

# AGENDA

<b>Title of Meeting</b>	Trust Board Meeting (Public)
<b>Date</b>	25 <sup>th</sup> March 2021
<b>Time</b>	09:30 to 12:00 (including a break)
<b>Venue</b>	Boardrooms A & B, Farm Villa and video-conferencing

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/20-21/178	1.	Welcome, Introductions & Apologies		Verbal	Chair	09:30
TB/20-21/179	2.	Declaration of Interest		Verbal	Chair	
<b>PERSONAL STORY</b>						
TB/20-21/180	3.	Early Intervention and Peer Support – Making a Difference	FI	Verbal		09:40
<b>STANDING ITEMS</b>						
TB/20-21/181	4.	Minutes of the previous meeting – 25/02/2021	FA	Paper	Chair	09:50
TB/20-21/182	5.	Action Log & Matters Arising	FN	Paper	Chair	
TB/20-21/183	6.	Chair's Report	FN	Paper	JC	10:00
TB/20-21/184	7.	Chief Executive's Report	FN	Paper	HG	
<b>STRATEGY</b>						
TB/20-21/185	8.	Strategy Delivery Plan	FA	Paper	VB2	10:10
<b>OPERATIONAL ASSURANCE</b>						
TB/20-21/186	9.	Integrated Quality and Performance Report – Month 11	FD	Paper	HG	10:20
TB/20-21/187	10.	Finance Report: Month 11	FD	Paper	SS	10.45
TB/20-21/188	11.	Recovery and Transform Update	FD	Paper	VB2	10.55
TB/20-21/189	12.	Workforce Quarterly Report	FD	Paper	SG	11.15
TB/20-21/190	13.	Workforce and Organisational Development Committee Chair Report	FN	Paper	VB	11.30
TB/20-21/191	14.	Quality Committee Chair Report	FN	Paper	AMD	
TB/20-21/192	15.	Audit and Risk Committee Chair Report	FN	Paper	PC	
TB/20-21/193	16.	Finance and Performance Committee Chair Report	FN	Paper	MW	
<b>CONSENT ITEMS</b>						
TB/20-21/194	17.	Register of Interests	FN	Paper	TS	11.50
TB/20-21/195	18.	Any Other Business			Chair	11.55
TB/20-21/196	19.	Questions from Public			Chair	
		<b>Date of Next Meeting: 27<sup>th</sup> May 2021</b>				

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

<b>Members:</b>		
Dr Jackie Craissati	JC	Trust Chair
Venu Branch	VB	Deputy Trust Chair
Fiona Carragher	FC	Non-Executive Director
Kim Lowe	KL	Non-Executive Director
Peter Conway	PC	Non-Executive Director
Anne-Marie Dean	AMD	Non-Executive Director
Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
Sean Bone-Knell	SB-K	Associate Non-Executive Director
Mickola Wilson	MW	Associate Non-Executive Director
Helen Greatorex	HG	Chief Executive
Vincent Badu	VB2	Executive Director of Partnership and Strategy/(Deputy CEO)
Dr Afifa Qazi	AQ	Executive Medical Director
Jacque Mowbray-Gould	JMG	Chief Operating Officer (COO)
Mary Mumvuri	MM	Executive Director of Nursing & Quality
Sheila Stenson	SS	Executive Director of Finance & Performance
Sandra Goatley	SG	Director of Workforce & Communication
<b>In attendance:</b>		
Tony Saroy	TS	Trust Secretary (Minutes)
Kelly August	KA	Assistant Director of Communications
Taps Mutakati	TM	Deputy COO
<b>Apologies:</b>		

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

**Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)**  
**Minutes of the meeting held at 0930 to 1125hrs on Thursday 25<sup>th</sup> February 2021**  
**Via Videoconferencing**

<b>Members:</b>		
Dr Jackie Craissati	JC	Trust Chair
Venu Branch	VB	Deputy Trust Chair
Anne-Marie Dean	A-MD	Non-Executive Director
Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
Sean Bone-Knell	SB-K	Associate Non-Executive Director
Fiona Carragher	FC	Non-Executive Director
Peter Conway	PC	Non-Executive Director
Kim Lowe	KL	Non-Executive Director
Mickola Wilson	MW	Associate Non-Executive Director
Helen Greatorex	HG	Chief Executive (CE)
Vincent Badu	VB2	Executive Director Partnerships & Strategy/Deputy CE
Mary Mumvuri	MM	Executive Director of Nursing and Quality
Dr Afifa Qazi	AQ	Executive Medical Director
Jacque Mowbray-Gould	JMG	Chief Operating Officer (COO)
Sandra Goatley	SG	Director of Workforce and Communications
Sheila Stenson	SS	Executive Director of Finance and Performance
<b>Attendees:</b>		
Tony Saroy	TS	Trust Secretary (Minutes)
Jennie Cogger	JC2	Deputy Director of Workforce
<b>Observers:</b>		
		* Members of staff joined the meeting through video-conference
<b>Apologies</b>		

Item	Subject	Action
TB/20-21/161	<p><b>Welcome, Introduction and Apologies</b></p> <p>The Chair welcomed all to the meeting, which was livestreamed.</p> <p>Several members of staff joined the Board meeting through video-conferencing.</p>	
TB/20-21/162	<p><b>Declarations of Interest</b></p> <p>There were no other declarations of interest.</p>	
TB/20-21/163	<p><b>Personal Story – Supporting Staff; a New PACT with Kent Police</b></p> <p>Joanne Hand, Trust Security Manager with KMPT, was welcomed to the Board meeting to highlight the support given to staff through the new PACT with Kent Police, known as Operation Cavell. Operation Cavell is part of the Trust's work</p>	

Item	Subject	Action
	<p>on reducing violence and aggression for staff and patients. The creation of the PACT is intended to strengthen the working relationship with Kent Police because the PACT drives a consistent and responsive approach to dealing with violent incidents on our premises: staff and patients understand the level of support they will receive from the Police, as well as setting out how they need to help support the Police in dealing with violent and aggressive incidents proportionately.</p> <p>The Board was informed that there is now an awareness campaign underway so that staff and patients have a better understanding how certain issues will be dealt with. The Trust will be monitoring the success of the work through datix reports and staff surveys. The Trust Security Manager and the Police will also be meeting with Trust teams on a quarterly basis.</p> <p>The Board was pleased to note that the Trust is the first local NHS Trust to create such a PACT and that it is supporting Kent Police's rollout of similar work to other NHS Trust's across the Kent and Medway System.</p> <p>The Board thanked Joanne Hand for attending the Board meeting.</p>	
TB/20-21/164	<p><b>Minutes of Previous Meeting</b></p> <p>The Board <b>approved</b> the previous minutes.</p>	
TB/20-21/165	<p><b>Action Log &amp; Matters Arising</b></p> <p>The Board <b>agreed</b> the Action Log.</p>	
TB/20-21/166	<p><b>Chair's Report</b></p> <p>The Board received and <b>noted</b> the Chair's report.</p> <p>The Chair highlighted that in February, the Board of Directors agreed to formally appoint Venu Branch as Deputy Trust Chair, and Catherine Walker as Senior Independent Director substantively.</p> <p>The Executive Management Team will be producing a guide for staff that will reflect the Government's roadmap to ease Covid-19 restrictions. As part of that guide there will be details as to when in-person NED visits would resume.</p>	
TB/20-21/167	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive's Report was received by the Board, which was taken as read.</p> <p>The Chief Executive highlighted:</p> <ul style="list-style-type: none"> <li>• The Executive Management Team is focussed on supporting staff and patients through this phase of Covid-19, with a number of wellbeing initiatives in place. Operation Cavell, which launched on 15<sup>th</sup> February, is part of that support.</li> <li>• KMPT's workforce is key for achieving the Trust's quality and finance priorities. Recruiting the right staff on a substantive basis will have an</li> </ul>	

Item	Subject	Action
	<p>impact on the Trust's agency spend which is currently £3million more than anticipated.</p> <ul style="list-style-type: none"> <li>• Kent Community Health NHS Foundation Trust and KMPT have jointly appointed a Director of Estates, who will start the role on 22<sup>nd</sup> March 2021.</li> <li>• MM has been appointed as a National Professional Adviser to the Care Quality Commission – a role which would be one-day-a-week secondment for a year. The Board congratulated MM for obtaining the role.</li> </ul> <p>The Board reflected on the Chief Executive's report, with the discussion focussed on the use of agency staff – something that is replicated across the health care system, due to the impact of Covid-19. The Trust is looking to increase the KMPT Bank pay rate for Band 5 staff in order to increase the number of substantive KMPT staff joining KMPT Bank.</p> <p>The Board <b>noted</b> the Chief Executive's Report.</p>	
TB/20-21/168	<p><b>Strategy Delivery Plan Priorities 2021/22</b></p> <p>The Trust Board received the KMPT Strategy Delivery Plan Priorities 2021/22 for approval.</p> <p>The Board's discussions centred on workforce, with the Board considering the people element being pivotal for the Trust in achieving its quality and financial objectives. This included:</p> <ul style="list-style-type: none"> <li>• An establishment review will look at the structure of the various teams, review the appropriate skills mix, and introduce new ways of working.</li> <li>• The Trust is actively supporting the learning and development of people that will allow them to enter the relevant professions. This is being done by way of the Kent and Medway Medical School as well as joined up working with universities for registered nurses.</li> <li>• KMPT will work with North East London Foundation Trust with respect to rotational roles for staff as well as international recruitment.</li> <li>• The new Clinical Director roles, with successful candidates being able to come from any of the professions (psychology, nursing, occupational therapy), will have a significant impact on driving new ways of working across the care groups.</li> </ul> <p>It was confirmed that the Strategy Delivery Plan Priorities will be shared at the forthcoming KMPT Leaders' event, where feedback will be received. The intention is for VB2 to produce a more detailed plan for the Board following receipt of feedback from senior staff and the Non-Executive Directors.</p> <p>The Board will retain oversight of matters through a sub-board committee, with any matters being escalated by way of the committee chair report. The Board <b>approved</b> the Strategy Delivery Plan Priorities 2021/22.</p> <p><b>Action: VB2 to produce a detailed Strategy Delivery Plan (setting out the priority, target date and how success shall be measured) by March 2021.</b></p>	VB2

Item	Subject	Action
TB/20-21/169	<p data-bbox="323 331 1134 365"><b>Integrated Quality and Performance Report (IQPR) – Month 10</b></p> <p data-bbox="323 398 1257 555">The Board received the IQPR, which now includes an ‘IQPR Exceptions Reporting’ section. This sets out the areas of concern and focus as identified by the Trust’s Executive Management Team. SS and JMG took the Board through the areas so far as they relate to the effectiveness and performance domain, highlighting in particular:</p> <ul data-bbox="368 589 1283 1093" style="list-style-type: none"> <li>• The number of out of area placements has increased from 86 bed days in December 2020 to 171 in January 2021. This is made up of 132 Psychiatric Intensive Care Unit (PICU) bed days and 39 Younger Adult Acute bed days. The Trust’s Patient Flow team is monitoring the situation with the Trust planning to bring patients back into the care of KMPT as soon as clinically possible. With respect to the PICU bed use, these are for specialist care patients and it is clinically appropriate for those patients to be cared for in PICU at the moment.</li> <li>• Work is underway to relaunch care and crisis planning metrics in the IQPR from April 2021 to accurately reflect changes in clinical provision.</li> <li>• The Trust’s Referral to Assessment within 4 weeks rate stands at 70.3% compared with a target of 95%. The underperformance continues to be impacted by the Trust’s staff sickness rate. However, the Trust’s routine work has continued with work being prioritised as required. This has allowed the Trust to maintain its Active Review numbers where staffing levels permit.</li> </ul> <p data-bbox="323 1126 1278 1283">The Board noted that whilst there are a number of workstreams in place to resolve some of the issues, some of these would take between 18 months and two years. The Board considered that there is a need for the Executive Management Team to consider some interim solutions whilst the longer term solutions are embedded.</p> <p data-bbox="323 1317 384 1350"><u>Safe</u></p> <ul data-bbox="368 1350 1278 1821" style="list-style-type: none"> <li>• There is a national target of zero prone restraints. Within the Trust, prone restraints have increased from 3 in December 2020 to 10 in January 2021 and are reflective of the level of acuity and clinical presentations on acute wards. They all occurred in the Acute Care Group (ACG) across four different wards. One incident reported low harm, no other physical harm reported, and the Trust has reviewed all incidents.</li> <li>• The number of incidents of unplanned absences (AWOL) has gone up from 15 in December 2020 to 26 in January 2021. Lessons learned from these incidents are being taken to the Trust Wide Patient Safety Group. It appears that patients are frustrated at not being able to have contact with their friends and family due to the national lockdown; they have returned to the wards without incident. It is anticipated that as the lockdown requirements loosen, the number of unplanned absences will fall, although the situation is being monitored closely.</li> </ul> <p data-bbox="323 1854 451 1888"><u>Workforce</u></p> <ul data-bbox="368 1888 1273 1975" style="list-style-type: none"> <li>• The vacancy gap has increased to 14.1% in January 2021 from 13.4% in December 2020, but this is reflective of vacancies being advertised rather than staff leaving. Staff turnover has in fact remained stable</li> </ul>	

Item	Subject	Action
	<p>since November 2020 at 9.4%, which is lower than the local 10.5% target.</p> <ul style="list-style-type: none"> <li>• It is anticipated that the vacancy gap will remain approximately the same over the next six months, which will mean that the agency staffing costs will remain high. However, the agency staffing costs are being reviewed as there is a possibility that there is a larger cost element associated to Covid-19 – and therefore claimable from NHS England – that has not been identified.</li> <li>• The Trust is currently considering two business cases which should improve staff sickness rate:                             <ul style="list-style-type: none"> <li>○ One for a musculoskeletal provision for employees; and</li> <li>○ One for the implementation of Schwartz rounds (group reflective practice forum which provides an opportunity for staff from all disciplines to reflect on the emotional aspects of their work).</li> </ul> </li> </ul> <p><u>Finance</u></p> <ul style="list-style-type: none"> <li>• Dealt with in Finance Report section.</li> </ul> <p><u>Caring</u></p> <ul style="list-style-type: none"> <li>• There has been a low Patient Reported Experience Measure (PREM) for January. Plans are in place to provide various methods for feedback collection including easy read paper and online versions. These additional ways to gather feedback are being rolled out during February and March. It is anticipated that the Trust will start to see an increase in responses in the coming months.</li> </ul> <p>The Board <b>noted</b> the Integrated Quality and Performance Report – Month 10.</p>	
<p><b>TB/20-21/170</b></p>	<p><b>Finance Report: Month 10</b></p> <p>The Board received the Finance Report (Month 10), with the following matters highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Income and Expenditure:</b> In light of the financial architecture, KMPT is continuing to report a breakeven position. Patient Care Income is included as advised nationally, with an additional £4.6m year to date to reflect additional COVID-19 related costs, and £2.6m top up to deliver breakeven.</li> <li>• <b>Agency:</b> Agency spend continues to be high and this is reflective of increased staffing pressures experienced due to vacancies and the heightened COVID-19 pressure, with spend to date for this year totalling £7.4m. Of this, £0.6m is directly related to COVID-19.</li> <li>• <b>Cost Improvement Plan:</b> The programme for this year is £5.9m. At the end of December, the Trust is £0.8m behind plan with a forecast underachievement of £1.0m. Currently this is being mitigated in the forecast by non-recurrent benefits and vacancy slippage</li> <li>• <b>Capital Programme:</b> The capital programme spent £0.9m in December. The year to date performance is currently £6.3m behind plan, with a total spend of £5.7m. The profile increases considerably in later months with initial delays due to the pandemic.</li> <li>• <b>Cash:</b> The new cash regime has resulted in the monthly block income being paid one month in advance. The Trust has therefore been holding</li> </ul>	

Item	Subject	Action
	<p>average cash balances in excess of £30m since April. Confirmation has been received that the Trust will not receive any block income in March to unwind this arrangement. Agreement has been reached with the CCG regarding income for 20/21 and this is reflected in this latest version of the cash position. The forecast cash balance for March 2021 has reduced to £13.5m, this is largely due to the agreements reached with the CCG with regards to the payments to be made in February, reduced PDC receipts and increased payroll costs forecast for the remainder of the year. This has been partially offset by the reduction in the capital forecast of £0.6m and an assumed increase in capital creditors. The forecast remains £6.4m above the original plan.</p> <p>SS highlighted three areas of concern for the Board's attention:</p> <ul style="list-style-type: none"> <li>• Underlying deficit – The Trust's underlying deficit has increase by approximately £1m over the year;</li> <li>• Agency – The agency cap values need to be resolved, with some doctors currently being above the agency cap; and</li> <li>• Capital – There are many capital works that need to be completed by the end of the financial year. This only allows for five weeks for the works to be completed.</li> </ul> <p>The Board reflected on these areas of concern. The Board noted that any unspent capital monies is lost at the end of the financial year, which is why the Trust is helping the Kent and Medway System in achieving their capital spend. The Board requested that a Board seminar be scheduled where Trust Finances (in particular, the underlying deficit) are considered in more detail.</p> <p><b>Action: TS to schedule a Finance Seminar for Board. By March 2021, Board to be updated with the date of the Finance Seminar.</b></p> <p>The Board <b>noted</b> the Finance Report (Month 10).</p>	<b>TS</b>
TB/20-21/171	<p><b>Quality Committee (QC) Chair Report</b></p> <p>The Board received and <b>noted</b> the content of the QC Chair report.</p>	
TB/20-21/172	<p><b>Finance and Performance Committee (FPC) Chair Report</b></p> <p>The Board received and <b>noted</b> the content of the FPC Chair report.</p>	
TB/20-21/173	<p><b>Audit and Risk Committee Terms of Reference</b></p> <p>The Board <b>received</b> and <b>approved</b> the Audit and Risk Committee's Terms of Reference.</p>	
TB/20-21/174	<p><b>Any Other Business</b></p> <p>Any Other Business included:</p> <ul style="list-style-type: none"> <li>• An updated picture of medical recruitment at a national level and the efforts that are being undertaken to increase recruitment into psychiatry.</li> </ul>	



Item	Subject	Action
TB/20-21/175	<p><b>Questions from Public</b></p> <p>There were no questions from the Public but positive comments were received from JC2 who attended the Board meeting as an observer.</p>	
	<p><b>Date of Next Meeting</b></p> <p>The next meeting of the Board would be held on Thursday 25<sup>th</sup> March 2021.</p>	

Signed ..... (Chair)

Date .....

DRAFT

Title of Meeting	<b>Board of Directors (Public)</b>
Meeting Date	<b>Thursday 25<sup>th</sup> March 2021</b>
Title	<b>Chair's Report</b>
Author	<b>Dr Jackie Craissati, Trust Chair</b>
Presenter	<b>Dr Jackie Craissati, Trust Chair</b>
Purpose	<b>For Information</b>

## 1. Introduction

In my role as Trust Chair, I present this report focusing on 2 matters:

- System-wide meetings; and
- Trust Chair and NED visits.

## 2. System-wide meetings

In terms of the wider system, work is progressing on our submission to be an ICS by April 2021, and I have been involved in discussions regarding the future governance of the ICS and its workstreams. I have agreed to act as 'critical friend' with oversight of the following priority area of the Improvement and Recovery Plan: delivering improvement in areas of mental health services, children and young people services, and safeguarding.

## 3. Trust Chair and NED visits

I was delighted to be part of the Leaders Event on 4<sup>th</sup> and the Big Conversation on 23<sup>rd</sup>. The programme of short talks and Q&A sessions was inspiring, and the large audience was clearly encouraged to know that staff well being is a really key priority moving forward.

Both Helen and I attended an NHS Providers virtual conference on the 16th, with helpful presentations from the CEO of NHS Providers, NHS E/I Chief People Officer and Chief Operating Officer. Themes included the recovery of staff, and the pay award, vaccination progress, hesitancy and sustainability, and the consultation on the NHS Providers strategic plan.

My NED colleagues and I were able to carry out some virtual visits over the month of March 2021. These are listed within the table below.

Where	Who
<b>March 2021</b>	
Estates Team	Trust Chair
Counselling psychology Team	Trust Chair
Quality Improvement	Trust Chair
Patient Safety	Trust Chair

Where	Who
Canterbury CMHT	Kim Lowe
Criminal Justice Liaison and Diversion Service	Kim Lowe

## Front Sheet

<b>Title of Meeting</b>	Trust Board meeting	<b>Date</b>	25 March 2021
<b>Title of Paper</b>	Chief Executive's Report		
<b>Author</b>	Helen Greatorex, Chief Executive		
<b>Executive Director</b>			

<b>Purpose:</b> the paper is for:	• <b>Delete as applicable</b>
• <b>Information and Noting</b>	

<b>Recommendation:</b>	
The Board is asked to note the content of the report and ask any questions of the Chief Executive and her team.	
<b>Summary of Key Issues:</b>	• <b>No more than five bullet points</b>
<p>This is the Chief Executive's thirty-ninth report to the Board.</p> <p>Key Items include</p> <ul style="list-style-type: none"> <li>• The continued focus on vaccinating our staff against Covid-19</li> <li>• Headlines from this year's national staff survey</li> <li>• The Chief Executive's commitment about Rest and Wellbeing spaces</li> </ul>	
<b>Strategic Objectives:</b>	• <b>Select as applicable</b>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Consistently deliver an outstanding quality of care</li> <li><input checked="" type="checkbox"/> Recruit retain and develop the best staff making KMPT a great place to work</li> <li><input checked="" type="checkbox"/> Put continuous improvement at the heart of what we do</li> <li><input checked="" type="checkbox"/> Develop and extend our research and innovation work</li> <li><input checked="" type="checkbox"/> Maximise the use of digital technology</li> <li><input checked="" type="checkbox"/> Meet or exceed requirements set out in the Five Year Forward View</li> </ul>	

<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Deliver financial balance and organisational sustainability</li> <li><input checked="" type="checkbox"/> Develop our core business and enter new markets through increased partnership working</li> <li><input checked="" type="checkbox"/> Ensure success of our system-wide sustainability plans through active participation, partnership and leadership</li> </ul>
<b>Implications / Impact:</b>
<b>Patient Safety:</b> N/A.
<b>Identified Risks and Risk Management Action:</b> N/A
<b>Resource and Financial Implications:</b> N/A
<b>Legal/ Regulatory:</b> N/A
<b>Engagement and Consultation:</b> N/A
<b>Equality:</b> N/A
<b>Quality Impact Assessment Form Completed: Yes/ No</b>

**Introduction**

Since the last Board meeting, the rate of admissions to hospital of patients who have Covid-19 has continued to reduce, and as a consequence, the pressure on our local acute hospitals has started to ease.

Set against this good news, nationally the level of demand for mental health services remains high, with increased pressure on inpatient beds and continuing pressure on services that provide urgent and emergency care.

The Board has over the last year, regularly recorded its sincere thanks to KMPT colleagues for their sustained focus on patient and service user safety throughout the pandemic, reflecting on the commitment and dedication as well as creativity and kindness of so many teams and individuals.

In mid-March on behalf of the Board, the Chair and Chief Executive sent an open letter of thanks to all staff, sharing that it was our pleasure this year to give everyone their Birthday off as a small but heartfelt thank you to our KMPT colleagues. The letter has been warmly welcomed with many staff making personal contact to say how much they appreciated both the recognition, and the gesture.

## **Covid-19**

### **Staff Vaccination**

We continue to make it as quick and easy as possible for staff to receive their vaccination. In line with a requirement from NHSI/E, we continue to encourage and support staff who have yet to take up the offer of vaccination, to do so. A range of initiatives support this work including open house drop in discussions (virtually) with the Executive Medical Director and offers of support in booking vaccination appointments. The Workforce and Organisational Development Committee in addition to the executive team will continue to receive detailed updates on vaccine uptake.

### **Patient/Service User Vaccination**

Many of our patients and service users are now reporting that they are being called for or have already received their first vaccination. In February, Kent and Medway made national headlines for being the first area of the country to offer vaccination to people who have a learning disability. The decision to do this was both clinically informed and clinically led and the rest of the country then followed the county's approach.

## **Mental Health Improvement Board – Progress Update**

Since the last KMPT Board meeting, the Mental Health, Learning Disability and Autism Improvement Board held its March meeting. As agreed by the Board in January, a quarterly update report including performance against trajectory for each of the Improvement Board's six priorities will be presented in April.

The six priorities are:

1. Reduction of Specialist Out of Area Placements
2. Community Mental Health Framework and Transformation
3. Urgent and Emergency Mental Health Care
4. Improving Dementia Diagnosis and Support
5. Learning Disability and Autism
6. Children and Young Peoples Mental Health

A significant agreement reached at the March meeting was that the Improvement Board will from April 1<sup>st</sup> 2021, receive regular reports on the totality of county-wide spend on mental health, learning disability and autism services. This marks a significant change and will be the first time in the county's history that such open and transparent regular sharing of financial information has happened. It is a change of importance and note signalling a new and improved approach to system working.

## **National Annual Staff Survey Headlines**

Results of the national staff survey were published on the 11th March 2021.

The anonymous, externally commissioned survey took place in the Autumn of 2020.

It was noticeable this year that nationally, many trusts' response rates were lower than in previous years.

KMPT's overall response rate for the survey published in 2020 (last year's survey) was 66%. It was the highest response rate against our comparator group. This year, the highest rate in our group was 64.20 and KMPT achieved 61%.

It was pleasing to see that our engagement score improved for the fourth year in a row, moving this year from 7.0 last year to 7.1.

Of particular note:

- Feedback about immediate managers – 11 questions. All responses scored above the national average
- Those who would recommend KMPT as a place to work – improved by 3%
- Those who would recommend treatment at KMPT to friends and relatives – improved by 2%
- Positive feedback about the organisation's attention to staff wellbeing – increased by 5%

Whilst there is still a lot of work to do on discrimination in KMPT our engagement score disaggregated was:

- White employees 7.0
- BAME employees 7.4

Areas for special focus for 2021 will be:

- Recognition
- Valuing all employees
- Creating safe and healthy working environments

A more detailed report will be shared with the Workforce and Organisational Development Committee followed by regular updates on progress.

### **Virtual Leaders Event / Big Conversation**

Since the last Board meeting, two large KMPT events have been held virtually. The first, our quarterly leadership event took the theme of Hope, and included presentations on that theme from a range of speakers including guest speaker, Jeanette Williams, Interim Head of Staff Experience South East Region.

The second event was the Big Conversation which is held twice a year with places open to anyone in the organisation was held on March 23rd and also took Hope as its theme. Over one hundred delegates joined the conversation remotely.

Both events were addressed by both the Chair and Chief Executive and both were positively evaluated with participants' feedback reflecting that the use of a theme, in this instance 'Hope' was uplifting and informative.

At both events the Chief Executive made a commitment that by April 1st 2022 all staff bases will have a rest and wellbeing space that meets a series of criteria agreed by a task and finish group including staff from a range of roles and geography. Work is underway to meet that commitment with the first space planned for Priority House in Maidstone.

### **NHS Providers – Chair and Chief Executive Event**

This national event, now held virtually took place on 16<sup>th</sup> March with both the Chair and Chief Executive joining. Key messages from Sir Simon Stevens' team included the importance of putting caring for our staff at the heart of our priorities for recovery, the imperative of vaccinating our workforce and the need to plan and deliver the return to previous levels of elective activity in acute hospitals. It was pleasing to hear a number of speakers recognise that mental health services are now encountering significant pressure as a result of the pandemic. It was pleasing too to hear recognition for the substantial and expert psychological support provided by trusts like KMPT to their acute trust colleagues in their system over the last year.



## Front Sheet

<b>Title of Meeting</b>	Trust Board	<b>Date</b>	25 <sup>th</sup> March 2021
<b>Title of Paper</b>	Strategy Delivery Plan		
<b>Author</b>	Vincent Badu, Executive Director of Partnership & Strategy		
<b>Executive Director</b>	Vincent Badu, Executive Director of Partnership & Strategy		

<b>Purpose:</b> the paper is for:	• <b>Delete as applicable</b>
<b>Approval</b>	

<b>Recommendation:</b>	
The Board is asked to approve the Strategy Delivery Plan	
<b>Summary of Key Issues:</b>	• <b>No more than five bullet points</b>
<ul style="list-style-type: none"> <li>• At its meeting on 25<sup>th</sup> February 2021, the Board approved its five Strategy Delivery Plan Priorities 2021/22.</li> <li>• The initial draft Strategy Delivery Plan has been circulated to Board members, with feedback being received. That feedback is being incorporated into the final draft of the Strategy Delivery Plan.</li> <li>• A presentation on the Strategy Delivery Plan will be provided to Board at its meeting on 25<sup>th</sup> March 2021, with Board members receiving a copy of the presentation prior to its meeting.</li> </ul>	

<b>Report History:</b>
<i>None</i>

<b>Strategic Objectives:</b>	• <b>Select as applicable</b>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Consistently deliver an outstanding quality of care</li> <li><input checked="" type="checkbox"/> Recruit retain and develop the best staff making KMPT a great place to work</li> <li><input checked="" type="checkbox"/> Put continuous improvement at the heart of what we do</li> <li><input checked="" type="checkbox"/> Develop and extend our research and innovation work</li> <li><input checked="" type="checkbox"/> Maximise the use of digital technology</li> </ul>	

<input type="checkbox"/> Meet or exceed requirements set out in the Five Year Forward View <input checked="" type="checkbox"/> Deliver financial balance and organisational sustainability <input checked="" type="checkbox"/> Develop our core business and enter new markets through increased partnership working <input checked="" type="checkbox"/> Ensure success of our system-wide sustainability plans through active participation, partnership and leadership
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<b>Implications / Impact:</b>
<b>Patient Safety:</b> <i>None</i>
<b>Identified Risks and Risk Management Action:</b> <i>None</i>
<b>Resource and Financial Implications:</b> <i>None</i>
<b>Legal/ Regulatory:</b> <i>N/A</i>
<b>Engagement and Consultation:</b> <i>N/A</i>
<b>Equality:</b> <i>None</i>
<b>Quality Impact Assessment Form Completed:</b> <b>Yes/ No</b>

**Background**

1. At its meeting on 25<sup>th</sup> February 2021, Trust Board approved its Strategy Delivery Plan Priorities 2021/22. The five priorities were:
  - Quality – in terms of Quality Account Priorities and Quality Improvement
  - Using our expertise to lead and partner/Integration
  - Developing our capabilities to deliver
  - Streamlining quality and performance from the front-line worker to the Board
  - Achieving long term financial sustainability
2. The Board also requested to receive a more detailed Strategy Delivery Plan for the Board setting out the priority, target date and how success will be measured for each Strategy Deliver Plan Priority.
3. The views of KMPT’s senior staff have also been sought, with the Strategy Delivery Plan Priorities being shared at the KMPT Leaders Event in March.

