AGENDA

Kent and Medway NHS and Social Care Partnership Trust

Title of Meeting Trust Board Meeting (Public)
Date 27th March 2025
Time 9.30 to 12.00
Venue Canterbury Cathedral Lodge, The Precincts, Canterbury, Kent, CT1 2EH

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/24-25/132	1.	Welcome, Introductions & Apologies		Verbal	Chair	09.30
TB/24-25/133	2.	Declaration of Interests		Verbal	Chair	
BOARD REFLECTION ITEMS						
TB/24-25/134	3.	Personal Story – Patient and Family Involvement in Care	FN	Verbal	AC / KH	09.35
TB/24-25/135	4.	Continuous Improvement Story - East Kent Red Board	FN	Verbal	AR	09.45
STANDING ITEMS						
TB/24-25/136	5.	Minutes of the previous meeting	FA	Paper	Chair	09.55
TB/24-25/137	6.	Action Log & Matters Arising	FA	Paper	Chair	
TB/24-25/138	7.	Chair's Report	FN	Paper	JC	10.00
TB/24-25/139	8.	Chief Executive's Report	FN	Paper	SS	10.05
TB/24-25/140	9.	Board Assurance Framework	FA	Paper	AC	10.10
STRATEGY, DEVELOPMENT AND PARTNERSHIP						
TB/24-25/141	10.	Trust Strategy Plan 25/26 yr3	FA	Paper	SS	10.20
TB/24-25/142	11.	MHLDA Provider Collaborative Progress Report (incl. Community Mental Health Framework Transformation)	FD	Paper	JH	10.35
TB/24-25/143	12.	Estates Strategic Workplan	FA	Paper	NB	10.50
TB/24-25/144	13.	Health Inequalities Report	FD	Paper	AR	10.55
OPERATIONAL ASSURANCE						
TB/24-25/145	14.	Integrated Quality and Performance Review	FD	Paper	SS	11.10
TB/24-25/146	15.	Finance Report for Month 11	FD	Paper	NB	11.25
TB/24-25/147	16.	Finance Planning 2025/26	FA	Paper	NB	11.35
TB/24-25/148	17.	Workforce Deep Dive: Staff Survey	FD	Paper	SG	11.40
CONSENT ITEMS						
TB/24-25/149	18.	Use of Trust Seal	FN	Paper	SS	11.50
TB/24-25/150	19.	KMPT Charity Annual Return	FN	Paper	AR	
TB/24-25/151	20.	Report from Quality Committee	FN	Paper	SW	
TB/24-25/152	21.	Report from People Committee	FN	Paper	PC	
TB/24-25/153	22.	Report from Mental Health Act Committee	FN	Paper	JC	
TB/24-25/154	23.	Report from Audit and Risk Committee	FN	Paper	PC	
TB/24-25/155	24.	Report from Finance and Performance Committee	FN	Paper	MW	

CLOSING ITEMS						
TB/24-25/156	25.	Any Other Business		Verbal	Chair	11.55
TB/24-25/157	26.	Questions from Public		Verbal	Chair	
	Date of Next Meeting: Thursday 29th May 2025					

Members:		
Dr Jackie Craissati	JC	Trust Chair
Peter Conway	PC	Non-Executive Director (Deputy Trust Chair)
Stephen Waring	SW	Non-Executive Director (Senior Independent Director)
Dr MaryAnn Ferreux	MAF	Non-Executive Director
Mickola Wilson	MW	Non-Executive Director
Julius Christmas	JCh	Non-Executive Director
Pam Creaven	PCr	Associate Non-Executive Director
Dr Julie Hammond	JH	Associate Non-Executive Director
Sheila Stenson	SS	Chief Executive
Donna Hayward-Sussex	DHS	Chief Operating Officer and Deputy Chief Executive
Dr Afifa Qazi	AQ	Chief Medical Officer
Andy Cruickshank	AC	Chief Nurse
Nick Brown	NB	Chief Finance and Resources Officer
Sandra Goatley	SG	Chief People Officer
Dr Adrian Richardson	AR	Director of Partnerships and Transformation
In attendance:		
Tony Saroy	TS	Trust Secretary
Daryl Judges	DJ	Deputy Trust Secretary
Kindra Hyttner	KH	Director of Communications and Engagement
Kate	Kate	Personal Story Item
Sharon Bean	SBe	Non-medical prescriber (Continuous Improvement Story)
Apologies:		

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

Sean Bone-Knell	SBK	Non-Executive Director
Kim Lowe	KL	Non-Executive Director

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

Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)
Minutes of the Public Board Meeting held at 09.30 to 12.00 on Thursday 30th January 2025
Via MS Teams

Members:			
	Dr Jackie Craissati	JC	Trust Chair
	Julius Christmas	JCh	Non-Executive Director
	Sean Bone-Knell	SBK	Non-Executive Director
	Stephen Waring	SW	Non-Executive Director (Senior Independent Director)
	Peter Conway	PC	Deputy Trust Chair
	Sheila Stenson	SS	Chief Executive
	Nick Brown	NB	Chief Finance and Resources Officer
	Donna Hayward-Sussex	DHS	Chief Operating Officer/Deputy Chief Executive
	Andy Cruickshank	AC	Chief Nurse
	Sandra Goatley	SG	Chief People Officer
	Dr Afifa Qazi	AQ	Chief Medical Officer
	Dr Adrian Richardson	AR	Director of Partnerships and Transformation
Attendees:			
	Kindra Hyttner	KH	Director of Communications and Engagement
	Tony Saroy	TS	Trust Secretary
	Daryl Judges	DJ	Deputy Trust Secretary
	Jane Hannon	JH	Programme Director
	Victoria Hystrom-Marshall	VSM	Head of Operational Excellence
	Simon Patrick	SP	Freedom to Speak Up Guardian
	Dr Sheeba Hakeem	SH	Consultant Psychiatrist
	Andy Sharp	AS	Liaison & Diversion Practitioner
	Rose Waters	RW	Deputy Service Director- Specialist Services, Forensic and Specialist Directorate
	The Board was joined by members of the public and members of staff.		
Apologies:			
	Dr MaryAnn Ferreux	MAF	Non-Executive Director
	Kim Lowe	KL	Non-Executive Director
	Mickola Wilson	MW	Non-Executive Director

Item	Subject	Action
TB/24-25/109	**Welcome, Introduction and Apologies** The Chair welcomed all to the meeting and apologies were noted as above. All written reports were taken as read.	
TB/24-25/110	**Declarations of Interest** No interests were declared.	
TB/24-25/111	**Personal Story – Veteran Advocate** The Board welcomed RW and AS to the meeting. The Board was informed of the Trust's work with veterans in the community as part of the armed forces covenant that came into effect after legislation in 2021.	

Item	Subject	Action
	AS set out his work to the Board. The Board was informed of Operation Courage which encouraged veterans to use the mental health services. AS set out the importance of his lived experience in supporting veterans, many of whom had joined the armed forces as a result of childhood trauma. As a result of this, alcohol and drug use were common factors. The Board complimented AS for the significant positive impact that his work has had on service users who were veterans. The Board was informed that so far there had been 1067 service users who have veteran status, but caution was needed as not all veterans were willing to declare their veteran status. The Board **noted** the Personal Story – Veteran Advocate.	
TB/24-25/112	**Quality Improvement - Memory Assessment service at Dartford, Gravesham and Swanley Community Mental Health for Older Persons (DGS)** The Board received a presentation from SH who set out the two national benchmarks for dementia care: 95% of referrals should be offered an assessment, and 66.7% of referrals should be capable of being diagnosed within 6 weeks or sooner. The Trust developed the memory assessment services (MAS), which allowed for the overhaul of dementia diagnosis functions. This included integration of dementia data from disparate sources and data cleansing. The new approach has led to significant improvements, with there now being 155 open referrals within DGS waiting to be assessed compared to 565 open referrals a year ago. The improvements were only possible by putting some additional measures in place within the dementia diagnosis pathway. These included a robust screening process, with staff able to arrange all investigations on the first day. SH commended the administration staff for their role in this improvement. Another measure successfully implemented was the adjustment of operational capacity with the DGS team now able to complete 80 additional assessments per month which prevents a build-up of caseload for the team. The Board explored how learning can be generalised across the Trust, with SH confirming that the Trust's Quality Improvement team is helping the Trust to implement the learned best practice in other teams. The Board **noted** the Memory Assessment Service at DGS.	
TB/24-25/113	**Minutes of the previous meeting** The Board **approved** the minutes of the 28th November 2024. It was confirmed that "The Top Behaviour Trump Cards aimed to incentivise patients to take positive steps in regards to their health and wellbeing" should be amended to "The Top Behaviour Trump Cards aimed to incentivise patients and staff to take positive steps in regards to their health and wellbeing".	

Item	Subject	Action
TB/24-25/114	**Action Log & Matters Arising** The Board **approved** the action log, noting that all actions were completed or in progress. Action: TB/24-25/50 – Finance Report – Continued use of external beds: It was noted that the financial aspects were considered at the Finance and Performance Committee and assurance was obtained. SW will confirm as to whether the report should be considered at the Quality Committee. Action: TB/24-25/77 – Workforce model – staff model over next 2 to 5 years: It was confirmed that the action should remain open as further work required for the future plans needed to take place. The item will come back to the May 2025 Board. Action: TB/23-24/122 - IQPR– Board seminar: It was confirmed that DHS and AQ will present a board seminar on the flow programme, with scheduling to be confirmed by SS and JC. **Action: By 27.03.25, SS and JC to confirm the need for a seminar regarding the strategic plans for KMPT.**	**SS and JC**
TB/24-25/115	**Chair's Report** The Board **noted** the Chair's Report.	
TB/24-25/116	**Chief Executive's Report** The Board received the Chief Executive's Report and the following items were highlighted: • Commendation of staff over the Christmas and new year period, • SS had attended national planning meeting that morning, and guidance and mandate for the NHS will be published on 30.01.25. SS corrected a slight error on the update to the 10-year plan, which should state move care from hospitals to communities • The Littlebrook purchase, positive for the Trust. • Rough sleepers in terms of good news story in the BBC The Board **noted** the Chief Executive's Report.	

TB/24-25/117	**Board Assurance Framework (BAF)**
	
	The Board received the BAF, noting:
	
	• No risks have been added to the BAF since reporting to Board in November.
	• Two risks have changed their risk score since the BAF was reported to Audit and Risk Committee (ARC) in November:
	  ○ Risk ID 08146 – Maintenance of a Sustainable Estate (Reduced from 12 (High) to 8 (High))
	  ○ Risk ID 08173 – Delivery of a Fit for Purpose Estate (Reduced from 16 (Extreme) to 12 (High))	

Item	Subject	Action
	• No risks were recommended for removal from the BAF. The Board received comments from the ARC members, who stated that there was limited assurance regarding the reporting processes for risks. A number of risks required redrafting to improve their accuracy. The Board noted that there needs to be a risk recorded regarding organisational change, with digital needs captured regarding capability and capacity. The Board highlighted that the Trust had previously stated that performance issues under Risk ID 00580 – Organisational inability to meet Memory Assessment Service Demand were due to issues within the Kent and Medway System. However, this month's Quality Improvement story indicates that the Trust has capacity to improve performance independently from Kent & Medway commissioning changes. The Board **approved** the Board Assurance Framework subject to the risk regarding organisational change, with digital needs captured regarding capability and capacity.	
TB/24-25/118	**Mental Health, Learning Disability and Autism (MHDLA) Provider Collaborative Progress Report** The Board received the MHLDA Provider Collaborative Progress report and a verbal update on the Provider Collaborative's work. The Board queried the conclusions drawn within the report which claimed that Safe Havens had a positive impact on emergency department attendances; the Board did not agree that such a conclusion could be reached with confidence. The Board highlighted that the ambitions for the safe haven service was unclear which may contribute to the variations in outcomes being seen across the services. **Action: By March 2025, JH to include a breakdown of the crisis house and safe havens' workstreams, timelines and impact of those workstreams within the next iteration of the Provider Collaborative update paper.** Discussion also centred on the mental health conveyancing service, which is in the process of being implemented. The impact of such a service would: • Reducing the number of ambulance and police conveyances. • Providing alternative care pathways, such as community or mental health services. • Enhancing collaboration between health, social care, and emergency services. **Action: By March 2025, JH to provide more granular detail regarding the mental health conveyancing service in terms of how it will be operationally effective. Such detail to be included in the next iteration of the Provider Collaborative update.** The Board **noted** the MHLDA Provider Collaborative Progress Report.	**JH** **JH**

Item	Subject	Action
TB/24-25/119	**Right Care, Right Person Evaluation Report** The Board received the Right Care, Right Person Evaluation Report. The Board commended the effective introduction of the Right Care, Right Person approach within the Kent and Medway area. The Board were pleased with the strength of the Trust's relationship with the Chief Constable and Deputy Chief Constable. The Board **noted** the Right Care, Right Person Evaluation Report.	
TB/24-25/120	**Integrated Quality and Performance Review** The Board received the Integrated Quality and Performance Review (IQPR) and were informed that there were three areas of concern which were: 1) Mental Health Together, 2) Patient Flow, and 3) Dementia, with Board discussions focussed on the first two items. <u>Mental Health Together</u> The Board noted that: • At one stage, the Trust had received such an influx of referrals to the point that the Trust was forecasting exceeding capacity by 28%. However, that has now changed to a forecast of exceeding capacity by 1.8% to 3%. • The recruitment of band 6 roles in the Medway area was being hindered at this moment due to the commissioned recruiter, Invicta, not having an established footprint in the Medway area. <u>Patient Flow</u> The Board noted that: • Before Christmas, the Trust saw a reduction in bed occupancy, but in the new year it had seen a surge in demand, coupled with an increase in clinically ready for discharge numbers. The Board was informed that there continued to be difficulties in helping people to move back in to the community. • The Trust has implemented the Purposeful Admission Protocol. This appears to signalling that performance will improve. The Board recommended that the Trust improve relationships with social care partners at an executive-to-executive level. • This year, the Trust will be embedding the new clinical model and analysing data. It is anticipated that results will improve as it is being embedded. Productivity appears to be improving within services. <u>Dementia</u> • There had been a positive downward trend in dementia diagnosis wait times (now 17.8 weeks compared to the 12-month average of 22 weeks). There has been improving engagement with GPs. The Board **noted** the IQPR.	

Item	Subject	Action
TB/24-25/121	**Finance Report** The Board received the Finance Report and noted the following: • The Trust is forecasting to deliver its financial plan and deliver a £0.72m surplus in year, • Year to date agency spend is £5.24m which equates to 3.24% of Trust pay spend compared to an agency cap of 3.2% for the year. This run rate is expected to continue resulting in the Trust exceeding the agency cap in year by £0.44m. • Use of external beds remains a risk. In month the Trust utilised 7 external female Psychiatric Intensive Care Unit (PICU) beds and 2 male PICU beds (7 PICU beds funded). This position is lower than previous months with no external male acute beds being used. This position continues to be monitored. • As at 31st December the overall capital position is £1.57m underspent, with a forecast spend position of £13.81m against the annual plan of £15.38m. The underspend relates to the delay in the s136 scheme. The Trust is working with the system to manage this position in year as well as securing funding for the scheme for 2025/26. The Cost Improvement Programme (CIP) for 2025/26 is likely to be circa-£11m. There has been no formal NHS guidance so there might be an increase in the level of CIP needing to be achieved. Some of this will be achieved by the community services and productivity review (£2m), and Back Office/corporate cost review (£3.57m). The Trust recognised the extra hurdle caused by the vacancy control panel, but informed the Board that it has helped with the Trust spend as managers are addressing administrative burden. The Board **noted** the Finance Report.	
TB/24-25/122	**Workforce Deep Dive: Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) paper** The Board received the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) paper; noting the programme of work to raise the profile of the staff. The Board commended the progress which had been made to date, although it acknowledged that further work was required in specific areas. Cultural change will take a while to effect and Equality, Diversity and Inclusion (EDI) work will be more difficult to achieve due to an increase in anti-EDI sentiment, which has already led to some UK organisations cutting EDI initiatives. A BAME talent strategy would be welcomed, in order to support what is required in terms of career development. The Board was informed that this is being rolled out as part of the ICB's 'Aspiring' development programme. The Board **noted** the Workforce Deep Dive Paper.	

