausting	**22%**	20.1%	19%

Most deteriorated 5 scores compared to 2021		Trust 2022	Trust 2021	Picker Avg 2022
Q4c	Satisfied with level of pay	26.6%	31.4%	29.4%
Q19b	Would feel confident that organisation would address concerns about unsafe clinical practice	59%	63.4%	60.5%
Q3i	Enough staff at organisation to do my job properly	28.2%	31.9%	29.3%
Q23b	Organisation acts on concerns raised by patients/service users	72.9%	76.4%	73.6%
Q23f	Feel organisation would address any concerns I raised	51.8%	55%	53.5%

2.2.3 The full set of question scores since the 2018 National Staff Survey can be found in Appendix 1.

2.2.4 There appear to be deteriorated responses to quite a number of questions, and it seems that many of these challenges reflect the national context and are shared nationally. Specifically, responses relating to recommendation of the organisation (both as a place to work and to be treated), satisfaction with level of pay, the impact of work pressures and staffing levels, and intention to leave the organisation saw deteriorations both within KMPT and nationally.

2.2.5 However, there is also an area of deterioration which seems to be more specific to KMPT relating to the way in which concerns are addressed. It is not uncommon to see this sort of deterioration following a period of promotion of raising concerns and freedom to speak up. Indeed, improvements in scores around likelihood of issues

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being reported are noted, but the organisational and managerial response when issues are reported must be an area of attention if KMPT is to maintain its progress around speaking up. Opportunities to make improvements in this area were similarly highlighted in the recent six-monthly report to the Board from the Guardian's office, and plans are now in place.

2.3 **Staff Survey results: External benchmarking (comparison with other mental health Trusts)**

2.3.1 Across the 97 questions in this year's survey, responses to 13 questions were better than the average for mental health Trusts, and responses to 12 questions were worse than the average for mental health Trusts.

2.3.2 The strongest and poorest scores in relation to the average for mental health Trusts are shown below:

Strongest scores compared to average		Trust 2022	Picker Avg 2022	Trust 2021
Q12a	Never/rarely find work emotionally exhausting	**22%**	19%	20.1%
Q21c	Appraisal helped me agree clear objectives for my job	**38.9%**	33.6%	38.6%
Q21b	Appraisal helped me improve how I do my job	**25.9%**	22.5%	26.1%
Q14d	Last experience of harassment/bullying/abuse reported	**67%**	60.1%	65.5%
Q3h.	Have adequate materials, supplies and equipment to do my work	**67.4%**	61.3%	66.4%

Poorest scores compared to average		Trust 2022	Picker Avg 2022	Trust 2021
Q4c	Satisfied with level of pay	**26.6%**	29.4%	31.4%
Q24a	I don't often think about leaving this organisation	**41%**	44.7%	42.7%
Q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation	**56.8%**	60.8%	59.4%
Q24c	I am not planning on leaving this organisation	55.9%	59.4%	57.9%
Q23c	Would recommend organisation as place to work	**57.6%**	61.1%	60.1%

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2.3.3   The full set of questions ranked against other mental health Trusts can be found in Appendix 2.

2.3.4   These results indicate relative strengths particularly around line management and learning and development, which are critical foundations for future change and improvement. It should of course be noted that even scores which are positive compared to the national average may leave scope for improvement, such as, for example, scores around appraisal.

2.3.5   The five questions with the poorest results relative to the national average for Mental Health Trusts and so shown above are all considered to be lag measures (measures that are driven by other measures) , and as such it is necessary to understand the wider range of questions which score more poorly than average (highlighted in Appendix 2) in order to identify areas which can be addressed directly, and which tend to have a longer term impact on some of these lag measures.

2.3.6   The wider set of results indicate particular challenges for KMPT around experiences of violence, aggression and discrimination perpetrated against staff by patients, in particular in relation to minority ethnic staff. This echoes recent findings reported to Trust Board, and triangulates with reports through the Datix system. Plans are in place, although of course this remains a sensitive area requiring ongoing attention and priority.

2.3.7   Unsurprisingly, the results also indicate pressures resulting from vacancy rates and increased acuity, with significant numbers of staff reporting working additional hours (notwithstanding that these are paid).

2.3.8   The final area which is indicated for focus based on relativities with national Mental Health Trust average (as well as the deterioration beyond national trend since last year) is the way in which concerns are addressed when raised. Specifically, as well as a deterioration in confidence that concerns are addressed, fewer staff than the national average also report a lack of confidence that they will be treated fairly having raised them.

2.4   **Staff Survey results: Internal benchmarking (comparison across professional groups)**

2.4.1   Staff do not report a marked difference in levels in engagement across most professional groups. Similarly, there has not been a material change in levels of engagement reported for most professional groups since the 2021 Survey.