Feedback was received from those senior staff which has helped form the Strategy Delivery Plan.

### **Strategy Delivery Plan**

4. As a result of feedback received from senior KMPT staff, an initial draft of the Strategy Delivery Plan was developed and shared with Board colleagues for their comments.
5. For each of the Strategy Delivery Plan Priorities, that initial draft provided details of:
  - a. The Executive Lead and Board Committee with oversight of that priority
  - b. The objectives to be achieved in a Q1 to Q4 timeline
  - c. Key Performance Indicators, and
  - d. Expected outcomes.
6. Comments from the Non-Executive Directors have been received and are currently being incorporated in to a new look Strategy Delivery Plan.
7. A presentation will be delivered formally at the Board meeting, which will provide details of the Strategy Delivery Plan. A copy of that presentation will be circulated to Board members prior to the meeting.

### **Recommendation**

8. At its meeting on Thursday 25<sup>th</sup> March 2021, the Board will be asked to approve the Strategy Delivery Plan.

<b>Title of Meeting</b>	Trust Board	<b>Date</b>	25/03/2021
<b>Title of Paper:</b>	Integrated Performance and Quality Report (IQPR) Performance Update as of: February 2021		
<b>Author:</b>	All Executive Directors		
<b>Presenter:</b>	Helen Greatorex, Chief Executive		
<b>Executive Director:</b>	Sheila Stenson – Executive Director of Finance		

<b>Purpose:</b> the paper is for:	<b>Delete as applicable</b>
<ul style="list-style-type: none"> <li>• <b>Discussion and information.</b></li> </ul>	

<b>Recommendation:</b>	
The Board is asked to consider February’s Integrated Quality and Performance Report (IQPR) noting the key areas of focus.	
<b>Summary of Key Issues:</b>	<b>No more than five bullet points</b>
<p>Each section has been written by the Executive lead for the domain. The report provides Trust-wide performance data. Metrics of key interest have further analysis by Care Group through exceptions highlighted by Statistical Process Controls. Further Care Group and locality data is monitored by the Executive and their teams.</p> <p>The report highlights where performance has improved, is on track and has declined.</p>	

<b>Report History:</b>
None

<b>Strategic Objectives:</b>	<b>Select as applicable</b>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Consistently deliver an outstanding quality of care</li> <li><input type="checkbox"/> Recruit retain and develop the best staff making KMPT a great place to work</li> <li><input checked="" type="checkbox"/> Put continuous improvement at the heart of what we do</li> <li><input type="checkbox"/> Develop and extend our research and innovation work</li> <li><input type="checkbox"/> Maximise the use of digital technology</li> <li><input type="checkbox"/> Meet or exceed requirements set out in the Five Year Forward View</li> <li><input type="checkbox"/> Deliver financial balance and organisational sustainability</li> <li><input type="checkbox"/> Develop our core business and enter new markets through increased</li> </ul>	

partnership working

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

Implications / Impact:
<p><b>Patient Safety:</b>                      Patient safety is a key priority and issues that may affect this, are highlighted in the report and considered by the Board.</p>
<p><b>Identified Risks and Risk Management Action:</b>                      Risks set out in the report are all reflected in the Trust’s risk register or BAF. All risks are outlined within the paper below</p>
<p><b>Resource and Financial Implications:</b>                      Failure to achieve some of the regulatory, performance or data quality metrics could result in a financial penalty under the NHS Standard Contract and importantly, to a poor quality service for patients potentially leading to claims.</p>
<p><b>Legal/ Regulatory:</b>                      None</p>
<p><b>Engagement and Consultation:</b>                      Not applicable</p>
<p><b>Equality:</b>                      None</p>
<p><b>Quality Impact Assessment Form Completed: No</b></p>

## Introduction

The data provided to the Board is drawn from performance in February and is shown at Trust-wide level.

Indicators to highlight in month include:

- There was an increase in inappropriate out of area bed days; February (244 bed days) saw an increase from 171 in January.
- The % of patients assessed within 4 weeks of initial referral increased from 70.3% in January to 79.7% in February, but is still below the locally set target.
- The Early Intervention in Psychosis service is made up of 5 teams across Kent and Medway. The teams have continued to meet the required national standard (60%) for referral to treatment within 14 days. Performance has reduced in month but it should be noted that the small numbers easily skew figures, February saw 10 patients commence treatment compared to a monthly average of 19.
- Continued high performance in the treatment of patients on CPA (Care Programme Approach) receiving a 12 month review, maintaining performance in month which is once again exceeding the National target for this cohort of patients (96.4%) for the tenth month in a row.
- The % of patients on CPA Followed Up within seven days of discharge was 98.9% in February, continually above the 95%.
- Overall staff sickness decreased for the second successive month by 0.4% to 3.8% – of which 0.24% is COVID related

A trend line over twelve months is provided after each section enabling the reader to see a year's performance at a glance. Trust-wide data is drawn from a range of sources and includes individual, team, Care Group and locality information. That data is reviewed and explored by members of the Executive Team with every Care Group at the monthly Quality Performance Review meetings. In addition, where an area is receiving additional attention as a result of concerns, special reporting and monitoring mechanisms are implemented, supported by trajectories for improvement.

Not all areas of performance (including those nationally set) have a target set against them. This is an area for further consideration with the board as the report evolves. It is helpful to note that in the absence of a national waiting time target for mental health service users, the Trust has set its own local target for two key indicators. We have made one change to the report this month and it is detailed in the change table below.

Underpinning the IQPR is a series of Executive chaired meetings. They bring together KMPT experts in their field in order to understand the data at a granular level and test that actions in hand to resolve concerns are strong enough and delivering improvements in a timely way.

Supporting the work of the board, are its sub-committees each of which considers in detail, aspects of the IQPR. This report, when working as we expect it to, will enable the board to operate at strategic level, confident in the work of the sub-committees in testing assurance and understanding further detail provided by the executive and their teams.

The report is now a familiar tool and point of reference in the Trust and as we had hoped, further strengthening our ability to triangulate information and explore in detail areas of concern. My team will provide detail on the work being done to understand and address these areas of concern whilst maintaining improved performance across a range of other areas. An overview and guide to this report can be found within the appendices.

Helen Greatorex  
Chief Executive

## IQPR Change Tracker

Date	Change	Report Reference
October 2020	<p>'Issues of Concern' text box added to each domain to highlight areas of risk and mitigating actions in place</p> <p>Definition change for waited times measures to include all appointment types (Face to face, video &amp; telephone) where duration is 30 minutes or more. Previously counted face to face only of any duration.</p>	<p>All Domains</p> <p>002.R &amp; 003.R</p>
November 2020	<p>Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days) – Measure adjusted retrospectively from May 2020 to reflect additionally purchased capacity within Kent.</p>	005.E
December 2020	<p>Latest Trust Strategic Objectives applied to domains throughout report</p> <p>Liaison removed from 4 &amp; 18 week wait measures and Liaison measures redefined as follows:</p> <p>% of Liaison (urgent) referrals seen within 1 hour            Numerator – Of the Denominator who has had a face to face contact of any duration within 1 hour            Denominator – Urgent or Emergency Referrals starting in the month that are in hours for the teams, Medway and Thanet teams only. Referrals ending with a discharge reason of 'Dropped Out' or 'Patient Non Attendance' are excluded.</p> <p>% of Liaison (urgent) referrals seen within 2 hours            Numerator – Of the Denominator who has had a face to face contact of any duration within 2 hours            Denominator - Urgent or Emergency Referrals starting in the month that are in hours for the teams, Ashford, Canterbury, Dartford, East Team, Maidstone and SW Kent, Maidstone, Tunbridge Wells teams only. Referrals ending with a discharge reason of 'Dropped Out' or 'Patient Non Attendance' are excluded.</p>	<p>All Domains</p> <p>002.R &amp; 003.R            005.R &amp; 006.R</p>
January 2021	<p>Statistical Process Control Charts implemented for exception report within a new section within the report. Previous areas of focus within individual domains removed.</p>	
February 2021	<p>Indicator removed: Freedom to speak up issues</p> <p>IQPR Overview and Guide moved to appendices</p>	013.W-W

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



## Regulatory Targets – Single Oversight Framework (SoF)

### Overview

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

The Framework aims to help NHSI to identify NHS providers' support needs across five themes:

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

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

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









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

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

## IQPR Exception Reporting









This section of 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)ailing short of the target

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

**Exception Summary:**

Effective								
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			56.0	0.0	-10.2	29.2	9.5
2	OPMH			0.0	0.0	0.0	0.0	0.0
3	PICU			188.0	0.0	32.4	371.3	201.8
4	<b>Trust Total</b>			244.0	0.0	44.1	378.6	211.3









**Interpretation of results (Trust wide)**









<b>Variation</b>	Common Cause - no significant change
<b>Assurance</b>	Variation indicates consistently <b>failing short of target</b>

**Narrative**

The number of out of area placements has increased from 171 bed days in January to 244 in February. This is made up of 188 PICU bed days and 56 Younger Adult Acute bed days. As reported last month this increase was expected to continue up until the end of April as a minimum due to an increase in demand following the recent Covid restrictions. Winter planning monies of £1.4 million have been used to procure an 8 week block contract for 6 female acute beds with a provider in Maidstone; there are currently no plans to extend this arrangement past Easter.

There is no national data available to assess the impact of Covid on psychiatric acuity or the use of PICU at the current time however out of area bed use generally is high across the country. The Chief Operating Officer and Deputy Medical Director keep a weekly oversight of any out of area admissions.

007.E: % Of Patients With Valid CPA Care Plan Or Plan Of Care		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	CRCG			80.0%	95.0%	84.4%	91.3%	87.8%
2	FSS			95.3%	95.0%	93.7%	98.2%	95.9%
3	OPMH			80.3%	95.0%	76.1%	86.0%	81.1%
4	Trust Total			81.5%	95.0%	84.1%	87.7%	85.9%

008.E: Crisis Plans (All Patients)		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	CRCG			88.6%	95.0%	88.1%	91.8%	89.9%
2	FSS			94.2%	95.0%	90.7%	97.2%	94.0%
3	OPMH			83.0%	95.0%	81.0%	88.7%	84.9%
4	Trust Total			86.8%	95.0%	86.3%	89.9%	88.1%

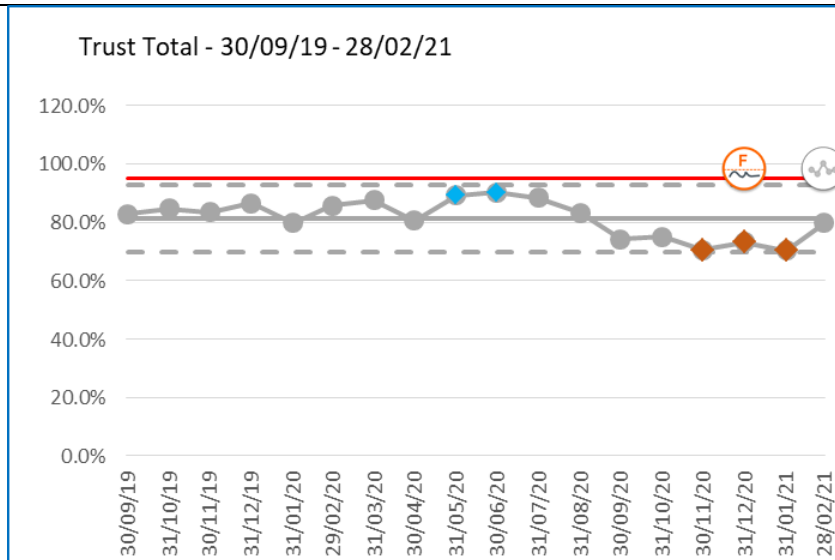
Interpretation of results (Trust wide)	
Variation	Special cause of <b>concerning</b> nature or higher pressure due to <b>lower</b> values
Assurance	Variation indicates consistently <b>failing short of target</b>
<b>Narrative</b>	
<p>These standards reflect those with a care plan/crisis plan created or updated in the last 12 months for all patients on a CPA or non CPA pathway on the electronic patient record – RiO. Currently personal support plans in CMHTs are not included and CMHSOP letters following Memory Assessment Services are not captured in a standardised way. The Personal Support Plan incorporates the plan of care, crisis plan and risk assessment into a single document for those people who do not require CPA.</p> <p>A proposal has been reviewed at the February Data Quality group to agree the new reporting measures to reflect the new clinical processes for care planning. The aim is to relaunch care and crisis planning metrics in the IQPR for April 2021 data onwards. The need to ensure this change is safe and effective is paramount and actions are in place to align quality checks with the agreed reporting metrics.</p>	

012.E: Average Length Of Stay (Younger Adults)		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Amberwood Ward			23.7	25.0	-7.8	53.4	22.8
2	Bluebell Ward			42.3	25.0	2.1	68.6	35.4
3	Boughton Ward			32.4	25.0	-8.6	71.3	31.3
4	Chartwell Ward			29.5	25.0	-20.6	73.8	26.6
5	Cherrywood Ward			35.6	25.0	-4.9	60.0	27.6
6	Fern Ward			36.5	25.0	-2.9	61.7	29.4
7	Foxglove Ward			25.7	25.0	-6.8	66.3	29.7
8	Pinewood Ward			23.2	25.0	-5.5	57.9	26.2
9	Upnor Ward			25.4	25.0	-0.8	51.9	25.5
10	YA Acute			30.4	25.0	17.4	38.0	27.7

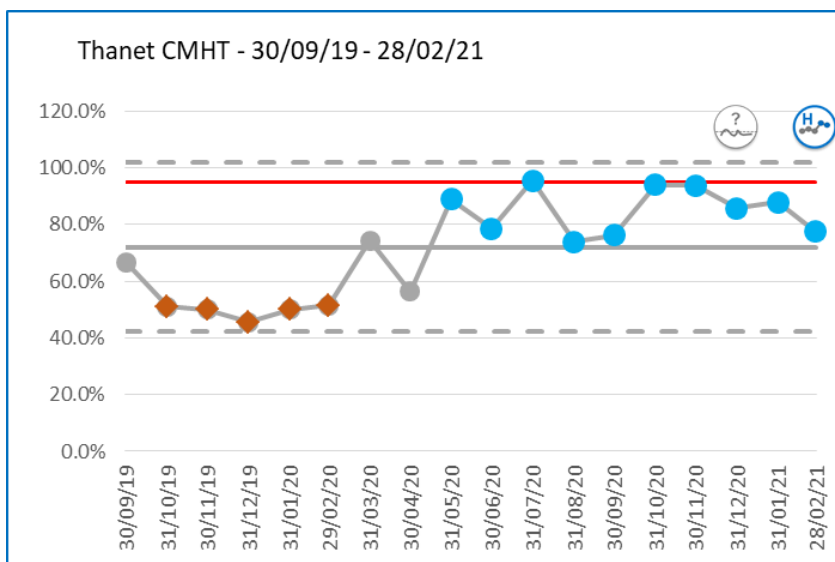
Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change
Assurance	Variation indicates <b>inconsistently</b> hitting or failing short of target
<b>Narrative</b>	
Historically this target has consistently been met by the Acute Care Group for Younger Adult (YA) bed days. There has been an increase in the average LOS in the last three months, February saw a reduction to 30.4; this continues to be well within the national benchmarked average length of stay. Variation continues to exist across the younger adult wards, all but two wards reports LoS in excess of the 25 day target in February. There were 11 discharges in month with a LoS in excess of 100 days, two of which were in excess of 200 days. This triangulates with the delayed transfers of care which have been slightly higher than average in the past 4 months.	

002.R: Referral To Assessment Within 4 Weeks		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			100.0%	95.0%	96.3%	101.0%	98.6%
2	CRCG			86.4%	95.0%	58.7%	97.9%	78.3%
3	FSS			90.2%	95.0%	84.1%	98.4%	91.3%
4	OPMH			64.1%	95.0%	39.2%	78.8%	59.0%
5	Trust Total			79.7%	95.0%	69.9%	92.9%	81.4%

Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change
Assurance	Variation indicates consistently <b>failing short of target</b>
<b>Narrative</b>	
Despite SPC analysis not showing as a significant improvement at this stage it is positive to note an increase of 9% for this measure in month following a period of reduced performance as shown below:	



The position for CMHTs increased by 14% in month; this triangulates with the return of staff following high levels of sickness absence due to Covid into the two largest CMHTs, Dartford and Medway. Whilst overall this was common cause variation Thanet CMHT showed positive special cause variation. Despite a small decrease in month the team now has a run of 10 points above the mean demonstrating sustained improved performance:



The Older Persons Care Group continues to differentiate between people with a functional illness (e.g. psychosis and bi-polar) and those needing a memory assessment, using the HoNOS clinical cluster information where known. In February this translated to 83% of patient with a functional illness being seen within 4 weeks. The data highlights those with a functional illness are more likely to require urgent attention and are therefore prioritised in line with the care group 4 week wait recovery plan. New referral screening options are now live on RiO and the aim is for reporting will

use this data to better inform the variances in pathways. Similarly to CMHTs, whilst it remains common cause variation, it is positive to note an increase in month of 15.5% to 63.3% overall performance.

It should be noted that due to the constant presence of urgent referrals which are prioritised over those waiting the longest chronologically, reduced capacity can counterintuitively lead to increased performance in the short term as fewer assessments take place of which a higher proportion are urgent assessments within 28 days. It is therefore important to consider waiting list size and known capacity constraints alongside % achieved. Demand and Capacity work is ongoing to model future impact from current reduced capacity due to an increase in staff absence and a need to move resource to other areas whilst we manage the legacy of the second wave of COVID moving into recovery. The demand and capacity work, that is well underway, will provide a full overview by CMHT and CMHSOP teams forecasting levels of achievement and waiting list sizes for the next 18 months and will be regularly reviewed. An update on this work can be found in the appendices of this report.

Also of note the urgent assessment pathway changes are in development with external system partners to provide a 24 hour urgent assessment function. This will divert people from needing to access A&E departments in a mental health crisis to an Urgent Treatment Centre and will reduce the pressure on the CMHTs to provide urgent assessment slots, thus allowing them to concentrate on the routine referrals. The work is aligned to the re-engineering of the Single Point of Access into a crisis response service with a number of work streams in place.

A review of this indicator along with 18 week wait has taken place with a proposal currently being consulted on. The work is being overseen by the Data Quality Group with the aim of implementing the changes from April 2021 data onwards, outcomes of this work will be reported on completion. Also of note the urgent assessment pathway changes are in development with external system partners to provide a 24 hour urgent assessment function. This will divert people from needing to access A&E departments in a mental health crisis to an Urgent Treatment Centre and will reduce the pressure on the CMHTs to provide urgent assessment slots, thus allowing them to concentrate on the routine referrals. The work is aligned to the re-engineering of the Single Point of Access into a crisis response service with a number of work streams in place.






A review of this indicator along with 18 week wait has taken place with a proposal currently being consulted on. The work is being overseen by the Data Quality Group with the aim of implementing in respect of April 2021 data onwards, outcomes of this work will be reported on completion

003.R: 18 Weeks Referral To Treatment		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			100.0%	95.0%	98.1%	100.3%	99.2%
2	CRCG			94.2%	95.0%	84.5%	95.8%	90.1%
3	FSS			85.6%	95.0%	72.5%	94.2%	83.4%
4	OPMH			64.1%	95.0%	49.4%	77.9%	63.7%
5	Trust Total			78.5%	95.0%	75.7%	88.2%	81.9%






Interpretation of results (Trust wide)																																																																																																	
Variation	Special cause of <b>concerning</b> nature or higher pressure due to <b>lower</b> values																																																																																																
Assurance	Variation indicates consistently <b>failing short of target</b>																																																																																																
<b>Narrative</b>																																																																																																	
<p>Continued pressures and challenges in meeting the target continue to exist at a trust wide level driven by pressures within OPMH. The OPMH care group improved performance by 4.2% in month whilst continuing to address the backlog through weekend and evening working.</p> <p>It is positive to note that CMHTs achieved 93.2% in month against the 95% target, SPC analysis highlighting this improved position being maintained with sustained improvements identified in 5 teams.</p>																																																																																																	
<table border="1"> <thead> <tr> <th></th> <th>Performance</th> <th>Assurance</th> <th>Latest Value</th> <th>Target</th> <th>Lower process limit</th> <th>Upper Process limit</th> <th>Mean</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Ashford CMHT</td> <td></td> <td>95.5%</td> <td>95.0%</td> <td>81.5%</td> <td>105.7%</td> <td>93.6%</td> </tr> <tr> <td>2</td> <td>Canterbury &amp; Coastal CMHT</td> <td></td> <td>91.1%</td> <td>95.0%</td> <td>80.2%</td> <td>107.9%</td> <td>94.1%</td> </tr> <tr> <td>3</td> <td>DGS CMHT</td> <td></td> <td>88.5%</td> <td>95.0%</td> <td>82.9%</td> <td>99.3%</td> <td>91.1%</td> </tr> <tr> <td>4</td> <td>Dover &amp; Deal CMHT</td> <td></td> <td>95.0%</td> <td>95.0%</td> <td>67.5%</td> <td>107.5%</td> <td>87.5%</td> </tr> <tr> <td>5</td> <td>Maidstone CMHT</td> <td></td> <td>90.6%</td> <td>95.0%</td> <td>61.5%</td> <td>101.6%</td> <td>81.5%</td> </tr> <tr> <td>6</td> <td>Medway CMHT</td> <td></td> <td>95.2%</td> <td>95.0%</td> <td>79.4%</td> <td>102.8%</td> <td>91.1%</td> </tr> <tr> <td>7</td> <td>Shepway CMHT</td> <td></td> <td>88.5%</td> <td>95.0%</td> <td>55.7%</td> <td>108.2%</td> <td>82.0%</td> </tr> <tr> <td>8</td> <td>Swale CMHT</td> <td></td> <td>92.3%</td> <td>95.0%</td> <td>71.4%</td> <td>111.7%</td> <td>91.5%</td> </tr> <tr> <td>9</td> <td>SWK CMHT</td> <td></td> <td>97.9%</td> <td>95.0%</td> <td>70.5%</td> <td>104.8%</td> <td>87.7%</td> </tr> <tr> <td>10</td> <td>Thanet CMHT</td> <td></td> <td>100.0%</td> <td>95.0%</td> <td>78.6%</td> <td>107.8%</td> <td>93.2%</td> </tr> <tr> <td>11</td> <td>CMHT Total</td> <td></td> <td>93.2%</td> <td>95.0%</td> <td>83.9%</td> <td>94.5%</td> <td>89.2%</td> </tr> </tbody> </table>			Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean	1	Ashford CMHT		95.5%	95.0%	81.5%	105.7%	93.6%	2	Canterbury & Coastal CMHT		91.1%	95.0%	80.2%	107.9%	94.1%	3	DGS CMHT		88.5%	95.0%	82.9%	99.3%	91.1%	4	Dover & Deal CMHT		95.0%	95.0%	67.5%	107.5%	87.5%	5	Maidstone CMHT		90.6%	95.0%	61.5%	101.6%	81.5%	6	Medway CMHT		95.2%	95.0%	79.4%	102.8%	91.1%	7	Shepway CMHT		88.5%	95.0%	55.7%	108.2%	82.0%	8	Swale CMHT		92.3%	95.0%	71.4%	111.7%	91.5%	9	SWK CMHT		97.9%	95.0%	70.5%	104.8%	87.7%	10	Thanet CMHT		100.0%	95.0%	78.6%	107.8%	93.2%	11	CMHT Total		93.2%	95.0%	83.9%	94.5%	89.2%
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007.R: DNAs - 1st Appointments		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			11.3%		3.0%	7.1%	5.0%
2	CRCG			14.7%		5.5%	14.2%	9.8%
3	FSS			15.0%		8.2%	17.7%	13.0%
4	OPMH			4.3%		1.1%	6.8%	4.0%
5	Trust Total			12.9%		6.3%	11.1%	8.7%



008.R: DNAs - Follow Up Appointments		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			8.3%		3.1%	8.0%	5.5%
2	CRCG			12.7%		7.3%	13.2%	10.3%
3	FSS			11.3%		3.6%	11.7%	7.6%
4	OPMH			3.4%		1.6%	4.7%	3.1%
5	Trust Total			9.9%		5.7%	10.3%	8.0%

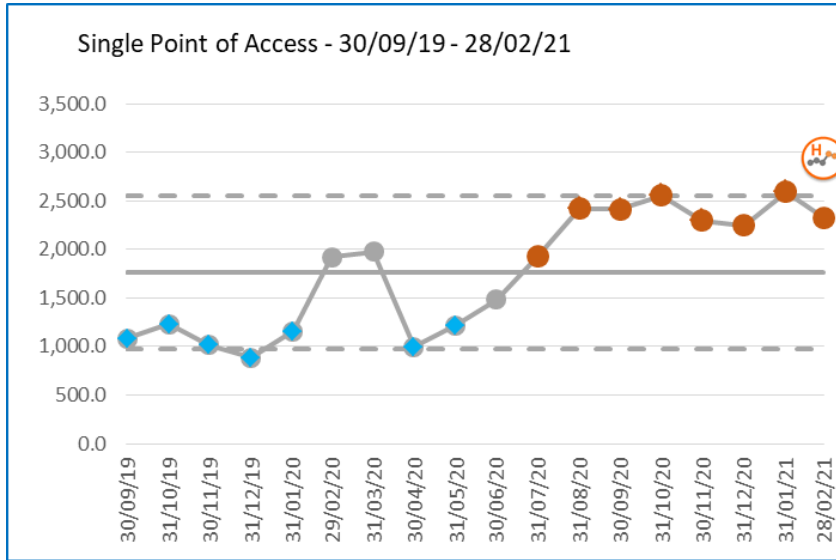
Interpretation of results (Trust wide)	
<b>Variation</b>	Special cause of <b>concerning</b> nature or higher pressure due to <b>higher</b> values
<b>Assurance</b>	N/A – not set target
<b>Narrative</b>	
<p>A high level of variation continues to exist in DNA rates across care groups, in order to better understand reasons for this a rationalisation of the current options on RiO has taken place. The proposal has been signed off by all care groups and is awaiting RiO implementation. The exercise has also been repeated for cancellation reasons. The aim is to have this in place from April.</p> <p>SPoA have been recording DNAs for patients who they have telephoned but did not answer the call leading to an increase in the reported CRCG position in recent months. The rationale for the teams use has been reviewed within the Care Group and Data Quality group with agreement the DNA coding for SPoA triage requires a different reporting metrics related to how the team operate.. A new approach has been agreed and it is anticipated we will see an improvement in the next IQPR. The SPoA metrics will be reviewed in detail at their monthly Quality Performance Review held by the Chief Operating Officer and Director of Nursing.</p>	

013.R - 0.15R: Referrals		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			1,831		1,852.6	3,363.8	2,608.2
2	CRCG			5,850		2,840.9	5,820.1	4,330.5
3	FSS			1,583		1,429.7	2,430.1	1,929.9
4	OPMH			1,276		728.3	1,770.1	1,249.2
5	Trust Total			10,540		7,323.3	12,913.1	10,118.2

Interpretation of results (Trust wide)	
<b>Variation</b>	Special cause of <b>concerning</b> nature or higher pressure due to <b>higher</b> values
<b>Assurance</b>	N/A – not set target
<b>Narrative</b>	
<p>SPC analysis has highlighted ongoing increased pressure in month driving increases in the Community Recovery Care Group (CRCG). The increased pressure on CRCG and reduction in Acute is impacted on by the movement of Liaison Psychiatry to CRCG within the management</p>	

structure for reporting purposes in December.

The majority of the CRCG pressure is due to Single Point of Access (SPoA) as shown below. This information has been analysed further and from May 2020, there was a change in process for SPoA which moved to function as a public facing Crisis Line, furthermore the opening hours were increased, plus a significant increase in demand due to the pandemic.



**Trust IQPR by CQC Domains, Trust Strategic Objectives & Board Assurance Framework**

CQC Domain	Safe
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> <li>Achieving our Quality Account Priorities</li> <li>Developing and delivering a new KMPT Clinical Strategy</li> </ul>

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

**Issues of Concern**

Percentage of physical health checks within 72hours of admission - Although the performance is still above the Trust target however there has been a gradual decline for the past five months from 97.5% in October 2020 to 92.9% in February 2021. Plans to address this are included in the narrative below.