Item	Subject	Action
TB/24-25/123	**Freedom to Speak Up – six-monthly update** The Board received the Freedom to Speak Up Report, with SP providing a summary of the report to the Board. The Board noted that there were 61 cases in the last six months which was an increase of 40 cases, compared to the 21 cases that were raised in the same period of the previous year. The Board was updated regarding the cluster of cases in the Dover area, which has now been resolved. The Trust has put in place a robust engagement process between management and staff as well as peer to peer support opportunities. The Board highlighted that the report would benefit from additional national benchmarking data so that it is clearer as to whether the Trust is an outlier for particular concerns. The Trust also acknowledged that managers need to become confident in having difficult conversations so that learnt improvements can be embedded. Further work is required in the Sevenoaks area as staff do not feel supported in their concerns. The Board raised that for at least ten years, there have been cyclical issues within West Kent, with complaints regarding management and recruitment being frequently raised. **Action: By March 2025, DHS to present a FTSU action plan regarding the West Kent area to the People Committee.** The Board **noted** the Freedom to Speak Up Report.	**DHS**
TB/24-25/124	**Changes to Standing Orders and Standing Financial Instructions (SFI)** The Board reviewed the changes to Standing Orders and Standing Financial Instructions (SFI). The Board **approved** the changes to Standing Orders and Standing Financial Instructions (SFI).	
TB/24-25/125	**Report from Quality Committee** The Board received and **noted** the Quality Committee Chair's report.	
TB/24-25/126	**Report from People Committee (including Annual report on safe working hours)** The Board received and **noted** the People Committee Chair's report. It was confirmed that the responsibility for the Annual Report on Safe Working Hours would be delegated to the People Committee going forward.	
TB/24-25/127	**Report from Charitable Funds Committee** The Board received and **noted** the Charitable Funds Committee Chair's report.	

Item	Subject	Action
TB/24-25/128	**Report from Audit and Risk Committee** The Board received and **noted** the Audit and Risk Committee Chair's report.	
TB/24-25/129	**Report from Finance and Performance Committee** The Board received and **noted** the Finance and Performance Committee Chair's report.	
TB/24-25/130	**Any Other Business** None.	
TB/24-25/131	**Questions from Public** The Board received reflections and feedback from members of staff which included the benefits of attending the Board meeting and the partnership working which was in place. The Board was then provided with insight as to the methods which could be introduced to increase the accessibility of the Board meetings.	
	Date of Next Meeting The next meeting of the Board would be held on Thursday 25th March 2025 via MS Teams.	

Signed …….. (Chair)

Date ……..

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 19.03.2025

Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
ACTIONS DUE IN MARCH 2025								
30.05.2024	TB/24-25/16	Patient Survey Results	KH to bring an updated Patient and Participation Strategy to the Trust Board in November.	KH	November 2024	March 2025	Work on the updated Patient and Participation Strategy is underway, and the Quality Committee are being kept up to date. The final Strategy will come to the Board in Spring 2025.	**In Progress**
25.07.2024	TB/24-25/50	Finance Report – Month 3	NB to produce a paper addressing the continued use of external beds for the September Quality Committee.	NB	September 2024	March 2025	It was requested by the Chief Nurse and Chief Medical Officer that the item be considered at the May 2025 Quality Committee meeting.	**In progress**
26.09.2024	TB/24-25/77	Workforce Deep Dive: Re-modelling and reshaping the workforce for the future	By November 2024, the People Committee is to receive an analysis of the likely skills required to deliver mental health services over the next 2-5 years, and considers how we may adjust and fill gaps on the basis of competences rather than professions.	SG	November 2024	January 2025	Workforce planning assumptions paper for 2025/26 taken to January's People Committee meeting. Future workforce planning will be dependent on the clinical model, which is currently being reviewed by AC, AQ and DHS.	**In progress**
25.01.2024	TB/23-24/122	IQPR	By December 2024, DHS and AQ to deliver a Board Seminar in the future on those clinically ready for discharge, and how this links to the Purposeful Admissions Programme.	SS/AQ	December 2024		Board seminar timetable has not permitted this to occur. Added to the Board Seminar items and will be scheduled.	**In progress**
30.01.2025	TB/24-25/114	Action Log & Matters Arising	Confirm the need for a seminar regarding the strategic plans for KMPT	SS/JC	March 2025		Took place in Feb 2025	**Closed**
30.01.2025	TB/24-25/118	Mental Health, Learning Disability and Autism (MHDLA) Provider Collaborative Progress Report	Include a breakdown of the crisis house and safe havens' workstreams, timelines and impact of those workstreams within the next iteration of the Provider Collaborative update paper	JH	March 2025		Addressed within the paper	**Closed**
30.01.2025	TB/24-25/118	Mental Health, Learning Disability and Autism (MHDLA) Provider Collaborative Progress Report	Provide more granular detail regarding the mental health conveyancing service in terms of how it will be operationally effective. Such detail to be included in the next iteration of the Provider Collaborative update	JH	March 2025		Addressed within the paper	**Closed**

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 19.03.2025

Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
30.01.2025	TB/24-25/123	Freedom to Speak Up – six-monthly update	Present a FTSU action plan regarding the West Kent area to the People Committee	DHS	March 2025		An update on the specific issues related to West Kent has been scheduled for the May 2025 People Committee meeting.	In progress
ACTIONS NOT DUE OR IN PROGRESS								
								Not Due
CLOSED AT LAST MEETING OR COMPLETED BETWEEN MEETINGS								
28.11.24	TB/24-25/88	Chair's Report	DHS to produce an update paper on 'Getting the Basics Right' for the Quality Committee by January 2025. The paper must address the opportunities available, timelines of the workstreams and the clinical quality implications.	DHS	January 2025		Paper taken to Quality Committee in January. To be closed.	Close
28.11.24	TB/24-25/94	Finance Report	By January 2025, NB to address any adverse impact on decision making caused by the additional financial controls in future iterations of the finance reports.	NB	January 2025		Verbal update to be provided	Close
28.11.24	TB/24-25/94	Finance Report	By January 2025, AQ to include commentary within the IQPR regarding the planned use of out of area beds	AQ	January 2025		Completed and in the IQPR. To be closed.	Close
28.11.24	TB/24-25/96	Community Mental Health Framework Transformation Report	JC, SS and TS to set up a Board seminar on CMHF Transformation, with TS confirming the date of the Board seminar by January 2025.	SS	January 2025		It has been agreed between the Chair and Chief Executive that a lesson learned for CMHF will be conducted in April 2025. To be closed.	Close
25.07.2024	TB/24-25/47	Right Care Right Person Report	AR to produce an end of project evaluation report for the Right Care Right Person programme, which includes evaluation of the costs of implementation. The report is to be presented at the January 2025 Board meeting.	AR	January 2025		On agenda. To be closed	Close
25.07.2024	TB/24-25/49	IQPR	By January 2025, AC to include commentary regarding compliments, along with appropriate level of compliments data, within the IQPR.	AC	January 2025		Compliments data included. Verbal update to be provided.	Close

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**27th March 2025**
Title	**Chair's Report**
Author	**Dr Jackie Craissati, Trust Chair**
Presenter	**Dr Jackie Craissati, Trust Chair**
Purpose	**For Noting**

1. Kent & Medway system and national activity

Over the past two months, I have assisted NHS England in interviewing for the Aspiring Chairs programme, which seeks to improve succession planning for Chairs in what is becoming a more complex environment to work. I have attended the Provider Collaborative Board for Kent & Medway; progress is being made but very slowly, and the Chairs were challenging the Chief Executives to move faster and with greater boldness.

Finally, I attended a national event for Chairs – and at the last minute, Chief Executives – where we heard about the radical changes in expectations for financial planning for Trusts, Integrated Care Boards and structural changes to NHS England. I am absolutely committed to ensuring that this Trust and the wider NHS is financially sustainable and productive moving forwards; but nevertheless, I recognise that this is a very difficult time of uncertainty for many of our colleagues.

2. Non-Executive Director Changes

I am delighted to welcome Pam Creaven and Julie Hammond as new Associate Non-executive Directors to our Board. They will be with us for two years, and bring a refreshing range of experience that I have no doubt will add great value to the Board.

Congratulations to Stephen Waring who has been accepted onto the Aspiring Chairs programme.

3. Board Development

We had a very lively and constructive board development day in February, with seminars on our focus for year three of our strategy, productivity and sustainability, and on the Patient Safety Incident Response Framework.

4. Trust Chair and NED visits

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

Where	Who
November 2024	
Visits to William Harvey Hospital, Liaison Psychiatry Service and Eureka, older adults community services	Stephen Waring
January 2025	
Trevor Gibbons Unit	Sean Bone-Knell
Foxglove and Bluebell wards, St Martin's Hospital	Jackie Craissati
Leaders event	Jackie Craissati

Where	Who
February 2025	
Tarenforth Centre	Sean Bone-Knell
Britton House, community hub, Gillingham	Jackie Craissati

Chair visits

I spent the morning with the Matrons and the wider multi-disciplinary teams on Foxglove and Bluebell wards. There was very positive feedback regarding the management of violence and aggression, as well as zonal observations. The only caveat was that agency nurses were not accustomed to these new ways of working.

The staff were confident in working with women with autistic traits, and it was good to see how adjustments to clinical practice were yielding positive results; there was also strong medical leadership evident on this ward.

The main concerns were in relation to those patients who were clinically ready for discharge, the absence of social care staff from the transfer hub pilot, and the lack of responsiveness on occasions from our rehabilitation teams when referrals were made. In addition, I noted the amount of maintenance required for several shabby areas, all of which were longstanding.

I was delighted to join the Leaders event, spending the morning with key members of staff. The focus was on transformation and delivery of change, with a number of good conversations.

This month I spent the morning at Britton House in Medway, meeting with the Early Intervention (EIP) and Mental Health Together teams. The building is spacious and tidy, but it was exasperating to see that there are a number of minor problems (for example, sound proofing of interview rooms, and a lack of microphones in meeting rooms with screens) with the refurbishment.

It was interesting to discuss with EIP the older age group of their caseloads, as compared with the early years of EIP, and the increased risk that they are expected to hold in the community. I was greatly encouraged by my lengthy discussion with MHT, as they got to grips with risk issues and tackling the triage process. There is still work to do, but our partners – Shaw Trust – are providing an invaluable service and could probably be used more if they had additional resources. In some ways, it is our most highly qualified staff who are finding the adjustment to new ways of working the most stretching.

Sean Bone-Knell's visit to Trevor Gibbens Unit

Compared to my visit last year, the reception area at the TGU has been transformed with the use of a bright and colourful landscape picture wall, kindly donated by a Kent-based company. New furniture was being delivered on this day so change is happening.

A new access control gate has been erected to this medium-secure part of our site albeit with an unusable access control system that now needs to be changed.

It was pleasing to see the transformation that has taken place in the Willow Gardens with improved animal fencing and volunteer support for this valuable area for mental wellbeing.

The Penshurst and Emmetts wards have a number of basic estates issues relating to heating, lighting, guttering and ventilation that require robust solutions, rather than temporary

fixes. The staff did not feel the estates interventions were timely enough or providing best value for the Trust.

Staff were very motivated and happy in their work, issues such as violence and aggression, albeit still occurring, were closely monitored and acted on by managers and staff.

Sean Bone-Knell's visit to Tarenfort Centre

The staff were all very positive and spoke with enthusiasm about the care they provide and the difference they can make for our patients.

The patients I spoke with all wanted more activities to undertake. One issue raised was how the level of ward staffing affects the Mental Health Act (Section 17) leave they can take, with insufficient staff for escorts. This is under review.

The Safety bundles were visible and marked up to show when any acts of violence or aggression (V&A) have taken place. Managers provided assurance that V&A is taken seriously and staff are speaking up to ensure the right action is taken.

Managers spoke favourably around zonal observations and the positive impact they can have in reducing the amount of people in a ward environment and the impact this can have on behaviours.

There were also improvements in relation to the food provided, and security fencing and bedroom door replacement.

Stephen Waring - Visits to William Harvey Hospital, Liaison Psychiatry Service and Eureka, older adults community services.

On 29 November I joined the Chief People Officer in visiting Ashford Community Mental Health Service for Older People. We had a wide-ranging discussion with the managers, who provided us with some very positive comments about the work – great staff camaraderie, flexible working and career progression, enjoy delivering great care and improving people's lives. They appreciated the staged approach to changes brought in through the Mental Health Together programme, but noted the process had been stressful and they already have long waiting times, and staff feel they carry a lot of risk. Some caseloads are particularly high – and it was clear that the changes are still very much bedding down.

We also visited the Liaison Psychiatry Service at William Harvey Hospital (WHH) in Ashford. We had excellent engagement with staff at WHH. Although work had been done on the fabric of the patient-facing facilities, there remained serious concerns about both the patient areas in the A&E itself (small, windowless, only one point of entry/exit, which presents safety risks with very distressed patients) and the offices (which are very far from the patient areas, cramped, no private space for supervision, extremely hot). That said, there was a clear satisfaction from staff about the work, with positivity about student nurses working with them. We also heard about the value of education about mental health for general hospital staff in the A&E

Chief Executive's Board Report

Date of Meeting: 27 March 2025

Introduction

I shared in my last CEO report to Board that I was looking forward to 2025 with much optimism because, as a trust, we have a number of exciting things happening this year that I know will strengthen our position in our local communities and with our partners. Amongst all the national announcements and changes across the NHS I hold firmly onto this optimism. We have a significant role to play within our wider system to navigate these significant changes for the NHS and we are in a strong position to do so.

As an organisation we have been driving forward a large amount of transformational change, which I am incredibly proud of. We are taking the opportunity currently to undertake a lesson learned exercise with all our staff involved in this change to ensure we learn and develop our change skills for the future. This will only further strengthen our organisation to be a leader in the system to ensure we provide the best care and services to the local population, and that we have engaged and happy staff.

National and Regional Update

Changes in the NHS

You will be aware about the significant changes coming to the NHS and the Department of Health and Social Care which have made the national news. These changes signal a period of significant change for the NHS, and we've been talking a lot about them as an executive management team and Board, with partners working in the system, and with staff.

The landscape is changing rapidly and we expect further information to be shared. At the point of drafting this report, this is a summary of what we know so far:

NHS England changes: The government has decided to bring NHS England back under direct control. This will take about two years. Sir Jim Mackey will be in charge of leading this process as he took over from Amanda Pritchard to be the new transition CEO of NHS England.

Smaller central team: The government wants to reduce NHS England and the Department of Health and Social Care by 50% by the start of Q3 2025 (October).

ICB changes: Integrated Care Boards (ICBs) will be restructured. They've been asked to reduce costs by 50% by Q3 2025 (October), after already cutting 30% in the last two years. The focus of ICBs will be on strategic planning, not overseeing providers. This means trusts will have more power to make decisions.

Cost reductions: Reduction in corporate cost growth. Against 2019/20 costs, corporate roles and non-patient clinical posts are being asked to reduce their growth costs by 50% by Q3 2025 (October).

Other areas, like provider collaboratives and delivery networks, will also need to reduce costs by 50%.

More focus on community care: There will be a shift in focus towards community and mental health services, which is a great opportunity for us. This will be a big part of the NHS's ten-year plan.

Prevention and teamwork: There will be a stronger focus on preventing health problems and working more closely with social care services.

For us, these changes mean we need to stay flexible and ready to adapt. We've already been reviewing our costs closely over the last few years and have been particularly focussed as an executive team on our back-office costs in the past few months.

I have agreed with my executive team that this will be our focus in the coming weeks and we have also agreed to go at pace to ensure we are ready for what is ahead.

These changes can feel unsettling, and I know they are worrying for our staff, our partners, patients and communities who we are supporting. But I believe these changes give us a chance to make our organisation stronger, improve the services we offer, and strengthen our role in the NHS locally.

We're committed to delivering sustainable care across Kent and Medway, to continuing to work collaboratively to making these changes work and leading the way in providing excellent mental health care.

NHS Finance Position and Trust Position

The trust continues to plan for the next financial year with its system partners within Kent and Medway. The financial climate remains a challenging one, with systems being asked to deliver a break-even position and do more with the money available than in previous years. Myself and Nick Brown, Chief Finance and Resources Officer (CFRO), will update the Board today regarding the national focus and priorities for finalising this year's financial planning. The trust is preparing to deliver a balanced budget with a focus on ensuring the sustainability of its services.

Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative in person workshop

Last month we had a workshop with a large number of our system partners from a variety of sectors to focus on the system dementia model and housing strategy to support our patients. We have an agreed clinical model for dementia and Dr Adrian Richardson, our Director of Transformation and Partnerships, is leading on behalf of the trust and working closely with the system. We will be bringing a high-level plan to our next Board meeting, this will include clear timeframes for delivery. The update will be provided via the Provider Collaborative paper to Board.

Trust Update

Strategy Update

We are now entering the final year of our current three-year trust strategy. Alongside the changes we are making to our identity, trust values and our new improvement approach we are now in an optimal position to reset how we ensure delivery of our objectives in this final year.

In the Board papers today, we have a paper setting out the improvement approach we will be taking to deliver this. The approach is similar to what the majority of other providers across Kent and Medway, and nationally are doing, and provides us with the opportunity to focus on our key priorities, get these delivered and embedded then move on to the next priorities. This inch wide, mile deep approach will allow us to drive sustainable improvements in the areas we have set out. We also intend to use this framework to help us draft our next strategy, which we will start engaging stakeholders on in the next financial year.