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2.4.2 One exception however is that colleagues in the medical professional group report higher levels of engagement than those in other professional groups, and also report noticeably more positively than in 2021, as can be seen below:
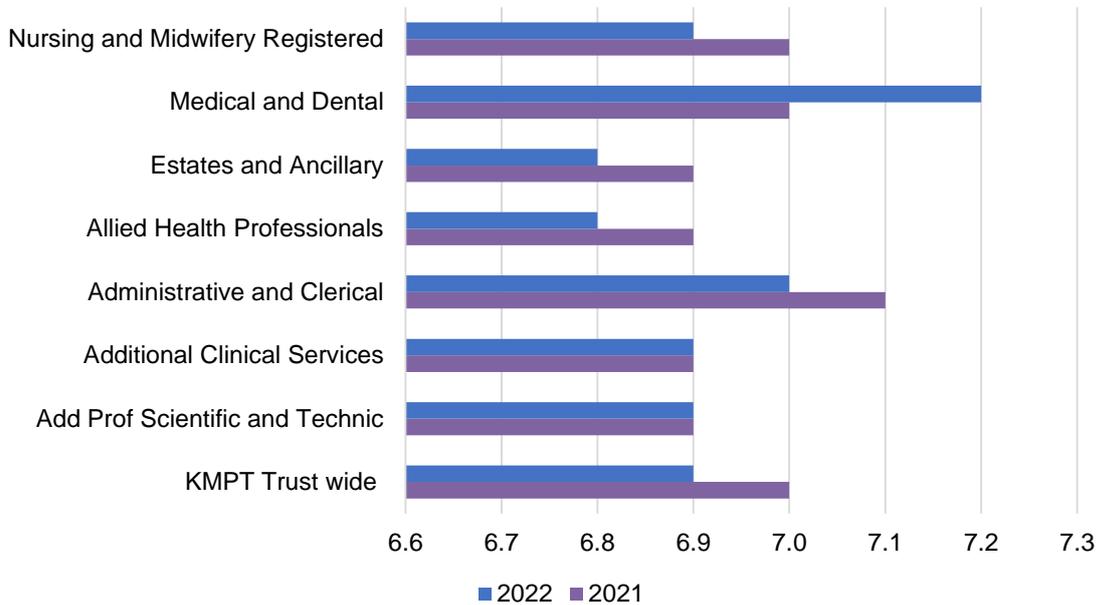
2.5 **Staff Survey results: Summary of key themes**

2.5.1 It is not proposed that a discrete Staff Survey action plan is created, but rather that key findings from the Staff Survey are considered and reflected, alongside other pertinent challenges identified through different sources, in KMPT's emerging People Plan for 2023-26. As such, it is important to crystallise the key issues highlighted by staff through the Staff Survey.

2.5.2 These areas for improvement are considered to be:

- Satisfaction with levels of pay (deteriorated and poorer than average);

- Satisfaction with staffing levels (deteriorated although around average);

- Responding to concerns (deteriorated and poorer than average);

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- Mitigating against and supporting staff who experience violence, aggression and discrimination from patients (consistent with 2021, but poorer than average).

2.5.3 Similarly, the People Plan should build on the strengths highlighted through the Staff Survey.

2.5.4 These areas to build on are considered to be:

- Satisfaction with line management (consistent with last year, and stronger than average in a number of areas);

- Access to learning and development opportunities (consistent with last year and stronger than average);

- Likelihood of reporting when things go wrong (somewhat improved from last year, and stronger than average).

3. PLAN: PEOPLE PLAN STAFF EXPERIENCE AND CULTURE PRIORITIES

3.1 The work undertaken by KMPT to date lays some good foundations in terms of culture and staff experience. However, the imminent venture into KMPT's new three-year strategy creates an opportunity to refresh KMPT's cultural aspirations and to renew our momentum towards them.

3.2 The proposed People Plan for 2023-26 aims to capitalise on this opportunity, with a small number of clear objectives. Although this plan is still in development and follows from the wider KMPT strategy, its anticipated key priorities are set out below:

i) To build a sustainable workforce for the future;
It is proposed that this workstream will focus on delivering a more manageable vacancy gap through a balance of a 'grow our own' approach delivered in partnership with local education partners, and a more competitive external recruitment strategy. The latter may involve a more managed pay strategies, but the flexible working advantages that could be offered through different temporary staffing approaches are also currently being explored.

Some specific interventions for the next twelve months are likely to be:

- Increasing our numbers of Registered Nurse Degree Apprentices and staff accessing degree top-ups;

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- Transformation of the Recruitment function to deliver more targeted and proactive recruitment;
- Introduction of a Recruitment and Retention pay framework;
- Exploration of different temporary staffing vehicles, including, possibly, the creation of and recruitment to an in-house staff bank.

It is anticipated that this workstream will over its three-year lifespan deliver a material reduction in vacancy rates and so address some of the issues around staffing and pay highlighted by staff through the Staff Survey.

ii)   To nurture a confident, capable and well-led KMPT team;
It is proposed that this workstream will build on existing strengths highlighted through the Staff Survey around both learning and development and management. The focus of the workstream will be on ensuring staff have access to the right learning and development opportunities at the right time, and on upskilling managers to get the most out of their staff.

Some specific interventions over the next twelve months are likely to be:

- Linking training needs analysis to workforce plans;
- Streamlining of essential training;
- Implementation of the new coaching and mentoring strategy;
- Mapping of leadership and management competencies and behaviours and introduction of a new leadership and management foundation programme.

It is anticipated that this approach will see continued improvement in scores around learning and development and management in the Staff Survey.

iii)   To foster a culture where people thrive.

It is proposed that this workstream will focus on enhancing three key aspects of KMPT's organisational culture, namely care and kindness, equality and inclusion, and voice and empowerment.