**Executive Commentary**

Of note both CPA standards and emergency readmission rates have been very stable and within required performance standards over a number of months.

**% Inpatients With A Physical Health Check Within 72 Hours (003 .S)**

This area of care relates to people newly admitted to inpatient wards who require an assessment of their physical health needs in order to obtain baseline measures, inform medical management and further investigations and frequency of reviews. Due to a multitude of factors including high level of acuity, refusal to consent for these investigations, and short length of stay, it can be a challenge for ward teams to complete the physical health checks within 72hours. When triangulated with Cliq Check audits for assurance, there is evidence that although improvements have been noted in some teams, however National Early Warning Scores (NEWS) are not always completed at the indicated frequency. This has become a recurring theme which requires further improvement across all care groups. Quality Performance Review meetings with Care Groups will continue to scrutinise performance and provide challenge in order for improvements to be made. In addition, a deep dive report on NEWS is scheduled to be presented to the Quality Committee in May. The report will cover impact of training, staffing, use of digital technology, multi-disciplinary approach and performance reporting.

Apart from the decline in physical health assessments, there has otherwise been an improved position and sustainability of most patient safety metrics reported under this domain. For the first time in the last year, there have been no breaches to Serious Incident investigation reports, further demonstrating the impact of the Centralised Investigation Team on completing timely reports.

All restrictive interventions including use of seclusion and prone restraints have reduced in month. Use of seclusion has been the lowest year to date (8) compared to a highest number of episodes of (32) recorded in November. It is premature to draw confidence on whether the various interventions in place are making this difference, therefore performance will continued to be monitored to check trends over time. Clinical teams always endeavour to use the least restrictive interventions for as short period of time as possible. Duration of prone restraints and seclusion continue to be monitored to ensure compliance with Trust policies and Mental Health Act Code of Practice. No areas of concerns or harm have been reported as a result of using restrictive interventions.

## IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
001.S	Occurrence Of Any Never Event	✓	0	N	0	0	0	0	0	0	0	0	0	0	0	0
002.S	CPA Patients Receiving Formal 12 Month Review		95%	N	94.9%	94.0%	95.6%	95.8%	95.9%	96.0%	95.6%	95.9%	97.1%	97.1%	96.4%	96.4%
003.S	% Inpatients With A Physical Health Check Within 72 Hours		90%	L	95.8%	95.1%	95.2%	97.7%	95.8%	97.0%	95.4%	97.5%	94.3%	95.2%	95.8%	92.9%
004.S	Emergency Readmission Within 28 Days		8.8%	L	8.5%	10.9%	9.6%	10.6%	7.0%	13.6%	11.6%	7.7%	8.5%	6.3%	8.1%	7.7%
005.S	Number Of Unplanned Absences (AWOL and Absconds on MHA)		-	-	25	6	19	26	19	16	17	21	13	15	26	8
006.S	Serious Incidents Declared To STEIS		-	-	18	11	8	22	20	24	15	17	11	23	23	15
007.S	% Serious Incidents Declared To STEIS within 48 hours		-	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
008.S	Number Of Grade 1&2 Sis Confirmed Breached Over 60 Days		0	L	12	8	4	8	3	8	17	12	20	14	5	0
010.S	All Deaths Reported On Datix And Suspected Suicide		-	-	172	375	206	286	232	218	140	134	232	225	275	178
011.S	Restrictive Practice - All Restraints		-	-	159	131	105	152	129	159	132	146	105	96	114	106
012.S	Restrictive Practice - No. Of Prone Incidents		0	L	11	5	5	6	1	10	13	11	6	3	10	3
013.S	Restrictive Practice - No. Of Seclusions		-	-	38	25	28	39	22	32	22	29	32	17	16	8
015.S	Ligature Incidents - Ligature With Fixed Points (moderate to severe harm)		0	L	0	0	0	0	0	0	0	0	0	0	0	0
016.S	Ligature Incidents - Ligature With No Fixed Points (moderate to severe harm)		-	-	0	0	0	0	0	0	0	0	0	0	0	0
017.S	RIDDOR Incidents		-	-	3	1	1	0	2	2	4	4	1	1	2	0
018.Sa	Infection Control - MRSA bacteraemia		0	N	0	0	0	0	0	0	0	0	0	0	0	0
018.Sb	Infection Control - Clostridium difficile				0	0	0	0	0	0	0	0	0	0	0	0
019.S	Safer staffing fill rates		80%	L	102.9%	108.9%	114.7%	116.4%	114.7%	114.5%	111.9%	111.2%	109.4%	106.5%	106.0%	104.3%

CQC Domain	Effective
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> <li>• Implementing programmes that improve Care Pathways</li> <li>• Strengthening our approach to Research and Development and delivering evidence-based care.</li> <li>• Testing and evaluating models for integrating care and systems with our partners</li> </ul>

**Executive Lead(s):** Chief Operating Officer

**Lead Board Committee:** Finance and Performance Committee

**Issues of Concern**

Please see the exception reporting section of this report.

**Executive Commentary**

See SPC exception report for further information on key metrics.

## IQPR Dashboard: Effective

Ref	Measure	SoF	Target	Local / National Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
001.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	✓	95%	N	95.6%	95.3%	98.9%	95.9%	97.6%	95.5%	98.2%	98.0%	97.8%	98.7%	96.5%	98.9%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓	95%	-	94.3%	95.7%	95.5%	95.1%	95.0%	95.4%	95.2%	95.4%	95.4%	95.6%	95.6%	95.6%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓	-	-	271	318	296	137	138	108	88	195	248	86	171	244
006.E	Delayed Transfers Of Care		7.5%	L	9.4%	10.7%	9.8%	8.0%	6.8%	6.4%	8.1%	10.7%	12.7%	11.9%	10.5%	9.2%
007.E	% Of Patients With Valid CPA Care Plan Or Plan Of Care		95%	L	87.5%	88.1%	87.8%	87.7%	88.0%	86.3%	84.2%	82.7%	82.2%	81.4%	82.1%	81.5%
008.E	Crisis Plans (All Patients)		95%	L	87.1%	88.6%	88.2%	88.9%	90.0%	89.5%	88.1%	87.3%	86.5%	86.1%	85.9%	86.8%
011.E	Number Of Home Treatment Episodes		224	L	164	128	159	174	204	219	225	248	234	192	189	220
012.E	Average Length Of Stay(Younger Adults)		25	L	26.78	36.38	26.64	23.71	24.74	18.30	26.25	25.29	33.11	35.75	36.25	31.78
013a.E	Average Length Of Stay(Older Adults - Acute)		52	L	69.50	62.11	82.25	57.93	57.98	49.32	66.31	64.35	64.90	92.21	69.97	76.09
013b.E	Average Length Of Stay(Older Adults - Continuing Care)		-	-	437.00											
014.E	Care Plans Distributed To Service User		75%	L	64.4%	68.2%	67.0%	66.8%	68.6%	68.1%	67.2%	68.1%	65.6%	66.6%	64.0%	63.1%

<b>CQC Domain</b>	<b>Well led – Workforce</b>
<b>Trust Strategic Objective &amp; Board Assurance Framework</b>	<ul style="list-style-type: none"> <li>• <b>Building a resilient, healthy and happy workforce</b></li> <li>• <b>Evolving our culture and leadership</b></li> </ul>

**Executive Lead(s):** Director of Workforce and Communications

**Lead Board Committee:** Workforce Committee

### Issues of Concern

Vacancies – The vacancy rate for February 2021 is 14% against a target of 11.85%. All Care Groups have seen a decrease except Forensics and Specialist Services.

### Executive Commentary

#### Staff Sickness (001.W-W)

The overall sickness rate reduced in February 2021 to 3.8% and 0.24% of this was Covid related. The year to date sickness figure is 4.14% compared to the target of 4.22%. When we remove the Covid related sickness the year to date figure is 3.89% compared to the target of 4.22%.

Short term sickness in February 2021 is 2.3%. This is an increase of 0.1% from previous month. Long term sickness in February 2021 is 2.7%. This is a decrease of 0.4% from December 2021.

Activities in place to reduce sickness absence include:

- Successfully closed 37 long term sickness absence cases in February 2021.
  - 35 employees are returning to same post
  - 2 employees are no longer employed at KMPT
  - We are currently actively supporting managers with 35 cases of sickness absence.
- We have a pilot running with a health and wellbeing advisor recruited in the Acute Care Group. We are working on a range of health and wellbeing initiatives. The proposal to implement Schwarz rounds has been approved and a plan to do introduce these is in place. The musculo-skeletal provision for employees business case is being submitted for review.
- We have put in place many support offers for our staff to improve their health and wellbeing and we have set up a task and finish group to draw all this work into a people recover plan to ensure that our employees know what is on offer and the right support is in place. This also forms part of the People Strategy and KMPT Delivery Strategy.
- Staff continue to be offered the COVID vaccination, with a particular focus on supporting front line staff to access this.



### Staff Turnover (004.W-W)

The 12 month rolling turnover for this reporting period (February 2021) has increase by 0.2%, but still remains below the target of 10.5% for the 8<sup>th</sup> consecutive month. The increase is within Older Adults, Forensics and Support Service areas.

Activities to reduce turnover:

- Health and Wellbeing initiatives and support
- Career pathways to improve staff retention

### Vacancy Gap (006.W-W)

The vacancy gap for February 2021 has decreased from 14.1% to 14%. This is against the target of 11.85%.

The total nursing vacancy rate (Band 5 – Band 8d) is running at 14.8% with Acute and Forensics areas at highest rates.

#### Nursing vacancies Band 5 and Band 6

	WTE Budget	WTE Actual	Vacancy FTE	Vacancy %
<b>Acute Care Group</b>				
Band 5	101.74	55.24	46.5	45.70%
Band 6	101.22	90.72	10.5	10.37%
<b>CRCG</b>				
Band 5	62.09	45.60	16.48	26.54%
Band 6	202.95	182.65	20.29	10.00%
<b>Forensic &amp; Spec Care Group</b>				
Band 5	79.12	48.2	30.92	39.08%
Band 6	68.81	71.28	-2.47	-3.60%
<b>Older Adults Care Group</b>				
Band 5	54.84	42.49	12.34	22.51%
Band 6	96.58	88.85	7.72	8.00%

#### Consultant Vacancies – actively recruiting

- Community Mental Health teams – 6 WTE (1 WTE starter in the pipeline – current internal NHS locum consultant to permanent post)
- Acute – 4 WTE (1 WTE starter in the pipeline – internal acting up doctor to permanent post)
- Community Recovery Specialist Services – 2 WTE (1 WTE starter in the pipeline – internal move)

- Forensics and Specialist Services – 4.2 WTE
- Older Adults – 2.5 WTE

Specialty Doctor Vacancies –actively recruiting

- Community Mental Health teams – 1 WTE
- Community Recovery Specialist Services – 3 WTE

Activities to reduce vacancy levels:

- Medical Improvement Plan in place, overseen by Medical Programme Board. Acute reviewing medical model to aid recruitment and a Business Case for International Recruitment has been drafted
- A multi-disciplinary establishment review (to include medical) is being undertaken which will form the basis for the new workforce model
- International nursing recruitment business case approved for national funding stream
- Health care worker funding secured to assist with recruitment
- Workforce planning in train for next 3 years
- Proposal for peripatetic team of nurses for Priority House being drawn up
- Working groups being set up to do some joint working with North East London Foundation Trust (NELFT)

**Freedom to Speak Up**

For February 2021, 14 concerns have been handled by the Freedom To Speak Up Guardian (FTSUG). 10 of these concerns were received via the Green Button. 9 of these concerns (64%), if accurate, could be considered whistleblowing concerns. The concerns are categorised and the FTSUG develops a plan of action according to the issue.

## IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Target	Local / National Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
001.W-W	Staff Sickness - Overall	✓	4.22%	L	5.2%	5.8%	4.5%	3.5%	3.6%	4.1%	3.7%	4.4%	4.4%	5.1%	4.2%	3.8%
002.W-W	Staff Sickness - Short term	✓	1.65%	L	3.0%	3.1%	1.6%	1.1%	1.0%	1.3%	1.7%	2.0%	1.9%	1.7%	1.5%	1.6%
003.W-W	Staff Sickness - Long term	✓	2.57%	L	2.2%	2.7%	2.8%	2.4%	2.6%	2.8%	2.0%	2.4%	2.5%	2.9%	2.7%	2.3%
004.W-W	Staff Turnover	✓	10.5%	L	11.5%	11.2%	10.6%	10.5%	9.3%	10.2%	10.1%	9.6%	9.4%	9.4%	9.4%	9.6%
005.W-W	Appraisals And Personal Development Plans		95%	L	98.5%	98.5%	98.5%					96.4%	98.0%	98.1%	98.1%	98.1%
006.W-W	Vacancy Gap - Overall		11.85%	L	13.7%	14.3%	14.7%	15.9%	15.0%	14.5%	12.8%	13.4%	12.7%	13.4%	14.1%	14.0%
007.W-W	Vacancy Gap - Medical		-	-	21.9%	22.6%	15.5%	24.9%	23.0%	23.6%	22.2%	28.1%	27.0%	26.8%	28.0%	27.9%
008.W-W	Vacancy Gap - Nursing		-	-	12.7%	13.5%	15.2%	17.0%	17.0%	15.7%	14.3%	14.3%	13.9%	13.3%	14.5%	14.7%
009.W-W	Vacancy Gap - Other		-	-	12.1%	12.9%	14.3%	14.6%	13.0%	13.2%	11.3%	11.5%	12.7%	12.0%	14.1%	12.2%
012.W-W	Essential Training For Role		90%	L	92.4%	91.4%	90.4%	89.8%	90.7%	91.0%	90.4%	90.0%	89.4%	89.5%	91.3%	90.4%

- *New targets were introduced April 2020; historic data RAG rated against the new targets however may have previously been compliant against old targets.*

CQC Domain	Well led – Finance
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> <li>• Partnering beyond Kent and Medway, where it benefits our population</li> <li>• Optimising the use of resources</li> <li>• Investing in system leadership.</li> </ul>

**Executive Lead(s):** Executive Director of Finance

**Lead Board Committee:** Finance and Performance Committee

### Issues of Concern

Agency Spend is currently forecast to be c£9m for 20/21. This is the highest level of agency spend for a significant number of years. The two Care Groups of particular concern are CRCG and Acute.

### Executive Commentary

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

## IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
001.W-F	Capital Service Capacity	✓	1.58	N	2.27											
002.W-F	Liquidity (Days)	✓	-11.1	N	-0.1											
003.W-F	Income And Expenditure Margin YTD (%)	✓	-0.7%	N	2.00%											
004.W-F	In Month Budget (£000)		0.0	N	153	0	0	0	0	0	0	0	(0)	(0)	(0)	0
005.W-F	In Month Actual (£000)		-	-	2,177	(0)	0	0	(0)	0	0	0	(0)	800	0	0
006.W-F	In Month Variance (£000)		-	-	2,024	(0)	0	0	(0)	0	0	0	0	800	0	0
006a.W-F	Distance From Financial Plan YTD (%)	✓	0.0%	N	2.00%											
007.W-F	Agency - In Month Budget (£000)		-	N	512	427	427	427	427	427	427	427	427	427	427	427
008.W-F	Agency - In Month Actual (£000)		-	-	568	596	638	724	823	743	804	825	824	761	638	596
009.W-F	Agency - In Month Variance from budget (£000)		-	-	56	169	211	297	396	316	377	398	397	334	211	169
010.W-F	Agency Spend Against Cap YTD (%)	✓	0.0%	N	3.40%	39.58%	44.46%	52.84%	62.84%	65.08%	68.95%	72.41%	74.97%	75.34%	72.74%	69.73%
011.W-F	CIP Plan (£000)		6m	L	702	281	282	283	561	564	564	564	564	564	564	564
012.W-F	CIP Actual (£000)		-	-	458	66	187	233	427	467	834	372	421	470	471	501
013.W-F	CIP Variance (£000)		-	-	(244)	(218)	(95)	(125)	(87)	(97)	270	(213)	(143)	(94)	(93)	(63)

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

Metrics 001.W-F – 003.W-F & 006a.W-F have been temporarily removed from this report due to suspension of this monitoring at a national level for 2020-21 during the global pandemic

CQC Domain	Caring
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> <li>• Embedding Quality Improvement in everything that we do</li> <li>• Build active partnerships with Kent and Medway health and care organisations</li> <li>• Strengthening partnerships with people who use our services and their loved ones</li> </ul>

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

**Issues of Concern**

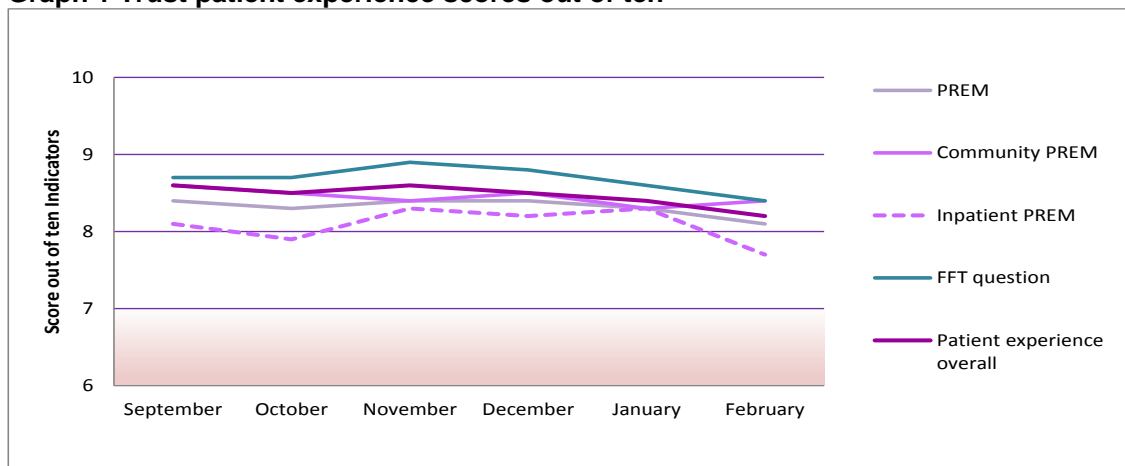
Low Patient Reported Experience Measures (PREM) response rate, in addition to an overall decline patient experience measure from people using inpatient services across older and younger adult services – plans are underway to increase service users’ feedback.

**Executive Commentary**

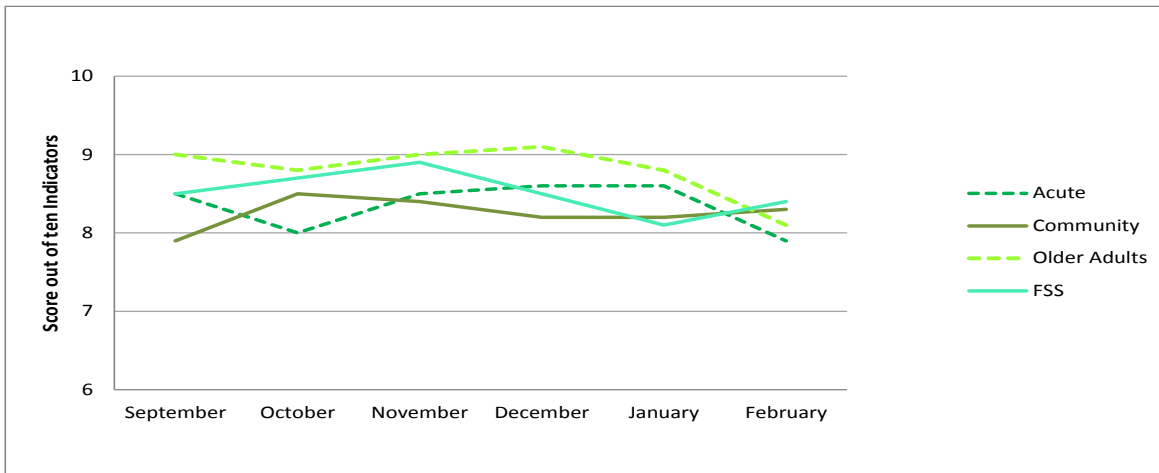
The Trust’s local target is to gather over 1000 PREM responses per month. Since the pause of patient surveys nationally in order to create capacity for clinical services to respond to Covid 19, we restarted our PREM surveys in September 2020. Included in this survey is the Patients Friends and Family Test score (PFFT). The number of responses is gradually increasing from 207 in September to 391 in February. Various approaches to gather feedback are now in use and it is anticipated that this should enable improvements in the response rate. As services start to increase face to face contact, this will also positively impact on the ability to gather feedback from some patients’ groups who respond better to this type of contact.

Analysis of the PREM results indicates a positive position. The majority of patients are reporting a good experience in the quality of their care, despite the impact of COVID-19. The overall patient experience in February 2021 was 8.2 out of 10, a slight reduction from 8.4 in January (Graph 1).

**Graph 1 Trust patient experience scores out of ten**



**Graph 2 Care group patient experiences score out of ten**



**Analysis**

Across many wards, people were less satisfied than those we care for in the community during February 2021 with inpatients average score of 7.7 out of 10. This is still in the range where patients agree that they experience our services positively. While there is a positive Trust and care group position in regards to patient experience, there are ‘hotspots’ where the scores are lower than 8 out of 10. On further analysis, the areas of concern were in relation to provision of information about medication, information on services and food (scores between 7.2 and 7.6 out of 10). In the last report, a male ward in East Kent that experienced two Covid outbreaks was an outlier in relation to poor experience. When the score was reviewed in February, the level of satisfaction was increased to 8.2 out of 10.

For Community services, the areas for improvement are related to help and support for financial advice and benefits and being seen often enough for their health needs. South West Kent CMHT had been an outlier from an overall patient experience with score of 7.7 out of 10 in January, an impact likely due to the effects of Covid 19 on staffing and responsiveness. Now that more staff are back to work and the team is operating as normal, the satisfaction has increased from 7.7 to 8.2 out of 10 in February.

In addition to the PREM survey, work is underway to repeat the Mystery Shopper initiative to our community based teams to test the effectiveness of the new telephone system and communication with services. Quarterly meetings with Healthwatch are schedule to resume shortly; these forums will provide feedback on the wider community experiences of using our services and will inform ongoing engagement and improvement work.

## IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
003.C	Complaints - actuals		-	-	28	22	19	33	38	36	39	29	31	23	33	29
004.C	Complaints - per 10,000 contacts		-	-	9.54	7.25	5.86	8.67	9.92	11.00	10.63	7.79	8.04	6.45	8.97	7.90
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	95.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
007.C	Compliments - actuals		-	-	78	84	86	87	128	89	111	132	120	99	97	96
008.C	Compliments - per 10,000 contacts		-	-	26.59	27.67	26.54	22.85	33.42	27.20	30.26	35.46	31.14	27.76	26.36	26.15
010.C	PALS acknowledged within 3 days (or agreed timeframe)		-	-	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%
011.C	PALS responded to within 25 days (or agreed timeframe)		-	-	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
012.C	PALS - actuals		-	-	75	64	67	78	90	84	128	117	105	53	86	81
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	652						207	394	348	357	249	391
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	4.7							2.6	2.1	2.3	1.6	2.6
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %		-	-	93.0%						8.4	8.3	8.4	8.4	8.3	8.1

*Note: 015.C measure construction changed from September 2020 to be a score out of 10*



CQC Domain	Responsive
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> <li>• Partnering beyond Kent and Medway, where it benefits our population</li> <li>• Driving integration to become business as usual for the system and for KMPT.</li> </ul>

**Executive Lead(s):** Chief Operating Officer

**Lead Board Committee:** Finance and Performance Committee

#### Issues of Concern

Continued referral demand combined with reduced capacity due to staffing pressures makes improvement in waiting time measures challenging.

The responsive section of the IQPR is under review by the Chief Executive, Chief Operating Officer and Director of Finance. A detailed update is provided to FPC and Board this month.

#### Executive Commentary

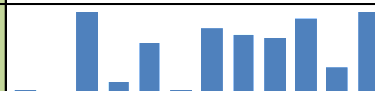






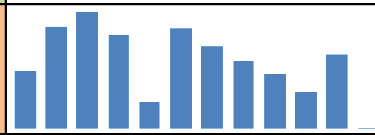


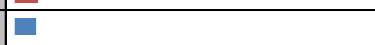
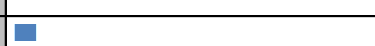

See SPC exception report for further information on key metrics.

## IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	60%	N	75.0%	86.4%	90.0%	84.2%	66.7%	85.7%	81.3%	77.3%	73.9%	69.6%	78.9%	60.0%
002.R	Referral To Assessment Within 4 Weeks		95%	L	87.7%	80.6%	89.3%	90.3%	88.4%	83.2%	74.2%	75.0%	70.6%	73.2%	70.3%	79.7%
003.R	18 Weeks Referral To Treatment		95%	L	86.5%	80.4%	82.3%	78.2%	73.4%	79.7%	77.9%	79.5%	77.9%	77.3%	78.3%	78.5%
004.R	% Of Waiting List Over 28 Days		-	-	54.0%	72.1%	66.7%	63.6%	63.3%	67.4%	65.7%	55.3%	52.3%	55.0%	50.8%	48.1%
005.R	% of Liaison (urgent) referrals seen within 1 hour		-	-	85.8%	91.9%	88.4%	85.2%	84.0%	89.3%	93.6%	87.1%	92.4%	90.9%	88.3%	83.2%
006.R	% of Liaison (urgent) referrals seen within 2 hours		-	-	75.6%	86.3%	92.2%	94.0%	92.1%	93.9%	96.0%	95.5%	94.9%	93.5%	94.4%	90.7%
007.R	DNAs - 1st Appointments		-	-	7.5%	6.0%	6.8%	6.1%	6.2%	6.5%	8.4%	11.7%	13.0%	13.5%	12.6%	12.9%
008.R	DNAs - Follow Up Appointments		-	-	6.4%	4.3%	4.8%	4.4%	5.6%	5.9%	7.7%	11.4%	11.3%	11.1%	11.0%	9.9%
009.R	Patient cancellations- 1st Appointments		-	-	3.3%	0.4%	0.2%	0.4%	0.5%	0.6%	1.1%	1.0%	1.1%	1.3%	0.9%	1.0%
010.R	Patient cancellations- Follow Up Appointments		-	-	6.2%	2.1%	2.0%	2.4%	2.7%	2.9%	3.1%	3.1%	2.8%	3.2%	2.9%	2.6%
011.R	Trust cancellations- 1st Appointments		-	-	18.1%	14.7%	11.3%	13.0%	14.5%	19.9%	17.7%	18.6%	11.6%	3.7%	4.4%	3.9%
012.R	Trust cancellations- Follow Up Appointments		-	-	16.6%	16.3%	11.1%	9.9%	9.5%	10.8%	10.9%	9.8%	9.5%	8.9%	9.2%	9.2%
013.R	Referrals Received (ave per calendar day)		-	-	319.1	221.8	283.3	336.2	367.6	361.7	377.2	382.3	359.4	331.4	342.5	363.4
014.R	Referrals Received (ave per working day)		-	-	378.5	260.7	352.1	386.7	424.0	433.1	436.1	449.2	426.0	400.1	419.1	433.8
015.R	Referrals Received (per 10,000 Kent and Medway Registered GP population)		-	-	589.8	370.4	484.5	617.4	716.9	641.5	715.3	717.5	667.2	622.0	624.7	627.6

## Appendix A

### IQPR Dashboard: Single Oversight Framework

Ref	Measure	Target	Jan-21	Feb-21	Trend (Last 12 months where available, left to right)
001.S	Occurrence Of Any Never Event	0	0	0	
001.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	95%	96.5%	98.9%	
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	95%	95.6%	95.6%	
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		171	244	
001.W-W	Staff Sickness - Overall	4.2%	4.2%	3.8%	
002.W-W	Staff Sickness - Short term	1.7%	1.5%	1.6%	
003.W-W	Staff Sickness - Long term	4.2%	2.7%	2.3%	
004.W-W	Staff Turnover	1.7%	9.4%	9.6%	
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60%	78.9%	60.0%	
001.W-F	Capital Service Capacity	158%			
002.W-F	Liquidity (Days)	-11.10			
003.W-F	Income And Expenditure Margin YTD (%)	0.0			
006a.W-F	Distance From Financial Plan YTD (%)	0.0%	0.00%		
010.W-F	Agency Spend Against Cap YTD (%)	0%	72.74%	69.73%	

Metrics 001.W-F – 003.W-F & 006a.W-F have been temporarily removed from this report due to suspension of this monitoring at a national level for 2020-21 during the global pandemic

\*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 [here](#)

## **Appendix B: IQPR Overview and Guide**

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).