Unannounced Care Quality Commission (CQC) Visit

Following the tragic killings in Nottingham in 2023 by Valdo Calocane a review was undertaken by the CQC under Section 48 of the Health and Social Care Act 2008. One of the responses was to look in depth at the standard of care being delivered by community mental health services across the country, noting that there continues to be issues raised with quality and with patient and public safety. An Adult Community Mental Health Review programme was established, with provider engagement events occurring prior to the launch of a plan to inspect all mental health providers across the country. As part of this programme we were inspected from the 4th March 2025 and inspectors were onsite at several trust locations for three days. The locations included community mental health services, crisis services and our health-based places of safety. The trust has been responding to a large number of data requests, which will all form part of the inspection. This has been completed and high-level verbal feedback has been provided by CQC. We await their draft report.

2024 Staff Survey Results

We have this years' staff survey results on the main board agenda for discussion today which I look forward to because it gives us an opportunity as a Board to hear from our staff and make the improvements needed to make their days a better day.

This year 21 Mental Health and Community Trusts used Picker to run their surveys and this is who we are compared against in the findings. This year has been a challenging year and while the results in places are hard to read, they do not come as a surprise to us and we have clear work plans to address the concerns staff are raising. This will be a continual improvement approach as we undertake all the work in addressing the culture of the organisation.

Key points to note:

- We have improved our response rate from 52% to 55% - this is 4% above the average of the comparator group
- The overall engagement score (which reflects advocacy, motivation and involvement) has dropped by 0.1 from 6.9 to 6.8. The span across directorates is 5.9 to 7.1.
- The minority ethnic engagement score has increased from 7.2 to 7.4. This has been a key area of focus for us so is great to see.
- Morale maintained at 6.1
- We have had a positive shift in health and wellbeing which was highlighted as a challenge in 2023.
- The survey also shows a positive uplift in terms of staff feeling safe to report their concerns and experiences of harassment/bullying or abuse which is excellent to see as the Trust as this has been another area of focus for us this year.

We recognise there is still a lot of work to be done but this is fundamental to our plans for 2025/26, which includes the continued work on our EDI plans, new values, encouraging staff to speak up and our work on violence and aggression shifting our focus to our community teams.

Our continued work with the Purpose Coalition to improve social mobility

This month we welcomed Rt Hon Anne Milton, Engagement Director at The Purpose Coalition, to officially launch a new report highlighting our commitment and progress in boosting opportunity and social mobility for our communities. Over 120 staff joined the launch event, and shared many ideas

about what more we can do as an organisation to break down barriers to opportunity, enhance our services, and reduce health inequalities. We will take these ideas forward with our teams.

Our alliance with the Purpose Coalition has also given us the opportunity to join a number of discussions over the last month with parliamentarians, businesses, voluntary organisations and NHS partners to identify key areas for action that will drive meaningful positive change when it comes to tackling health inequalities and responding to the reforms. It has also given us the opportunity to advocate for the vital role of mental health services in our healthcare system and the continued need for parity of esteem.

We have also joined forces with coalition partner, South-eastern Railway, to pilot a new community-based offer, supporting people who present in distress at train stations. We will be offering advice and support to train staff as well. We have agreed to trial this in the Spring, starting at Canterbury East and I will share more as this progresses.

Value in Practice Awards

We continue to receive lots of nominations for our Value in Practice Awards and the winners for January and February are included in the appendix to this report. It is always the highlight of my month reading what our staff say about each other and recognising the important roles they each provide. Well done to all our staff. We are all very proud.

Summary and Conclusion

As we move closer to the start of the new financial year, I must recognise this is going to be the toughest year for the NHS in decades. I am confident that we are in a strong position as an organisation to navigate the coming changes and that we will continue to be a strong voice for mental health in our system and beyond. I do look forward to the year ahead and on delivering our priorities, and leading with partners on the national initiative of shifting care from hospitals to communities. I know it will be challenging for many so our role as a Board in continuing to ensure our patient's interests remains crucial.

Finally, I would like to say again here a big thank you to all our staff for all their continued hard work and dedication to each other and our patients. And in particular to our community teams who were inspected by CQC and demonstrated how proud they are to provide services and care for our patients. We are exceptionally proud of you all.

APPENDIX

Executive Team Visits

Sheila Stenson:
Criminal Justice & Liaison Diversion Service

Donna Hayward-Sussex
Ashford Mental Health Team
Ash Eton

Sandra Goatley

Medway Recovery House
Brookfield Centre, Dartford
Coleman House
Shepway CMHT

Dr Adrian Richardson
Dartford Memory Assessment Services

Nick Brown
Priority House
Trevor Gibbens Unit

Kindra Hyttner
Willow Suite, Littlebrook Hospital
Priority House Wards
Medway Home Treatment Team
Disablement Service

Value in Practice Awards – January and February 2025

Directorate		January	February
North	Individual	Esther Ifonlaja, Lead Clinician, Medway/Swale MAS	Georgia Eastland, Business Admin Co-ordinator
	Team	NK Liaison Team (DGS and Medway)	DGS Memory Assessment Service
East	Individual	Tamara Abu-Shams, Pharmacist	Samantha Bushell, Ashford & Canterbury Community Rehabilitation Occupational Therapist
	Team	North East Kent Home Treatment Team	KMPT Dementia Envoys – The Beacon
West	Individual	Deborah Jaqs, Housekeeper	Arkiadiusz Zielinski (prefers Arek), Healthcare assistant
	Team	Albion Place Admin Team	West Kent Personality Disorder Service
Forensic	Individual	Louise Archer, HealthCare Assistant	Abbie Maughan, Therapy Technician
	Team	Walmer Ward	Rosewood Mother & Baby Unit
Support services	Individual	Diana Mondesir , Organisational Development Facilitator	Amanda Chapman, OD Facilitator
	Team	Research and Innovation Team	Allied Health Professions (AHP) and Nursing Practice Placement Facilitator (PPF) teams
Acute	Individual	Hector Quindoyos, Senior Healthcare Assistant	Hannah Shepherd, Interim Ward Manager
	Team	Upnor Ward	Foxglove Ward

Non- Executive Director visits to Trust services

Background

The Trust has benefited from Non-Executive Director (NED) visits to Trust services for a number of years. They are an established way of the NEDs, meeting staff to hear what is going well and hear staff concerns, it also demonstrates strong leadership of the Trust by the Board which is measured as part of the Care Quality Commission's Well-Led framework.

The information that our NEDs obtain from staff members during their visits informs the discussions the Trust has at Board, Committee and Directorate level and has at times supported potential new ideas or new ways of working.

In addition to NED visits, Executive Directors also carry out regular visits and working with days with services across the Trust, this is always documented in the CEO report for Board.

Arrangement of NED visits

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

The process for NED visits continues to be implemented effectively and each NED has been assigned a directorate, to ensure that all areas within the organisation are being regularly visited. Once in post the Trust's two new Associate NEDs will be incorporated into the NED visits schedule. Feedback from visits is provided directly to the Executive Management Team for comment or feedback to the relevant NED. A summary of each NED visit is also included in the Chair's Report at all Public Board meetings.

Themed outcomes of NED visits

Between December 2023 and December 2024, there have been 38 NED visits, across the Trust's geographical area. Services that have been visited include:

- Community Mental Health Services for Older People
- Community Mental Health Services for Younger Adults
- Forensic and Specialist Services
- Rehabilitation Services
- Liaison Services
- Support Services; and,
- Corporate Services

Feedback

A great deal of feedback received remains positive of the work the Trust is doing. All feedback provided praised staff and the hard work they are doing every day. There were some issues that

were raised and as a result of the NED visits, a number of themes were identified from the feedback given. These themes include:

- Impact of workloads and the increased acuity of patients on staff health and wellbeing.
- Maintenance of sites and the timeliness in getting issues fixed.
- Support required to implement quality improvement and innovation to address access and experience for patients.
- Staffing shortages within nursing and community teams.

The last report the Board received, one of the themes identified was concerns regarding issues with the quality of the environment for patients and staff; however, in recent NED visits feedback has been received regarding the improvement of the quality of environment at the Trust; although, further enhancements were highlighted.

Actions implemented in response to NED visits

Following feedback from NED visits a number of improvements have been implemented, including improvements to the garden and fencing associated with Brookfield Ward to enhance access to an essential area; improvements in communication for applicants to vacant posts at the Trust, including HCAs; increased staffing within the Medway Community Mental Health Team; and renovation of the patient bathrooms within Emmett Ward.

Helping to shape our services

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

Conclusion

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

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

NHS
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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th March 2025
Title of Paper:	Board Assurance Framework
Author:	Louisa Mace, Risk Manager
Executive Director:	Andy Cruickshank, Chief Nurse

Purpose of Paper

Purpose:	Approval
Submission to Board:	Regulatory Requirement

Overview of Paper

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

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

Issues to bring to the Board's attention

The BAF was last presented to the Board in January 2025, and was presented to ARC on 17th March. This report reflects what was presented to ARC due to reporting timescales.

New Risks:

One new risk has been added since the BAF was presented to Board in January

- **Risk ID 08337 – Organisational Culture impact on Change Programmes (Rating of 9 (High))**

Risk Movement:

Five risks have changed their risk score since the Board Assurance Framework was presented to Board in January:

- **Risk ID 05075 – Community Psychological Services Therapy Waiting Times (Reduced from 9 (High) to 8 (High))**
- **Risk ID 07891 – Organisational Management of Violence and Aggression (Reduced from 15 (Extreme) to 12 (High))**
- **Risk ID 08175 – Delivery of Underlying Financial Sustainability (Reduced from 12 (High) to 9 (High))**
- **Risk ID 08174 – Delivery of Financial Targets (Reduced from 12 (High) to 8 (High))**
- **Risk ID 08173 – Delivery of a Fit for Purpose Estate (Reduced from 12 (High) to 9 (High))**

Version Control: 01

Risks recommended for Removal:

No risks are currently recommended for removal

Governance

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

Version Control: 01

Kent and Medway
NHS and Social Care Partnership Trust

The Board Assurance Framework

The BAF was last presented to the Board on 30th January 2025. It was presented to ARC on 17th March. This report reflects further updates on risks since 30th January.

The Top Risks are

- Risk ID 00580 - Organisational inability to meet Memory Assessment Service Demand (Rating of 20 – Extreme)
- Risk ID 08157 – Community Mental Health Framework Achieving Outcomes to Evidence Success (Rating of 20 – Extreme)
- Risk ID 08065 – Inpatient Flow (Rating of 15 – Extreme)

Risk Movement

Five risks have changed their risk score since the Board Assurance Framework was presented to Board in January:

- **Risk ID 05075 – Community Psychological Services Therapy Waiting Times (Reduced from 9 (High) to 8 (High))**
  This risk has been reviewed and has decreased in risk score. A further decline in the waiting list has been note, which continues a steady reduction from the 1st baseline data. Younger Adults and Older Adults treatment waits continue to fall, with the exception of Early Intervention in Psychosis due to staff vacancies which have since been addressed.

- **Risk ID 07891 – Organisational Management of Violence and Aggression (Reduced from 15 (Extreme) to 12 (High))**
  This risk has been reviewed and has decreased in risk score. There has been good progress on the Violence and Aggression reduction work in inpatient settings which has enabled the reduction in risk score. An emerging risk has been identified around violence and aggression in community services. Currently the data for this is being scoped, and consideration given to whether this risk is revised to include community teams or if a new risk is opened.

- **Risk ID 08175 – Delivery of Underlying Financial Sustainability (Reduced from 12 (High) to 9 (High))**
  This risk has been reviewed and has decreased in risk score. The Trust is forecast to meet the current 2024/25 financial plan, including the cost improvement target. The local health economy is currently under a system level 4 financial control, which requires system sign off for some items over a threshold value. Planning for the 2025/26 financial year is underway and this risk will be reviewed when this plan is finalised. It is expected that the system will remain in a challenged position and under level 4 controls for the coming year.

- **Risk ID 08174 – Delivery of Financial Targets (Reduced from 12 (High) to 8 (High))**
  This risk has been reviewed and has decreased in risk score. Currently the Trust is forecasting to meet plan. Consideration will be given at year end as to closing this risk and potentially opening a new risk relating to the 2025/26 financial year, once the financial pressures are fully known.

Version Control: 01

- **Risk ID 08173 – Delivery of a Fit for Purpose Estate (Reduced from 12 (High) to 9 (High))**
  This risk has been reviewed and has decreased in risk score. There has been progress on delivering key capital works through the current year and identifying a programme of works to carry forward in the coming years to address priority areas. This risk will be reviewed at year end and reframed for the coming financial year.

Risks Recommended for Removal

No risks are being recommended for removal at this time:

New Risks

One new risk has been added since the BAF was presented to Board in January

- **Risk ID 08337 – Organisational Culture impact on Change Programmes (Rating of 9 (High))**
  This risk has been added following discussion at Board and Trust Leadership team Meetings and reflects the need to build an empowered organisational culture to support our staff and reflect the people element in the changes the Trust is working to implement.

Emerging Risks

No new emerging risks has been identified for the BAF at this time. The Executive team continue to Horizon scan for emerging risks to delivery of services.

Other Notable Updates

- **Risk ID 00580 – Organisational Inability to meet Memory Assessment Service Demand**
  This risk was reviewed in mid-February. Work continues on the identified actions and the initial signs of improvement in the 6-week data has continued (February data shows a further increase to 33.8%) although this is still some way from the 95% target. KMPTs progress continues to be influenced by the wider system actions and pressures. This risk currently remains poorly controlled and there has been no change to the risk score although it is expected that this will change in the next few months as the workstreams progress and/ when the system actions are progressed. There continues to be a lot of work needed for phase 3, the community model, and how we influence the system in terms of what needs to be commissioned and the timetable for that.

- **Risk ID 08065 – Inpatient Flow**
  Internal KMPT programmes of work under the Flow Programme are continuing at pace with reductions seen in the level of occupancy (excluding those who are CRFD). Occupancy has dropped to 64.8% for the year to date, compared to 72.3% in 2023/24. However, social care input to support discharge of patients on the CRFD list has significantly worsened resulting in an increase in the number of CRFD patients. KMPT are actively trying to re-engage support from social care colleagues at Executive and Chief Executive level.

- **Risk ID 08157 – Community Mental Health Framework Achieving outcomes to evidence success**
  Work continues to mitigate this risk, with progress on the actions, including recruitment of VCSE partners and assistant Psychologists nearing completion. ICB led system wide action plan to address the interface between agencies and reduce over reliance on MHT is underway.

- **Risk ID 04232 – Management of Environmental Ligatures**
  This risk remains under review. There is identified expenditure on the Capital plan, and the annual ligature audit process has taken place. This work has fed into the plan for next year to focus on the main risk areas.

- **Risk ID 07557 – Trust Agency Usage**
  This risk remains under review. Agency spend is down compared to last year, but is currently slightly above the cap.

- **Risk of Cyber Attack**
  Consideration is currently being given as to the addition of a risk relating to cyber security to the Board Assurance Framework. The Trust holds a risk around cyber-attack, which is jointly held by Digital and Emergency Planning and reported through the Trust Wide EPRR meeting. An emergency planning exercise relating to a cyber incident has been held recently to test the Trust plans and the ability of the organisation to respond. This risk will be reviewed against the outputs from that exercise and updated. The decision to include this risk on the BAF will be based on consideration of the current risk proximity and the outcome from the exercise.

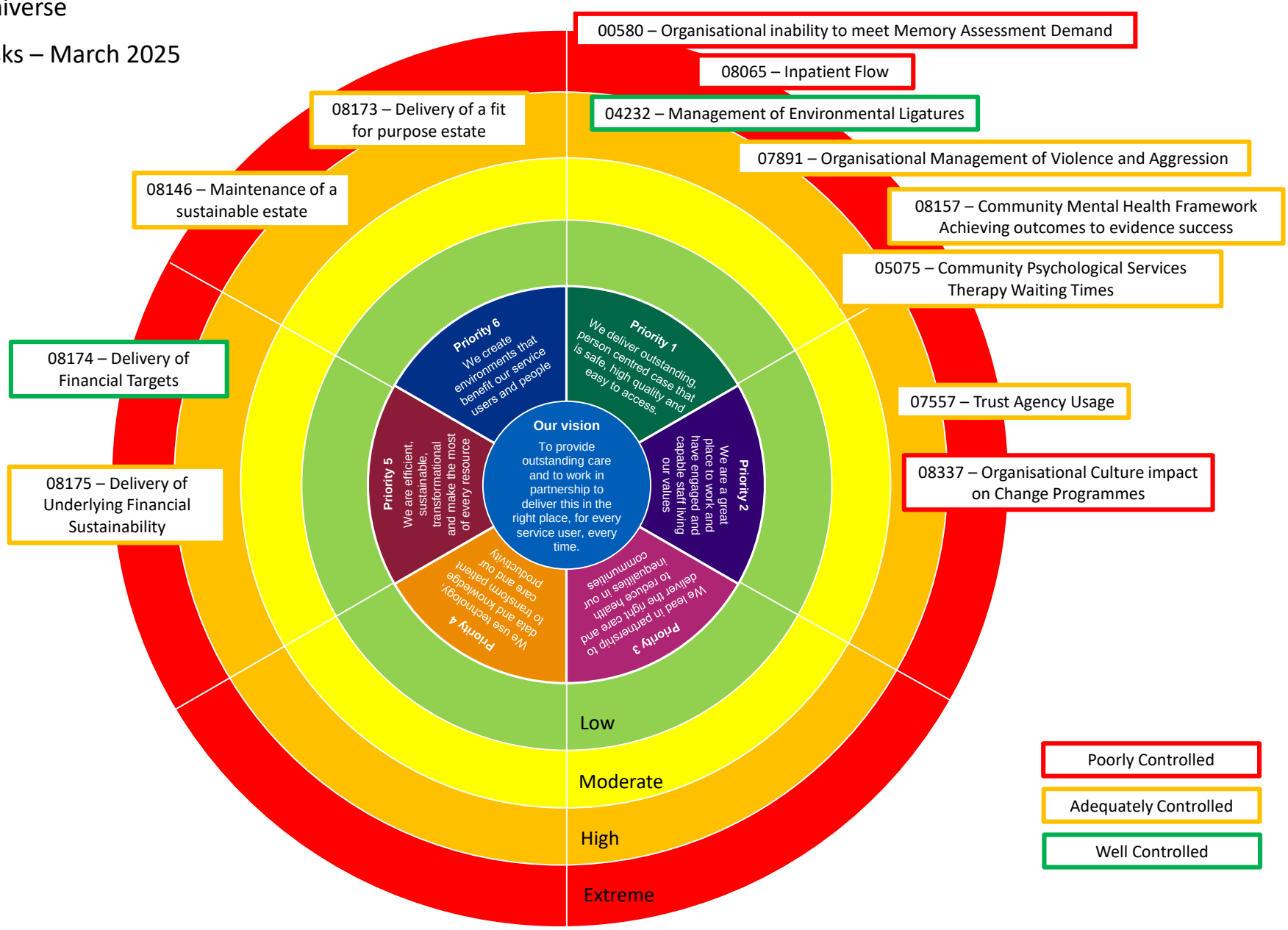
Recommendations

The Board is asked to receive and review the BAF and to confirm that they are satisfied with the progress against these risks and that sufficient assurance has been received.