Some specific interventions over the next twelve months are likely to be:

- Enhancement of fast-track support for staff experiencing mental ill-health;
- Refresh of the violence and aggression task and finish group and introduction of trauma-Informed approaches to supporting staff involved in incidents, with a particular focus on minority ethic staff;
- Implementation of improvements in how concerns are addressed, including through closer links with Quality Improvement;

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- Establishment of the Staff Council.

It is anticipated that this workstream will over its three-year lifespan deliver improvements in scores around how we respond to concerns, how we deal with violence and aggression, and overall engagement.

4.   PLAN: TEAM-LED CHANGE

4.1 Alongside the Trust-wide People Plan, the process itself of learning from our staff about their experiences is considered to be a valuable opportunity to build engagement. The anecdotal feedback that could be shared through this process also adds depth to and complements the intelligence obtained through the National Staff Survey.

4.2 To capitalise on this opportunity, a toolkit has been made available for managers to support them with holding conversations with their teams about their experiences working with KMPT, using the Staff Survey results for those teams as a prompt.

4.3 Between now and June, each team will together identify three commitments that will improve experiences within that team in order that these can be delivered by the team collectively.

4.4 Dedicated support has been offered to teams where the Staff Survey or other intelligence highlights particular challenges.

5.   CONCLUSION

5.1   The organisation's new three-year strategy and associated People Plan creates an opportunity to increase momentum towards KMPT's goal of being an employer of choice, and to fulfil its potential as an anchor institution.

5.2   The National Staff Survey serves as a helpful barometer of organisational culture, allowing KMPT to intelligently adapt existing and emerging plans to take advantage of strengths and to address areas of weakness.

5.3   The Board is asked to consider the findings of the National Staff Survey and the approach set out in this paper to fostering the right culture for KMPT to continue delivering Brilliant Care through its Brilliant People.

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Appendix 1: full set of question scores since the 2018 National Staff Survey

#	Description	2022	2021	2020	2019	2018
q23a	Care of patients/service users is organisation's top priority	73%	75%	78%	77%	70%
q23b	Organisation acts on concerns raised by patients/service users	73%	76%	78%	78%	74%
q23c	Would recommend organisation as place to work	58%	60%	64%	61%	57%
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation	57%	59%	64%	62%	57%
q6a	Feel my role makes a difference to patients/service users	85%	86%	87%	88%	87%
q9f	Immediate manager works with me to understand problems	78%	78%	*	*	*
q9g	Immediate manager listens to challenges I face	80%	81%	*	*	*
q9h	Immediate manager cares about my concerns	79%	79%	*	*	*
q9i	Immediate manager helps me with problems I face	76%	75%	*	*	*
q15	Organisation acts fairly: career progression	60%	60%	60%	59%	57%
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	88%	89%	88%	88%	90%
q16b	Not experienced discrimination from manager/team leader or other colleagues	93%	92%	92%	93%	92%
q20	Feel organisation respects individual differences	72%	71%	*	*	*
q7h	Feel valued by my team	75%	74%	*	*	*
q7i	Feel a strong personal attachment to my team	67%	67%	*	*	*
q8b	Colleagues are understanding and kind to one another	77%	78%	*	*	*
q8c	Colleagues are polite and treat each other with respect	79%	79%	*	*	*
q4a	Satisfied with recognition for good work	62%	62%	65%	66%	64%

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q4b	Satisfied with extent organisation values my work	48%	49%	53%	52%	50%
q4c	Satisfied with level of pay	27%	31%	34%	33%	34%
q8d	Colleagues show appreciation to one another	75%	75%	*	*	*
q9e	Immediate manager values my work	81%	81%	82%	82%	80%
q3a	Always know what work responsibilities are	87%	86%	86%	86%	85%
q3b	Feel trusted to do my job	92%	91%	91%	91%	91%
q3c	Opportunities to show initiative frequently in my role	79%	76%	75%	74%	75%
q3d	Able to make suggestions to improve the work of my team/dept	77%	78%	79%	78%	80%
q3e	Involved in deciding changes that affect work	52%	53%	55%	53%	54%
q3f	Able to make improvements happen in my area of work	61%	61%	64%	62%	62%
q19a	Would feel secure raising concerns about unsafe clinical practice	75%	78%	76%	75%	71%
q19b	Would feel confident that organisation would address concerns about unsafe clinical practice	59%	63%	66%	63%	58%
q23e	Feel safe to speak up about anything that concerns me in this organisation	64%	66%	67%	*	*
q23f	Feel organisation would address any concerns I raised	52%	55%	*	*	*
q11a	Organisation takes positive action on health and well-being	62%	62%	*	*	*
q13d	Last experience of physical violence reported	92%	94%	94%	96%	92%
q3g	Able to meet conflicting demands on my time at work	48%	49%	51%	50%	46%
q3h	Have adequate materials, supplies and equipment to do my work	67%	66%	68%	61%	59%
q3i	Enough staff at organisation to do my job properly	28%	32%	42%	35%	34%
q5a	Have realistic time pressures	28%	29%	28%	28%	27%
q12a	Never/rarely find work emotionally exhausting	22%	20%	*	*	*