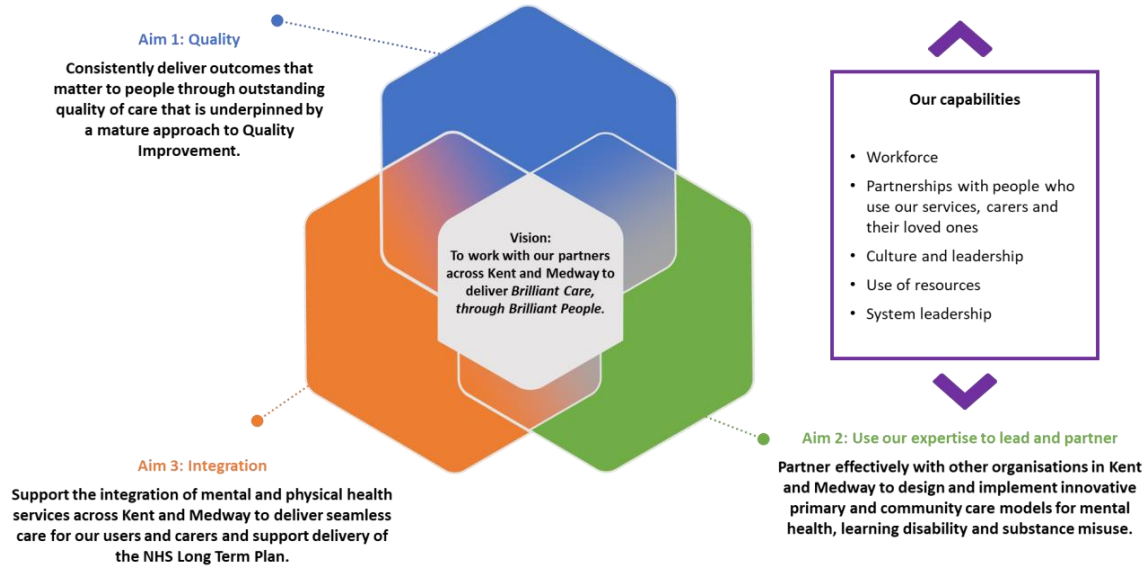
Good examples of IQPRs from high performing organisations change and improve over time. KMPT's is no different, and continues to be adjusted and improved in the light of feedback from internal and external stakeholders. Any changes to indicators are clearly documented and the report will include the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



## 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, referenced 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 than monthly.

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.

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%

## IQPR & Data Quality Update

March 2021

### 1. Introduction

At the September Public Board meeting a number of concerns were highlighted regarding the Trusts current performance especially in the Responsiveness Domain of the Integrated Quality and Performance Report (IQPR). These areas were:

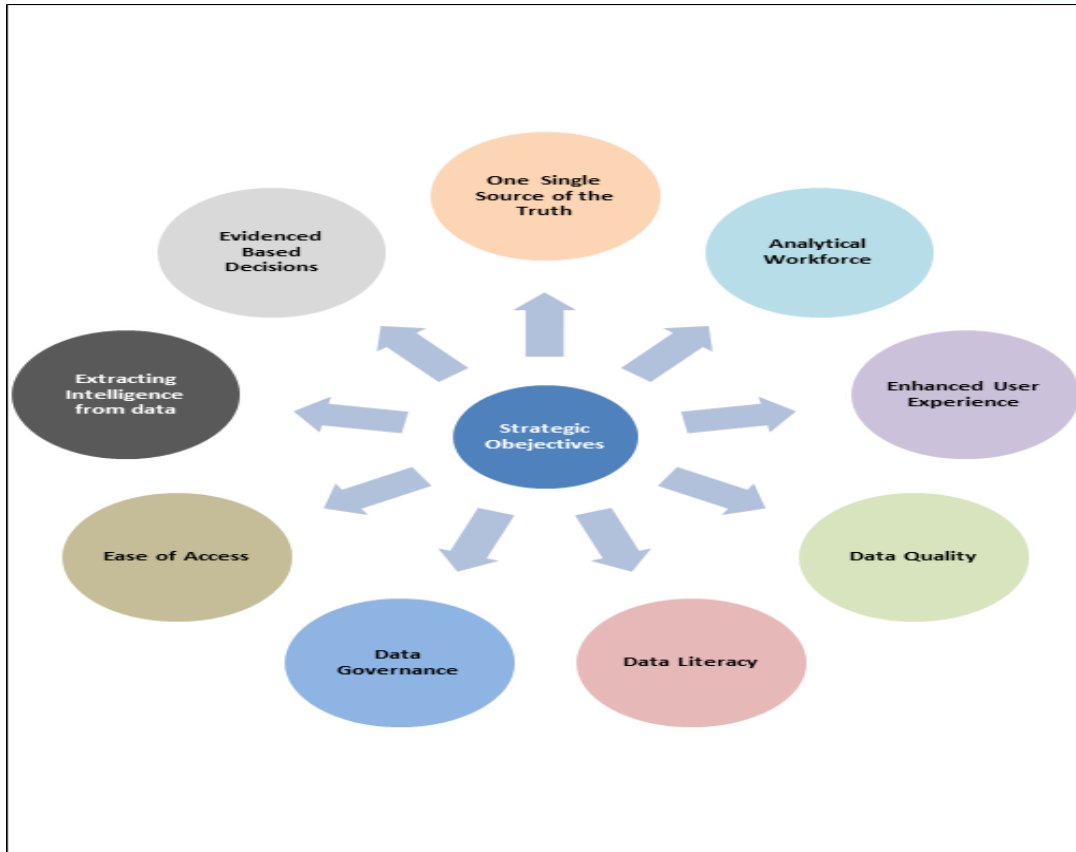
- 4 week wait (with particular concern regarding Older Adults performance)
- 18 week wait (with particular concern regarding Older Adults performance)
- Number of Trust initiated appointment cancellations

The Executive Team (EMT) has had subsequent discussions following the Board meeting regarding the actions that need to be taken. In addition, the Chief Operating Officer, Executive Director of Finance and Chief Executive discussed a series of actions in order to improve the quality of data capture, analysis and reporting. From these discussions a detailed plan evolved against which an update was provided to the October Private Board meeting, detailing the work undertaken up to that point. We have been providing an update as part of the IQPR appendices every month.

The plan had been drafted on the basis that there is an urgent need to change the culture in the organisation alongside being confident in the data presented to ensure “one version of the truth”. The Trust Informatics strategy presented and approved at Trust Board in January 2020 noted that *“One of the largest challenges will be the culture change, by this we mean the perception in the organisation of how we record, use and store data. The strategy will aim to demonstrate to the organisation the added value that will arise if data is stored and used correctly”*. Now is the time to embrace this and make these changes with recognition of the need to harness greater value from all trust data. It is therefore essential that the cultural challenges faced are addressed in order to provide strong foundations on which to build the capability to gather intelligence from the data collected.

This paper provides an update against the plan and objectives that EMT agreed at the Board in October 2020. Delivery of the objectives are held and led jointly by the Executive Director of Finance (DOF) and Chief Operating Officer (COO) reporting directly to the Chief Executive.

It is important to remember the nine strategic objectives we agreed as part of the Informatics Strategy as we set off on our journey earlier this year. These are below.



Following a review and approval of the Trust Strategy at the last Board meeting, it was agreed there would be five key metrics that we measure throughout the year as a Board. The key objective that the work in this paper is aligned to is the objective of: 2021/22 priority 4 - Streamlining quality and performance systems from front line staff workers to the Board.

**2. Reviewing the IQPR**

The original plan identified a number of key deliverables to be prioritised. The most significant piece of work was to review the IQPR. The objective of this review was to check the definitions of each indicator and ensure that these comply with the NHS Data Dictionary. Indicators were to be reviewed clearly setting out how the numerator and denominator are calculated and what teams are included in the calculation.

Progress has been made in reviewing the identified indicators, with the recent focus predominately on the Responsiveness domain of the IQPR. The following section sets out work to date and the remaining actions:

Indicator (s)	002.R Referral To Assessment Within 4 Weeks 003.R 18 Weeks Referral To Treatment 004.R % Of Waiting List Over 28 Days
Actions to Date	<ul style="list-style-type: none"> <li>• Full review of indicators completed</li> <li>• Proposal for future changes made:                             <ol style="list-style-type: none"> <li>1. We measure existing 4 and 18 week wait for CMHT, Open Dialogue and CMHSOP only                                     <ul style="list-style-type: none"> <li>• Measure to reflect routine referrals only</li> <li>• IQPR indicator % waiting over 28 days also reviewed and amended to reflect inclusions within the revised 4 week wait indicator</li> </ul> </li> <li>2. Introduce a new measure looking at responsiveness to urgent referrals in 72 hours                                     <ul style="list-style-type: none"> <li>• Initial proposed teams for inclusion: CMHT, CMHSOP &amp; CRHT. <i>(CRHT standards will be revised in line with new national guidance (linked to the LTP) and likely to change to 24/7 urgent assessment requirements with a prescribed expectation of time frame)</i></li> </ul> </li> <li>3. Complete an exercise to agree which other services need a waiting time measure and agree definitions and reporting to QPRs with escalations to board as required                                     <ul style="list-style-type: none"> <li>• Potentially in scope: Psychology, specialist services</li> <li>• Rationale, evidence base and supporting SOP to be completed for each new approach (if not already in existence)</li> </ul> </li> </ol> </li> <li>• DQ group reviewed proposal and accepted recommendation 08/03/21</li> </ul>
Remaining Actions	<ul style="list-style-type: none"> <li>• Build new measures for April data onwards – April 2021</li> <li>• Complete further review as set out in step 3 and embed in QPR process – June 2021</li> <li>•</li> </ul>

Indicator (s)	007.R – 012.R DNA’s and Cancellations
Actions to Date	<ul style="list-style-type: none"> <li>• Full consultation on options within RiO completed, resulting in agreed options to be available on RiO of:                             <ul style="list-style-type: none"> <li>• DNA (Low risk)</li> <li>• DNA (medium / high risk)</li> <li>• Cancelled by Client / Carer</li> <li>• Cancelled by Trust</li> </ul> </li> <li>• Completed review of Single Point of Access processes to ensure appropriate use of outcomes codes                             <ul style="list-style-type: none"> <li>○ New process agreed to utilise RiO functionality to support operational process without inappropriately creating DNA’s. To commence week commencing 15/03/21</li> <li>○</li> </ul> </li> </ul>



<b>Remaining Actions</b>	<ul style="list-style-type: none"> <li>• New Options for DNA and Cancellations to go live on RiO – March 2021</li> <li>• Monitoring of the use of new options by DQ group with investigations into outliers/variance – Q1 2021/22</li> <li>• Further review of team inclusions and recommendations for any changes to indicators reported in IQPR – June 2021</li> </ul>
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<b>Indicator (s)</b>	<b>013.R – 015.R Referrals</b>
<b>Actions to Date</b>	<ul style="list-style-type: none"> <li>• Review completed – details within previous update</li> </ul>
<b>Remaining Actions</b>	<ul style="list-style-type: none"> <li>• Review of current IQPR indicators to propose new single measure to be report on for April 21 data onwards.</li> </ul>

<b>Indicator (s)</b>	<b>005.R % of Liaison (urgent) referrals seen within 1 hour 006.R % of Liaison (urgent) referrals seen within 2 hours</b>
<b>Actions to Date</b>	<ul style="list-style-type: none"> <li>• Review completed October 2020 with Trust leads to define metrics as follows:  Liaison removed from 4 &amp; 18 week wait measures and Liaison measures redefined as follows:  % of Liaison (urgent) referrals seen within 1 hour Numerator – Of the Denominator who has had a face to face contact of any duration within 1 hour Denominator – Urgent or Emergency Referrals starting in the month that are in hours for the teams, Medway and Thanet teams only. Referrals ending with a discharge reason of ‘Dropped Out’ or ‘Patient Non Attendance’ are excluded.  % of Liaison (urgent) referrals seen within 2 hours Numerator – Of the Denominator who has had a face to face contact of any duration within 2 hours Denominator - Urgent or Emergency Referrals starting in the month that are in hours for the teams, Ashford, Canterbury, Dartford, East Team, Maidstone and SW Kent, Maidstone, Tunbridge Wells teams only. Referrals ending with a discharge reason of ‘Dropped Out’ or ‘Patient Non Attendance’ are excluded.</li> </ul>
<b>Remaining Actions</b>	<ul style="list-style-type: none"> <li>• Complete – no further actions beyond ongoing monitoring and identification of variance and exceptions within Performance Management Framework</li> </ul>

<b>Indicator (s)</b>	<b>006.E Delayed Transfers Of Care</b>
<b>Actions to Date</b>	<ul style="list-style-type: none"> <li>• Review complete, all reporting in line with national guidance, no further concerns raised on methodology currently applied</li> </ul>
<b>Remaining Actions</b>	<ul style="list-style-type: none"> <li>• Complete – no further actions beyond ongoing monitoring and identification of variance and exceptions within Performance Management Framework</li> </ul>

<b>Indicator (s)</b> 012.E Average Length Of Stay(Younger Adults) 013a.E Average Length Of Stay(Older Adults - Acute)	
<b>Actions to Date</b>	<ul style="list-style-type: none"> <li>Review complete, all reporting in line with national guidance, no further concerns raised on methodology currently applied</li> </ul>
<b>Remaining Actions</b>	<ul style="list-style-type: none"> <li>Complete – no further actions beyond ongoing monitoring and identification of variance and exceptions within Performance Management Framework</li> </ul>

<b>Indicator (s)</b> 004.S Emergency Readmission Within 28 Days	
<b>Actions to Date</b>	<ul style="list-style-type: none"> <li>Review carried out in January 2021 resulting in proposal being agreed at February 2021 DQ group:                             <ul style="list-style-type: none"> <li>Move to reporting within a 30 day time period in line with NHS benchmarking and NHS Digital.</li> <li>Propose new target for 2021/22 based on latest benchmarking results (applying weighted average of national means across ward types)</li> <li>Change terminology from Emergency to Unplanned in line with NHS Benchmarking and NHS Digital use</li> <li>Local guidance / SOPs to be updated to reflect any agreed changes</li> </ul> </li> </ul>
<b>Remaining Actions</b>	<ul style="list-style-type: none"> <li>Build new measures for April data onwards and apply new target – April 2021</li> <li>Distribute updated guidance on calculation (no change to current recording of admission method)</li> </ul>

<b>Indicator (s)</b> 019.S Safer staffing fill rates	
<b>Actions to Date</b>	<ul style="list-style-type: none"> <li>Review underway as part of the review of ESR being overseen by DQ group.</li> </ul>
<b>Remaining Actions</b>	<ul style="list-style-type: none"> <li>Review DQ as part of the establishment review which is underway. - April 2021</li> <li>Create Action plan based on findings – May 2021</li> </ul>

In addition to the planned work detailed above, work has commenced on reviewing the trusts three care and crisis planning measures due to recent changes in clinical processes. Work to date and remaining actions are as follows:

Indicator (s)	007.E % Of Patients With Valid CPA Care Plan Or Plan Of Care 008.E Crisis Plans (All Patients) 014.E Care Plans Distributed To Service User
Actions to Date	<ul style="list-style-type: none"> <li>• Paper discussed at February DQ group to identify steps required to resolve</li> <li>• Task and Finish group met 08/03/21 to discuss detail and make proposal of an initial 4 care planning metrics (<i>subject to change on wider consultation</i>):                             <ul style="list-style-type: none"> <li>• % of Patients on CPA with valid Care/Crisis Plan (excludes Personal Support Plans)</li> <li>• % of valid care plans for those on CPA distributed to patient</li> </ul> </li> <li>• % of Functional non CPA patients with a Personal Support Plan (CMHT, Open Dialogue, CMHSOP – Functional, Psychology)</li> <li>• % of Organic non CPA patients with a Personal Support Plan (CMHSOP – Organic)</li> </ul>
Remaining Actions	<ul style="list-style-type: none"> <li>• Further review and consultation with wider clinical leads on approach - March 2021</li> <li>• Review and sign off by trust DQ group – April 2021</li> <li>• Subject to agreement - Build new measures for April data onwards and apply new target – April 2021</li> <li>• Task and finish group to review forensic and specialist service Non CPA caseload not covered by initially proposed measures. Resultant recommendations to be discussed at DQ group and any subsequent report specified for IQPR or reporting at QPR.</li> </ul>

**Further IQPR developments:**

Since the last update a significant piece of work has been completed to embed Statistical Process Control within the IQPR. This was introduced in January 2021 focussed on the effectiveness and responsiveness domains. A new section was added to the start of the report which uses SPC to identify variation, allowing a more focussed analysis of areas of improvement and concern.

All work concerning the IQPR is led by the Assistant Director of Information & Performance and overseen by the DOF and COO, via the Data Quality (DQ) committee.

### 3. Data Quality

The Data Quality (DQ) committee is chaired by the Executive Director of Finance and supported by the Chief Operating Officer. The DQ Committee has clear work plans in place and a final report for each subject area will be presented to the committee for decision making. Any decisions that need to be considered by the Trust wide patient safety group will be referred there for final decision making and then implementation. The COO attends to have oversight of the revision of operating procedures aligned to the improving reporting processes

An initial list of items for the group were agreed as set out below. An update on work completed since the last report to Board is set out below:

- Estimated Discharge Date – EDD
  - Assurance of data completeness to inform reported MHSDS position
  - Identification of additional reporting options to allow a greater focus on accuracy and operational use and facilitate improvements in IQPR measures including Length of Stay and Delayed Transfers of Care.
  
- ESR Workforce scoping document
  - ESR Hierarchy changes have been completed and reflect what was agreed with finance colleagues
  - Workflow processes document produced
  - Work underway on correcting and aligning the establishment/budget information in ESR to ensure consistent reporting.
  
- Un-outcomed Appointments
  - Ongoing monitoring of issue, number of un-outcomed appointments at month end continues to increase.

	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02
Acute Service	6744	6680	6828	7043	7358	7495	7624	7761	8061	7959	7929	7776
Community Recovery Service	16607	16009	16138	15960	16378	16859	16885	17137	17585	17168	18122	18580
Forensic and Specialist	615	545	539	563	443	428	504	477	534	431	477	484
Older Adult	4936	5644	5318	5108	5036	5243	5431	5703	5870	5671	5779	5796
Unassigned	78	79	81	81	82	83	83	82	82	82	82	82
XX Old Teams	4389	4385	4385	4385	4385	4385	4385	4385	4384	4384	4384	4384
Project Teams	8	8	8	8	8	8	8	8	8	8	8	8
<b>Grand Total</b>	<b>33377</b>	<b>33350</b>	<b>33297</b>	<b>33148</b>	<b>33690</b>	<b>34501</b>	<b>34920</b>	<b>35553</b>	<b>36524</b>	<b>35703</b>	<b>36781</b>	<b>37110</b>

- Recommendations reviewed at February CEOG, feedback and resultant actions to deliver recommendations to be discussed at next DQ group where timescales will be set.
- Plan to introduce monitoring of leavers to ensure records complete before departure and encourage use of reports at supervision.

- Un-validated progress notes
  - Ongoing monitoring of issue, shows cumulative position continue to increase:

	Current	6 Months Ago	12 Months Ago
Acute Service	411,865	380,718	356,602
Community Recovery Service	209,571	181,627	163,143
Forensic and Specialist	76,787	70,664	66,916
Older Adult	171,958	165,957	162,342
Project Teams	1,341	161,518	161,518
XX Old Teams	161,518	12,801	12,382
(blank)	13,170	1,037	841
Grand Total	1,046,210	974,322	923,744

- Recommendations produced, awaiting date for discussion at Trust Wide Patient Safety Group for further input and sign off.
- Plan to introduce monitoring of leavers to ensure records complete before departure and encourage use of reports at supervision.

Regular updates on these items are provided in the appendix of the IQPR.

#### 4. Informatics strategy implementation

The following objectives from the Informatics strategy are key within the next 6 months to a year.

- **One single source of the truth** – complete the procurement exercise for procuring a new solution. Implement the solution; be clear the resources required to do this.
- **Extracting intelligence from data** – Having standards for data requests and the approach, ensure that data produced is interpreted accurately.
- **Ease of access** – streamline data access. Ensure fit for purpose for accessing and analysis data.
- **Data Governance** – robust process and governance in place that is embedded within the organisation.
- **Analytical workforce** – getting the maximum value from data, ensuring we have the right skill set within the operational and clinical teams.

In addition to the work highlighted within this paper which helps address some of these objectives a renewed plan (original plan impacted due to the pandemic) is being finalised to build on the progress made to date. There is ongoing consideration of the resource required to ensure we take forward these objectives at pace.

## 5. Culture Change

As described within the introduction of this report and previous updates we recognised when approving the Informatics strategy that the culture change in the organisation would be one of the largest challenges. The Trust has started this journey as part of the strategy; this will take time as the largest factor is educating the organisation to think differently regarding performance. This includes how we record, use and store data.

In order to improve the effective use of data there has been an increase in collaboration between operational, clinical and support leads to facilitate the review of the IQPR measures. Feedback from this approach has been positive from all parties.

Further developments to help culture change include a review of the monthly QPR process with each Care Group and its content (this will be led by the Executive Director of Finance and the Assistant Director of Performance and Information), expanding use of SPC and piloting new approaches to exceptions reporting with the performance team actively supporting care groups to attain greater insight into variation.

## 6. Next Steps

The Board are asked to note the content of this report. As progress is made reviewing each indicator set out in section 2 above and recommendations are agreed by the DQ committee, a progress update report can be provided to the finance and performance committee via the IQPR appendix.

## Front Sheet

<b>Title of Meeting</b>	Trust Board	<b>Date</b>	25 <sup>th</sup> March 2021
<b>Title of Paper</b>	Finance Report for February 2021 (Month 11)		
<b>Author</b>	Victoria French, Deputy Director of Finance		
<b>Executive Director</b>	Sheila Stenson, Executive Director of Finance		

<b>Purpose:</b> the paper is for:	<ul style="list-style-type: none"> <li>• <b>Delete as applicable</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Consideration:</b> <i>A report containing a positional statement relating to the delivery of the Trust's functions for which the Board has a corporate responsibility but is not explicitly required to make a decision</i></li> </ul>	

<b>Recommendation:</b>	
The board is asked to consider the financial position for month 11 (February 2021). This is consistent with the position submitted to NHS Improvement in the Month 11 Financial Performance Return.	
<b>Summary of Key Issues:</b>	<ul style="list-style-type: none"> <li>• <b>No more than five bullet points</b></li> </ul>
<p>The Trust is continuing to report in a changing financial regime. A revised plan was submitted on 22nd October, with further adjustments made across the system, not related to KMPT, in mid-November. This is now the plan that the Kent and Medway system are working to deliver, which for KMPT retains a breakeven position.</p> <p>Cash balances remain high due to the upfront payment in April 2020 of two months' block income. This will be paid back in March 2021, in advance of annual accounts, and this has been fed into the Trust cashflow. The final expected cash balance for 31st March is now £16m, £9m above plan.</p> <p>The capital working group continues to meet fortnightly across the Kent and Medway system to monitor spend and forecast against our system control total. A significant amount is planned to be spent in March on major refurbishment and technology schemes in line with the Clinical Technology and Estates Strategies. However, in light of the slippage experienced to date the forecast programme has been reduced by a further £0.25m.</p>	
<b>Report History:</b>	
N/A	

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

Implications / Impact:
<b>Patient Safety:</b> None
<b>Identified Risks and Risk Management Action:</b> Control total of breakeven set for 2020/21 <i>CRL and EFL limits set that can be under shot but not over shot.</i>
<b>Resource and Financial Implications:</b> New financial regime being mapped out so at this stage the requirements regarding efficiencies are not clear. Auditable records are being maintained for all Covid related spend and the national message is for finance not to obstruct sensible decision making at this time.
<b>Legal/ Regulatory:</b> Reconciles to NHS Improvement in the Key Data return Delivery of statutory targets
<b>Engagement and Consultation:</b> None
<b>Equality:</b> None
<b>Quality Impact Assessment Form Completed:</b> <b>Yes/ No N/A</b>



# Finance Report

## Trust Board

### February 2021



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## Executive Summary

### Executive Summary for February 2021

The Trust continues to report in the current financial regime. A revised plan was submitted on 22nd October, with further adjustments made across the system, not related to KMPT, in mid November. This is now the plan that the Kent and Medway system are working to deliver, which for KMPT retains a breakeven position.

Cash balances remain high due to upfront payment in April of two months' block income. Confirmation has now been received that this will be paid back in March, and this has been fed into the Trust cashflow.

The capital working group continues to meet fortnightly across the Kent and Medway system to monitor spend and forecast against our system control total. A significant amount is planned to be spent in March on major refurbishment and technology schemes in line with the Clinical Technology and Estates Strategies. However, in light of the slippage experienced to date the forecast programme has been reduced by a further £0.25m.

Focus is continuing on the Mental Health Investment Standard to ensure that KMPT is working closely with commissioners to deliver as much as possible against the expected investments, in the context of the pandemic. Key areas of focus for us include Early Intervention in Psychosis, perinatal mental health in the community, community mental health teams and psychiatric liaison services in acute hospitals.

### Income and Expenditure

In light of the financial architecture, KMPT is continuing to report a breakeven position. Patient Care Income is included as advised nationally, with an additional £4.8m year to date to reflect additional COVID-19 related costs and top-up to reach breakeven.

The additional costs for COVID-19 have been recognised in line with national guidance and include additional IT licences for remote working, and staffing costs for covering sickness absence and isolating staff. This is being closely monitored as the impact of the pandemic changes.

Other pressures separate to COVID-19 included the continued high levels of agency spend which is outlined further below, and private PICU placements which continue at high levels in January due to system wide pressures.

### Agency Spend

Agency spend continues to be high and this is reflective of increased staffing pressures experienced due to vacancies and the heightened COVID-19 pressure, with spend to date for this year totalling £8.0m. Of this, £0.7m is directly related to COVID-19.

Discussions take place in monthly budget meetings and Quality Performance Reviews regarding the level of agency usage and rotas reviewed to better understand agency spend, and to work with managers across the Trust to ensure consistency of staffing, and appropriate fill rates.

### Single Oversight Framework - Use of Resources

Due to changes in the financial architecture nationally, no risk ratings are being reported nationally for any trust. KMPT has therefore suspended its own reporting until we are advised nationally which metrics we are being measured against.

### Capital Programme

In February £3.3m was spent on the capital programme. The year to date performance is currently £6.5m behind plan, with a total spend of £9m. The profile for spend increases considerably in March and is being monitored weekly in advance of year end.

In light of the slippage in capital schemes, the programme for the remainder of 2020/21 has been reviewed and updated, as a result the overall forecast programme has been reduced by a further £250k to £14.7m.

There are a number of national programmes for which funding has been awarded included eradicating dormitories and critical infrastructure fund. Funding is being drawn down as it is utilised and returns are being submitted via the estates portal to the national team to update on progress.

### Cash

The new cash regime has resulted in the monthly block income being paid one month in advance. The Trust has therefore been holding average cash balances in excess of £30m since April. The Trust will not receive any block income in March to unwind this arrangement.

The forecast year end cash balance is £16m, this reflects no further block receipts, the £0.25m reduction in the capital programme and creditor payment runs being lower than anticipated in February. The forecast is £9m above the original plan.

### Cost Improvement Programme

The programme for this year is £5.9m. At the end of February the Trust is £0.9m behind plan with a forecast underachievement of £1.0m. Currently this is being mitigated in the forecast by non recurrent benefits and vacancy slippage.

Despite the challenges the pandemic has presented, productivity and efficiency initiatives have been discussed and progressed where possible within the Trust. Those Care Groups with gaps against target are being supported to find further efficiencies, both in terms of run rate reduction for agency spend and productivity initiatives through job planning and workforce redesign.

Discussions continue internally regarding the CIP programme for 2021/22 to ensure sufficient planning time for schemes to take full effect from April.

## Statement of Comprehensive Income

	Current Month			Year to Date			Year End Forecast		
	Budget £000	2 £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Forecast £000	Variance £000
<b>Income</b>									
Income from Activities	(17,636)	(14,987)	2,649	(178,330)	(183,980)	(5,649)	(194,631)	(200,897)	(6,266)
Other Operating Income	(670)	(912)	(242)	(7,479)	(8,659)	(1,180)	(8,138)	(9,532)	(1,394)
<b>Total Income</b>	<b>(18,307)</b>	<b>(15,900)</b>	<b>2,407</b>	<b>(185,809)</b>	<b>(192,639)</b>	<b>(6,829)</b>	<b>(202,769)</b>	<b>(210,429)</b>	<b>(7,659)</b>
<b>Expenditure</b>									
Substantive	13,402	11,453	(1,948)	133,427	124,610	(8,817)	145,768	136,547	(9,222)
Bank	600	1,273	673	6,429	15,170	8,741	7,008	16,581	9,574
Agency	247	596	349	1,919	7,972	6,053	2,092	8,681	6,590
<b>Total Employee Expenses</b>	<b>14,248</b>	<b>13,322</b>	<b>(926)</b>	<b>141,775</b>	<b>147,752</b>	<b>5,977</b>	<b>154,868</b>	<b>161,809</b>	<b>6,942</b>
Clinical supplies	161	181	19	1,775	1,715	(59)	1,936	1,879	(57)
Drugs	245	267	22	2,699	2,908	209	2,944	3,170	226
Other non pay	2,663	1,402	(1,261)	28,853	30,090	1,237	31,300	32,668	1,368
Non Exec Director	12	19	7	130	150	19	142	163	21
Redundancy Costs	(0)	0	0	(0)	97	97	0	97	97
Depreciation	564	537	(27)	6,344	6,259	(85)	6,929	6,796	(133)
<b>Total Non Pay</b>	<b>3,646</b>	<b>2,406</b>	<b>(1,240)</b>	<b>39,802</b>	<b>41,220</b>	<b>1,418</b>	<b>43,252</b>	<b>44,774</b>	<b>1,522</b>
<b>Total Expenditure</b>	<b>17,894</b>	<b>15,728</b>	<b>(2,166)</b>	<b>181,576</b>	<b>188,971</b>	<b>7,395</b>	<b>198,120</b>	<b>206,584</b>	<b>8,464</b>
<b>Operating (Surplus) / Deficit</b>	<b>(413)</b>	<b>(172)</b>	<b>241</b>	<b>(4,233)</b>	<b>(3,667)</b>	<b>566</b>	<b>(4,650)</b>	<b>(3,845)</b>	<b>805</b>
<b>Finance Costs</b>	413	172	(241)	4,233	3,667	(566)	4,650	3,845	(805)
<b>(Surplus) / Deficit</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>0</b>	<b>0</b>
Impairment	0	0	0	0	0	0	0	0	0
<b>Total (Surplus) / Deficit</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>0</b>	<b>0</b>

### Commentary

The February position has been reported based on known information. This includes areas highlighted below, and an adjustment of top-up income to ensure a breakeven position in line with national guidance. The budget for comparison is the internal plan developed with budget holders and managers.