The Board are requested to note that work continues to ensure that all actions are identified and attention to detail within the recording of actions and their management is the primary focus of the named board level risk owners.

Risk Universe

BAF Risks – March 2025



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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th March 2025
Title of Paper:	Year three of our Trust Strategy - underpinned by our new improvement model, Doing Well Together
Author:	Kindra Hyttner, Director of Communications and Engagement
	Sarah Atkinson, Deputy Director of Transformation & Partnerships
Executive Director:	Sheila Stenson, Chief Executive
	Adrian Richardson, Director of Transformation & Partnerships

Purpose of Paper

Purpose:	Approval
Submission to Board:	Board requested

Overview of Paper

This paper sets out our plans for the final year of our Trust three-year strategy.

Through our own analysis and research of best practices, we have identified that to achieve our strategic ambitions we need to think and work differently. We're introducing a new improvement model designed to help us improve everything we do. We're determined to build an agile, effective approach that not only meets but exceeds the growing demands placed upon us, ensuring we deliver the best possible care for our community.

We have learnt from successful NHS organisations who do this well, as well as external experts. Many NHS organisations are also in the same position, introducing a new way to deliver improvement and to develop and deploy their strategies successfully.

This approach allows us to strategically prioritise our comprehensive strategy and executive-led projects. We've taken the Board's valuable feedback, and we're committed to enhancing our rigor and focus to ensure we achieve our ambitious goals.

This paper shows:

- The new strategic planning approach that has been developed and agreed by our executive management team which we will begin using from 1 April 2025.
- How the new approach hangs together our existing strategy metrics and delivery plans
- How we will deliver this for the last year of our trust three-year strategy (2023-2026)

Issues to bring to the Board's attention

In developing this approach and looking back on last year, the executive management team (EMT) has identified opportunities and gaps in our current strategy. We are asking the Board to agree these changes, which we believe are necessary for us to achieve the ambitions in our strategy and deliver what is best for our people, patients and partners. These are:

- **Dementia** – changing our metric FROM 95% of people referred for a dementia assessment will be seen within 6 weeks, TO 95% of our patients will receive a Dementia diagnosis within 6 weeks. We are proposing this is changed so we are aligned with how it is recorded nationally.

- **Clinically ready for discharge** – changing FROM reducing bed occupancy to 85% TO reducing clinically ready for discharge length of stay by 25%. Our increased focus in determining the causes, barriers and opportunities to improve this objective has led us to determine that we can make the biggest impact by focusing on reducing length of stay. This is why we have proposed this change in metric and we believe this is within our gift to achieve at this current time.

- **Health inequalities** Additionally a specified metric addressing health inequalities within our existing priorities to address diagnosis with the recording of ethnicity in community services.

- **Sustainable care** Changing our metric to maximise the patient facing time for our clinical staff, looking to ensure that the Trust is focused its resources in allowing this, from digital infrastructure to the wider estate. This will be measure by patient facing time.

- **Safety.** We would also like to add a new, specific objective around safety, as we believe greater focus is needed on reducing harm among our patients, in particular women, with the greatest cause of harm currently being self-harm in females.

The Board is also asked to agree the new improvement approach (discussed in detail at February's private Board seminar) and delivery plan that will enable us to deliver the final year of our trust strategy.

Governance

Implications/Impact:	KMPT Trust Strategy
Assurance:	Reasonable
Oversight:	Trust Leadership Team (TLT) and Board Sub-Committees

1. Background

On 1 April 2025, we will enter the final year of our trust three-year strategy.

Previously we agreed to focus on six priorities from our strategy that we believed would make the biggest difference to our people, patients and partners. A review of our progress against these priorities, and wider work on our strategy in year two (2024/25) will be coming to Public Board in May.

The executive management team (EMT) has taken several steps to prioritise and improve strategy delivery, and while progress has been made in many areas we recognise we still have a lot to do to tackle our biggest challenges and realise our strategic ambitions. We agreed we needed a new approach to strategy deployment that would strengthen our approach and help us prioritise further.

We have carried out an assessment, as well as conducted on our own research and learning, to identity best practice when it comes to strategy delivery and improvement models. This has been in tandem with developing our existing frameworks and improvement capabilities.

We have learnt from other organisations that strategy development and deployment is the most impactful but most challenging aspect of creating a high functioning, continuously improving organisation. Done well, it underpins everything we do. Done wrong, the errors will cascade into the organisation. Given the challenges we face and the moving external landscape it vital more than ever that we have a strong, robust approach in place to support our people to deliver those changes and improvements to what we do.

We have also heard and noted from the Board that we have too many objectives in our current strategy, and that we need to greater align our leadership with delivering the trust priorities.

As well as learning from successful NHS organisations and our own experiences from other trusts, in November 2024 we invited KPMG to conduct an assessment to determine our readiness as a trust to undertake the implementation of an improvement model, or what is also known an operational excellence management system.

KPMG made a number of observations around 10 domains, including trust strategy. They noted that the trust strategy is widely recognised across different levels of the organisation and staff in leadership positions are often able to describe it well. They also highlighted that there is a need for a consistent framework to support the execution of the strategy. In order to achieve year three of our trust strategy (and future strategies), KMPT would benefit from a strategic framework to drive delivery and make sufficient traction in achieving its strategic ambitions.

The executive management team (EMT) agreed in December 2024 to implement this approach. The diagram below shows the five key pillars of the improvement model, with strategy deployment being absolutely critical.

We have called this our Doing Well Together improvement programme, recognising that ‘Doing Well Together’ is the strapline and essence of our new trust identity that will be launching later this year.

In addition, and to note, the organisation is also about to embark on a number of changes which will further assist in the delivery of our current strategy and future strategies:

- Later this year, as part of our new identity work, it is anticipated that the Secretary of State will agree a change to the name of KMPT and we will formally launch our new vision, mission and identity alongside this.
- Linked to this, we have developed four new values which have been launched to the organisation and that we believe will help guide our behaviours to realise our ambitions. These are: caring, inclusive, confident and curious.
- In April, we are launching our new leadership development programme aiming to upskill leaders across the organisation will the skills and behaviours to assist in delivery of our key strategic objectives and to lead our teams successfully and where necessary have difficult conversations. This will also include how to deliver improvement and this new approach.

2. Strategy deployment

Through December 2024 – February 2025, EMT took the current trust strategy and developed a new delivery plan for year three of the strategy, using the improvement model strategic planning framework, set out in the diagram below.

This diagram shows the flow of strategy delivery starting with a set of concise and defined long term measures of success (True North), which is delivered through four means: breakthrough objectives (top contributing factor to a True North, expressed as a metric), trust initiatives (long term initiatives), key projects (task and finish trust wide projects) and directorate projects (task and finish projects to support directorates).

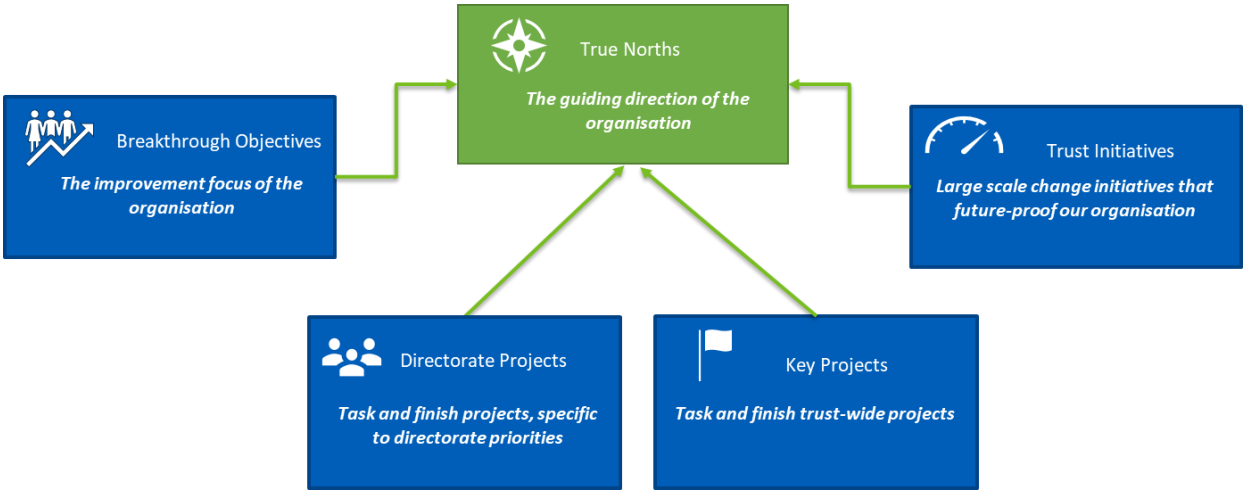

Figure 1: Adapted from KPMG's operational excellence strategic planning framework

To provide more detail, the framework aligns strategic metrics to five categories. Each category defines the metrics based on perceived timescale, method of delivery and governance.

True North metrics – these are the organisations long term ambitions (3-5 years). All other improvement work undertaken across the organisation and must be in pursuit of the True Norths, ensuring a narrower focus of improvement work. True Norths are monitored at an executive level but are delivered via the other categories of metrics.

In our current strategy, we describe these as strategic ambitions (the people who work for us, the people we care for and the partners we work with – also referred to as the three Ps) but do not have assigned long-term metrics to them.

Breakthrough objectives – these metrics are the main improvement focus of the organisation and are the top contributor to the True Norths, based on data analysis. For example, if a True North was to improve access to services, the breakthrough objective would be to diagnose more dementia patients within 6 weeks. These projects are undertaken using improvement methodologies and should be achieved in 12-18 months. Progress will be monitored through Directorate level QPR's.

In our current strategy, we describe these as strategic objectives. In total, we have 73 objectives, but in the last 18 months we have grouped these into the six priorities that are most crucial to us, capturing 28 priorities in total (22 from the 3P's and 6 from our enablers).

Trust initiatives – these are large scale transformation programmes which are necessary to drive the future of the organisation and underpin everything else in the strategy. These are led within individual directorates/ functions through 'business as usual' resource and have a timeline of between 1-3 years. Trust initiatives are usually governed through committee structures.

We currently don't have a consistent way of defining these initiatives, or our key projects. Some – for instance Community Mental Health Framework (CMHF) and getting the basics right – have been re-positioned as part of our six priorities and cover a number of objectives. Some are objectives sitting underneath our current six priorities, like culture and identity. Highlighting, further refinement and focus is needed.

Key projects - these are task/ finish projects, using traditional project management approach. These have clear deliverables and should be completed in 12-18 months.

We had 33 executive-led projects on the to do list, so a prioritised focus where we take a step back and focus on a handful that are most important to us achieving our strategy is needed. Those proposed have been agreed by EMT as the ones most crucial to the delivery of our strategy in the next year.

Directorate projects – these are specific pieces of improvement work which are unique to a particular directorate. This is particularly useful for specialised services such as those within the forensic and specialist directorate. These are managed locally and governed through the directorate Quality Performance Review (QPR).

3. Our strategic plan for 2025/26

EMT has used the strategic planning framework to define our strategy delivery plan for year three of the trust's 2023- 2026 strategy. This is captured in the table below.

Whilst previous delivery plans centred around our three strategic ambitions (3Ps) and strategic enablers, we recognised the importance of patient safety which we wanted to become a focus for this year. We also want to give greater strategic focus to our commitment to deliver sustainable care, through enabling clinicians to have more face to face patient contact time which is already captured in our existing strategy. Therefore, the year three delivery plan has five strategic themes which will become our 'true norths'.

This does not represent more improvement work, but rather focuses our efforts on what is most important to us to achieve our strategy and deliver the best we can for our patients, our people and our partners.

Over the last two years, there has been progress in the development of organisational data and we have used this to identity the contributing factors to each of our strategic themes, and therefore set realistic but stretch 'breakthrough objectives' for the year ahead. These will form the focus of our improvement efforts over the next 12 months.

Our trust initiatives and key projects for the year are largely existing programmes of work which will continue to develop and embed over the coming year, but the new approach enables us to prioritise and ensure board to ward improvement and support in their delivery.

We will continue to monitor progress of all our strategic metrics through our trust governance processes. We refer to these as our 'watch metrics', whilst we will not actively undertake improvement work against these metrics we will continue to monitor performance accordingly.

Our delivery plan is also underpinned by our strong foundations:

- Utilising our estate effectively to ensure the safest, most effective/ efficient environments for our patients and staff
- Communicating and engaging with staff, service users and other stakeholders throughout the delivery of our strategy will be key to its success
- The use of our financial resource is a key focus for the organisation both internally and in support of the wider Kent & Medway health system
- Continuing to improve our digital infrastructure and data quality is key to ensuring that KMPT is at the forefront of delivering services.

These are key enablers to all of our strategic outcomes and are fundamental to the delivery plan for the coming year.

Strategic Theme		True North Ambition	Breakthrough Objective	Trust Initiatives	Trust-wide Key Projects
Patient	**We provide equitable, timely access for all**	• 85% of community (CMHF/MAS) patients needs met within timeframes • 90% Population sensitive measures in place	• 95% of Dementia diagnosis within 6 weeks • 90% of community (CMHF/MAS) referrals have ethnicity recorded	Scoping to continue April 2025	• Patient Engagement & Involvement • Trust Identity • In-patient Rehab
People	**We support and empower our staff**	Staff Engagement score from 6.9 to 7.1	Staff feel able to make improvements in their workplace	• Leadership Development & Culture • Doing Well Together Improvement Programme	
Partners	**We create healthier communities together**	Reduce clinically ready for discharge (CRfD) length of stay (LoS) by 25%	Eliminate all CRfD over 100 days	Community Mental Health Framework (CMHF)	• Housing • Command Centre • Transfer of Care Hub
Safety	**We work with our community to provide safe and harm free care**	Reduce the number of patient harms	Reduce self-harm in female patient in line with evidence and best practice		
Sustainable care	**We invest wisely in our resources to improve our services**	Attendee contact time per week per FTE	Number of consultant and psychologist clinical contacts	Getting the Basics Right	

4. Conclusion

As we have learnt more about best practice improvement systems and the importance of a rigorous strategy development and deployment process, we recognise how critical it is for us to do this work, and do it well. We know from others ahead of us that the full process takes a number of years to embed and we are excited for the challenge ahead.

As we look ahead to developing our next trust strategy with our stakeholders (due to commence 1 April 2026), we will incorporate the foundations we will build now in this approach to guide us in how we develop this, the development work for this will start this summer.

Appendices

Appendix 1 – Overview of the year 3 strategic outcomes

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th March 2025
Title of Paper:	Mental Health Learning Disability and Autism Provider Collaborative (MHLDA) Update
Author:	Jane Hannon, Programme Director Provider Collaborative
Executive Director:	Sheila Stenson, Chief Executive Officer

Purpose of Paper

Purpose:	Noting
Submission to Board:	Board requested

Overview of Paper

This paper provides an overview of the continued developments of the Mental Health, Learning Disability and Autism Provider Collaborative (PC).

Issues to bring to the Board's attention

The co-located Safe Haven opened on the William Harvey site on 26 February 2025.

The CMHF update includes a range of initiatives to better meet service user needs.