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q12b	Never/rarely feel burnt out because of work	33%	34%	*	*	*
q12c	Never/rarely frustrated by work	23%	24%	*	*	*
q12d	Never/rarely exhausted by the thought of another day/shift at work	42%	42%	*	*	*
q12e	Never/rarely worn out at the end of work	20%	21%	*	*	*
q12f	Never/rarely feel every working hour is tiring	56%	57%	*	*	*
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	78%	76%	77%	80%	79%
q11c	In last 12 months, have not felt unwell due to work related stress	59%	58%	59%	62%	61%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	47%	50%	54%	46%	42%
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82%	82%	80%	79%	79%
q13b	Not experienced physical violence from managers	99%	99%	99%	99%	99%
q13c	Not experienced physical violence from other colleagues	98%	99%	99%	98%	98%
q22a	Organisation offers me challenging work	73%	72%	*	*	*
q22b	There are opportunities for me to develop my career in this organisation	57%	56%	*	*	*
q22c	Have opportunities to improve my knowledge and skills	75%	75%	*	*	*
q22d	Feel supported to develop my potential	64%	63%	*	*	*
q22e	Able to access the right learning and development opportunities when I need to	67%	65%	*	*	*
q21b	Appraisal helped me improve how I do my job	26%	26%	*	28%	29%
q21c	Appraisal helped me agree clear objectives for my work	39%	39%	*	42%	40%
q21d	Appraisal left me feeling organisation values my work	37%	36%	*	36%	35%
q6b	Organisation is committed to helping balance work and home life	55%	55%	*	*	*
q6c	Achieve a good balance between work and home life	59%	58%	*	*	*

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q6d	Can approach immediate manager to talk openly about flexible working	80%	79%	*	*	*
q4d	Satisfied with opportunities for flexible working patterns	65%	66%	68%	64%	63%
q7a	Team members have a set of shared objectives	77%	78%	76%	76%	75%
q7b	Team members often meet to discuss the team's effectiveness	71%	73%	72%	74%	74%
q7c	Receive the respect I deserve from my colleagues at work	76%	77%	76%	76%	77%
q7d	Team members understand each other's roles	72%	72%	*	*	*
q7e	Enjoy working with colleagues in team	85%	85%	*	*	*
q7f	Team has enough freedom in how to do its work	60%	59%	*	*	*
q9a	Immediate manager encourages me at work	82%	82%	81%	82%	79%
q9b	Immediate manager gives clear feedback on my work	78%	78%	77%	78%	74%
q9c	Immediate manager asks for my opinion before making decisions that affect my work	69%	68%	66%	67%	65%
q9d	Immediate manager takes a positive interest in my health & well-being	81%	80%	82%	81%	79%
q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	70%	70%	73%	72%	74%
q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	39%	39%	41%	41%	41%
q11e	Not felt pressure from manager to come to work when not feeling well enough	84%	81%	78%	84%	81%
q12g	Never/rarely lack energy for family and friends	38%	38%	*	*	*
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	70%	71%	68%	65%	67%
q14b	Not experienced harassment, bullying or abuse from managers	92%	92%	90%	89%	88%
q14c	Not experienced harassment, bullying or abuse from other colleagues	87%	86%	84%	84%	84%
q14d	Last experience of harassment/bullying/abuse reported	67%	66%	63%	63%	59%

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q17	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	70%	*	*	*	*
q18a	Staff involved in an error/near miss/incident treated fairly	55%	*	*	*	*
q18b	Encouraged to report errors/near misses/incidents	88%	*	*	*	*
q18c	Organisation ensure errors/near misses/incidents do not repeat	70%	*	*	*	*
q18d	Feedback given on changes made following errors/near misses/incidents	67%	*	*	*	*
q21a	Received appraisal in the past 12 months	91%	91%	*	94%	94%
q24a	I don't often think about leaving this organisation	41%	43%	47%	46%	43%
q24b	I am unlikely to look for a job at a new organisation in the next 12 months	48%	50%	53%	53%	50%
q24c	I am not planning on leaving this organisation	56%	58%	60%	60%	57%
q2a	Often/always look forward to going to work	55%	58%	62%	62%	59%
q2b	Often/always enthusiastic about my job	68%	70%	74%	75%	73%
q2c	Time often/always passes quickly when I am working	72%	74%	76%	76%	76%
q30b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	78%	79%	85%	*	*
q5b	Have a choice in deciding how to do my work	60%	59%	60%	61%	59%
q5c	Relationships at work are unstrained	54%	52%	54%	55%	51%
q7g	Team deals with disagreements constructively	62%	63%	*	*	*
q8a	Teams within the organisation work well together to achieve objectives	51%	53%	*	*	*

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Appendix 2: full set of question scores compared to the national average