The year end forecast is reflective of latest projections, using Care Group run rates and known changes anticipated in quarter 4. Spend relating specifically to COVID-19 is forecast based primarily on run rates from most recent months and some areas of spend, particularly pay, is in line with levels seen in the first wave. This continues to be closely monitored.

### Income

Income from Activities includes nationally provided contract values for main commissioners. The key variances year to date include an assumed £4.8m of income for COVID-19 related costs, an additional £0.5m for specialist placements and the Mother and Baby Unit, and top-up income for breakeven support of £2.6m year to date. This is offset by lower income in cost per case services with reduced activity during COVID-19.

### Pay

Substantive pay continues to significantly underspend due to vacancies. This has been offset by bank costs, which are higher due to additional shifts to cover staff affected by COVID-19. Pay costs relating specifically to Covid 19 total £4.1m to date. Income for these is recognised above. Agency spend remains high and is being actively reviewed within Care Groups.

### Non-pay

Other non pay includes additional IT licences due to increased homeworking and estates cost to ensure Covid safe buildings, which have been included within the COVID-19 cost recovery.

## Statement of Financial Position

	Opening	Year to Date	Year End Forecast
	2020-21	Actual	Forecast
	£000	£000	£000
<b>Non-current assets</b>			
Property Plant and Equipment	124,062	125,062	128,221
Intangible Assets	461	1,206	3,206
Other non-current receivables	403	270	275
<b>Total non-current assets</b>	<b>124,926</b>	<b>126,539</b>	<b>131,702</b>
<b>Current Assets</b>			
Trade and other receivables	8,510	6,173	5,498
Cash and cash equivalents	15,678	35,339	15,995
Assets held for sale	0	0	0
<b>Total current assets</b>	<b>24,188</b>	<b>41,512</b>	<b>21,493</b>
<b>Current Liabilities</b>			
Trade and other payables	(19,809)	(37,571)	(21,591)
Provisions	(1,208)	(426)	(1,208)
Borrowings	(3,203)	(1,042)	(1,055)
Other Financial Liabilities	0	0	0
<b>Total current liabilities</b>	<b>(24,220)</b>	<b>(39,040)</b>	<b>(23,854)</b>
<b>Non-current Liabilities</b>			
Provisions	(1,492)	(1,977)	(1,492)
Borrowings	(10,941)	(9,974)	(9,886)
<b>Total non current liabilities</b>	<b>(12,433)</b>	<b>(11,951)</b>	<b>(11,378)</b>
<b>Total Net Assets Employed</b>	<b>112,461</b>	<b>117,060</b>	<b>117,963</b>
<b>Total Taxpayers Equity</b>	<b>112,461</b>	<b>117,060</b>	<b>117,963</b>

### Commentary

The Statement of Financial Position plan has not been included for reporting by NHS Improvement. The year end forecast reflects the latest information available and the current forecast I&E position.

#### Non-current assets

The movement in Non Current Assets is lower than anticipated due to slippage in capital spend. Variances to the capital expenditure plan are detailed on page 7 of this report.

#### Current Assets

The high cash balance is predominantly a result of the COVID-19 financial regime whereby block contract sums are being paid a month in advance. This will continue until March.

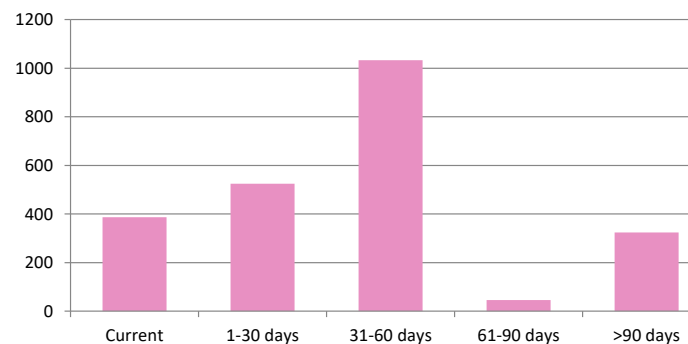
#### Current Liabilities

Trade and other payables includes over £17.8m of deferred income which is reflected in the cash balance and relates to advance payments.

#### Aged Debt

Our total invoiced debt is £2.3m, of which £0.9m is within 30 days. £1m of the debt in the 31-60 day category was paid in early March. The percentage of debt over 90 days has increased this month due to disputes with KCC around rental charges, the contracting team are following this up with the Council. A meeting took place in February to agree figures, and invoices are expected to be paid in March.

### Aged Debt Analysis



## 12 Month Cashflow

	Apr-20	May-20	Jun-20	Jan-00	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Forecast</i>
	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
<b>Cash brought forward</b>	<b>15,678</b>	<b>32,125</b>	<b>32,654</b>	<b>31,189</b>	<b>30,678</b>	<b>30,434</b>	<b>32,419</b>	<b>32,491</b>	<b>36,752</b>	<b>35,504</b>	<b>37,370</b>	<b>35,339</b>
<b>Receipts</b>												
Block payment	30,706	15,353	15,353	15,354	15,354	15,354	15,354	15,403	15,403	15,403	12,025	-
Top-up funding	372	442	379	840	438	1,406	1,267	1,300	431	431	-	-
Other income	2,733	586	561	2,214	866	1,564	592	6,149	3,654	3,820	1,966	2,902
PSF / FRF Funding	-	2,091	-	-	-	-	-	-	-	-	-	-
<b>Total Receipts</b>	<b>33,811</b>	<b>18,472</b>	<b>16,293</b>	<b>18,408</b>	<b>16,658</b>	<b>18,324</b>	<b>17,213</b>	<b>22,852</b>	<b>19,488</b>	<b>19,654</b>	<b>13,991</b>	<b>2,902</b>
<b>Payments</b>												
Pay	(10,707)	(10,872)	(11,367)	(11,379)	(11,119)	(10,870)	(11,649)	(11,295)	(11,297)	(11,412)	(11,720)	(11,412)
Non-Pay	(6,657)	(7,071)	(6,489)	(7,540)	(5,923)	(6,824)	(5,492)	(5,774)	(9,340)	(6,933)	(6,307)	(9,516)
Uncleared Payments	-	-	-	-	-	-	-	-	(99)	557	(199)	(259)
Loan repayment	-	-	-	-	-	-	-	-	-	-	-	-
Dividend payment	-	-	-	-	-	-	-	(1,522)	-	-	-	(1,961)
<b>Total Payments</b>	<b>(17,364)</b>	<b>(17,943)</b>	<b>(17,856)</b>	<b>(18,919)</b>	<b>(17,042)</b>	<b>(17,694)</b>	<b>(17,141)</b>	<b>(18,591)</b>	<b>(20,736)</b>	<b>(17,788)</b>	<b>(18,226)</b>	<b>(23,148)</b>
<b>Financing Transactions</b>												
Capital Sale Proceeds	-	-	-	-	140	1,355	-	-	-	-	-	-
PDC received	-	-	98	-	-	-	-	-	-	-	2,204	902
<b>Total Financing Transactions</b>	<b>-</b>	<b>-</b>	<b>98</b>	<b>-</b>	<b>140</b>	<b>1,355</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,204</b>	<b>902</b>
<b>Net Cash Inflow/Outflow</b>	<b>16,447</b>	<b>529</b>	<b>(1,465)</b>	<b>(511)</b>	<b>(244)</b>	<b>1,985</b>	<b>72</b>	<b>4,261</b>	<b>(1,248)</b>	<b>1,866</b>	<b>(2,031)</b>	<b>(19,344)</b>
<b>Cash carried forward</b>	<b>32,125</b>	<b>32,654</b>	<b>31,189</b>	<b>30,678</b>	<b>30,434</b>	<b>32,419</b>	<b>32,491</b>	<b>36,752</b>	<b>35,504</b>	<b>37,370</b>	<b>35,339</b>	<b>15,995</b>
<b>NHSI Plan</b>	<b>11,178</b>	<b>10,736</b>	<b>10,089</b>	<b>12,520</b>	<b>13,995</b>	<b>10,810</b>	<b>9,853</b>	<b>10,169</b>	<b>8,301</b>	<b>8,154</b>	<b>9,091</b>	<b>7,018</b>
<b>Variance</b>	<b>20,947</b>	<b>21,918</b>	<b>21,100</b>	<b>18,158</b>	<b>16,439</b>	<b>21,609</b>	<b>22,638</b>	<b>26,583</b>	<b>27,203</b>	<b>29,216</b>	<b>26,247</b>	<b>8,976</b>

### Commentary

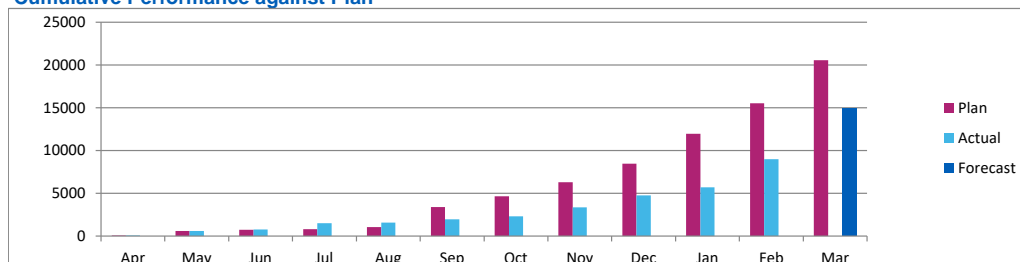
The new cash regime has seen the monthly block income paid one month in advance, this will unwind in March resulting in a forecast net cash outflow of £19.3m. The block payment received in February is in line with forecast, and is lower than previous months due to an agreed adjustment with the CCG for ceased services relating to 2020/21.

The cash forecast has increased by £2.5m from month 10 to £16m, due to additional receipts from NHS England and the CCG and lower than anticipated creditor payments in February. This forecast takes into account the further slippage in capital schemes .

## Capital Expenditure

	Current Month			Year to Date			Year End Forecast		
	Plan £000	Actual £000	Variance £	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000
Information Management and Technology	378	39	(338)	4,639	2,088	(2,550)	5,107	4,532	(575)
Informatics - Phase 2	0	0	0	250	0	(250)	250	0	(250)
HSLI - Kent Care Record	27	16	(11)	162	98	(64)	190	115	(75)
Capital Maintenance and Minor Schemes	733	1,349	615	3,164	2,390	(774)	4,763	3,979	(783)
Backlog Maintenance - Critical Infrastructure	317	1,182	865	1,583	1,360	(223)	1,900	2,162	262
Strategic Schemes	600	581	(19)	2,000	2,057	57	2,600	2,695	95
Maidstone mental health transformation project	1,500	116	(1,384)	3,000	253	(2,747)	5,000	451	(4,549)
PFI 2020/21	9	9	0	100	100	0	109	109	0
COVID-19 Schemes	0	0	0	641	641	0	641	641	0
<b>Total Capital Expenditure</b>	<b>3,564</b>	<b>3,292</b>	<b>(272)</b>	<b>15,539</b>	<b>8,989</b>	<b>(6,551)</b>	<b>20,560</b>	<b>14,685</b>	<b>(5,875)</b>

### Cumulative Performance against Plan



### Commentary

During February the Trust has spent £3.3m on the capital programme against the revised plan of £3.5m.

The forecast position for 2020/21 has been reduced by a further £0.25m as a result of slippage on various schemes.

NHSI have issued the Trust's initial Capital Resource Limit (CRL) of £6.1m plus additional funding relating to COVID-19 spend in 2019/20 £0.1m, HSLI - Kent Care Record £0.2m, EPMA £0.1m, Critical Infrastructure Fund £1.9m, Adopt and Adapt £0.3m, Eradication of Dormitories £0.6m, Cyber Security £0.03m and COVID 19 spend in 2020/21. This brings the current CRL to £10m. Following discussions with the centre further adjustments are expected to the CRL in March.

The Trust Capital Group continues to closely monitor the progress of the 2020/21 programme, including the £1.9m Critical Infrastructure Fund. Monthly reporting commenced in November to the national NHSE/I team on progress against these schemes, including contract award dates and photographs of works undertaken. This is now being undertaken monthly via a national portal.

### Capital Resource Limit (CRL)

Limit	£000	Funding Source	£000
Initial CRL	6,139	Depreciation	6,797
<b>Plus Funding Sources Approved</b>		<b>Plus Funding Sources Approved</b>	
COVID-19 - PDC for 2019/20 spend	98	COVID-19 - PDC for 2019/20 spend	98
HSLI - Kent Care Record	190	HSLI - Kent Care Record	131
EPMA	136	EPMA	136
Backlog Maintenance - CIF	1,900	Backlog Maintenance - CIF	1,900
Adopt and Adapt - 2020/21	250	Eradication of Dormitories - EMHDS - 2020/23	240
Eradication of Dormitories - EMHDS - 2020/23	596	Cyber Security 2020/21	37
Cyber Security 2020/21	37	COVID-19 - 2020/21 spend	642
COVID-19 - 2020/21 spend	642	Attend Anywhere	20
<b>CRL on Limits Report February 2021</b>	<b>9,988</b>	<b>Less Capital Commitments</b>	
		PFI	(723)
		Finance Leases	(173)
		<b>Subtotal</b>	<b>9,105</b>
Sale of Canada House	870		
<b>Expected CRL adjustments</b>		<b>Subtotal</b>	<b>9,105</b>
Cash brought forward	4,601	Sale of Canada House	870
Attend Anywhere	20		
Removal for Adopt and Adapt for the current year	(250)	<b>Funding Sources Pending Approval</b>	
Reduction to HSLI	(59)	Cash brought forward	4,601
Reduction to Eradication of Dormitories	(356)		
Reduction to forecast depreciation	(238)		
PFI Lifecycle Costs	109	PFI Lifecycle Costs	109
<b>Forecast CRL</b>	<b>14,685</b>	<b>Available Resources</b>	<b>14,685</b>

## Cost Improvement Programme

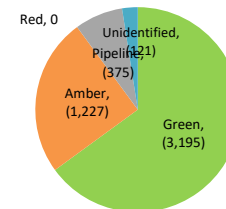
Care Group	In Month			Year to Date			Year End Forecast			Full Year Effect	Commentary
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Actual	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Acute	(112)	(200)	(88)	(1,229)	(1,226)	3	(1,341)	(1,341)	0	(973)	Year to date we are reporting £0.8m behind plan and forecast to underachieve the CIP programme by £1.0m for the full year.
Older People	(54)	(92)	(38)	(500)	(489)	11	(555)	(555)	0	(229)	
Community Recovery	(97)	(96)	1	(1,067)	(651)	416	(1,164)	(738)	426	(168)	
Forensic & Specialist Services	(122)	(66)	56	(984)	(753)	231	(1,106)	(824)	282	(565)	
Support Services	(156)	(69)	87	(1,317)	(1,143)	174	(1,472)	(1,212)	261	(546)	
Trustwide	(23)	(21)	3	(257)	(229)	28	(280)	(250)	30	(250)	
<b>Total</b>	<b>(564)</b>	<b>(544)</b>	<b>20</b>	<b>(5,354)</b>	<b>(4,491)</b>	<b>863</b>	<b>(5,917)</b>	<b>(4,919)</b>	<b>999</b>	<b>(2,730)</b>	
<b>Scheme Category</b>											At this stage in the year, Care Groups are focusing on identifying recurrent schemes that will impact on 2021/22 and ensure that non recurrent savings delivered this financial year are sustained.
<b>Recurrent</b>	(557)	(325)	232	(5,283)	(2,396)	2,887	(5,840)	(2,638)	3,202	(2,730)	
<b>Non Recurrent</b>	(6)	(219)	(213)	(71)	(2,095)	(2,024)	(77)	(2,280)	(2,203)	0	
<b>Total</b>	<b>(564)</b>	<b>(544)</b>	<b>20</b>	<b>(5,354)</b>	<b>(4,491)</b>	<b>863</b>	<b>(5,917)</b>	<b>(4,919)</b>	<b>999</b>	<b>(2,730)</b>	
<b>RAG Breakdown of Plan</b>											Areas currently being worked through and considered are Hub & Spoke models within Older Adults and CRCG, rota reconfiguration within Forensics, and Inpatient and Community redesign.
<b>Green</b>	(114)	(258)	(145)	(1,253)	(2,963)	(1,710)	(1,367)	(3,195)	(1,829)	(1,755)	
<b>Amber</b>	(47)	(155)	(108)	(389)	(1,078)	(689)	(435)	(1,227)	(791)	(957)	
<b>Red</b>	(69)	0	69	(555)	0	555	(623)	0	623	(19)	
<b>Pipeline</b>	0	(33)	(33)	0	(342)	(342)	0	(375)	(375)	0	
<b>Unidentified</b>	(334)	(97)	237	(3,158)	(109)	3,048	(3,492)	(121)	3,371	0	
<b>Total</b>	<b>(564)</b>	<b>(544)</b>	<b>20</b>	<b>(5,354)</b>	<b>(4,491)</b>	<b>863</b>	<b>(5,917)</b>	<b>(4,919)</b>	<b>999</b>	<b>(2,730)</b>	

Discussions continue internally regarding the CIP programme for 2021/22 to ensure sufficient planning time for schemes to take full effect from April. SLR data is being utilised to fully understand unit costs and areas of opportunity.

### Top 5 Approved Schemes (by Value)

Scheme Title	Annual Plan	Forecast	Risk Rating
1 PICU Placement reduction	973	973	●
2 Tarentfort Staffing Merger	375	292	●
3 Video Conferencing	250	250	●
4 Reduction in CMHT staffing for Urgent & Emergency w/c	182	0	●
5 Closure of NK POS	143	143	●

### Risk Adjusted Profile of Forecast





## Care Group Forensic & Specialist Services

### Executive Summary

The net position for the Care Group at the end of February is a £684k overspend, following a £213k overspend in month.

Current care group projects include:

- Recruiting into the MIMHS (Mother and Infant Mental Health Service) teams following investment for the long term plan to extend the remit of the service.

- Psychological support for NHS staff Kent-wide, in the shape of a wellbeing/resilience hub providing prevention, screening, assessment, and a stepped model for psychological intervention for NHS/Healthcare staff impacted by Covid-19

### Income and Expenditure

Non-pay is underspent across the Care Group, particularly travel which is £247k underspent ytd and contributing to CIP.

Overspends in pay are due to increasing the use of temporary staffing, due to vacancies and acuity of patients at MSU (Medium Secure Unit) and the LSU (Low Secure Unit). This acuity of patients is putting further pressure on the care group.

As recruitment into the MIMHS teams for the long term plan continues, there has been £87k spent in direct costs for the year to date.

The FIND (Forensic Intellectual Neuropsychological Development) service is £88k underspent YTD. This is a shared service with Surrey & Sussex, with all three providers contributing to this underspend. Surplus funds will be carried forward into 2021/22 to support continued service provision across the partnership.

### Cost Improvement Plans

The Tarentfort merger CIP has been completed, with the budgets transferred and the new rota being worked to. This has resulted in a £500k saving (full year effect).

CIP plans of 2021/22 have been explored, including pushing forward with a contract with BUPA for spot bed booking at Bridge House for private patients. Further plans involve system changes for the forensic pathway for women, and the commissioning requirements for Neuropsychiatry services. These plans all require more work, but are a starting point for the care group for the new year.

### Financial Position

	Year to Date			Year End Forecast		
	<i>Budget</i>	<i>Actual</i>	<i>Variance</i>	<i>Budget</i>	<i>Forecast</i>	<i>Variance</i>
	£000	£000	£000	£000	£000	£000
<b>Income</b>	(983)	(1,136)	(153)	(1,078)	(1,219)	(142)
<b>Employee Expenses</b>	27,853	29,285	1,432	30,424	32,147	1,724
<b>Operating Expenses</b>	3,660	3,065	(595)	3,996	3,365	(631)
<b>Net Position</b>	<b>30,530</b>	<b>31,214</b>	<b>684</b>	<b>33,342</b>	<b>34,294</b>	<b>951</b>
	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>	<i>Forecast</i>	<i>Actual</i>	<i>Variance</i>
	£000	£000	£000	£000	£000	£000
<b>CIP Summary</b>	(984)	(753)	231	(1,106)	(824)	282

### Agency

In MHL there are currently 3.6 vacant medical posts, and another 0.60 on a career break, being supported by 2 agency doctors at consultant and career grade.

There are also agency doctors within Neuropsychiatry and the Mother and Infant MH services where there are long standing vacancies. The Mother and Infant vacancy is going back out to advert this month.

Work continues to explore new ways of working where recruitment isn't possible, including the work with trainee ACPs.

Nursing agency is historically minimal in the Care Group, but due to the acuity and rota issues causing pressures in the wards, where bank is unavailable, agency has been used which equated to 1.38 WTE in February, largely in Walmer and Penshurst wards.

### Forecast

The forecast has moved to a £951k overspend at the end of the year.

This overspend is due to temporary staffing spend due to vacancies (particularly difficult to fill medical posts) and a greater than usual acuity of patients resulting in more one to one, two to one and even in one case, a four to one level of patient observation.

## Care Group Acute

### Executive Summary

The Acute Care Group is underspent by £540k on a year to date basis reflecting vacancies above expected levels.

Agency spend has remained consistently high within both medical and nursing staff groups.

The level of acuity of the patients being admitted continues to be high which in turn presents continued levels of pressures to the Care Group particularly due to the increased level of observations required.

Recruitment is ongoing to expanding services such as Crisis Resolution Homecare Treatment Service (CRHT). This is in line with the Long Term Plan and Mental Health Investment Standard.

### Income and Expenditure

Vacancies continue across a number of services. Temporary staffing is used whenever possible to offset the impact of the vacancies. In the inpatient services, Employee Expenses are overspent as a result of acuity of patients and additional staffing on rotas.

In contrast developing services such as CRHT are underspent due to recruitment taking longer than anticipated during the pandemic.

### Cost Improvement Plans

The Care Group is staying within the contracted beds under the Cygnet contract. There have been bed days incurred through other providers, however overall the Care Group is achieving the CIP target.

The North Kent Place of Safety remains closed and the resulting savings are identified as CIP on a non recurrent basis.

The Care Group has underspent on travel due to vacancies and an increased use of video conferencing during the Covid 19 pandemic. This has been included as non recurrent CIP with recurrent impacts being worked through.

### Financial Position

	Year to Date			Year End Forecast		
	<i>Budget</i>	<i>Actual</i>	<i>Variance</i>	<i>Budget</i>	<i>Forecast</i>	<i>Variance</i>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Income</b>	0	(25)	(25)	0	(25)	(25)
<b>Employee Expenses</b>	27,918	27,355	(563)	30,496	29,838	(658)
<b>Operating Expenses</b>	4,394	4,443	48	4,794	4,966	172
<b>Net Position</b>	<b>32,313</b>	<b>31,772</b>	<b>(540)</b>	<b>35,290</b>	<b>34,779</b>	<b>(511)</b>
	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>	<i>Forecast</i>	<i>Actual</i>	<i>Variance</i>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>CIP Summary</b>	(1,229)	(1,226)	3	(1,341)	(1,341)	0

### Agency

Medical Agency continues in the care group with a year to date spend of £855k. The care group continue to explore different staffing models.

Wards continue to use nursing agency when they are unable to book bank staff to cover shortages in their shifts due to issues such as vacancies and the level of observations. In month the Care Group spend totalled £125k an increase of £9k on January

### Forecast

The financial forecast for the Acute Care Group is an underspend of £511k.

Pay is forecast to be £658k underspent for this financial year. Within this is the NK Place of safety CIP, Dartford and South East Kent CRHT underspends due to recruitment delays. This is offset by the overspends in the inpatient service, mainly within Willow Suite. The wards have high levels of acuity of patients resulting in an increase in staffing requirements. This level of acuity is reported to have increased significantly by Care Group teams. Work is underway to analyse Safe Care data so this can be explored further.

Non-pay is forecasting an £172k overspend, this includes 6 block beds which the funding for this is held centrally.

## Care Group Older People

### Executive Summary

The Older People's Care Group is underspent against plan in the year to February, reflecting vacancies above expected levels.

The underlying financial position is stable in Older Adults with a small increase in run rate of £4k compared to January levels.

£105k of the Year to Date (YTD) spend has been to support discharges during the winter period. This is forecast to be £419k for the financial year. These costs have been funded by the CCG with all income accounted for centrally and include both pay costs for temporarily redeployed staff and non pay costs for additional equipment.

### Income and Expenditure

The £183k underspend is driven by nursing vacancies in teams which consistently find it difficult to recruit. Around 21 WTE posts were vacant in February in Inpatient services. These vacancies are the non-recurrent savings which mitigate CIP under achievement.

A further 22 WTE clinical posts were vacant in Community teams, either through vacancies not covered by bank or agency or temporary redeployments to support inpatient services during February (3 WTE).

### Cost Improvement Plans

The Care Group reports £92k savings achieved in month through reduction of posts and reduction of travel costs (£16k) against a target of £54k. £66k (72%) of this is non-recurrent vacancies on inpatient wards. Achievement year to date is £11k adverse to the £489k target, this is mitigated by vacancies across the Care Group in prior months and will be cleared non-recurrently by year end through continuing vacancies.

Future CIP plans remain based on Workforce redesign programmes which have progressed with process mapping during February. Over the coming months this work will add in demand and capacity information to inform a workforce model. The aim is to complete this by the end of June and deliver efficiencies from October onwards.

### Financial Position

	Year to Date			Year End Forecast		
	<i>Budget</i>	<i>Actual</i>	<i>Variance</i>	<i>Budget</i>	<i>Forecast</i>	<i>Variance</i>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Income</b>	0	(12)	(12)	0	(12)	(12)
<b>Employee Expenses</b>	22,800	22,665	(135)	24,875	24,885	9
<b>Operating Expenses</b>	1,236	1,200	(36)	1,348	1,541	193
<b>Net Position</b>	<b>24,036</b>	<b>23,853</b>	<b>(183)</b>	<b>26,223</b>	<b>26,413</b>	<b>190</b>
	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>	<i>Forecast</i>	<i>Actual</i>	<i>Variance</i>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>CIP Summary</b>	(500)	(489)	11	(555)	(555)	0

### Agency

Agency usage in the Care Group has cost £678k year to date, £70k in February. £12k of this cost relates to agency staff (2.8wte) supporting Community teams whilst substantive postholders are working on the Winter discharge project. £20k relates to the agency Consultant (1wte) in Canterbury where the vacancy for a substantive Consultant remains unfilled and £8k for a Specialty Doctor (1wte). £19k supports Community teams with vacancies where recruitment continues (4wte) and £9k support wards where minimal agency is required to fill rotas (2wte).

### Forecast

The current forecast is for a £190k overspend; the overspend relates to the £419k of spend relating to the Winter discharge project.

Underspends in pay in community and inpatient services total £0.7m which offsets a CIP target of £0.4m and medical pay overspends of £0.3m. The underspends are reflective of persisting vacancies and the medical overspend is due to agency usage for the whole financial year.

## Care Group Community Recovery

### Executive Summary

The Community Recovery Care Group continues to overspend against plan.

The Rough Sleeper Projects in West Kent and Medway are due to be extended into the new financial year following the success of the 2020/21 projects and in line with the NHS Long Term Plan.

The Liaison service continues to expand following Core24 investment, though recruitment proves to be challenging within certain teams. The service has also now received funding for Winter Pressures.

The Single Point of Access have commenced recruitment to expand the service to 24/7. Discussions are underway to expand the service further with Urgent Access teams.

### Income and Expenditure

The year to date overspend within employee expenses continues to be due to the levels of agency consistently being used, despite a reduction in recent months.

Whilst this is primarily within the CMHTs, Liaison are also using agency to cover vacancies. This has reduced significantly but is not expected to reduce further at this stage.

Operating expenses continue to be over spent due to the drugs costs being higher than anticipated in CMHTs and some one-off spends on Therapeutic Equipment within the Rehabilitation service during the first COVID-19 wave.

### Cost Improvement Plans

The Care Group will not be able to meet the remaining 2020/21 CIP target of £730k.

A total of £738k has been identified to date but given the over spend position of the Care Group, there is no slippage remaining to remove non-recurrent vacancies.

Productivity schemes are high on the agenda for the 2021/22 CIP programme and the Liaison and Early Intervention services have already commenced this work.

The CMHT productivity work has commenced and initial findings will be discussed with the Care Group over the coming month.