The MHLDA Board endorsed the key findings from the HACT mental health housing work and a face to face housing symposium will take place 1 May to develop the implementation plan.

The overall principles for the system Dementia diagnosis model have been agreed and an intensive planning week will be held at the end of April to map the capacity required for delivery.

Governance

Implications/Impact:	KMPT Trust Strategy
Assurance:	Reasonable
Oversight:	Trust Board and Provider Collaborative (PC) Board

Kent and Medway Provider Collaboratives - Update for KMPT Board

Focus of this report

This report provides an update on the work of the provider collaborative including:

- the workshop that took place on 3 February 2025
- an update on urgent and emergency care work
- Dementia system planning
- Housing strategy planning
- Community Mental Health Framework implementation update

Provider Collaborative workshop 3 February 2025

The collaborative brought partners together for a face to face workshop on 3 February 2025 that was attended by more than 30 people from across a range of, health, local authority and voluntary sector organisations. The event included a stocktake of the past year, highlighting priority areas for the year to come and focused discussions on dementia and housing.

Achievements highlighted by partners from the past year included the following:

- Out of area placements programme and community provision (joint working across health and social care) to maintain very low admissions to Tier 4 beds for people with learning disability and autistic people
- VSCE engagement and partnerships
- Increase in the Safe Havens offer, securing funding for the Crisis Recovery House development, staff at front door of acute hospitals assessing
- Mental health leads appointed in each acute provider trust
- MHLDA PC - a well-supported space where colleagues from all sectors have equal voice and can influence direction of travel

Priorities for the coming year will be firmed up into a delivery plan to be discussed at the 7 April MHLDA meeting. Feedback was taken from the group to help us develop next year's programme. Updates on dementia and housing are included below.

Mental Health Urgent and Emergency Care

The focus of this update is on the ICB led Urgent and Emergency Care Programme.

The data shows that there has been continued progress in reducing A&E attendances for mental health across Kent & Medway, with figures dropping from 920 in December 2023 to 798 in January 2025.

While the impact of crisis alternatives continues to vary across trusts, there are early signs that the safe haven at QEQM is beginning to impact A&E footfall. The William Harvey collocated safe haven has now opened as planned on 26 February 2025. Partners will be reviewing the effectiveness of this safe haven in the coming months. Dartford and Gravesham and Maidstone and Tunbridge Wells continue to benchmark amongst trusts with the lowest mental health A&E footfall nationally.

Partners work closely to improve how services collectively keep people out of hospital. This includes county-wide interface meetings that take place monthly and fortnightly pathway meetings which include KMPT, SECAMB, the police, EKUHFT, the ICB and voluntary sector providers.

Over the last 24 months, waiting times in ED for people presenting with a primary mental health condition have reduced in EKHUFT and continue to do so. Both Dartford and Gravesham and Maidstone and Tunbridge Wells saw an increase over the last 24 months but reductions in the last 3 months of 2024.

Safe Havens

At the January 2025 Board meeting, a request was made for further clarity on the purpose of safe havens, so we are including some additional information here.

Safe Havens provide a safe, welcoming space for individuals struggling with their emotional and mental well-being who do not require immediate medical care or inpatient admission. They operate seven days a week and provide an alternative for individuals who might otherwise urgently access specialist mental health services, A and E or emergency services.

Each Safe Haven has direct access to KMPT's Rapid Response Team. Safe Haven staff have a good understanding of local services, including voluntary sector, social services, housing support, debt advice, and employment resources, allowing them to offer holistic support beyond the immediate crisis.

As well as self-referrals, the Safe Havens also receive referrals from other sources such as the local CMHT, KMPT services such as rapid response, the home treatment team, Mental Health Crisis line, Ambulance and Police and GPs.

Uptake

- Safe Haven footfall fluctuated between September and November 2024, likely due to seasonal patterns. However, attendance has increased again over the past three months, with 1,359 people using the service in January 2025.
- While usage remains variable across the county, some community-based Safe Havens, including those in Canterbury and Maidstone have experienced rising footfall, demonstrating growing public awareness and engagement.

The ICB will continue to analyse the impact of the Safe Havens on A&E mental health attendances as well as gathering data from other MH services in place to reduce A&E footfall.

Key pieces of work being undertaken to further improve the impact of safe havens include:

- Increased outreach and clarification of referral pathways to GPs, ambulance services, and crisis teams to support safe haven footfall. Also focussed comms including information videos
- A targeted review of patient pathways through regular pathway meetings with partners to ensure safe havens are positioned as a key alternative to A&E
- Further staff training to improve wider partner (eg ambulance) awareness of alternative crisis offers such as safe havens. This will include work to embed front line awareness on when a diversion to a safe haven is appropriate.

Crisis Houses

Crisis House can provide 24 hour support for up to 7 days. There are currently two Crisis Houses open in Kent & Medway ICB:

- Medway opened in April 2024, since opening, has operated at almost 95% occupancy and has been proven to be an enabler of effective system flow through the provision of an alternative to hospital inpatient admission for several service users. 1-year contract ending 31 March 2026.
- Ashford opened in November 2024. Occupancy is steady increasing. 3 + 2 year contract commenced 1 November 2024.

While attendance was low over the Christmas period, efforts continue to optimise their use. Medway's Hestia and Ashford's Turning Point houses are being evaluated, with a focus on ensuring consistent access criteria.

The Pears Foundation has capital funded a new five-bed Crisis Recovery House in Medway.

Developments in emergency conveyance

There was a request at the January Board for clarification on bespoke conveyance and we have included some information below.

Bespoke conveyance

The ICB has commissioned a dedicated or bespoke mental health conveyance service to transport individuals in mental health crisis between home, KMPT hospital beds, acute hospitals, Health Based Places of Safety and Safe Havens.

Newly commissioned services (via Secure Care) provide 24/7 availability of specialist vehicles operated by mental health support workers trained in de-escalation techniques. This service aims to improve patient dignity and experience, while reducing demand on SECAMB and Kent Police.

The conveyance service has now been extended to include conveyance between the community and co-located safe havens.

Bespoke conveyance includes a "Sit-and-Wait' component, where Secure Care staff take over from the police in Emergency Departments (via delegated police powers) to support individuals detained under Section 136, until their Mental Health Act Assessment is complete. The Sit & Wait service will be rolled out across Kent and Medway between March and August 2025.

Ambulance and Police Conveyance

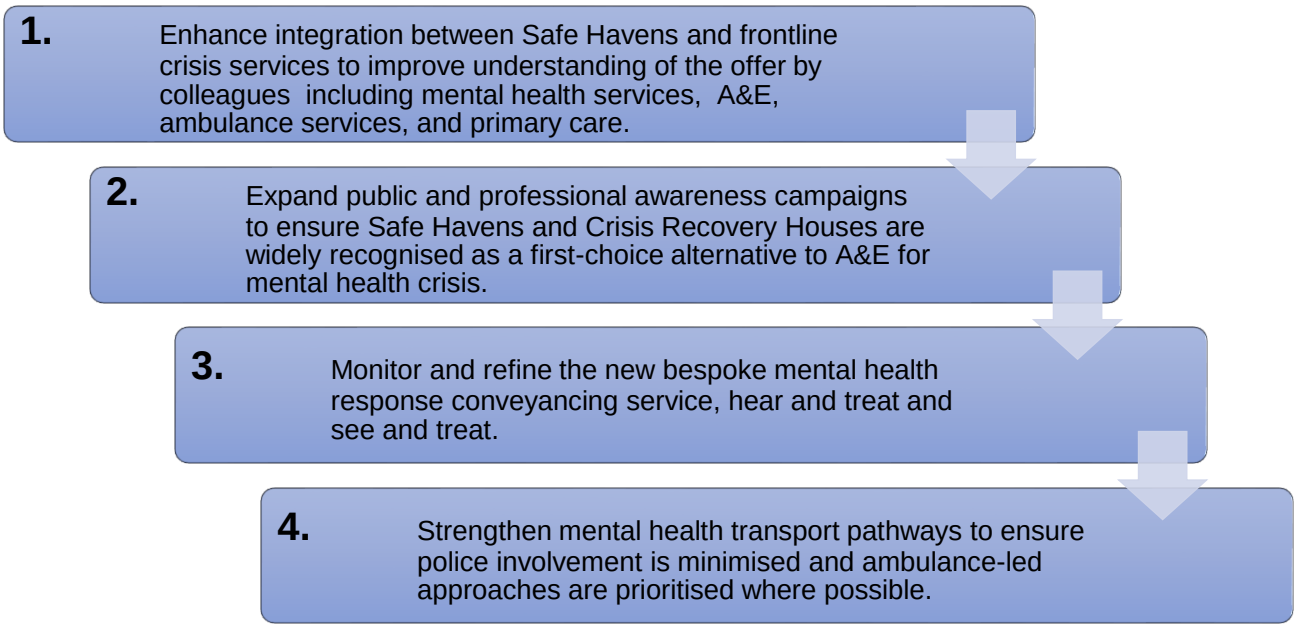
Efforts to reduce unnecessary ambulance and police conveyances are showing promising signs of progress:

- Police conveyance under Section 136 has steadily decreased, though there was a slight increase in December, likely due to seasonal demand.
- The 836-phone line for SECAmb ('Hear and Treat') is progressing well, with key performance indicators being developed for 2025.
- Since launching in August 2024, 836 and Safe Havens have contributed to a significant reduction in Section 136 detentions and a decrease in ambulance conveyance of primary mental health cases to Emergency Departments, attracting national recognition.

In addition to the above, a see and treat service is being put in place. This enables rapid response staff to travel to urgent service user assessments in specially equipped vehicles that support assessment.

Work to embed mental health UEC improvements

These will be carried out in iterative cycles over the coming year



There will also be a need for whole system support to the work to avoid unnecessarily extended hospital stays as part of the clinically ready for discharge work.

UEC Planned Deliverables 2025

Deliverable	Date
William Harvey Safe Haven Opens. Open 7 evenings per week	February 2025
Bespoke Conveyance (to include sit and wait) go-live	March 2025
Medway Recovery Crises House moving to new premise	May 2025
MH Housing Strategy Published and moves to Implementation	
Centralised HBPOS go-live	October 2025
Publishing of revised Crisis 136 Standards (rescheduled from March)	
Possible additional Crisis Recovery House	TBC

Dementia

Community Dementia Model

The MHLDA workshop on 3 February discussed the national challenges posed by dementia and what solutions could be developed locally to meet the needs of the population affected and their carers.

It was agreed that a tiered model for dementia diagnosis and care is needed, with a specialist top tier to manage complex cases while ensuring effective use of resources across all sectors. Engaging the voluntary sector will be crucial in supporting a preventative approach, and the model must be underpinned with a sound workforce training structure. A clear understanding of the current dementia landscape across Kent and Medway, including demand and capacity, is needed and will be conducted, to inform the more detailed work on how the tiered model will be implemented.

The ICB and KMPT have agreed to work together with support from the Provider Collaborative to run an intensive scoping and planning week in April. This work will include mapping our resources across Kent and Medway with stakeholders and outlining a plan for how we can collectively use them to deliver.

This will include for example, clarifying how working to the "top of licence" for practitioners – ie undertaking the most specialised work each practitioner is qualified to do, will support us in getting best use out of our system resources.

Following this intensive "turbo-charged" week, partners will work together to ensure buy in for the new model and draft commissioning and implementation plans.

Current Dementia Diagnosis Rate (DDR):

- Kent and Medway DDR: 60.3%
- The target is a DDR of 66.7% by March 2026, which requires a significant increase in diagnostic capacity across the system.

Achievements in reducing delays:

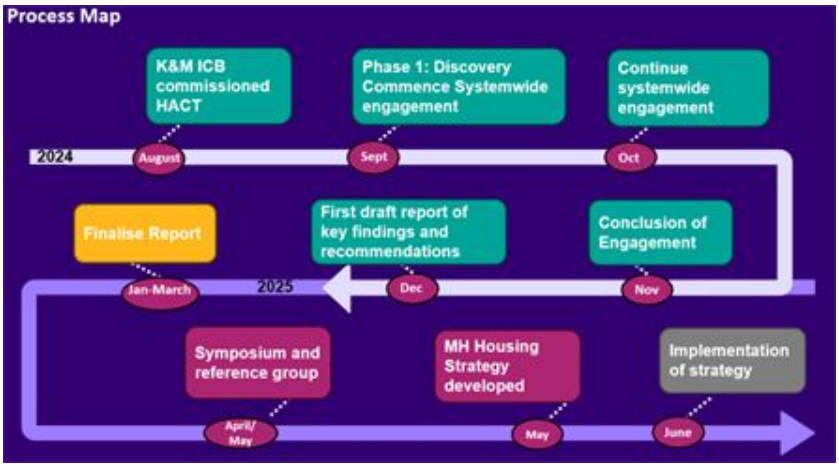
- The six-week diagnosis rate has improved from 4.6% (January 2024) to **34.1%** (**February 2025**).

The first phase of transformation has been fully implemented with six standalone assessment centres for patients across Kent and Medway. KMPT is now embarking on stage two which is about using the multi-disciplinary workforce to diagnose patients. The capacity to meet the wait times objective of six weeks will involve working collaboratively as part of the wider system as set out above.

Mental Health Housing Strategy

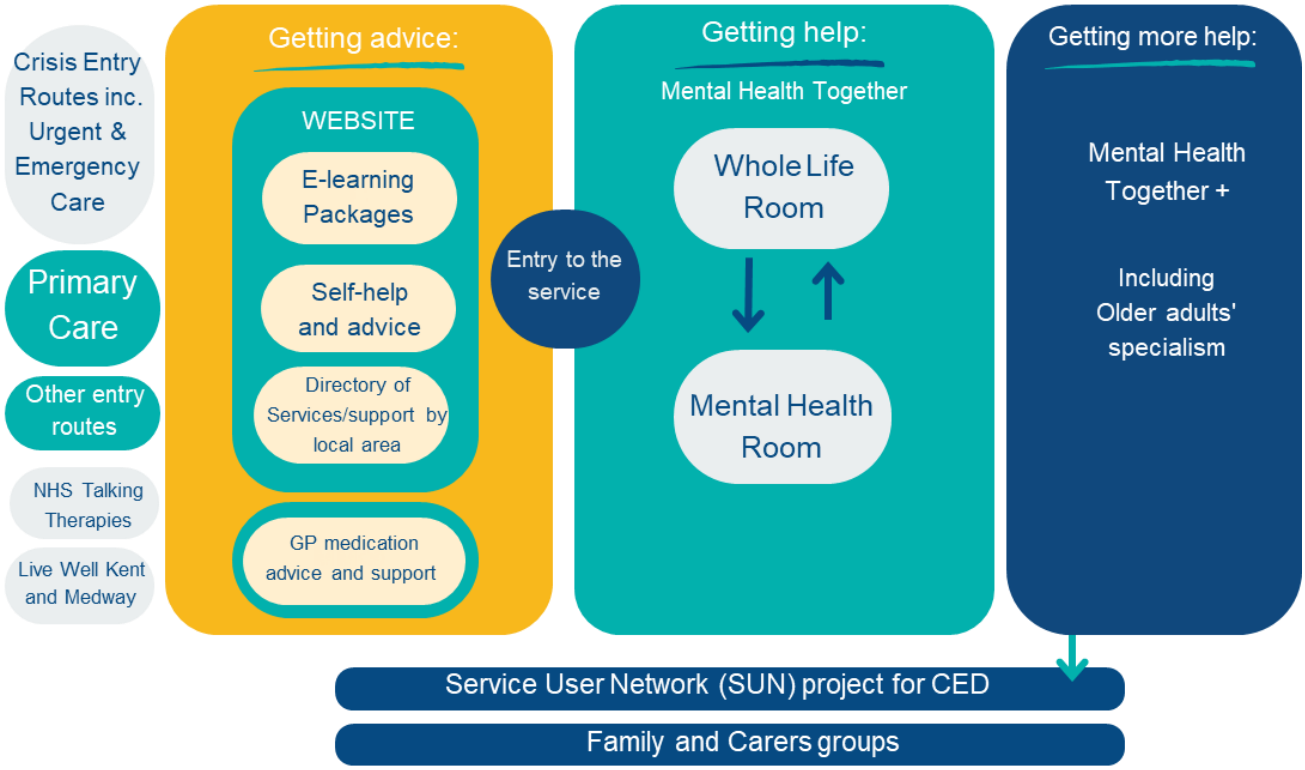
The 3 February workshop discussed the key findings from the HACT report. There was agreement that to work strategically and effectively, champions are needed at all levels and clinical teams need to have access to good interfaces with relevant housing providers. There is a need for a shared, co-produced approach, supported by a robust understanding of local needs to guide future planning.

A face to face symposium will be held 1 May to develop an implementation strategy. However, work has already started against the recommendations.



Community Mental Health Framework (CMHF)

How MHT/MHT+ supports people



The tables and narrative below provide key progress updates since the January report to the Board.