Q	Description	Picker Avg 2022	KMPT 2022
q23a	Care of patients/service users is organisation's top priority	77.11%	73.32%
q23b	Organisation acts on concerns raised by patients/service users	73.57%	72.92%
q23c	Would recommend organisation as place to work	61.05%	57.64%
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation	60.83%	56.79%
q6a	Feel my role makes a difference to patients/service users	86.75%	85.13%
q9f	Immediate manager works with me to understand problems	75.88%	77.90%
q9g	Immediate manager listens to challenges I face	77.97%	80.31%
q9h	Immediate manager cares about my concerns	77.05%	79.44%
q9i	Immediate manager helps me with problems I face	72.73%	76.34%
q15	Organisation acts fairly: career progression	57.52%	59.88%
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.37%	88.30%
q16b	Not experienced discrimination from manager/team leader or other colleagues	91.58%	93.12%
q20	Feel organisation respects individual differences	73.16%	72.05%
q7h	Feel valued by my team	74.75%	74.51%
q7i	Feel a strong personal attachment to my team	66.54%	66.53%
q8b	Colleagues are understanding and kind to one another	77.87%	77.06%
q8c	Colleagues are polite and treat each other with respect	79.12%	78.69%
q4a	Satisfied with recognition for good work	61.11%	61.68%
q4b	Satisfied with extent organisation values my work	50.08%	48.49%

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q4c	Satisfied with level of pay	29.38%	26.60%
q8d	Colleagues show appreciation to one another	75.19%	75.05%
q9e	Immediate manager values my work	79.16%	81.27%
q3a	Always know what work responsibilities are	83.49%	86.90%
q3b	Feel trusted to do my job	90.54%	91.58%
q3c	Opportunities to show initiative frequently in my role	77.06%	78.55%
q3d	Able to make suggestions to improve the work of my team/dept	76.77%	76.75%
q3e	Involved in deciding changes that affect work	54.86%	51.96%
q3f	Able to make improvements happen in my area of work	60.10%	61.37%
q19a	Would feel secure raising concerns about unsafe clinical practice	75.66%	75.39%
q19b	Would feel confident that organisation would address concerns about unsafe clinical practice	60.46%	59.04%
q23e	Feel safe to speak up about anything that concerns me in this organisation	65.97%	63.71%
q23f	Feel organisation would address any concerns I raised	53.50%	51.76%
q11a	Organisation takes positive action on health and well-being	61.76%	61.57%
q13d	Last experience of physical violence reported	89.94%	92.29%
q3g	Able to meet conflicting demands on my time at work	44.53%	48.06%
q3h	Have adequate materials, supplies and equipment to do my work	61.26%	67.36%
q3i	Enough staff at organisation to do my job properly	29.32%	28.16%
q5a	Have realistic time pressures	26.10%	28.36%
q12a	Never/rarely find work emotionally exhausting	18.96%	22.03%
q12b	Never/rarely feel burnt out because of work	31.84%	32.76%

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q12c	Never/rarely frustrated by work	21.47%	23.20%
q12d	Never/rarely exhausted by the thought of another day/shift at work	40.15%	41.65%
q12e	Never/rarely worn out at the end of work	19.71%	19.72%
q12f	Never/rarely feel every working hour is tiring	56.18%	55.88%
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	75.42%	78.30%
q11c	In last 12 months, have not felt unwell due to work related stress	56.85%	58.59%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	45.69%	47.48%
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	85.23%	82.11%
q13b	Not experienced physical violence from managers	99.37%	99.08%
q13c	Not experienced physical violence from other colleagues	98.50%	98.06%
q22a	Organisation offers me challenging work	76.49%	72.85%
q22b	There are opportunities for me to develop my career in this organisation	56.58%	56.99%
q22c	Have opportunities to improve my knowledge and skills	73.70%	74.67%
q22d	Feel supported to develop my potential	61.22%	63.70%
q22e	Able to access the right learning and development opportunities when I need to	61.36%	66.71%
q21b	Appraisal helped me improve how I do my job	22.46%	25.87%
q21c	Appraisal helped me agree clear objectives for my work	33.64%	38.85%
q21d	Appraisal left me feeling organisation values my work	34.42%	37.01%
q6b	Organisation is committed to helping balance work and home life	54.59%	54.57%
q6c	Achieve a good balance between work and home life	57.34%	59.03%
q6d	Can approach immediate manager to talk openly about flexible working	77.47%	80.08%

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q4d	Satisfied with opportunities for flexible working patterns	65.57%	65.16%
q7a	Team members have a set of shared objectives	75.37%	77.26%
q7b	Team members often meet to discuss the team's effectiveness	69.07%	70.98%
q7c	Receive the respect I deserve from my colleagues at work	76.12%	76.36%
q7d	Team members understand each other's roles	69.74%	71.91%
q7e	Enjoy working with colleagues in team	84.32%	85.29%
q7f	Team has enough freedom in how to do its work	60.54%	59.84%
q9a	Immediate manager encourages me at work	78.36%	81.70%
q9b	Immediate manager gives clear feedback on my work	71.77%	77.67%
q9c	Immediate manager asks for my opinion before making decisions that affect my work	66.92%	69.21%
q9d	Immediate manager takes a positive interest in my health & well-being	77.87%	80.54%
q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	73.54%	70.45%
q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	37.28%	39.22%
q11e	Not felt pressure from manager to come to work when not feeling well enough	84.36%	84.06%
q12g	Never/rarely lack energy for family and friends	37.42%	37.51%
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	74.02%	70.50%
q14b	Not experienced harassment, bullying or abuse from managers	90.93%	92.37%
q14c	Not experienced harassment, bullying or abuse from other colleagues	85.63%	86.68%
q14d	Last experience of harassment/bullying/abuse reported	60.15%	66.98%
q17	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	72.29%	70.24%
q18a	Staff involved in an error/near miss/incident treated fairly	57.97%	54.76%