### Financial Position

	Year to Date			Year End Forecast		
	Budget £000	Actual £000	Variance £000	Budget £000	Forecast £000	Variance £000
<b>Income</b>	(7)	(128)	(122)	(7)	(161)	(154)
<b>Employee Expenses</b>	36,858	37,254	396	40,256	40,713	457
<b>Operating Expenses</b>	2,785	2,949	164	3,038	3,224	186
<b>Net Position</b>	<b>39,637</b>	<b>40,074</b>	<b>438</b>	<b>43,286</b>	<b>43,775</b>	<b>489</b>
	Plan £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
<b>CIP Summary</b>	(1,067)	(651)	416	(1,164)	(738)	426

### Agency

Agency has increased on trend slightly.

Medical agency remains consistent and is expected to be so for the remainder of the financial year.

Nursing agency increased across the whole care group. Within the CMHTs, this is due to timesheets for prior months now being submitted and paid. This has been escalated to NHS Professionals via monthly contract meetings. Liaison's agency spend increased within the Medway team.

Recruitment is ongoing and the teams are looking at alternative posts to recruit to in order to support the workload and reduce agency.

### Forecast

The Care Group are forecast to over spend by £489k.

A significant over spend on pay is due to consistent agency usage in the CMHTs and Liaison.

Total agency spend is expected to be £3.7m, the majority of which is in the CMHTs.

Non-pay is expected to be over spent due to drugs costs and equipment costs in the Rehabilitation service.

## Care Group Support Services

### Executive Summary

Support Services reports an overspend to date of £1.3m.

PICU Private Beds which do not meet the PICU criteria remain under Operations and as the main cost pressure in Support Services. The costs have remained static in February, as we are now down to one patient who is expected to remain until the end of March 21.

Additional external capacity was opened in February to support with patient flow. These costs are being picked up under the DTOC funding that has been allocated from a national initiative.

### Income and Expenditure

The YTD position as at February is overspent by £1,342k.

This is a favourable movement of £473k on the M10 position. The main movement is within Employee Expenses and due to a review of long standing accruals leading up to year end, mainly with the Medical Directorate.

Income has increased due to additional income from CCGs to fund a new Integrated Care System Team which is working to support Mental Health, Learning Disabilities & Autism. There has also been some additional Health and Wellbeing funds received to support the role out of Virgin Go Pulse to staff.

Operating Expenses continues to reflect an overspend due to the PICU private beds mentioned above which now stands at a cost pressure of £1,246k, but is being mitigated slightly by underspends on areas such as travel due to COVID-19.

### Cost Improvement Plans

All of the identified CIPs schemes allocated against February have delivered both in month, and year to date.

The Medical directorate has not met it's CIP target, but has sufficient underspends to offset their target non-recurrently.

A large proportion is still allocated on a non-recurrent basis. These are now starting to be reviewed as part of the Business Planning process for 2021/22, which a hope to convert some savings to recurrent.

### Financial Position

	Year to Date			Year End Forecast		
	<i>Budget</i>	<i>Actual</i>	<i>Variance</i>	<i>Budget</i>	<i>Forecast</i>	<i>Variance</i>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Income</b>	(6,147)	(6,343)	(196)	(6,680)	(7,042)	(361)
<b>Employee Expenses</b>	25,711	26,127	416	28,140	28,657	517
<b>Operating Expenses</b>	19,185	20,357	1,171	20,942	22,005	1,063
<b>Financing Costs</b>	736	687	(49)	803	751	(52)
<b>Net Position</b>	<b>39,485</b>	<b>40,827</b>	<b>1,342</b>	<b>43,204</b>	<b>44,371</b>	<b>1,167</b>
	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>	<i>Forecast</i>	<i>Actual</i>	<i>Variance</i>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>CIP Summary</b>	(1,317)	(1,143)	174	(1,472)	(1,212)	261

### Agency

Agency use has decreased in February.

There has been a problem in obtaining ancillary agency staff through NHSP this month, which has meant that there has been a reduction in use. There have been further costs identified as being due to Covid-19, which have been recoded resulting in a further reduction in Support Services.

The fixed term worker supporting the work around the PICU private beds continues, and is funded from the Mental Health Investment funds to support work around OATs (Out of Area Treatment) as well as supporting the Trust with PICU.

### Forecast

Support Services is currently forecasting a £1.2m overspend. This is a favourable movement of £600k from the January forecast.

The main reduction is due to the review of the long standing accruals within the Medical Directorate. Bank and Agency has reduced, mainly due to the problems booking Ancillary Agency. There was also an invoice recoded to Central expenses in month which has reduced the forecast further.

The main reason for the forecast overspend are the Bed Overspills (£1.3m) and the reactive maintenance budget which is forecasting a £695k overspend. These costs are mitigated by forecast underspends on travel reductions, conference and seminars and other non pay underspends which are forecast to continue due to COVID-19.

## Contracts and Income

### Clinical Income by Type

	Current Month			Year to Date			Year End Forecast		
	<i>Budget</i>	<i>Actual</i>	<i>Variance</i>	<i>Budget</i>	<i>Actual</i>	<i>Variance</i>	<i>Budget</i>	<i>Forecast</i>	<i>Variance</i>
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Block contracts	(16,251)	(14,693)	1,559	(176,920)	(181,134)	(4,214)	(193,140)	(195,662)	(2,522)
Clinical Partnerships	(81)	(183)	(101)	(948)	(2,037)	(1,089)	(1,029)	(2,297)	(1,268)
Cost and volume contract	0	(111)	(111)	(462)	(805)	(343)	(462)	(2,938)	(2,476)
<b>Total Patient Care Income</b>	<b>(16,333)</b>	<b>(14,986)</b>	<b>1,346</b>	<b>(178,330)</b>	<b>(183,976)</b>	<b>(5,645)</b>	<b>(194,631)</b>	<b>(200,897)</b>	<b>(6,266)</b>

### Commentary

**Block contracts:** All block contracts reflect the figures advised by NHS England and NHS Improvement as those deemed necessary to support providers during the current pandemic, based on 2019/20 income.

Also included here is additional funding to deliver the Mental Health Investment Standard, including extension to services in Specialist Community Forensics (SCFT), Liaison, Early Intervention in Psychosis (EIP), Crisis, Perinatal and Learning Disability (MHL) as well as full funding for Community Recovery extensions which were agreed in 2019/20.

Additional funding for Winter Pressures and discharges is included and all funding relating to the Continuing Healthcare service has been returned to the CCG. Also included here is the recharge for additional costs associated with Covid and top up funding.

**Cost and volume contract:** All income shown here is with non-NHS providers or is for one specialist case which is outside of the current arrangements.

## Front Sheet

<b>Title of Meeting</b>	Trust Board	<b>Date</b>	25 <sup>th</sup> March 2021
<b>Title of Paper</b>	KMPT's recover and transform programme		
<b>Author</b>	Martine Mccahon, Assistant Director Transformation and Improvement		
<b>Executive Director</b>	Vincent Badu, Executive Director Partnerships and Strategy/Deputy Chief Executive		

<b>Purpose:</b> the paper is for:	<ul style="list-style-type: none"> <li>• <b>Delete as applicable</b></li> </ul>
<ul style="list-style-type: none"> <li>• Information</li> </ul>	

<b>Recommendation:</b>	
The Board is asked to receive this report on progress of the Recover and Transform Programme to enable new ways of working to be sustained and embedded across the organisation.	
<b>Summary of Key Issues:</b>	<b>1. No more than five bullet points</b>
<ul style="list-style-type: none"> <li>• In May 2020 in response to the COVID-19 pandemic KMPT established a recover and transform programme to strengthen our focus and delivery. A programme board (RTPB), chaired by the Executive Director Partnerships and Strategy/Deputy CEO, provides oversight and strategic direction and each work stream has a dedicated executive sponsor.</li> <li>• We are focused on supporting our most vulnerable staff and service users and as a result we have established a Health Inequalities Group and Digitally Enabled Care has a strong focus on inclusion - it is essential we translate what will work for different patient populations and how we adapt for example older people, people with learning disabilities and autism</li> <li>• The timetable for new national planning guidance is anticipated in the following months and will be impacted by the Governments proposals for Health and Care Reform and the need to focus on phase 4 recovery, the RTPB will review the impact of this guidance on the recover and transform programme</li> <li>• Due to COVID some of the project's progress has been delayed although work is progressing well</li> <li>• Demand may be adversely impacted by third sector agencies. For example where IAPT is unable to offer the fully capacity resulting in those people coming into KMPT services</li> </ul>	
<b>Report History:</b>	
The Board have been receiving highlight reports for the recover and transform programme since May 2020. This report provides an overview of the progress delivered over the past quarter and provides exceptions with regards to delivery.	

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

Implications / Impact:
<p><b>Patient Safety:</b> Patient safety is considered across the recover and transform programme and within all project areas</p>
<p><b>Identified Risks and Risk Management Action:</b> If the organisation does not deliver transformed care pathways and embed new ways of working across services then there will be increased risk of unwarranted variation and inequitable service provision, inadequate clinical effectiveness and financial pressure. Establishment of programme framework to deliver change and ensure transformation are based on learning from research evidence and engagement of key stakeholders will support robust risk management actions to be in place and effectively implemented.</p>
<p><b>Resource and Financial Implications:</b> Programme and project management is being provided by the transformation and improvement team who are working in collaboration with clinical and operational leads and support services (Finance, Performance HR and OD, Estates, and Professional Leadership) across the trust.</p>
<p><b>Legal/ Regulatory:</b> For providers to effectively respond to the COVID 19 pandemic whilst continuing to deliver high quality services.</p>
<p><b>Engagement and Consultation:</b> Clinical, operational and support staff across all care groups and directorates have been driving forward this recover and transform programme</p>
<p><b>Equality:</b> We are focused on supporting our most vulnerable staff and service users and as a result we have established a Health Inequalities Group and projects have a strong focus on inclusion</p>
<p><b>Quality Impact Assessment Form Completed:</b> No</p>



## Context

In response to the COVID-19 pandemic in May 2020 we established a recover and transform programme board (RTPB), which is chaired by the Executive Director Partnerships and Strategy/Deputy Chief Executive . The programme board's membership ensures we successfully deliver projects whilst ensuring communications and engagement; contracting, performance and information; digital; estates; finance; partnerships; research and development; and workforce and organisation development are key enablers. The recover and transform programme is adhering to KMPT's programme management framework which includes six programme stages, gateway criteria, governance and reporting structure at a project and programme level with a focus on measurable benefits. Programme and project level highlight reports are submitted to the monthly programme board including escalation of risks and issues. These provide assurance to the Executive sponsor and clinical lead with regards to delivery.

As we move out of emergency responding and back into the phase four post COVID recovery through March 2021, the RTPB agreed to review what projects will close or move to other existing governance structures to maximise our impact and reduce unnecessary duplication. The RTPB are also revising our future structure and reporting approach to ensure the RTPB is provided with assurance against our deliverables, KPIs and outcomes within agreed timelines.

Furthermore the updated organisational strategy 2020 -2023 was approved by the Board in January 2021 and the RTPB has confirmed alignment with KMPT's emerging 2021/22 strategic priorities. Some of the RTPB's projects will be redefined over the next month to continue to ensure robust alignment.

We have developed a draft KMPT COVID road map aligned to the national timelines against the four steps from 8th March 2021 – 21<sup>st</sup> June 2021 which is being considered by the Executive Team for sign off and communication across the organisation. This includes timelines for nursing students back to university (complete); maintaining social distancing (continuing) and service users able to use community facilities to aid recovery (not before 12 April 2021).

## Recommendations

The Board is asked to receive the report with regards to KMPT's recover and transform programme and to note the exceptions with regards to progress against plan.

## Recover and Transform Programme quarterly progress and exception report

Recover and Transform Project	Executive lead	Milestones for this quarter	Status – delivery against plan	Exceptions
Demand and Capacity Modelling	Sheila Stenson	<ul style="list-style-type: none"> <li>• Demand and capacity modelling has been refreshed in January 2021 to allow variations in demand and capacity to be effectively forecast following the challenges faced in maintaining capacity within some teams during the trusts COVID response and the potential for an increased referral rate following the pandemic, this will allow greater scenario modelling. The outputs are refreshed monthly and shared alongside key narrative with key updates provided to trust board quarterly currently</li> <li>• This workstream is moving towards BAU</li> <li>• Demand and capacity model developed and tested; ongoing work to ensure it is fully embedded within Community Recovery and Older Adult care groups</li> <li>• Waiting list is a 'live' document. Weekly reporting in place</li> <li>• Ongoing work to interface Demand and Capacity Model with Employee Staff Records (ESR). This will then enable sickness absence assumptions to be included in modelling</li> <li>• Ongoing work to review and update data quality indicators</li> <li>• New reporting framework developed and agreed</li> </ul>		None to report
Increasing recruitment (NHS Long Term Plan)	Sandra Goatley	<p>The Workforce, OD and Communications senior team are delivering the following activities with Care Group representatives. This work has also identified independencies of other committees/groups/workstreams;</p> <ul style="list-style-type: none"> <li>• Workforce gap analysis completed for <b>CRHT</b> and recruitment has been completed to the band 6 posts</li> <li>• <b>Liaison</b> –recruitment commenced</li> <li>• <b>Inpatient Care</b>–Therapeutic Adult Mental Health Inpatient Care project progressing; Medical workforce model – options are being explored. Business case submitted for bands 5 and 6</li> <li>• <b>Specialist perinatal services</b> –recruitment commenced</li> <li>• <b>Retention</b> –university places have been offered for training nursing associate apprenticeship and registered nurse degree apprenticeship</li> </ul>		Dependent on outputs of inpatient establishment review and skill mix and number of staff required
Providing Flexible Access (This was previously referred to as agile working)	Jacque Mowbray-Gould	<ul style="list-style-type: none"> <li>• The project had been paused due to Covid impact within the teams.</li> <li>• Planning has recently commenced to deliver a test for change across all care groups based on extended/out of hours working within the teams.</li> <li>• It is anticipated that a rota system will operate for different teams working out of hours.</li> <li>• Performance colleagues are developing reports to capture the impact of out of hours working in relation to reductions in DNA; waiting lists and to measure the impact of any reduction in core working hours as a result of resources working</li> </ul>		We have not moved into the 'recover' phase so staff are still impacted by Covid in relation to capacity; this may affect the willingness or availability of staff to undertake the test for change.

		<p>different hours.</p> <ul style="list-style-type: none"> <li>Teams are currently being approached via Managers and HRBPs to identify volunteers to take part in the test for change.</li> <li>Extended working as a test for change is based on feedback received from staff through staff focus groups and the KMPT agile working survey results.</li> <li>The test for change will be implemented and evaluated to determine any requirement for a formal staff consultation.</li> </ul>		
Open Access Crisis	Jacque Mowbray-Gould	<ul style="list-style-type: none"> <li>KMPT 24/7 Crisis Line implemented free toll (0800) number and required mechanics to report against the new NHSEI system reporting requirements. This is a significant step forward, will enable us to better understand demand subsequent to Covid-19, and will inform the NHS 111 developments.</li> <li>SPoA completed the staff consultation to extend services to 24/7, recruitment to new roles has been taken forward, the SPoA has extended access on the Directory of Service to receive referrals securely on a 24/7 basis.</li> <li>Benchmarking and knowledge sharing arrangements have been put in place with Hampshire and the IOW and Cambridgeshire and Peterborough. Lessons learned in these areas are being used to inform the programme. The clinical models workstream has identified what good would look like for Kent and Medway and is now working with the operational design workstream to agree actions to deliver the ambition.</li> </ul>		Whilst commitment has remained strong at Board level due to COVID there are delays in developing new pathways and approaches to enable the NHS 111 Mental Health Clinical Assessment Service to act as a common point of access for mental health providers across Kent and Medway. Additional resource has been put in place by both KMPT and the CCG to support workstreams to move forward.
Psychological Support / Staff Health and Wellbeing	Sandra Goatley	<ul style="list-style-type: none"> <li><b>Staff Health and Wellbeing:</b> <ul style="list-style-type: none"> <li>reflective practice offer, annual wellbeing check-in; management development webinars, trained Mental Health/Psychological First Aiders</li> <li>a programme is being developed with a joint approach between the organisational development and psychological therapy teams in terms of what our offer to staff will be during the Recovery phase, this will be aligned with KMPT's Health and Wellbeing Strategy review</li> <li>work to consider wellbeing support in relation to the physical and mental impact of long term COVID</li> </ul> </li> <li><b>Stepped Model of Psychological Support for NHS/Health Care Staff:</b> following a successful business case the stepped model is being mobilised</li> <li><b>Staff Wellbeing Spaces:</b> implementation of short term options including dedicated wellbeing space at main inpatient sites is being taken forward.</li> <li><b>Mental Health Wellbeing Hubs:</b> external psychological support. Mental Health Wellbeing Hub Implemented within 7 Acute sites from January 2021 resourced by KMPT psychological therapies staff and IAPT providers. Funding to deliver Mental Health Wellbeing Hubs for all staff (NHS staff currently with phase 2 looking to expand this offer to other social care key workers) has been extended for a further 12 months. Phase 2 is focussed on developing a portal system for all staff to access. It will have self-help guidance, signposting and screening tools. Screening outcomes will be rapid, and for those above an agreed threshold referral to a mental health worker will follow for 4 sessions of support</li> </ul>		<p>Psychological staff capacity in supporting the Mental Health Wellbeing Hubs. Recruitment has commenced but it may prove challenging to recruit to 12 month positions.</p> <p>Safe staff spaces - options are restricted by physical estate limitations, strategic solutions are being identified and capital may be required to deliver solutions</p> <p>Additional capacity will be required to deliver ongoing staff health and wellbeing support internally during Recovery phase, options appraisal underway</p>

		<p>and support to transition into other services as required.</p> <ul style="list-style-type: none"> <li>• <b>Primary Care:</b> Low level CBT training, bereavement training</li> <li>• <b>Care Homes: Review psychological support offer.</b> Linked Mental Health Wellbeing hub</li> <li>• <b>Bereavement:</b> Facilitated peer support groups</li> </ul>		
Digitally Enabled Care	Sheila Stenson	<ul style="list-style-type: none"> <li>• The DEC project is closed to the RTB and is now embedded within the Clinical Technology Strategy workstream that sits under the Digital Strategy Group.</li> <li>• A clear list of priorities has been developed; this is driving the work going forward.</li> <li>• A new projects lead is being appointed; this person will work closely with Michele Curtis (Interim Director of Information Technology) to drive the work forward and enable KMPT to deliver the digital projects it has committed to for 2021/22</li> </ul>		COVID has impacted this project although it is now progressing well
Annual Health Checks (AHC) for people with Learning Disability (LD)	Dr Afifa Qazi	<ul style="list-style-type: none"> <li>• Partnership working has led to an agreement for information sharing between KMPT and KCHFT on patients identified with learning disability and confirmation of Annual Health Checks</li> <li>• Engagement with the Local Medical Committee has enabled ratification of a template GP letter to support highlighting the need for AHCs</li> <li>• A Standard Operating Procedure with aligned training for all clinical teams is in production to support identification process</li> <li>• Clarification of data on caseloads for patients identified with learning disability and confirmation of Annual Health Checks</li> <li>• Developing a pilot process with MHL and 1 CMHT to provide a clear process of identification and awareness support offer – to be delivered in April 2021 followed by roll out to all KMPT teams</li> <li>• Embedding of RIO changes for identification and flagging of AHC for LD cohort in KMPT – this will follow with RIO upgrade developments</li> <li>• Provision of guidance and training for all staff – to be developed following the pilot above based on lessons learnt</li> </ul>		None to report
Health Inequalities Group	Vincent Badu	<ul style="list-style-type: none"> <li>• Linking with Regional STP/ICs Prevention Group by KMPT's Partnership Team – engagement in the development of the K&amp;M Health Inequalities Strategy and Population Health Management Programme</li> <li>• Harnessed the evidence base to inform our priorities and future service developments</li> <li>• Providing clinical leadership for addressing the health inequalities highlighted by COVID-19 and assuring these are clearly identified in wider trust and system clinical projects;</li> <li>• Working in partnership with EDI team to identify the cohorts within our services most likely to experience health inequalities which has flagged the requirement to improve our recording and reporting</li> <li>• Working in partnership with our staff forums to proactively address health inequalities with the organisation</li> <li>• Clinical input from the project group to the Care Plan project to assure this recognises and addresses health inequalities as a key strand</li> </ul>		<p>Data completeness remains an issue – this is to be addressed via the care group workshops with an initial focus on ethnicity</p> <p>Engagement with clinical representatives has been challenged due to the Covid response therefore delayed the implementation of the patient focused element of this project group</p>

		<ul style="list-style-type: none"><li>• Developing a patient focused health inequalities delivering approach for each care group which will identify key health inequalities and practical patient focused approaches to address – this will be rolled out from April – June 2021 and base on learning from the FOLS inequalities project</li></ul>		
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## Front Sheet

<b>Title of Meeting</b>	Trust Board	<b>Date</b>	25/3/21
<b>Title of Paper</b>	Quarterly Workforce Report		
<b>Author</b>	Jennie Cogger, Deputy Director of Workforce and OD		
<b>Executive Director</b>	Sandra Goatley, Director of Workforce and Communications		

<b>Purpose:</b> the paper is for:	• <b>Delete as applicable</b>
<b>Discussion:</b>	

<b>Recommendation:</b>	
The Board is asked to discuss the content of the report:	
<b>Summary of Key Issues:</b>	• <b>No more than five bullet points</b>
This report provides information on our key areas of concern:	
<ul style="list-style-type: none"> <li>• Vacancies and hotspots</li> <li>• Agency spend</li> <li>• Essential training for the role.</li> </ul>	

<b>Report History:</b>
<i>None</i>

<b>Strategic Objectives:</b>	• <b>Select as applicable</b>
<input type="checkbox"/> Consistently deliver an outstanding quality of care <input checked="" type="checkbox"/> Recruit retain and develop the best staff making KMPT a great place to work <input checked="" type="checkbox"/> Put continuous improvement at the heart of what we do <input type="checkbox"/> Develop and extend our research and innovation work <input checked="" type="checkbox"/> Maximise the use of digital technology <input type="checkbox"/> Meet or exceed requirements set out in the Five Year Forward View <input checked="" type="checkbox"/> Deliver financial balance and organisational sustainability	

Front sheet 03/2018

- Develop our core business and enter new markets through increased partnership working
- Ensure success of our system-wide sustainability plans through active participation, partnership and leadership

<b>Implications / Impact:</b>
<b>Patient Safety:</b> <i>See below.</i>
<b>Identified Risks and Risk Management Action:</b> <i>None</i>
<b>Resource and Financial Implications:</b> <i>None</i>
<b>Legal/ Regulatory:</b> <i>N/A</i>
<b>Engagement and Consultation:</b> <i>N/A</i>
<b>Equality:</b> <i>None</i>
<b>Quality Impact Assessment Form Completed:</b> <b>Yes/ No</b>

1. Background and context

This is the quarter 4 Workforce, Organisational Development and Communications report for 2020/21 and includes an update on our KPIs

2. Action required from the Board/Committee

The Board is asked to discuss the content of the report.

# Workforce, Organisational Development and Communications March 2021

**Sandra Goatley**  
Director of Workforce and  
Communications

*Brilliant care through brilliant people*





Our KMPT Cultural Heart, is the core of our People Strategy and has 3 key principles:

-  **Just and learning approach**
-  **An empowered team of teams**
-  **Living our values**



Our 20/21 People Plan Objectives cover 4 areas:

- Looking after our people
- Encourage belonging
- New ways of working and delivering care
- Growing for the future



We also support the national NHS People Promise at KMPT

*Brilliant care through brilliant people*



# National and KMPT People Plan

Kent and Medway  
NHS and Social Care Partnership Trust

## Objectives:

- **Looking after our people** – links to our Health and Wellbeing approach
- **Belonging in the NHS** – Diversity and Inclusion and culture and employee engagement
- **New ways of working and delivering care** – Team, management & leadership development and workforce modelling
- **Growing for the future** – Recruitment and retention and Team, management & leadership development and talent identification (including career paths) – Deep dive for this presentation

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# Key Performance Indicators



Kent and Medway  
NHS and Social Care Partnership Trust

## IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Target	Local / National Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
001.W-W	Staff Sickness - Overall	✓	4.22%	L	5.2%	5.8%	4.5%	3.5%	3.6%	4.1%	3.7%	4.4%	4.4%	5.1%	4.2%	3.8%
002.W-W	Staff Sickness - Short term	✓	1.65%	L	3.0%	3.1%	1.6%	1.1%	1.0%	1.3%	1.7%	2.0%	1.9%	1.7%	1.5%	1.6%
003.W-W	Staff Sickness - Long term	✓	2.57%	L	2.2%	2.7%	2.8%	2.4%	2.6%	2.8%	2.0%	2.4%	2.5%	2.9%	2.7%	2.3%
004.W-W	Staff Turnover	✓	10.5%	L	11.5%	11.2%	10.6%	10.5%	9.3%	10.2%	10.1%	9.6%	9.4%	9.4%	9.4%	9.6%
005.W-W	Appraisals And Personal Development Plans		95%	L	98.5%	98.5%	98.5%					96.4%	98.0%	98.1%	98.1%	98.1%
006.W-W	Vacancy Gap - Overall		11.85%	L	13.7%	14.3%	14.7%	15.9%	15.0%	14.5%	12.8%	13.4%	12.7%	13.4%	14.1%	14.0%
007.W-W	Vacancy Gap - Medical		-	-	21.9%	22.6%	15.5%	24.9%	23.0%	23.6%	22.2%	28.1%	27.0%	26.8%	28.0%	27.9%
008.W-W	Vacancy Gap - Nursing		-	-	12.7%	13.5%	15.2%	17.0%	17.0%	15.7%	14.3%	14.3%	13.9%	13.3%	14.5%	14.7%
009.W-W	Vacancy Gap - Other		-	-	12.1%	12.9%	14.3%	14.6%	13.0%	13.2%	11.3%	11.5%	12.7%	12.0%	14.1%	12.2%
012.W-W	Essential Training For Role		90%	L	92.4%	91.4%	90.4%	89.8%	90.7%	91.0%	90.4%	90.0%	89.4%	89.5%	91.3%	90.4%

NB: 0.24% of the February sickness rate of 3.8% was Covid related. The year to date sickness figure is 4.14% compared to the target of 4.22%. When we remove the Covid related sickness the year to date figure is 3.89% compared to the target of 4.22%.

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# Essential Training

## Areas of Concern – Training compliance lowest areas

Course	Overall Trust	Change since last update (01 Feb 2021)	Support Services	Forensic & Specialist	Older Adult	Community Recovery	Acute
CPR & AED Practical	76%	↓	69%	81%	80%	72%	71%
Immediate Life Support	78%	↓	67%	83%	77%	88%	74%
Personal Safety Breakaway	80%	↑	79%	85%	80%	84%	71%
Physical Interventions	67%	↑		75%	65%		64%

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# Growing for the future

## Recruitment

- Establishment as at 1/4/20 – 3342.24 WTE
- Vacancy rate was 14.3%
- Increase in establishment 20/21 (March 20 to date) - 261.85 WTE
- Of which, new roles during 20/21 – c. 113 WTE
- Establishment today – 3604.09 WTE
- Vacancy rate now 14.1%

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# Growing for the future



## Recruitment

## Hotspots

- Band 5 & 6 Nurses – Acute, Older Adults and Forensics
- Medical Consultants – Acute and CRCG
- East Kent locality

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# Growing for the future



## Retention

Significantly improved and sustained position

Acute lowest rate (February 2021) for last 12 months

## Hotspots

Highest area of turnover is within Acute, with Forensics second highest

Highest reason cited for leaving is 'Voluntary Resignation - Work Life Balance'

Majority of leavers (year to date) are with less than 1 years service

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# Temporary Staffing usage

## Agency spend

- Spend to date (as at end January 21) £7.4M. Of this £0.6M directly related to Covid 19
- Forecast £9M for 20/21
- Pressures from Acute and Community - £2,200,179 & £3,477,719 respectively for agency year to date
- Pressures within nursing and medical staff groups - £4,087,654 and £3,358,321 respectively for agency year to date
- Additional duties Extra Care Area = £506k

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# Temporary Staffing usage

## Agency spend

### Activities being undertaken:

- Temporary increase to bank rate enacted in January 2021 (until end of June 21)
- Mobilisation of new contract with NHS Professionals to commence in April 2021
- Roster check and challenge meetings
- Work with the Kent system on agency rates and harmonising bank rates

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# Covid Vaccinations



Front line staff vaccinated = 75%

Total staff vaccinated = 70%

Written to 800 staff

Received 200 replies to date (12/3) to update on their vaccination status

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## Thank you for listening

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- Any comments/questions?



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Title of Meeting	<b>Board of Directors (Public)</b>
Meeting Date	<b>25<sup>th</sup> March 2021</b>
Title	<b>Workforce and Organisational Development Committee Report</b>
Author	<b>Venu Branch, Non-Executive Director &amp; Committee Chair</b>
Presenter	<b>Venu Branch, Non-Executive Director &amp; Committee Chair</b>
Executive Director Sponsor	<b>N/A</b>
Purpose	<b>For Information/Assurance/Approval</b>

### **Executive Summary**

The Workforce & Organisational Development Committee (WFODC) met on Tuesday 16<sup>th</sup> March 2021 and discussed the following agenda:

- Forensic & Specialist Care Group Presentation
- Workforce, OD and Communications Presentation
- National Staff Survey 2020
- TiAA Report
- Workforce, Organisational Development and Communications Risk Register
- Equality Diversity and Inclusion (EDI) Policy

#### **Forensic & Specialist Group Presentation and People Plan**

The Committee received a comprehensive presentation which captured a wide range of data and commentary relevant to Workforce and Organisational Development matters.