Programme Updates	
MHT & MHT+	**CED – SUN Model**
- Live across K&M - Recruitment of VCSE staff complete - Outstanding Clinical staff recruitment - Caseloads remain high for MHT - Good outcome data emerging (DIALOG+) - Medway – 'Front Door' Pilot - MHT+ listen and learn events - Clinical Risk Review - Drug & Alcohol programme live	- Booking system change (Mar 25) to simplify and ensure ease of access - SUN model and Data now available across Kent & Medway - SUN Model - Original specification activity assumed 21 sessions per week across county but due to staffing capacity this is currently at 10 per week. Job planning and recruitment to vacant posts underway

Sun model and data

- SUN model is an open access, self-referral group approach for people with Complex Emotional Difficulties. It is based on Therapeutic Community principles where the community is the therapy.

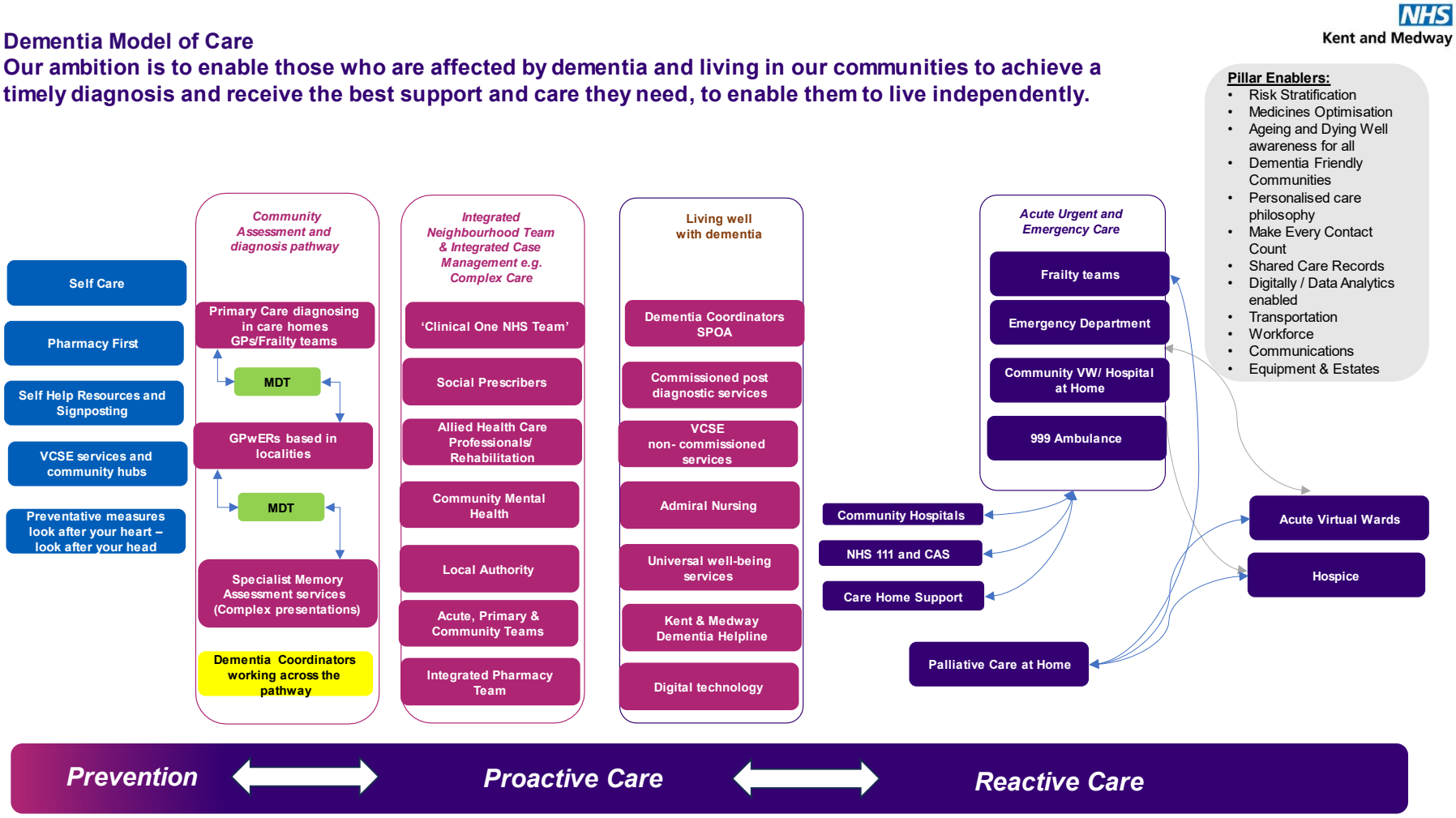
- It is delivered separately and in parallel to Mental Health Together it sits alongside Safe Havens, community cafés in non-NHS buildings. Groups are co-facilitated by mental health clinicians and people with lived experience.
- As part of the model each member develops a personal Resource and Support Plan (RASP) with the support of other group members

SUN Model data	Apr 24 – Jan 25
Total number of members	535
1st Telephone contact within 7 days	77%
Number of 'sleeping members' as at Jan-25	366
Av. number of groups per month	16.4
Av. number of members seen per month	141.2

Community Mental Health Framework – next steps 2025 - 2026

Initiative	Q1	Q2	Q3	Q4
Rollout of new referral management				
Full clinical model including drug and alcohol				
Demand and capacity review				
Model adjustments following review				
SUN staff onboarding				
SUN - expand face to face group offer				
Develop young person's (YP's) SUN				
Implement CYP link person in each patch				
YP Dialog+ pilot evaluation and sign off				
CYP transition New Ways of Working protocol				

Appendix: Dementia Care Model



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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th March 2025
Title of Paper:	Estates Strategy Delivery Plan 2025
Author:	Peter Prentice, Director of Estates & Facilities Management
Executive Director:	Nick Brown, Chief Finance and Resources Officer

Purpose of Paper

Purpose:	Approval
Submission to Board:	Board requested

Overview of Paper

The paper provides an overview of the estate plan for 2025/26, which has been developed to support the wider trust strategy.

Issues to bring to the Board's attention

Supporting the Trust Strategy delivery means we need to deliver an efficient, sustainable estate which supports the transformation of services to deliver sustainable patient care.

Our overriding ambition for the year is to;

- Deliver against our Green Plan (focus on reducing emissions).
- Reshape our community estates to a hub-and-spoke configuration, finalising the development of the hub infrastructure.
- Continue to invest in fit-for-purpose estate.

Governance

Implications/Impact:	Patient safety/resource and finance
Assurance:	Reasonable
Oversight:	Oversight by FPC

Version Control: 01

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Estates & Facilities Management EFM

STRATEGY DELIVERY PLAN 2023-2026 (Update)

March 2025

Peter Prentice

Director of Estates & Facilities

NHS
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INTRODUCTION

The Estates and Facilities Strategic Plan sets out how the Estates and Facilities teams are supporting the delivery of the 2023/26 Corporate Strategy.

It is our ambition to ensure that the Trust has the right estate, in the right location to support healthcare delivery; acting as an enabler to our clinical services to deliver for our populations.

In line with the trust's strategy this means we deliver an efficient, sustainable estate which supports the transformation of services to deliver sustainable patient care.

Looking forward to 2025/26 our ambition is,

- To deliver against our green plan with an in-year focus on reducing carbon emissions through energy consumption. This is anticipated through the delivery of cleaner heating on six of our main sites.
- To reshape our community estate to a hub and spoke configuration. Working with system partners to maximise the opportunity this offers for shared clinical spaces. In year our focus will be on completing the work on the hub buildings.
- To continue our work to invest in fit-for-purpose clinical estate. With an ambition to complete the work around the centralised s136 suite and, assuming funding is secured, deliver a new Female PICU at Dartford. While supporting the Trust's ambitions to deliver a plan for its medium secure facilities in Maidstone and Thanet inpatient facilities.

ESTATES AND FACILITIES STRATEGIC ALIGNMENT

Our Estates Delivery Plan has been reviewed against the overall corporate strategy and its impact can be seen in;

People we care for:

In 2023 we tendered a new specification for our catering services a key element of this was the addition of a "hostess" service. This has resolved compliance issues being experienced around food handling and improved the patient mealtime experience. We offer a wide selection of food and have moved to electronic menu ordering in line with national standards. We continue to engage with our users regularly participating in ward community meetings to further understand the patient experience.

Cleaning standards are consistently meeting the new national standards regularly meeting 5-Star ratings. We have rolled out patient room cleaning to further support clinical teams and improve the patient environment.

With a focus on patient safety and backlog maintenance, we have focused our capital investment priorities on reducing identified risks within our estate. This includes prioritising reducing ligature risk within our buildings and upgrading doors with ligature alarms in identified risk areas. Seven facet surveys of our buildings together with intelligence from our maintenance activity inform where investment is a priority for ensuring safety further informing and ensuring our capital programme is targeting the highest priority areas.

To further improve the patient environment, we have developed a 5-year rolling painting programme with a focus on the patient environment and are seeking to redeploy existing resources to create 4 painting roles. We believe this will greatly improve the patient experience across our units.

We are striving to improve outdoor spaces through our green spaces, grounds and gardens contract specification and other initiatives to provide natural

People who work for us:

We are striving to provide accessible, clean, safe, fit-for-purpose accommodation for our staff across our estate. As a support service, we prioritise our ethos of "customer focus" which includes within our direct workforce and contract partners (Mears, ISS).

We have worked hard in this space to turn the dial on customer service experience changing the historical narrative of support services and have welcomed regular "values in practice" nominations for our teams and individuals from all Trust directorates.

Lifting the quality of accommodation, reducing waste through poor utilisation, enhancing the work environment through wellbeing initiatives and access to natural light and nature are just some of the ways EFM services are supporting colleagues.

Partners we work with:

To provide the right care in the right place means we need to optimise the opportunity of access to space and accommodation in partner organisations' premises. At a system level, we work with the 4 local Health Care Partnerships HCPs and the overarching ICB Strategic Estates Steering group. Examples of this working in practice are the progress made for mental health access to Healthy Living Centres in the North and the consideration for space within new wider community centres like The Carey Building being developed in Thanet. We are also supported by NHS Property Services' bookable "open space" accommodation available across the Kent estate. We are continuing to work closely with KCHFT who are currently mapping their estate and service needs.

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EFM STRATEGIC PRIORITIES

The Trust's overall corporate objectives have been used to inform the priorities for Estates & Facilities over the period of the Trust's strategy. This ensures our service priorities align with the long-term goals of the organisation and contribute to Trust performance and patient outcomes.

The main areas of focus are set out below, and an assessment of progress to date has been provided in Appendix 1.

Exceeding the ambition of the NHS Greener Programme	• Reduce carbon emissions from energy consumption by 80% by 2035 • Cut emissions associated with transport by 25% by 2025 • Reduce the overall waste volume by 5% every year • Reduce water consumption by 5% every year • Increase the environmental quality of our green spaces by 2025
Maximise our use of office space and clinical estate	• Release office space footprint and increase clinical space through hybrid working and new ways of delivering care by 10% • Secure shared clinical spaces with our partner • Increased staff satisfaction with estate maintenance of office and clinical space • Improve the efficiency of our estate and invest in more maintenance
Invest in fit-for-purpose clinical estate	• Prioritise patient safety and backlog maintenance • We repurpose our estate to recycle back into our existing buildings • Completion of Ruby Ward

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EFM 2025/26 PROJECTS

As we move into 2025/26, the Trust programmes of focus are set out below; these will be reassessed as we transition into 2026/27 and the updated Trust Strategy.

Exceeding the ambition of the NHS Greener Programme

CO2 Reduction

The Trust has undertaken an assessment of its sites to develop Heat Decarbonisation plans for its 20 main sites. This has led to a c£3m bid for Public Sector Decarbonisation Scheme grant funding.

The focus in 2025/26 will be the delivery of this work to decarbonise 6 qualifying buildings. This is anticipated to support delivery against the Trust's carbon reduction ambition

The success of these schemes will influence the approach in future years.

Emission Travel Reduction - EV Charging

The Trust has delivered EV chargers to support the electrification of the Trust's Rapid Response vehicles.

During 2025/26, the Trust will focus on expanding access to support our staff in the shift to electric vehicles.

Sustainable Use of Resources

During 2025/26 the Trust will focus on increasing the use of its War pit, responding and adapting to the changes in waste legislation focusing on increasing recycling and reducing clinical waste.
In addition, the Trust will bring forward a KMPT Climate Change Adaptation Plan and associated policy documents; setting out how the Trust will move away from fossil fuels usage, increasing our use of solar infrastructure across the site.

Maximise our use of office space and clinical estate

Implementation of the Hub Model Across the County

The Trust is looking to implement a hub and spoke model across its community estate. Hub buildings have been identified across the estate with hub community buildings created in North (Sittingbourne Hospital), East (The Beacon), and West (Highlands House).

The focus in 2025/26 will be to deliver a further community hub in the East (Canterbury) with accommodation remodelled and improved to provide a sustainable base. This project will focus on maximising the use of our estate and facilitating the disposal of surplus estate in 2026/27.

By delivering a hub model across our whole community footprint, the Trust will be well placed to deliver the spoke model required to deliver our emerging community clinical model. The next step will require the Trust to continue its work with its partners to maximise the use of the Kent estate.

Delivery of Support Service Hub

During 2024/25 the Trust successfully consolidated its support team functions into one site in the North of the county. This allowed the disposal of one sight and the reduction of 952m2 of office accommodation.
During 2025/26 the Trust will look to secure long-term office accommodation to re-provide this space This work will be supported by the work on the second east community hub (Canterbury), which is anticipated to have the capacity to provide office space for a second administrative hub.

Invest in fit for Purpose Estate

Estate Capital Programme

In 2024/25 the Trust has delivered an estates capital programme of £4.5m.

Supported by a revised capital prioritisation programme, the Trust has developed an estates capital programme of £4.5m for 2025/26.

The Trust continues to develop its 5-year capital investment programmes, which are informed by 7 facet surveys and clinical directorate environment risk priorities.

Major Capital Developments

Building on the delivery of Ruby Ward. The Trust has two major ambitions for capital schemes in 2025/26. These are,

The completion of the centralised place of safety on the Maidstone site, is anticipated to offer an improved experience for patients, providing a modern, fit-for-purpose estate, and supporting the delivery of a more sustainable staffing model.

Additionally, the Trust has bid to build a Female PICU on its Dartford site, which will allow for more joined-up pathways of care for our female population. This decision is subject to the Trust securing funding.

Both services are anticipated to be completed in 2025/26, which will allow the Trust to focus its ambitions to develop a new Medium Secure Compliant hospital; and to support the development of an options appraisal around the Thanet inpatient estate.

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SUMMARY

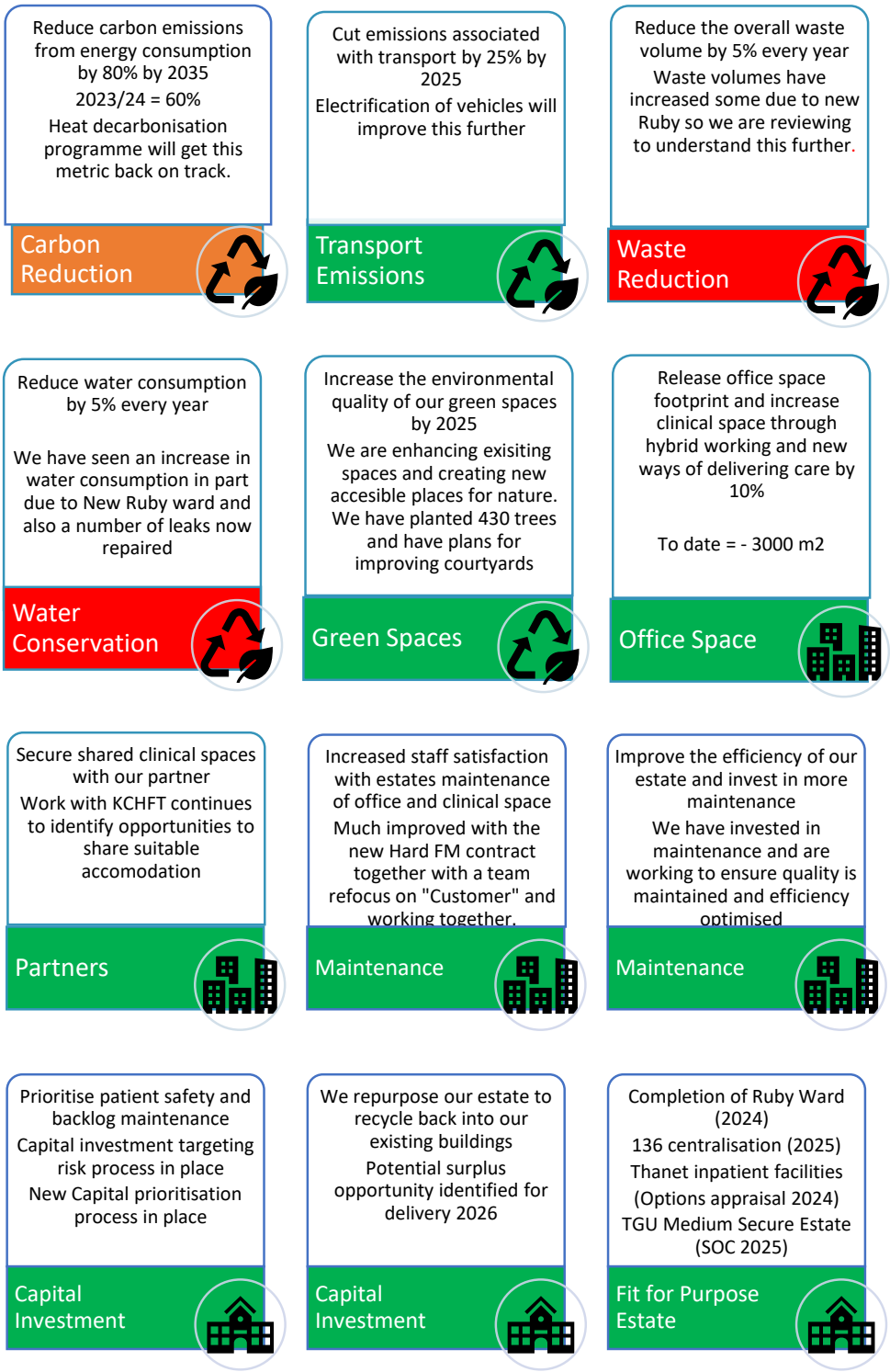
The estate plan continues to deliver against its priorities as an enabler to supporting the realisation of the Trust's Strategic Objectives.