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q18b	Encouraged to report errors/near misses/incidents	87.74%	88.13%
q18c	Organisation ensure errors/near misses/incidents do not repeat	68.89%	70.36%
q18d	Feedback given on changes made following errors/near misses/incidents	62.08%	67.40%
q21a	Received appraisal in the past 12 months	83.52%	91.44%
q24a	I don't often think about leaving this organisation	44.68%	41.02%
q24b	I am unlikely to look for a job at a new organisation in the next 12 months	50.08%	47.99%
q24c	I am not planning on leaving this organisation	59.35%	55.95%
q2a	Often/always look forward to going to work	55.94%	55.33%
q2b	Often/always enthusiastic about my job	69.63%	68.47%
q2c	Time often/always passes quickly when I am working	75.18%	72.14%
q30b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	78.32%	77.93%
q5b	Have a choice in deciding how to do my work	62.52%	60.47%
q5c	Relationships at work are unstrained	54.39%	53.60%
q7g	Team deals with disagreements constructively	61.02%	61.75%
q8a	Teams within the organisation work well together to achieve objectives	51.18%	50.90%

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![NHS Kent and Medway NHS and Social Care Partnership Trust]

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**30th March 2023**
Title	**Quality Committee Report**
Author	**Stephen Waring, Non-Executive Director (Committee Chair)**
Presenter	**Stephen Waring, Non-Executive Director (Committee Chair)**
Executive Director Sponsor	**N/A**
Purpose	**For Noting**

Matters to be brought to the Board's attention

- The committee noted that the risk #7176 Loss of Lloyds Pharmacy Premises and Resulting Medication Supply Issues on the Quality Risk Register is in the process of being resolved with a joint contract with Kent Community Health NHS Foundation Trust and an approved premise from Maidstone and Tunbridge Wells NHS Trust for Lloyds Pharmacy to work from.

  This risk has been noted on the Board Assurance Framework for March 2023 as an extreme risk.

- The committee commended the medication videos created by the Pharmacy Team to share helpful information with our patients. These guides (covering common medications such as benzodiazepines, antipsychotics and SSRIs) can be used alongside the written information provided on the Choice and Medication website.
- The committee noted that the eMeds electronic prescribing and administration solution has now gone live across the majority of inpatient units. The benefits from this system are reduction of time to order medication from Lloyds, remote prescribing, significant reduction in blank boxes and reduction of illegible prescriptions to zero.

- The Forensic and Specialist Services Care Group presented to the committee about the Quality Improvement project underway to develop physical health oversight for learning and sharing.

  The following positives were identified:

  1. Implementation of a Physical Health Care Oversight Group
  2. Access to GP within secure inpatient settings
  3. 12-week therapeutic programme that is regularly audited
  4. Celebrating a physical health week in June 2023
  5. Access to pharmacist on the Dartford and Maidstone site
  6. Access to dental, optician and podiatry services

- The committee noted that the RIO upgrade has been implemented however there are still implications on producing data on outcomes for projects underway.

- The following Quality Account Priorities were agreed by the committee with a Quality Improvement theme running throughout as a 'golden thread':

  1. Physical Health
  2. Suicide Prevention
  3. Reducing Violence and Aggression

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- The committee noted that throughout the Junior Doctor Industrial Action, only 24 patient appointments were cancelled. No KMPT emergency services were impacted.

- The committee were informed that the transition in incident reporting from DATIX to Inphase has begun. There have been some notification problems however these are in the process of being rectified.

Items referred to other Committees (incl. reasons why)

No items to be referred.

The Quality Committee was held on 21st March 2023. The following items were discussed and scrutinised as part of the meeting:

1. Quality Impact Assessments
2. Quality Risk Register Report & Review
3. Quality Digest
4. Strategic Delivery Plan Priorities
5. Quality Account Priority Discussion
6. Annual Ligature Audit Report
7. Accreditation of Services Report
8. Care Group Presentation – Improving Physical Health – Monitoring and Outcomes for Patients
9. Complaints Report/Thematic Review
10. Annual Medicines Management

The Board is asked to:

1) Note the content of this report.

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NHS
Kent and Medway
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Title of Meeting	Workforce and Organisational Development Committee (WFODC)
Meeting Date	30th March 2023
Title	Workforce & OD Committee (WFODC) Report
Author	Venu Branch, Chair of WFODC
Presenter	Venu Branch, Chair of WFODC
Executive Director Sponsor	Sandra Goatley, Chief People Officer
Purpose	Noting

Matters to be brought to the Board's attention

Equality, Diversity and Inclusion and Trauma Informed Support Deep Dive
- The paper was brought to the Committee for approval to support and continue work in this area. The aim is to reduce the impact and hope to prevent so many violence and racial incidents. The Head of Security is now trained as a Trauma Risk Management (TRiM) practitioner. The plan is to pilot and then roll this out and train more staff. This is in addition to the existing therapeutic model that is in place which consists of reflective practice and restorative circles. However, the trauma informed approach will be in addition to what we already have in place and looks at the context of individuals and how we prevent re-traumatisation following incidents. This will be subtle cultural shift.

Core 24 Challenges and Funding
- As part of the Community Recovery Care Group presentation the Committee heard that there is a historical issue with liaison psychiatry being commissioned differently in each of our locations. Some are below their Core 24 staffing requirement and some are over. The Trust is working to reduce variation and the Committee will oversee progress.