The Committee noted the key priorities, concerns and achievements and their relation to KPIs.

The Committee was informed of a number of reviews being done:

- Reviewing Inpatient turnover and retention
- Reviewing medical vacancies
- Agency usage review
- Introducing a positive anti-racism action plan.

Work is currently underway on the Workforce modelling which will be complete by April and then be shared appropriately through the Committee and Board structures. The Staff survey results for 2020 have just been released and the care group will review these and put in place actions in their people plan to address the concerns raised.

#### **Workforce, Organisational Development and Communication Presentation**

The Committee received a comprehensive presentation which captured a wide range of data and commentary relevant to Workforce and Organisational Development and Communication matters.

## Agency Spend

The Committee heard that the forecast agency spend will be circa £9 million compared with £7 million last year. There is a piece of work being completed with the finance team to establish the savings across the year on vacancies and on costs so we can identify the additional cost of agency. This will be reported back once the figures are completed. Further work is taking place with all the organisations across Kent and Medway with temporary staffing to try and harmonise the bank rates and reduce agency rates.

## Staff Survey

The 2020 high level staff survey results are in and were published nationally on Thursday 11 March. There are more detailed reports to follow. Given the full results will not come to Board, the Committee thought that it would be useful to attach summary slides at appendix 1 and noted the following:

- Staff survey response rate 2020 61%
- Staff engagement score 7.10 out of 10

## Engagement scores broken down

BAME staff engagement	7.4 score
White staff engagement	7.0 score

## Care Groups

Acute	7.0 score
Community Recovery	6.8 score
Forensic and Specialist Services	7.2 score
Older Adults	7.1
Support Services	7.3

## Highlights

- A positive staff satisfaction picture with no overall decline in a tough year
- Local managers 11 questions all above the Picker average
- Health and Wellbeing score up by 5%
- Staff awareness of KMPT values up by 11%

## Least improved

- Appraisal/Performance review: training, learning or development need identified
- Don't work any additional paid hours per week for this organisation, over and above contracted hours
- Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
- Not experienced discrimination from patients/service users, their relatives or other members of the public
- Able to make suggestions to improve the work of my team/department

### **Bottom 5 scores**

- Appraisal/Performance review: training, learning or development need identified
- Satisfied with level of pay
- Don't work any additional paid hours per week for this organisation, over and above contracted hours
- Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
- Not experienced discrimination from patients/service users, their relatives or other members of the public

These agreed areas of focus for 2021 relate to our biggest opportunities for improvement this year, areas where there is a persistent downward trend and where we are an outlier with our comparator Mental Health & Learning Disability group.

- KMPT treats staff involved in incidents fairly
- Staff satisfaction with level of pay
- Staff experience of patients: physical violence, discrimination, bullying and abuse
- Our employer branding – how do our staff view KMPT

### **TiAA Report**

The Committee received the latest TiAA Audit Report on Temporary Staffing and the actions being taken as a result of the audit. The scope of this was to ascertain the effectiveness of the processes in place for KMPT for the use of medical and non-medical temporary staffing to ensure they were fit for purpose. There were 3 actions reported, 2 have been completed as part of the NHS Professional new contract mobilisation and 1 action is not due until June 2021.

### **HR Risk Register**

The Committee reviewed the risk register. The Director of Workforce and Communications advised the Committee that a review of the risk register is being undertaken. Given the high rating for recruitment we need to break this down further. The recruitment risk will be broken down into two areas, Nursing and Medical recruitment. The retention risk will be down graded and recorded as MET.

### **Equality, Diversity and Inclusion (EDI) Policy**

The Committee reviewed the Equality, Diversity and Inclusion (EDI) Policy which the Committee APPROVED.

### **Recommendation**

**The Board is asked to note the content of this report and the decisions and recommendations within it.**

# KMPT Staff Survey 2020

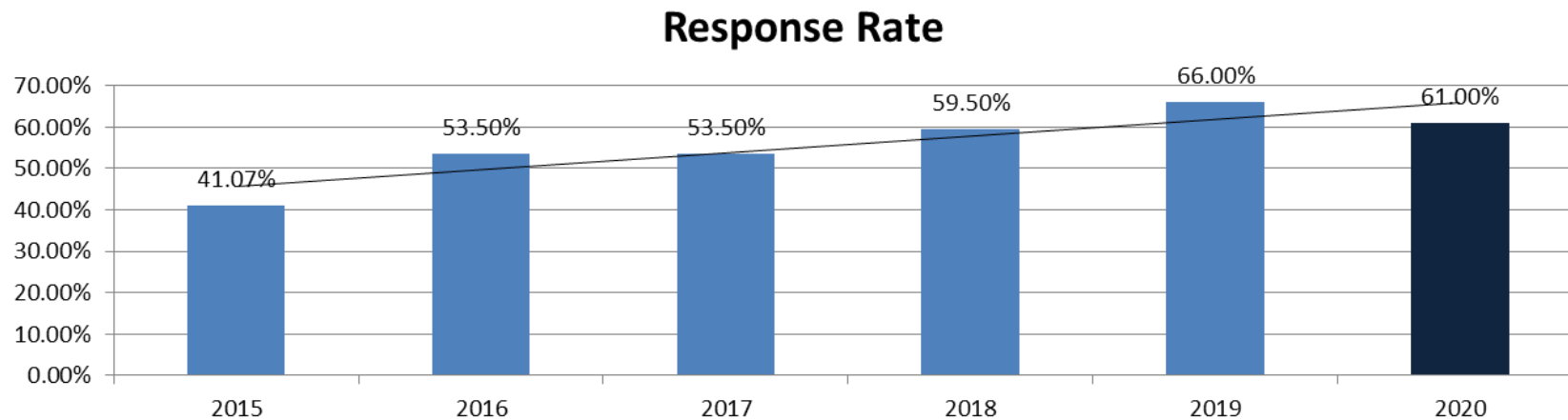
## Key Organisational Highlights

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# KMPT Staff Survey Response Rates

Completed Survey	KMPT 2020 Response Rate	Picker 2020 Average Response Rate	Picker 2020 Best Response Rate
2015	61%	52%	64.20%



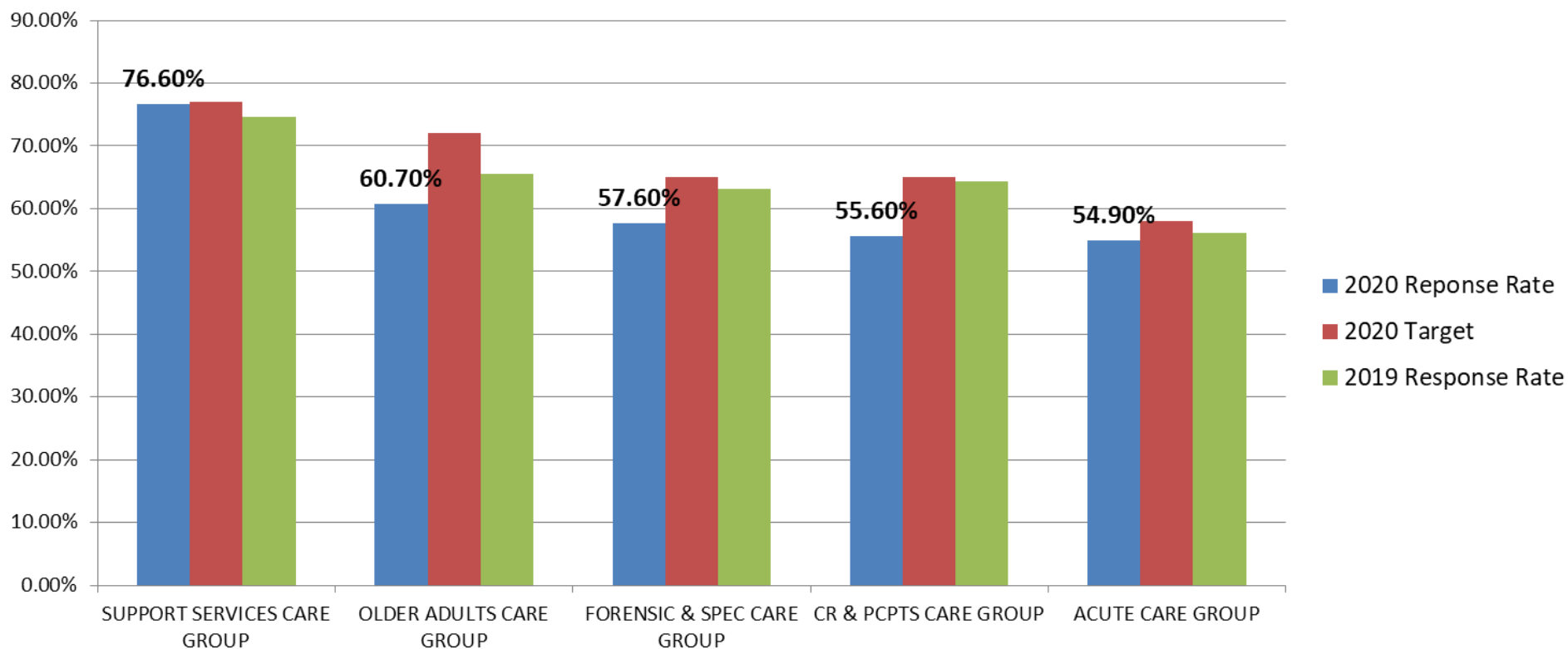
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# Care Groups Response Rates 2020 v target and compared to 2019

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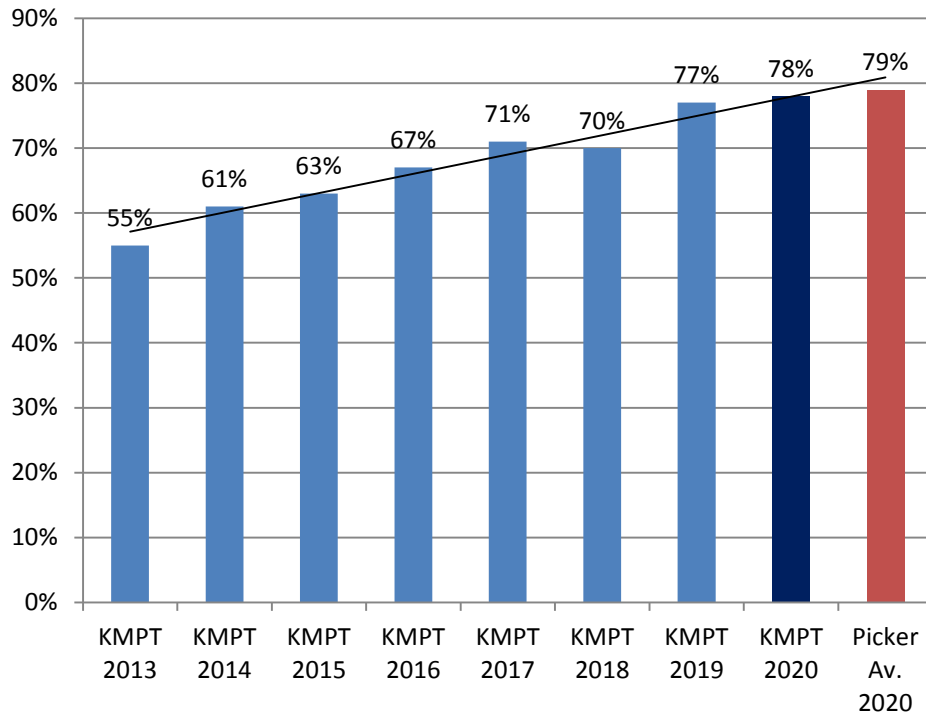




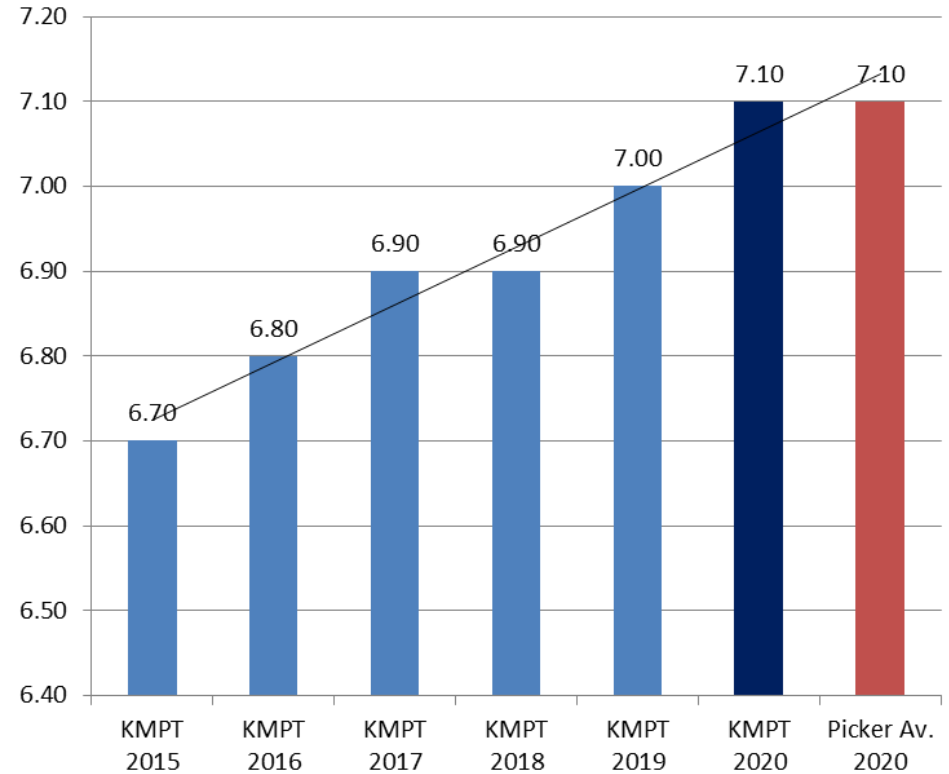
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# Key Trust Markers 2020

- Q18a: Care of patients/service users is my organisations top priority



- KMPT Colleague engagement



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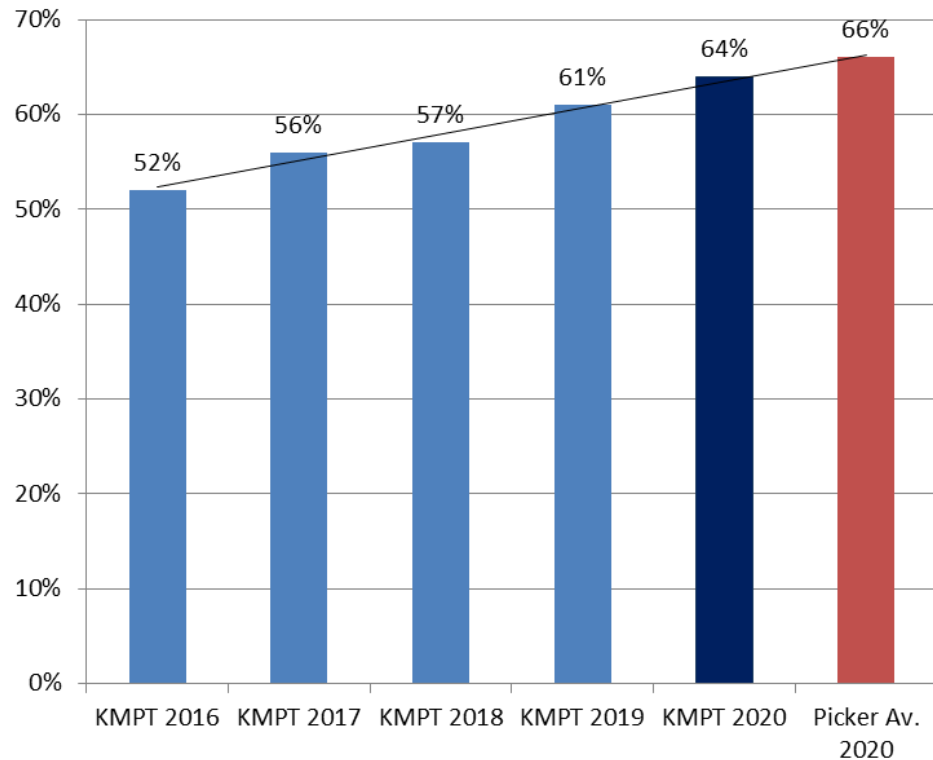




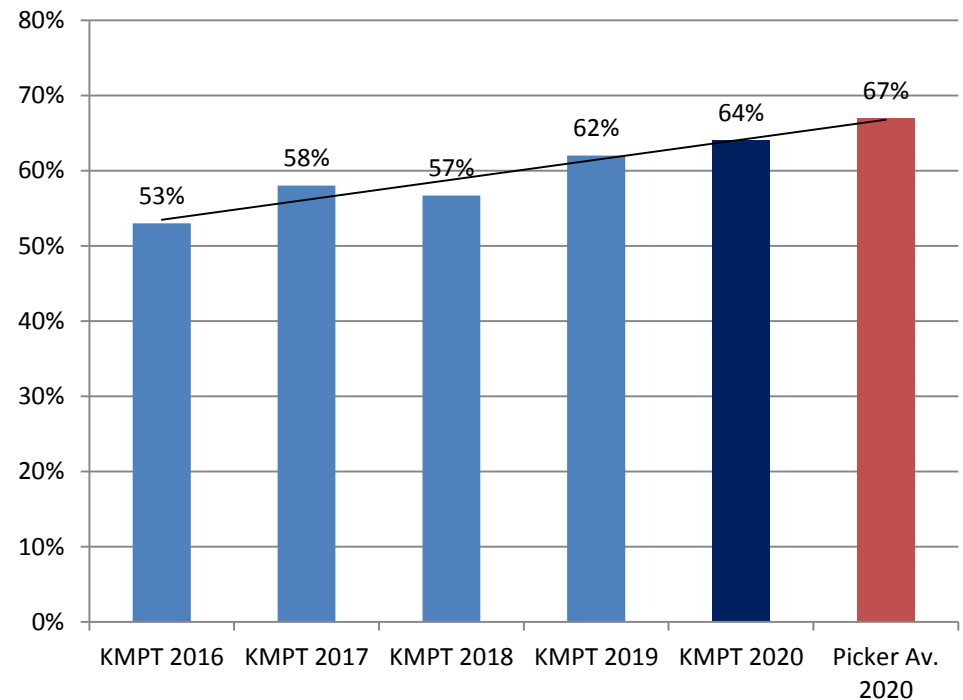
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# Key Trust Markers 2020 (2)

- Q18c: I would recommend my organisation as a place to work



- Q18d: If a friend/relative needed treatment – happy with standard of care



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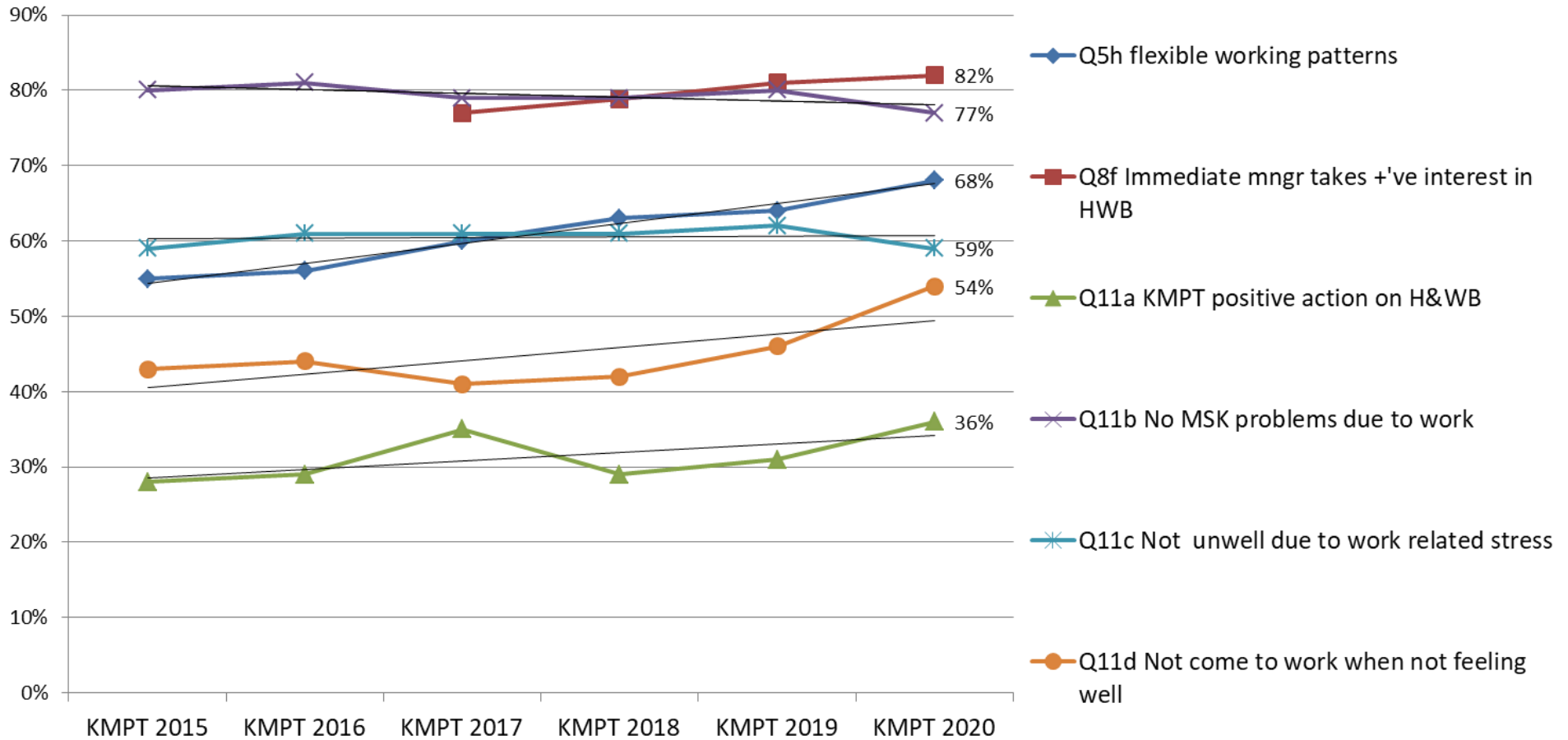




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# Key Trust Markers 2020 (3)

- Health and Wellbeing Picture



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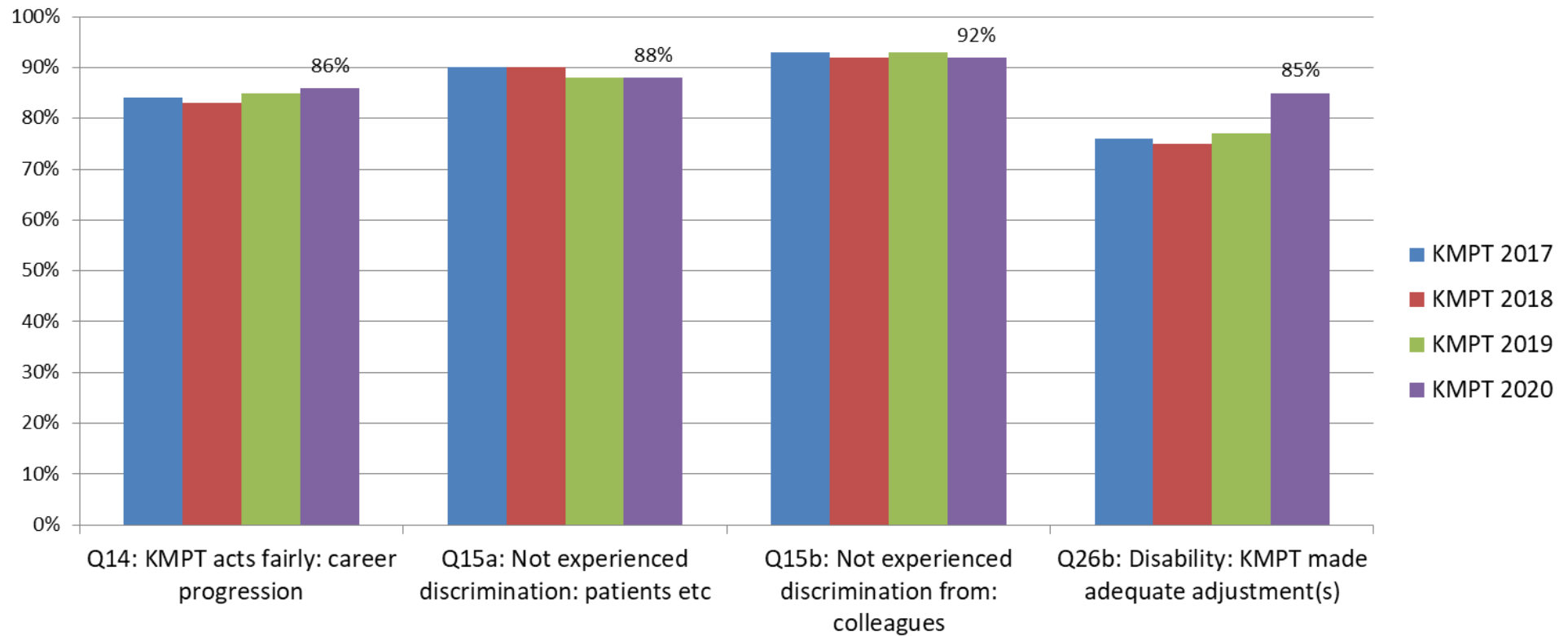




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# Key Trust Markers 2020 (4)

- Equality and Diversity Picture



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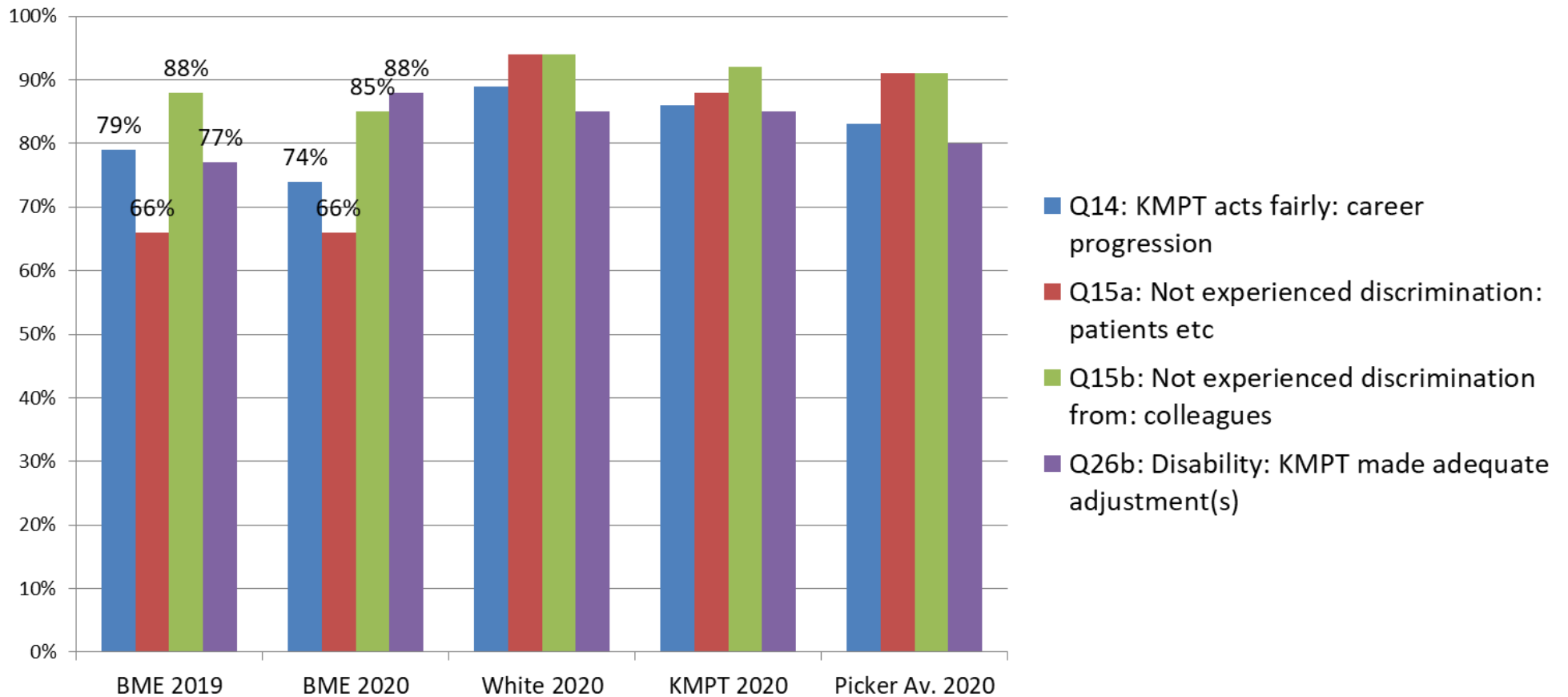




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# Key Trust Markers 2020 (5)