Over the past two years, we have delivered new community estate, and delivered the new ruby ward within the Maidstone estate. In addition, we have secured significant investment in our services with new maintenance and catering contracts implemented to secure improvements in the estate and service experience for our staff and patients.

There remains work to be done, and over the next year, we will focus on delivering the community estate to support the changes being seen within the clinical model through the implementation of the community mental health framework. This work is supported by the continued focus on the Greener NHS programme.

Appendix 1: Assessment of Progress

In the first two years of the Strategy our 12 priority outcomes show where we are meeting our targets and where we need to improve.



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TRUST BOARD MEETING

Meeting details

Date of Meeting:	27th March 2025
Title of Paper:	Health inequalities Data Visualisation Update
Author:	Isobel Holden – Improvement Lead Neil West – Programme Director Kamila Lobuzinska – Patient Equity and Health Inequalities Lead
Executive Director:	Dr Adrian Richardson – Director of Transformation & Partnerships

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Board requested

Overview of Paper

This report provides an update on the progress to identify and address health inequalities amongst services provided by KMPT. Since November work has been undertaken to map the four characteristics of age, gender, ethnicity and deprivation quintile to the strategic objectives and to develop a plan to address the inequalities identified along with improving the quality of data.

Issues to bring to the Board's attention

- There is significant variance in protected characteristic data completeness across services and directorates.
- There is a statistically significant under representation in patients diagnosed with dementia within 6 weeks within 'Asian or Asian British' and 'other ethnic groups'
- 'White: Gypsy or Irish Traveller, Roma' have the highest DNAs and client cancellations
- More people from the most deprived areas were diagnosed with dementia within 6 weeks
- Patients from the most deprived areas are overrepresented in the MHT waiting list
- a higher proportion of female patients are accessing KMPT services

Governance

Implications/Impact:	Engagement and consultation
Assurance:	To be assigned
Oversight:	Trust Leadership Team

Progress to date

At November's Board meeting it was requested that the dataset used to identify health inequalities is aligned to focus on four characteristics of:

- Age
- Gender
- Ethnicity
- Post code (reflecting deprivation quintile)

These have been mapped to our six priority programmes to ensure addressing health inequalities is embedded in our key activity.

Dashboards have been developed to help our teams identify areas on health inequalities, examples are contained within appendix A. Development of these dashboards is ongoing.

Through a specific strategic objective, our new leadership development programme and our new Doing Well Together improvement programme we will ensure our teams are comfortable using the data both operationally and to drive improvement.

Data challenges

Due to the volume and maturity of data usage there has been, and remain certain data challenges. Some of the main challenges are:

1. Population data is only available from July 2023, while this is unlikely to mean significant errors when comparing KMPT data to the population, there will always be a degree of inaccuracy.
2. Some sample sizes are too small to demonstrate statistical significance, through the paper where this has been identified it is noted and for some built into the plan to gain further data.
3. Data completeness remains a significant challenge. There has been some impact on the analysis against the four characteristics. A summary of the current completeness of data across KMPT is provided in Table 1. As we develop and look into other characteristics is will be essential to ensure data completeness and accuracy. This is also reflected with the plan for the coming year.

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Table 1: Protected characteristic completeness across KMPT (March 2025)

Directorate	Acute		Forensic and Specialist		East Kent		North Kent		West Kent		Total	
Characteristics	% Complete	Total	% Complete	Total	% Complete	Total	% Complete	Total	% Complete	Total	% Complete	Total
Gender	100.0%	900	99.9%	4,265	100.0%	11,559	100.0%	6,166	99.9%	7,301	**100.0%**	**30,197**
Ethnicity	94.1%	900	92.5%	4,265	84.6%	11,559	86.4%	6,166	74.0%	7,301	**83.8%**	**30,197**
Marital status	80.6%	900	73.2%	4,265	54.1%	11,559	52.9%	6,166	54.3%	7,301	**57.4%**	**30,197**
Settled accommodation	85.9%	900	58.3%	4,265	52.7%	11,559	53.7%	6,166	51.9%	7,301	**54.5%**	**30,197**
Employment status	77.9%	900	63.0%	4,265	51.8%	11,559	52.9%	6,166	51.4%	7,301	**54.3%**	**30,197**
Accommodation status	82.1%	900	61.2%	4,265	50.3%	11,559	51.6%	6,166	49.5%	7,301	**52.9%**	**30,197**
Religion	70.3%	900	52.3%	4,265	42.4%	11,559	43.0%	6,166	42.4%	7,301	**44.8%**	**30,197**
Nationality	58.7%	900	30.6%	4,265	31.1%	11,559	36.2%	6,166	35.5%	7,301	**34.0%**	**30,197**
Sexual orientation	48.1%	900	12.9%	4,265	11.1%	11,559	9.7%	6,166	18.4%	7,301	**13.9%**	**30,197**
Ex BAF status	30.9%	900	12.8%	4,265	8.1%	11,559	8.3%	6,166	15.4%	7,301	**11.3%**	**30,197**
Disability flag	21.7%	900	13.5%	4,265	3.6%	11,559	2.5%	6,166	3.1%	7,301	**5.2%**	**30,197**

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Performance Data

The characteristic data has been analsyed for the following elements of our trust priorities:

- The four characteristics against trust IQPR objectives associated with the flow, community mental health framework and dementia priorities
  - Assessing people in crisis within 4 hours
  - People presenting to liaison services triaged within 1 hour
  - Liaison psychiarty referrals identified require a bed discharged within 12 hours
  - Referrals to Mental Health Together (MHT) and Mental Health Together+ (MHT+) commencing treatment within 4 weeks
  - People referred for a dementia assessment diagnosed that were diagnosed within six weeks
- The four characterisitcs against waiting times for Mental Health Together and Memory Assessment Services
- Ethnicity and deprivation quintile for missed appointments as part of the getting the basics programme (appendix B)
- Ethnicity and age for additional metrics associated with flow (appendix B)

Characteristics against trust IQPR objectives

The tables below summarise the four characteristics against the outcomes associated with the IQPR objectives for the trust priorities of flow, the community mental health framework and dementia.

KMPT Health Inequalities - Overall Performance by Gender, Age, Ethnicity, and Deprivation (Feb 2024 - Jan 2025)					
IQPR Metric	**1.1.03 - Assess people in crisis within 4 hours**	**1.1.04 - People presenting to liaison services: triaged within 1 hour**	**1.1.05b - Liaison Psychiatry Referrals identified as requiring a bed discharged within 12 hours**	**2.1.01 - Referrals to MHT & MHT+ commencing treatment within 4 weeks**	**1.1.08 - % people referred for a dementia assessment diagnosed that were diagnosed within six weeks**
Trust Performance	81%	61%	3%	14%	17%
Target	No target	No target	95.00%	No target	No target

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Performance by Ethnicity (Target Met)															
IQPR Metric	1.1.03 - Assess people in crisis within 4 hours			1.1.04 - People presenting to liaison services: triaged within 1 hour			1.1.05b - Liaison Psychiatry Referrals identified as requiring a bed discharged within 12 hours			2.1.01 - Referrals to MHT & MHT+ commencing treatment within 4 weeks			1.1.08 - % people referred for a dementia assessment diagnosed that were diagnosed within six weeks		
	%	No.	Total	%	No.	Total	%	No.	Total	%	No.	Total	%	No.	Total
White: English, Welsh, Scottish, Northern Irish or British	81%	1650	2045	60%	5266	8753	2%	6	264	14%	215	1541	19%	487	2625
White: Irish	80%	12	15	57%	33	58	0%	0	1	0%	0	9	10%	3	30
White: Other White	85%	67	79	64%	286	450	7%	1	14	15%	9	62	15%	11	72
White: Gypsy or Irish Traveller, Roma	100%	4	4	71%	41	58	0%	0	1	0%	0	4	0%	0	0
Black, Black British, Black Welsh, Caribbean or African	79%	48	61	60%	154	257	7%	1	14	18%	4	22	23%	5	22
Asian, Asian British or Asian Welsh	82%	36	44	59%	134	228	0%	0	5	18%	4	22	28%	15	54
Mixed or Multiple ethnic groups	81%	60	74	55%	141	255	0%	0	9	9%	5	56	21%	11	52
Other ethnic group	76%	25	33	67%	112	167	0%	0	4	17%	4	24	7%	8	119
Blank/ Not stated/ Incomplete	78%	218	278	63%	876	1394	6%	1	16	15%	66	445	16%	175	1113
Total	81%	2120	2633	61%	7043	11620	3%	9	328	14%	307	2185	17%	715	4087
Completeness	89%			88%			95%			80%			73%		

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Performance by Deprivation Quintile															
IQPR Metric	1.1.03 - Assess people in crisis within 4 hours			1.1.04 - People presenting to liaison services: triaged within 1 hour			1.1.05b - Liaison Psychiatry Referrals identified as requiring a bed discharged within 12 hours			2.1.01 - Referrals to MHT & MHT+ commencing treatment within 4 weeks			1.1.08 - % people referred for a dementia assessment diagnosed that were diagnosed within six weeks		
	%	No.	Total	%	No.	Total	%	No.	Total	%	No.	Total	%	No.	Total
Quintile 1	78%	389	498	58%	1226	2119	4%	3	67	12%	60	503	15%	49	332
Quintile 2	82%	352	431	60%	1012	1685	2%	1	48	13%	46	366	18%	91	515
Quintile 3	79%	356	448	60%	1025	1698	2%	1	59	12%	45	378	16%	133	852
Quintile 4	80%	283	355	58%	789	1353	2%	1	45	15%	44	296	15%	119	801
Quintile 5	78%	205	262	62%	605	983	0%	0	34	17%	29	174	11%	82	779
Bank/ Incomplete	84%	535	639	63%	2386	3782	4%	3	75	18%	83	468	30%	241	808
Total	81%	2120	2633	61%	7043	11620	3%	9	328	14%	307	2185	17%	715	4087
Completeness	76%			67%			77%			79%			80%		

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Performance by Gender															
IQPR Metric	1.1.03 - Assess people in crisis within 4 hours			1.1.04 - People presenting to liaison services: triaged within 1 hour			1.1.05b - Liaison Psychiatry Referrals identified as requiring a bed discharged within 12 hours			2.1.01 - Referrals to MHT & MHT+ commencing treatment within 4 weeks			1.1.08 - % people referred for a dementia assessment diagnosed that were diagnosed within six weeks		
	%	No.	Total	%	No.	Total	%	No.	Total	%	No.	Total	%	No.	Total
Female	81%	1155	1425	60%	3733	6179	1%	3	204	13%	185	1374	18%	421	2282
Male	80%	964	1207	61%	3300	5405	5%	6	124	15%	122	809	16%	294	1804
X				25%	1	4				0%	0	1	0%	0	1
Blank/Undefined	100%	1	1	28%	9	32				0%	0	1			
Total			2633	61%	7043	11620	3%	9	328	14%	307	2185	17%	715	4087
Completeness	100%			100%			100%			100%			100%		

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Performance by Age															
IQPR Metric	1.1.03 - Assess people in crisis within 4 hours			1.1.04 - People presenting to liaison services: triaged within 1 hour			1.1.05b - Liaison Psychiatry Referrals identified as requiring a bed discharged within 12 hours			2.1.01 - Referrals to MHT & MHT+ commencing treatment within 4 weeks			1.1.08 - % people referred for a dementia assessment diagnosed that were diagnosed within six weeks		
	%	No.	Total	%	No.	Total	%	No.	Total	%	No.	Total	%	No.	Total
Under 18							100%	2	2						
18-25	81%	349	429	62%	1521	2470	62%	1521	2470	1%	1	67	0%	0	0
26-40	80%	723	909	60%	2302	3861	60%	2302	3861	5%	4	82	0%	0	3
41-50	78%	357	459	63%	1131	1799	63%	1131	1799	4%	2	55	13%	3	23
51-60	82%	285	349	58%	894	1532	58%	894	1532	0%	0	51	13%	20	152
61-70	88%	203	232	60%	559	928	60%	559	928	6%	2	34	12%	50	417
71-80	81%	87	107	60%	246	407	60%	246	407	0%	0	27	18%	254	1440
81-90	69%	24	35	63%	96	153	63%	96	153	0%	0	4	18%	318	1723
91+	100%	5	5	63%	10	16	63%	10	16	0%	0	1	21%	66	319
Blank/Incomplete	81%	87	108	62%	282	452	62%	282	452	0%	0	7	40%	4	10
Total	81%	2120	2633	61%	7043	11620	61%	7043	11620	3%	9	328	17%	715	4087
Completeness	96%			96%			96%			98%			100%		

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Characterisitics againsts current waiting times for Mental Health Together (MHT) and the Memory Assessment Service (MAS)

The tables below summarise the four characteristics against the current waiting list (March 2025) for MHT and MAS.

Waiting Time by Age																										
	Mental Health Together															Dementia/MAS										
	Within 4 Weeks		4-8 weeks		8-12 weeks		12-18 weeks		18-24 weeks		24-52 weeks		52+ weeks		Total Population	Within 6 weeks		6-12 weeks		12-18 weeks		18-24 weeks		24 to 52 weeks		52+ weeks		Total Population
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.		%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	
Under 18	47%	15	16%	5	3%	1	13%	4	13%	4	9%	3			32													
18-25	37%	233	29%	185	17%	108	16%	103			1%	4			633													
26-40	40%	515	29%	377	18%	228	12%	152			1%	11	0.1%	1	1284	17%	1	33%	2	33%	2					17%	1	6
41-50	42%	210	28%	138	17%	84	13%	65			1%	3			500	25%	6	25%	6	21%	5	13%	3	8%	2	8%	2	24
51-60	43%	184	28%	120	18%	76	10%	43			0.5%	2			425	30%	50	17%	28	17%	28	10%	17	15%	25	10%	16	164
61-70	44%	116	26%	68	17%	46	12%	32			0.4%	1			263	32%	120	16%	61	14%	52	13%	48	16%	60	10%	37	378
71-80	46%	53	26%	30	15%	17	12%	14							114	40%	367	15%	142	13%	116	9%	83	15%	139	8%	71	918
81-90	60%	51	18%	15	15%	13	7%	6							85	39%	407	16%	167	12%	128	9%	94	17%	174	7%	75	1045
91+	60%	9	27%	4			13%	2							15	31%	75	17%	42	10%	24	11%	27	21%	51	10%	25	244
Blank/ Incomplete	33%	1131	11%	385	2%	83	18%	614	17%	582	18%	595			3390	58%	7	0%		0%		17%	2	17%	2	8%	1	12
Total	37%	2517	20%	1327	10%	656	15%	1035	9%	586	9%	619	0.01%	1	6741	37%	1033	16%	448	13%	355	10%	274	16%	453	8%	228	2791
Completeness	55%		71%		87%		41%		1%		4%		100%		50%	99%		100%		100%		99%		99.6%		99.6%		99.6%

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Waiting time by Gender																									
	Mental Health Together															Dementia/MAS										
	Within 4 Weeks		4-8 weeks		8-12 weeks		12-18 weeks		18-24 weeks		24-52 weeks		52+ weeks		Population Total	Within 6 weeks		6-12 weeks		12-18 weeks		18-24 weeks		24 to 52 weeks		52+ weeks		Population Total
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.		%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	
Female	37%	1456	19%	762	10%	387	15%	612	8%	335	10%	400	0.03%	1	3953	38%	595	15%	243	13%	197	9%	142	16%	258	9%	134	1569
Male	38%	1060	20%	565	10%	269	15%	422	9%	251	8%	219			2786	36%	438	17%	205	13%	158	11%	132	16%	195	8%	94	1222
X	50%	1					50%	1							2													
Total	37%	2517	20%	1327	10%	656	15%	1035	9%	586	9%	619	0.01%	1	6741	37%	1033	16%	448	13%	355	10%	274	16%	453	8%	228	2791
Completeness	100%		100%		100%		100%		100%		100%		100%		100%	100%		100%		100%		100%		100%		100%		100%