Moving to PLACE way of working, what are next thoughts
- The Chief Operating Officer shared an update with the Committee on where the Trust is with the fit for the future restructure. The Committee recognised that a lot of work has been undertaken to get to where we are now and continues to be in motion. The Chief Operating Officer assured the Committee that the new leadership team are in place and are moving around the county to engage and reassure staff of the new structure. Staff are still able to give feedback via the intranet. Organisational Development colleagues have been really supportive and have prepared a full induction for all new directorate leaders to ensure that they feel supported through this transition. Workshops are ongoing with all those in their new leadership roles. It will take at least 18-24 months to deliver outcomes fully. This is a major change for the Trust and the Board need to think about what the next steps and ambitions are once the structural changes are complete.

Items referred to other Committees (incl. reasons why)

- None

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The Workforce and OD Committee was held on 21st March 2023. The following other items were discussed and scrutinised as part of the meeting:

1. Workforce and Organisational Development Main Report
2. Strategic Delivery Plan Priorities
3. Retention Deep Dive
4. Freedom to Speak up Action plan
5. Non-Compliant Essential Training
6. Gender Pay Gap Report
7. HR Policies and Procedures
8. HR Risk Register
9. Identified New risk

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Note to: KMPT Board – March 2023
From: Peter Conway
Date: 2.3.2023
Subject: Audit & Risk Committee (ARC) meeting on 2 March 2023

Area	Assurance	Items for Board's Consideration and/or Next Steps
Risk Management and BAF	*Limited Assurance*	1)BAF - several risks need restating and recalibrating plus many actions past their completion dates. Timeliness, speed and accuracy also challenged 2)Trust Risk Register - same issues as above 3)Risk Deep Dive on MHOST - reasonable assurance on temporary staffing and roster check/challenge components. Shift pattern staff consultation commenced so no assurance available as yet. Therapeutic observations making progress following QI initiatives and encouraging results but much still to do. Opportunities identified for MDT inclusion on ward single rosters and better systems/MI
Financial Reporting	*Reasonable Assurance*	Detailed timetable agreed for March 2023 year end. Board sign off mid-June. Accounting policies reviewed and agreed (no significant changes apart from IFRS 16 which essentially puts most leases onto the balance sheet). ''Informing the Audit Risk Assessment'' (with a few changes) endorsed. These are the standard representations and assurances given to Grant Thornton regarding their audit
Financial Controls	*Substantial Assurance*	Ongoing positive assurance received regarding Losses and Special Payments, Single Tender Waivers and Retrospective Requisitions. Deep dive of Purchase Order (PO) usage shows KMPT is above target and peer performance for POs by volume but not value …the latter inhibited by systemic systems issues.
(1) Internal Controls - Auditors	*Reasonable Assurance*	1)TIAA - reasonable assurance report received for Estates and Facilities Reactive Maintenance albeit further process improvements still needed (e.g. site sign offs of completed work). IA requested to consider a re-audit next year widened to include supporting management information, contract management and risk escalations 2) Audit Plan: detailed plan agreed 3)Anti-Crime: no items to report Re-tenders for Internal Audit and Anti-Crime outsourcing underway and due to complete by May. Holding positions agreed so year-end reporting not impacted
(2) Internal Controls - Trust	*Reasonable Assurance*	1)Health & Safety - Annual Trust Wide Health, Safety and Risk Group Report positive assurance/compliance status noted 2)Annual Fire Report - a number of questions to be addressed before the committee can endorse the report and accompanying Annual Fire Statement 3)Cyber and Cloud - commercially sensitive, information to be advised in part 2 meeting

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Governance	Reasonable Assurance	ARC's Terms of Reference reviewed with no changes
Other		Sheila Stenson and Andy Cruickshank were not able to attend. Stephen Waring attended for his first time. Asif Bachlani in attendance

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30th March 2023

Title of Paper: Register of Board Members Interests – March 2023

Author: Tony Saroy, Trust Secretary

Executive Director: Helen Greatorex, Chief Executive

Purpose of Paper

Purpose: Noting

Submission to Board: Regulatory Requirement

Overview of Paper

Further to the previous Board meeting, this paper sets out the updated Trust's Register of Board members' interests, which will be published on the Trust website.

Issues to bring to the Board's attention

The NHS Code of Accountability and NHS England's guidance on managing conflicts of interest in the NHS requires Board Directors to declare any interests which are relevant and material to the Board. This includes any interest that could conflict with the impartial discharge of their duties and which could cause conflict between their private interests and their NHS duties.

It is the Trust's practice to formally update the Register of Interests twice a year but interests should be declared as they arise and opportunity is given at the start of each meeting to declare new interests or any specific to decisions or discussions during that meeting. The Register for the Board is attached.

All Board members have made declarations to the Trust Secretary who has the responsibility of maintaining the Register of Interests including where the member had no interests to declare.

This information will be made publicly available on the Trust website following the meeting.