## Equality and Diversity Picture – BME Sense Check



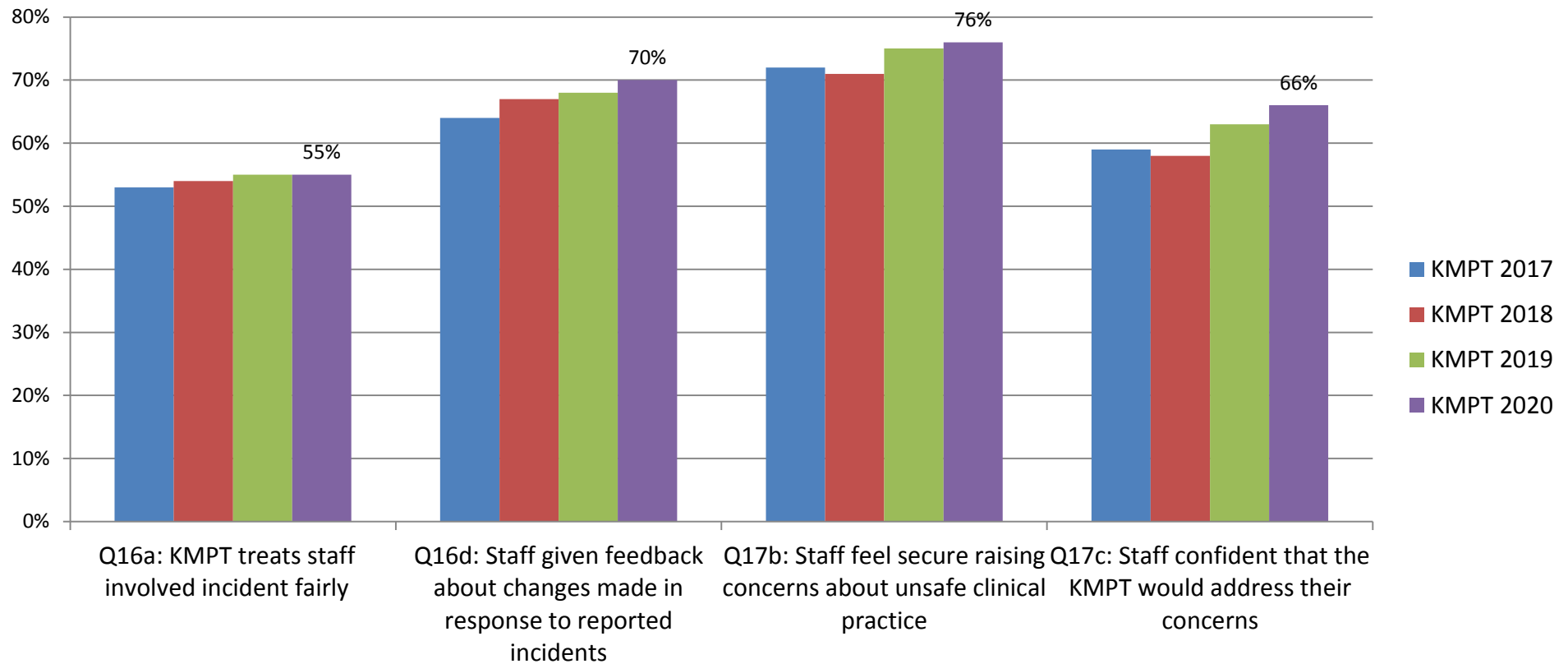
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# Key Trust Markers 2020 (6)

- Freedom to Speak Up – Staff Safety Culture Picture



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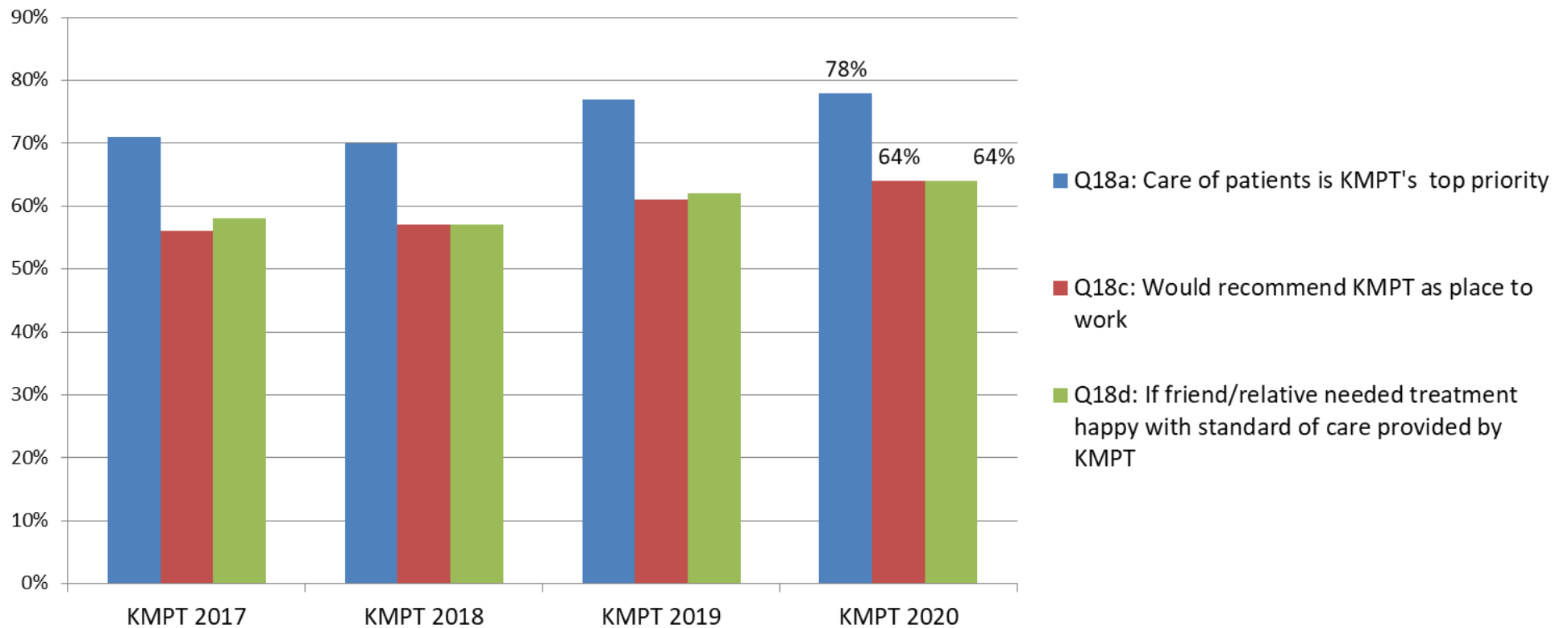




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# Key Trust Markers 2020 (7)

- Family and Friends – Year on Year Picture



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# Staff Engagement Tables – Internal Benchmarking – Care Groups

Comparisons with the Organisation average	Number of respondents	Staff Engagement Score	I would recommend my organisation as a place to work.	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	Care of patients / service users is my organisation's top priority.	I am able to make suggestions to improve the work of my team / department.	There are frequent opportunities for me to show initiative in my role.	I am able to make improvements happen in my area of work.	I look forward to going to work.	I am enthusiastic about my job.	Time passes quickly when I am working.
			Advocacy			Involvement			Motivation		
<b>Organisation Average 2020</b>	<b>2,015</b>	<b>7.1</b>	<b>6.6</b>	<b>6.6</b>	<b>7.4</b>	<b>7.4</b>	<b>7.2</b>	<b>6.6</b>	<b>6.7</b>	<b>7.5</b>	<b>7.8</b>
Acute	288	7.0	6.5	6.4	7.3	7.1	7.2	6.3	6.8	7.7	7.7
Community Recovery	468	6.8	6.2	5.9	7.0	7.2	7.0	6.3	6.5	7.4	7.8
Forensic & Specialist	395	7.2	6.8	6.9	7.6	7.6	7.4	6.8	6.9	7.6	7.5
Older Adults	341	7.1	6.7	7.0	7.3	7.4	7.1	6.4	6.7	7.4	8.0
Support Services	523	7.3	7.0	6.8	7.7	7.6	7.3	7.1	6.7	7.4	7.8
<b>Picker Comparator Av.2020</b>	X	<b>7.1</b>	6.8	6.8	7.5	7.3	7.2	6.5	6.6	7.5	7.9
Actual KMPT 2019	2,043	7.0	6.5	6.6	7.3	7.4	7.2	6.6	6.7	7.6	7.7

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# Staff Engagement Tables – Internal Benchmarking – Staff Groups



Kent and Medway

NHS and Social Care Partnership Trust

Comparisons with the Organisation average	Number of respondents	Total Staff Engagement Score	I would recommend my organisation as a place to work.	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	Care of patients / service users is my organisation's top priority.	I am able to make suggestions to improve the work of my team / department.	There are frequent opportunities for me to show initiative in my role.	I am able to make improvements happen in my area of work.	I look forward to going to work.	I am enthusiastic about my job.	Time passes quickly when I am working.
			Advocacy	Involvement	Motivation						
Organisation Average 2020	2,015	7.1	6.6	6.6	7.4	7.4	7.2	6.6	6.7	7.5	7.8
Add Prof Scientific and Technic	164	7.0	6.5	6.1	6.9	7.7	7.4	6.8	6.5	7.2	8.0
Additional Clinical Services	423	7.0	6.7	6.7	7.8	7.0	7.0	6.0	6.9	7.8	7.2
Administrative and Clerical	615	7.2	6.8	6.9	7.7	7.7	7.2	7.0	6.5	7.3	7.7
Allied Health Professionals	141	7.1	6.5	6.2	6.6	7.6	7.5	6.8	6.5	7.5	8.2
Estates and Ancillary	97	7.1	6.8	6.9	7.5	7.2	6.8	6.7	7.1	7.2	7.7
Medical and Dental	79	7.2	6.7	6.8	7.4	7.4	7.3	6.6	7.0	7.4	7.9
Nursing and Midwifery Registered	488	7	6.5	6.3	7.0	7.3	7.2	6.6	6.7	7.6	8.1
Actual KMPT 2019	2,043	7.0									
Picker Comparator Av.2020	X	7.1	6.8	6.8	7.5	7.3	7.2	6.5	6.6	7.5	7.9

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# Staff Engagement Tables – Internal Benchmarking – Equality

Comparisons with the Organisation average	Number of respondents	Total Staff Engagement Score	I would recommend my organisation as a place to work.	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	Care of patients / service users is my organisation's top priority.	Total Advocacy	I am able to make suggestions to improve the work of my team / department.	There are frequent opportunities for me to show initiative in my role.	I am able to make improvements happen in my area of work.	Total Involvement	I look forward to going to work.	I am enthusiastic about my job.	Time passes quickly when I am working.	Total Motivation
			Advocacy				Involvement				Motivation			
<b>Organisation Average 2020</b>	2,015	<b>7.1</b>	<b>6.6</b>	<b>6.6</b>	<b>7.4</b>	<b>6.9</b>	<b>7.4</b>	<b>7.2</b>	<b>6.6</b>	<b>7.1</b>	<b>6.7</b>	<b>7.5</b>	<b>7.8</b>	<b>7.3</b>
<b>BME 2020</b>	380	<b>7.4</b>	7.1	7.2	7.9	<b>7.4</b>	7.3	7.3	6.8	<b>7.1</b>	7.5	8.0	7.8	<b>7.8</b>
<b>White 2020</b>	1,547	<b>7.0</b>	6.6	6.5	7.3	<b>6.8</b>	7.5	7.2	6.6	<b>7.1</b>	6.5	7.4	7.8	<b>7.2</b>
<b>Actual KMPT 2019</b>	2,043	<b>7.0</b>												
<b>Picker Comparator Av.2020</b>	X	<b>7.1</b>	6.8	6.8	7.5	<b>7</b>	7.3	7.2	6.5	<b>7</b>	6.6	7.5	7.9	<b>7.3</b>

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# KMPT Best and Most Improved Scores 2020



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Top 5 Scores (compared to Picker average) 2020	2019	2020	Picker Av
Q8c. Immediate manager gives clear feedback on my work	78%	77%↓	69%
Q16d. Staff given feedback about changes made in response to reported errors/near misses/incidents	68%	70%↑	64%
Q8f. Immediate manager takes a positive interest in my health & well-being	81%	82%↑	77%
Q5b. Satisfied with support from immediate manager	80%	80%⇒	75%
Q26b. Disability: organisation made adequate adjustment(s) to enable me to carry out work	X	85%X	80%
Most improved from last survey 2020			
Q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	46%	54%↑	54%
Q4g. Enough staff at organisation to do my job properly	35%	42%↑	39%
Q4f. Have adequate materials, supplies and equipment to do my work	61%	68%↑	63%
Q5h. Satisfied with opportunities for flexible working patterns	64%	68%↑	66%
Q16c. Organisation takes action to ensure errors/near misses/incidents are not repeated	73%	78%↑	73%

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# KMPT Bottom and Least Improved Scores

<b>Bottom 5 Scores (compared to Picker average) 2020</b>	<b>2019</b>	<b>2020</b>		<b>Picker Av</b>
Q5g. Satisfied with level of pay	33%	34%	↑	39%
Q12a. Not experienced physical violence from patients/service users, their relatives or other members of the public	79%	80%	↑	84%
Q16a. Organisation treats staff involved in errors/near misses/incidents fairly	55%	55%	⇒	59%
Q13a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	65%	68%	↑ *	72%
Q15a. Not experienced discrimination from patients/service users, their relatives or other members of the public	88%	88%	⇒	91%
<b>Least improved from last survey 2020</b>				
Q11e. Not felt pressure from manager to come to work when not feeling well enough	84%	78%	↓ *	80%
Q11f. Not felt pressure from colleagues to come to work when not feeling well enough	84%	80%	↓ *	81%
Q11g. Not put myself under pressure to come to work when not feeling well enough	11%	7%	↓ *	6%
Q11c. In last 12 months, have not felt unwell due to work related stress	62%	59%	↓ *	56%
Q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	80%	77%	↓ *	73%

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# Accountability: Did we make any headway on 2019's (last year's) bottom and least improved? Executive summary 2019

2020	2019	Top 5 scores (compared to average)
<b>QNR</b>	54%	Q19e. Appraisal/performance review: organisational values definitely discussed
<b>QNR</b>	72%	Q22b. Receive regular updates on patient/service user feedback in my directorate/department
<b>QNR</b>	67%	Q19g. Definitely supported by manager to receive training, learning or development identified in appraisal
<b>↓ (77%)</b>	78%	Q8c. Immediate manager gives clear feedback on my work
<b>⇒ (50%)</b>	50%	Q9b. Communication between senior management and staff is effective

2020	2019	Bottom 5 scores (compared to average)
<b>↑ (34%)</b>	33%	Q5g. Satisfied with level of pay
<b>↑ (73%)</b>	72%	Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours
<b>↑ (68%)</b>	65%	Q13a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
<b>QNR</b>	69%	Q19f. Appraisal/performance review: training, learning or development needs identified
<b>⇒ (88%)</b>	88%	Q15a. Not experienced discrimination from patients/service users, their relatives or other members of the public

2020	2019	Most improved from last survey
<b>↑ (78%)</b>	77%	Q21a. Care of patients/service users is organisation's top priority
<b>↓ (69%)</b>	70%	Q7c. Able to provide the care I aspire to
<b>QNR</b>	66%	Q22c. Feedback from patients/service users is used to make informed decisions within directorate/department
<b>↑ (66%)</b>	63%	Q18c. Would feel confident that organisation would address concerns about unsafe clinical practice
<b>↑ (64%)</b>	62%	Q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation

2020	2019	Least improved from last survey
<b>QNR</b>	69%	Q19f. Appraisal/performance review: training, learning or development needs identified
<b>↑ (73%)</b>	72%	Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours
<b>↑ (68%)</b>	65%	Q13a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
<b>⇒ (88%)</b>	88%	Q15a. Not experienced discrimination from patients/service users, their relatives or other members of the public
<b>↑ (79%)</b>	78%	Q4b. Able to make suggestions to improve the work of my team/dept

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# What were our 'big ticket items for 2019/20' and did we make any headway?

In response to last year's national data (which we have not got yet) KMPT committed to:

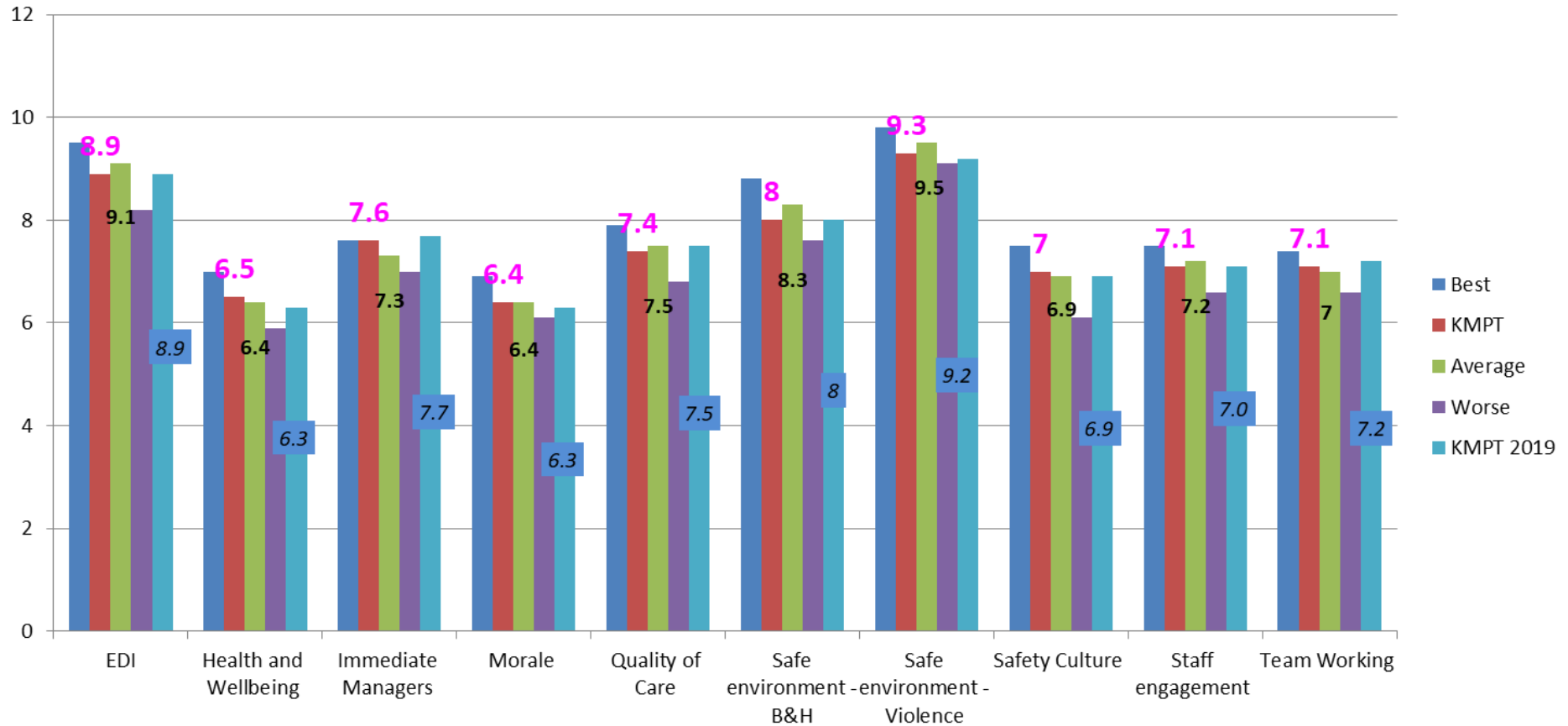
- Ensuring our staff are protected from harassment, physical violence, bullying , abuse and discrimination (Q12a, Q13a, Q15a)
  - Harassment and bullying of staff is improved by 3%
- Creating a working environment where everyone feels included and fairly treated (Q4c, Q14, Q16a, Q9c)
  - No statistically relevant improvement in this area year on year
- Keeping the wellbeing of our staff at the top of our priorities. (Q8f, Q11a)
  - Organisational Health and Wellbeing interventions resulted in 5% improved staff satisfaction in this area

➤ Continued emphasis on helping all our staff to reach their potential at work (Q5d, Q5e, Q8a)

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# KMPT 2020 Staff Survey National Comparator Summary

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# KMPT Staff Survey Action Plan 2021

Areas for focus?	Next steps	Ambition	Context
<b>KMPT treats staff involved incidents fairly</b>	Continue with Culture Programme work focused on policy and processes around early resolution and psychological safety	Our ambition is to match the Picker average comparator % in 2021 staff survey in each relevant Care Group	We have seen no significant change year on year and comments show this is a big area of concern for staff. Covid meant a pause in some key projects from our Culture Change work to help address this.
<b>Staff satisfaction with level of pay</b>	Build recognition and valuing into part of our Culture Programme work	Our ambition is to match the Picker average comparator % in 2021 staff survey in each relevant Care Group	This has been in our bottom scores for 3 years and we are below our comparator group. Pay is a key factor in retention and with the prospect of a minimal rise in NHS pay we need to understand staff views around recognition <b>and</b> reward in more detail to address.
<b>Staff experience of patients: physical violence, discrimination, bullying and abuse</b>	Consolidate and amplify Trust strategies ie Op Cavell and Safer Staffing , learn from best comparators, engage with colleagues , understand EDI action plans and implement at pace	Our ambition is to match the Picker average comparator % in 2021 staff survey in each relevant Care Group	This is a national area of focus not just in Mental Health trusts, we have heard from all care groups that this is a growing factor in terms of retention. Although we know staff are speaking up more we need to ensure coherent and well communicated action is being taken across KMPT and monitor the impact.
<b>Our employer branding - how KMPT feels for our staff</b>	Build recognition and valuing into part of our Culture Programme and Communication strategy	Our ambition is to match the Picker average comparator % in 2021 staff survey overall	We had expected to see a greater rise in staff recommending the Trust as a place to work overall. As line manager scores are so high we want to understand staff views on why this may not be improving as its key for recruitment and retention.

*Brilliant care through brilliant people*



Title of Meeting	<b>Board of Directors (Public)</b>
Meeting Date	<b>25<sup>th</sup> March 2021</b>
Title	<b>Quality Committee Report</b>
Author	<b>Fiona Carragher, Non-Executive Director and Committee Chair</b>
Presenter	<b>Fiona Carragher, Non-Executive Director and Committee Chair</b>
Executive Director Sponsor	<b>N/A</b>
Purpose	<b>For Information/Assurance</b>

### Executive Summary

The Quality Committee was held on 16<sup>th</sup> March 2021. In line with the Committee work plan, the following items were discussed and scrutinised as part of the meeting:

1. Quality Digest
2. CMHTs and Acute Wards CQC Reports
3. Quality Impact Assessments
4. Quality Account 2020-21 Timetable - Revised Q4 trajectories
5. Operational hot spots
6. Female PICU Contracting Arrangements
7. Annual Ligature audit- assurance report
8. Report from Clinical Effectiveness and Outcomes Group (CEOG)
9. Annual Review of ToRs and Workplan

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

#### 1. Female PICU Contracting Arrangements

The Committee received the report.

It was reported that the reason for procurement was to improve quality and ensure oversight of quality for care, with KMPTs ambition to provide its own Female PICU as best practice.

The Committee were advised that quality monitoring requirements are in place as part of the monthly contract meeting, with assurance provided that oversight has been maintained and any concerns and issues addressed quickly, despite the ongoing pressures from Covid-19.

The Committee were informed that in October 2020, the CQC visited Castle Ward, with a follow up in November 2020; positive feedback was received.

The Committee were assured that since the commencement of the contract, there have been no serious incidents or complaints received from family or patients on the care provided. It was reported that the number of requested admissions are generally low, but acuity is high, and staffing ratios are being fully considered and currently working well.

The Committee agreed that this item is to be escalated to the board for assurance.

## **2. Quality Account 2020-21 Timetable - Revised Q4 trajectories**

The Committee received the report and approved the revised targets, with agreement that the report does not need further review at Audit and Risk Committee.

## **3. Single Point of Access**

The Committee were advised that Single Point of Access is still an area of concern, which is reflected on the BAF. The Committee were assured that a new Clinical Lead is now in post and working through a 6 month improvement plan, with actions already coming into place, and the intention that the risk should be reduced in 6 months, with weekly Executive Director monitoring in place.

The Committee discussed the recruitment programme and pathways for the service, and assurance was provided around the team work of the service now they are working back on site. The Committee were advised that work is ongoing to provide a single crisis line for Kent.

The Committee were advised that ways of ongoing monitoring are being considered, and it was agreed that the Chair would work with Executive Directors to look at ways of monitoring hot spots and reporting back to the Committee.

## **4. Overall waiting times**

The Committee were provided with a verbal update, to advise a full paper will be going to Finance and Performance Committee in terms of performance around Psychological therapies waiting lists.

The Committee discussed quality monitoring, with assurance provided that a number of work streams are looking at quality around waiting lists. It was agreed that quality programmes should be overseen at this committee, with a report to be presented at the April Committee to look at quality, safety and clinical aspects of the waiting lists (CMHT, CMHSOP, Psychological therapies), with a potential organisational review being considered.

## **5. Duty of Candour**

It was reported that the Duty of Candour response is improving, with further work required by the acute and community recovery care groups to ensure the legal requirements are embedded into practice. A brief discussion took place as to whether Duty of Candour should be monitored via the risk register, and agreement that it is reportable to the board for an update and monitoring. A progress report against the strategic Duty of Candour improvement plan will also be presented for discussion at the next Quality Committee, for monitoring purposes.

**The Board is asked to:**

- 1) Note the content of this report.**

## Front Sheet

<b>Title of Meeting</b>	Trust Board (Public)	<b>Date</b>	25 <sup>th</sup> March 2021
<b>Title of Paper</b>	Register of Board Members Interests – March 2021		
<b>Author</b>	Tony Saroy, Trust Secretary		
<b>Executive Director</b>			

<b>Purpose:</b> the paper is for:	<ul style="list-style-type: none"> <li>• <b>Delete as applicable</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Noting:</b></li> </ul>	

<b>Recommendation:</b>	
The Board is asked to note the Register of Board members' Interests. The Board members' Declarations of Interests will be published on the Trust website.	
<b>Summary of Key Issues:</b>	<ul style="list-style-type: none"> <li>• <b>No more than five bullet points</b></li> </ul>
<p>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.</p> <p>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 was updated as at 17<sup>th</sup> March 2021 and is attached.</p> <p>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.</p> <p>This information will be made publicly available on the Trust website following the meeting.</p>	

<b>Report History:</b>

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

Implications / Impact:
<b>Patient Safety:</b> <i>None</i>
<b>Identified Risks and Risk Management Action:</b>
<b>Resource and Financial Implications:</b>
<b>Legal/ Regulatory:</b> Code of Accountability and NHSE/I requirement
<b>Engagement and Consultation:</b> <i>None</i>
<b>Equality:</b> <i>None</i>
<b>Quality Impact Assessment Form Completed:</b> <del>Yes</del> /No/N/A

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 2021**

<b>Director</b>	<b>Position</b>	<b>Interest declared</b>
<b>Jackie Craissati</b>	<b>Trust Chair</b>	Jackie's current company, Psychological Approaches is on the NHS England framework for Independent Serious Incident Investigations but does not undertake investigations relating to KMPT.  Jackie is Trustee on the Board of Samaritans and Independent Governor on the Board of the University of East London
<b>Anne-Marie Dean</b>	<b>Non-Executive Director</b>	None declared
<b>Venu Branch</b>	<b>Deputy Trust Chair</b>	None declared
<b>Catherine Walker</b>	<b>Non-Executive Director</b> (Senior Independent Director)	Catherine is Lay Chair of the Consultant 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. Walkers acts for the majority of UK Trade Unions including a number of Trade Unions active in the Health sector. Walkers' Health sector Union clients are The Chartered Society of Physiotherapy, The Royal College of Midwives and the Prison Officers Association. (Walkers Solicitors do not act for the

		NHS but clients do negotiate with the NHS – declared to ensure full transparency) Member 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 also a member of the Health Service Products (Pricing Cost Control and Information) Appeals Tribunal.
<b>Fiona Carragher</b>	<b>Non-Executive Director</b>	Fiona is an Executive Director – Alzheimer's Society and a Trustee of the UK Dementia Research Institute
<b>Kim Lowe</b>	<b>Non-Executive Director</b>	Kim is a Non-Executive Director – Central Surrey Health Lay member – University of Kent
<b>Mikola Wilson</b>	<b>Non-Executive Director</b>	None declared
<b>Sean Bone-Knell</b>	<b>Non-Executive Director</b>	None declared
<b>Peter Conway</b>	<b>Non-Executive Director</b>	Non-Executive Director – Kent Community Health NHS Foundation Trust
<b>Helen Greatorex</b>	<b>Chief Executive Officer</b>	Helen's husband is Director of Talking Therapies and may compete for business in the Trust's area. From 1 April 2019 Helen's husband commenced job with Priory
<b>Vincent Badu</b>	<b>Executive Director of Partnerships and Strategy</b>	None declared
<b>Jacque Mowbray-Gould</b>	<b>Chief Operating Officer</b>	None declared
<b>Sheila Stenson</b>	<b>Executive Director of Finance</b>	Sheila is the Chair HFMA Kent, Surrey and Sussex
<b>Afifa Qazi</b>	<b>Executive Medical Director</b>	None declared
<b>Mary Mumvuri</b>	<b>Executive Director of Nursing and Quality</b>	Mary is Vice chair- Mental Health Nurse Director Forum
<b>Sandra Goatley</b>	<b>Director of Workforce and OD</b>	None declared