Governance

Implications/Impact: Compliance with regulatory requirements

Assurance: Reasonable

Oversight: Audit and Risk Committee/Remuneration and Terms of Service Committee

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NHS
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Register of Board Members Interests – March 2023

The NHS Code of Accountability and NHS England's guidance on managing conflicts of interest in the NHS requires Board Directors to declare any interests which are relevant and material to the Board. This includes any interest that could conflict with the impartial discharge of their duties and which could cause conflict between their private interests and their NHS duties.

Interests fall into the following categories:
- Financial Interests Where an individual may get direct financial benefit (or avoidance of a loss) from the consequences of a decision they are involved in making.
- Non-Financial Professional Interests Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- Non-Financial Personal Interests Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- Indirect Interests Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

The Register of Interests is held by the Trust Secretary, in the Chief Executive's Office and Board Directors are asked twice a year to declare their interests

REGISTER OF BOARD MEMBERS INTERESTS
March 2023

Director	Position	Interest declared
Dr Jackie Craissati	**Trust Chair**	Jackie is Director of Psychological Approaches CIC, which is on the NHS England framework for Independent Serous Incident Investigations. However, the company does not undertake investigations relating to KMPT. Jackie is chair of Crohn's & Colitis UK. The charity works closely with the NHS but is not commissioned to deliver services. Jackie is Independent Governor on the Board of the University of East London. She is also the independent non-executive member of the Audit & Risk Committee for the Office of the Public Guardian. There is the unlikely possibility that a particular serious safeguarding incident in relation to Lasting Power of Attorney has links to Kent & Medway.
Venu Branch	**Deputy Trust Chair**	None declared
Catherine Walker	**Non-Executive Director** (Senior Independent Director)	Lay Chair of the Advisory Appointments Committee at Kings College Hospital NHS Foundation Trust, London Catherine works for Walkers Solicitors of which her husband, Ivan Walker, is the Principal. Walkers is an Employment law practice specialising in Pensions.

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		Walkers acts for the majority of UK Trade Unions including a number of Trade Unions active in the Health sector. (Walkers Solicitors do not act for the NHS but clients do negotiate with the NHS – declared to ensure full transparency). Catherine is Chair of an advisory and scrutiny Panel of the National Employment Savings Trust (' NEST') Corporation. NEST is the pension auto enrolment vehicle used by KMPT for workers who are not members of the NHS pension scheme. Catherine is holds judicial appointments with the Social Entitlement Chamber and the Health Service Products (Pricing Cost Control and Information) Appeals Tribunal.
Kim Lowe	**Non-Executive Director**	Kim is also a Non-Executive Director at Kent Community Health Foundation Trust. Lay member – University of Kent Chair of the Board of Trustees University of Kent Academies Trust start Nov 2020
Mickola Wilson	**Non-Executive Director**	None declared.
Sean Bone-Knell	**Non-Executive Director**	None declared.
Peter Conway	**Non-Executive Director**	Non-Executive Director – Kent Community Health NHS Foundation Trust
Stephen Waring	**Non-Executive Director**	Board Trustee and Vice-Chair of Trustee Board (unremunerated) of The Disabilities Trust (a charity offering specialist community-based and residential support for adults with acquired brain injury and complex physical disabilities). Employed (on an interim basis) at Greater London Authority, Health and Wellbeing Team.
Dr Asif Bachlani	**Associate Non-Executive Director**	Director of Company – AMB Psychiatry Limited that provides ADHD/ASD assessments for patients at Priory Woking hospital. Consultant Psychiatrist for Priory Woking Hospital providing care for private mental health patients
Dr MaryAnn Ferreux	**Associate Non-Executive Director**	Trustee - Royal College of Physicians Edinburgh Doctoral Researcher – London School of Hygiene and Tropical Medicine Medical Director at Kent, Surrey & Sussex Academic Health Science Network

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Helen Greatorex	Chief Executive Officer	Partner Member of the Kent and Medway Integrated Care Board from July 2022
Sheila Stenson	Chief Finance and Resources Officer & Deputy CEO	Sheila is the Chair HFMA Kent, Surrey and Sussex
Donna Hayward-Sussex	Chief Operating Officer	None declared
Dr Afifa Qazi	Chief Medical Officer	None declared
Andrew Cruickshank	Chief Nurse	None declared
Sandra Goatley	Chief People Officer	None declared
Dr Adrian Richardson	Director of Partnerships and Transformation	None declared

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Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 30th March 2023

Title of Paper: Trust Sealing Report

Author: Tony Saroy, Trust Secretary

Executive Director: Helen Greatorex, Chief Executive

Purpose of Paper

Purpose: Noting

Submission to Board: Standing Order

Overview of Paper

The report is to give assurance to the Board that all documents endorsed with the Trust Seal have been done in accordance with the Trust Standing Orders, Standing Financial Instructions and Reservation of Powers to the Board – Scheme of Delegation.

Issues to bring to the Board's attention

One document has been signed and sealed as a deed during from Q1 to Q3 2022/23 This process has been undertaken by Legal Services as per the Trust Standing Orders.

Governance

Implications/Impact: Standing Order compliance

Assurance: Significant

Oversight: Trust Board

Version Control: 01

Number	Date of Sealing	Description	Signatures	Comments
150	27.10.2022	Lease of land for the Substation to South Eastern Power Network at Oakwood Park	Helen Greatorex Dr Jackie Craissati	Lease authorised by Chief Finance and Resources Officer and Director of Capital Planning and Estates

Version Control: 01