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Waiting Time by Ethnicity																											
	Mental Health Together															Dementia/MAS											
	Within 4 Weeks		4-8 weeks		8-12 weeks		12-18 weeks		18-24 weeks		24-52 weeks		52+ weeks		Total Population	Within 6 weeks		6-12 weeks		12-18 weeks		18-24 weeks		24 to 52 weeks		52+ weeks		Total Population
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.		%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	
White: English, Welsh, Scottish, Northern Irish or British	38%	1682	21%	935	10%	467	14%	616	8%	345	9%	407	0.02%	1	4453	40%	601	17%	252	12%	185	9%	130	15%	223	7%	103	1494
White: Irish	69%	9	15%	2			8%	1	8%	1					13	33%	2			33%	2			33%	2			6
White: Other White	36%	71	17%	34	9%	18	16%	32	9%	18	11%	22			195	43%	24	16%	9	13%	7	9%	5	11%	6	9%	5	56
White: Gypsy or Irish Traveller, Roma			100%	1											1												
Black, Black British, Black Welsh, Caribbean or African	52%	42	14%	11	7%	6	15%	12	5%	4	7%	6			81	43%	3	43%	3			14%	1			0%		7
Asian, Asian British or Asian Welsh	35%	33	22%	21	11%	10	19%	18	7%	7	6%	6			95	48%	12	12%	3	20%	5	8%	2	8%	2	4%	1	25
Mixed or Multiple ethnic groups	32%	50	18%	28	12%	19	18%	28	6%	10	12%	19			154	40%	21	17%	9	17%	9	13%	7	8%	4	4%	2	52
Other ethnic group	41%	28	19%	13	17%	12	12%	8	6%	4	6%	4			69	12%	4	12%	4	15%	5	12%	4	38%	13	12%	4	34
Blank/ Not stated/ Incomplete	36%	602	17%	282	7%	124	19%	320	12%	197	9%	155			1680	33%	366	15%	168	13%	142	11%	125	18%	203	10%	113	1117
Total	37%	2517	20%	1327	10%	656	15%	1035	9%	586	9%	619	0.01%	1	6741	37%	1033	16%	448	13%	355	10%	274	16%	453	8%	228	2791
Completeness	76%		79%		81%		69%		66%		75%		100%		75%	65%		63%		60%		54%		55%		50%		60%

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Waiting Time by Indices of Multiple Deprivation Quintile																										
	Mental Health Together															Dementia/MAS											
	Within 4 Weeks		4-8 weeks		8-12 weeks		12-18 weeks		18-24 weeks		24-52 weeks		52+ weeks		Population Total	Within 6 weeks		6-12 weeks		12-18 weeks		18-24 weeks		24 to 52 weeks		52+ weeks		Population Total
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.		%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	
Quintile 1	34%	470	21%	281	10%	140	16%	213	9%	123	10%	141			1368	39%	116	18%	52	14%	42	12%	35	15%	43	2%	6	294
Quintile 2	34%	372	22%	232	10%	111	16%	173	9%	97	9%	94			1079	38%	131	15%	51	15%	51	10%	35	15%	51	7%	24	343
Quintile 3	38%	510	20%	261	10%	129	16%	209	8%	111	8%	110	0.1%	1	1331	35%	209	17%	103	15%	88	9%	56	17%	100	7%	39	595
Quintile 4	39%	432	19%	208	10%	106	14%	152	8%	83	11%	121			1102	34%	235	15%	106	11%	74	10%	72	20%	136	10%	67	690
Quintile 5	40%	254	17%	109	8%	52	15%	93	9%	60	11%	72			640	31%	184	15%	88	12%	71	11%	63	18%	107	14%	84	597
Bank/ Incomplete	39%	479	19%	236	10%	118	16%	195	9%	112	7%	81			1221	58%	158	18%	48	11%	29	5%	13	6%	16	3%	8	272
Total	37%	2517	20%	1327	10%	656	15%	1035	9%	586	9%	619	0.01%	1	6741	37%	1033	16%	448	13%	355	10%	274	16%	453	8%	228	2791
Completeness	81%		82%		82%		81%		81%		87%		100%		82%	85%		89%		92%		95%		96%		96%		90%

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Analysis

Ethnicity analysis

Flow

There is some variation in the proportion of people in crisis assessed within 4 hours. 79% of 'Black or Black British' in crisis are assessed within 4 hours compared to 85% for the group 'White: Other White'. Additional analysis shows that these differences are not statistically significant.

For the people presenting to liaison services triaged within 1 hour the analysis shows that the variation in target achievement is not statistically significant.

Due the low target achievement level for Liaison Psychiatry referrals identified as requiring a bed discharged within 12 hours (3% over the 12 months of data considered) no conclusion can be drawn regarding the equity of care across ethnicity. Exploring which group is waiting the longer to be discharged is recommended until the target achievement improves.

CMHF

For referrals to MHT & MHT+ commencing treatment within 4 weeks, the analysis shows that the variation in target achievement is not statistically significant.

'Asian and Asian British' and 'Black and Black British' represent respectively 1.4% and 1.2% of open referrals, whereas these ethnic groups represent 4.7% and 2.8% of the Kent and Medway population (ONS, 2021).

For MHT waiting times the high percentage of records with unstated ethnicity (25%) should be explored to understand if a more complete dataset would show wider or more narrow gaps in experience based on ethnicity.

Dementia

The current data suggest that there is a statistically significant association for people referred for memory assessment between the ethnicity and the likelihood of being diagnosed within 6 weeks. Whilst further analysis is recommended, the biggest gap between ethnicity group to note are between 'Other ethnic group' and 'Asian or Asian British' (with respectively 7% and 28% of patients diagnosed within 6 weeks).

'Asian and Asian British' and 'Black and Black British' represent respectively 0.9% and 0.3% of open referrals, whereas these ethnic groups represent 4.7% and 2.8% of the Kent and Medway population (ONS, 2021).

For MAS waiting times the high percentage of records with unstated ethnicity (40%) should be explored to understand if a more complete dataset would show wider or more narrow gaps in experience based on ethnicity.

Getting The Basics Right (Missed Appointments)

Descriptive analysis for the current data on missed appointments suggests variation in the rate of Did Not Attend's (DNAs):

- 'White: Gypsy or Irish Traveller, Roma', 'Black and Black British' and 'White: Irish' have the highest numbers of DNAs per client with respectively 3.00, 1.75 and 1.65 DNAs per individual.
- 'Asian and Asian British', 'Other ethnic group' and 'White: other White' have the lowest numbers of DNAs per client with respectively 1.04, 1.08, 1.12 DNAs per individual.

Descriptive analysis for the current data on missed appointments also suggests variations in the rates for Client Cancellations (CCs) by ethnicity:

- The highest numbers of client cancellations per client are seen 'White: Gypsy or Irish Traveller, Roma' and 'Mixed or Multiple ethnic groups' (with 0.67 CCs per client for both)
- 'Asian and Asian British' and 'Other ethnic group' have the lowest number of CCs per client with respectively 0.46 and 0.45.

Analysis of high frequency users is recommended to understand whether DNAs and CCs rates are driven by a small group of high frequency users or are reflective of a systemic phenomenon.

Deprivation analysis

Flow

Fewer people from the most deprived areas presenting to liaison services are triaged within 1 hour and for assessing people in crisis within 4 Hours, the analysis shows that the variation in target achievement is not statistically significant and there is a need for additional analysis.

CMHF

Descriptive analysis shows that fewer people from the most deprived areas referred to MHT and MHT+ commence treatment within 4 weeks (12% for people from most deprived areas vs 17% for least deprived). However, additional analysis shows that these differences are not statistically different.

Descriptive analysis of the current data suggests that people from the most deprived areas are overrepresented in the MHT waiting list, indeed they represent 20.3% of waiting times, but account for 14.9% of the Kent and Medway population. However, distribution of waiting times (e.g. proportion of people waiting), show little variation between deciles both for MHT and MAS as illustrated in **Error! Reference source not found.**.

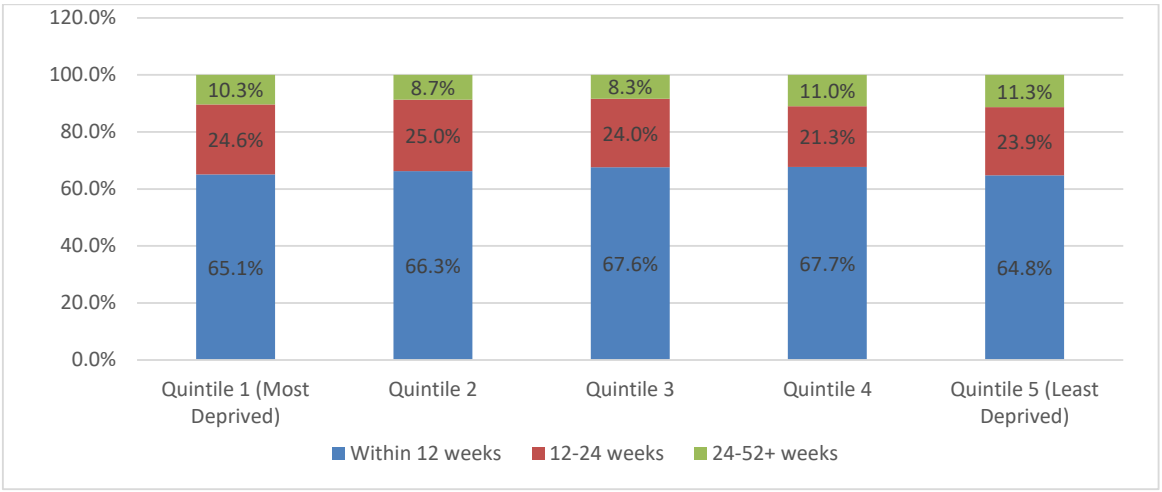

Figure 1: Waiting time distribution by decile for MHT

Dementia

The current data suggest that there is a statistically significant association between the level of deprivation and the likelihood of being diagnosed with dementia within 6 weeks. Interestingly, more people from the most deprived areas were diagnosed within 6 weeks (15% for people from most deprived areas vs 11% for least deprived). Further investigation is recommended to ascertain whether the relative size of each quintile could be driving this difference.

Getting The Basics Right (Missed appointments)

Descriptive analysis of the current missed appointment data suggests that the number of DNAs per client is proportional to the level of deprivation of the client, indeed clients from the most deprived areas have on average 2.70 DNAs per client compared to 1.77 per client for clients from the least deprived areas.

The rate of client cancellations (CCs) decreases for client from least deprived areas, with clients from quintile 2 having 0.57 CCs per client compared to 0.40 for quintile 5 clients (least deprived). A similar trend can be observed for the rate of trust cancellations per client. Analysis of high frequency users is recommended to understand whether DNAs and CCs rate of clients from more deprived areas are driven by a small group of high frequency users or is a systemic phenomenon.

Gender analysis

Across all IPQR metrics, a higher proportion of female patients are accessing KMPT services (Flow, Liaison, MHT and MAS), for instance with women representing respectively 54.1% of patients in crisis and 53.2% of patients presenting to liaison services, compared to respectively 45.8% and 46.5% for male patients. This is higher than the gender split in the Kent and Medway population (52% female vs 48% male).

Across the five IQPR metrics reviewed there is no statistically significant differences in target attainment by gender. Similar trends have been observed for MHT and MAS waiting times.

Due the low target achievement level for Liaison Psychiatry referrals identified as requiring a bed discharged within 12 hours, (3% over the 12 months of data considered), no conclusion can be drawn regarding the equity of care across gender.

Next Steps

- From April a steering group will be formed to look at addressing accuracy and completeness of data for the four characteristics used here as well as the wider set of protected characteristics.
- Further analysis will be undertaken in a number of areas as highlighted above.
- Specific areas of improvement will include
    - Increasing the number of patients diagnosed with dementia within 6 weeks from the 'Asian or Asian British' and 'other ethnic groups'
    - Understanding and addressing the contributors to DNAs and client cancellations in 'White: Gypsy or Irish Traveller, Roma' patient cohort
    - Work to understand contributors for higher proportion of female patients accessing services, what can be addressed and how these feeds into future planning

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Appendix B – Additional data analysis

Characterisitcs against missed appointments (Trust Cancellations, Client Cancellations, and Did Not Attend Incidents) (Jan 2024 – Jan 2025).

KMPT Health Inequalities - Missed Appointment Contacts By Indices of Multiple Deprivation Quintile and Ethnicity												
Missed Contact (Appointment) Incidents by Indices of Multiple Deprivation (IMD) Quintile												
	Trust Cancellations		Client Cancellations		Did Not Attend's		Missed Contacts Overall		Contacts Overall		Client Population	
	No. of MCs per client	No. of TCs	No. of CCs per client	No. of CCs	No. of DNAs per client	No. of DNAs	No. of MCs per client	no. of MCs	No. of Cos per client	Contacts Overall	% of Overall Population	Population No.
Quintile 1	0.95	3440	0.50	1808	1.25	4542	2.70	9790	22.51	81700	16.0%	3630
Quintile 2	1.03	3391	0.57	1875	1.12	3685	2.72	8951	21.46	70630	14.5%	3292
Quintile 3	0.76	3206	0.45	1897	0.93	3919	2.15	9022	16.64	69876	18.5%	4199
Quintile 4	0.80	3019	0.44	1648	0.84	3159	2.08	7826	17.76	66898	16.6%	3766
Quintile 5	0.68	1881	0.40	1100	0.69	1913	1.77	4894	15.08	41759	12.2%	2770
Information Not Available	0.76	3812	0.42	2104	1.10	5568	2.28	11484	19.87	100111	22.2%	5039
Total	0.83	18749	0.46	10432	1.00	22786		51967	18.99	430974		22696
Completeness	79.7%		79.8%		75.6%		77.9%		76.8%		77.8%	

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Missed Contact (Appointment) Incidents by Ethnicity												
	Trust Cancellations		Client Cancellations		Did Not Attend's		**Missed Contacts Overall**		**Contacts Overall**		**Client Population**	
	No. of MCs per client	no. of TCs	No. of CCs per client	no. of CCs	No. of DNAs per client	no. of DNA's	No. of MCs per client	no. of MCs	No. of Cos per client	Contacts Overall	% of Overall Population	Population No.
White: English, Welsh, Scottish, Northern Irish or British	0.92	13889	0.52	7834	1.15	17375	2.58	39098	22.55	341562	66.7%	15147
White: Irish	0.92	89	0.49	48	1.65	160	3.06	297	27.93	2709	0.4%	97
White: Other White	0.84	588	0.47	328	1.12	787	2.42	1703	21.36	15017	3.1%	703
White: Gypsy or Irish Traveller, Roma	1.75	21	0.67	8	3.00	36	5.42	65	64.25	771	0.1%	12
Black, Black British, Black Welsh, Caribbean or African	1.12	397	0.60	211	1.75	618	3.47	1226	29.26	10329	1.6%	353
Asian, Asian British or Asian Welsh	0.93	341	0.46	171	1.04	383	2.43	895	20.30	7470	1.6%	368
Mixed or Multiple ethnic groups	1.07	525	0.67	328	1.40	685	3.15	1538	27.35	13373	2.2%	489
Other ethnic group	1.51	523	0.45	154	1.08	372	3.03	1049	17.36	6005	1.5%	346
Blank/ Not stated/ Incomplete	0.46	2376	0.26	1350	0.46	2370	1.18	6096	6.51	33744	22.8%	5181
Total	0.83	18749	0.46	10432	1.00	22786		51967	18.99	430974		22696
Completeness	87.3%		87.1%		89.6%		88.3%		92.2%		77.2%	

Service User age, gender, ethnicity and deprivation characterisitcs for Average Length of stay for Clinically Ready at Discharge, at Discharge

2.1.06 – Ave LoS for Clinically Ready for Discharge (at Discharge) (Feb 24 – Jan 25)				
	Female	Male	%	Total
18-25	9	10	6.6%	19
26-40	24	31	19.2%	55
41-50	16	18	11.8%	34
51-60	13	19	11.1%	32
61-70	24	28	18.1%	52
71-80	41	36	26.8%	77
81-90	9	6	5.2%	15
91+	2		0.7%	2
Unavailable	1		0.3%	1
% of Service User's	48.4%	51.6%		
Service User Total	139	148		287
Completeness	99.3%	100.0%		99.7%

2.1.06 – Ave LoS for Clinically Ready for Discharge (at Discharge) (Feb 24 – Jan 25)								
	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	Blank	%	Total
White: English, Welsh, Scottish, Northern Irish or British	40	40	36	40	25	54	81.9%	235
White: Irish	1			2		2	1.7%	5
White: Other White	2	1	2	4		3	4.2%	12
White: Gypsy or Irish Traveller, Roma							0.0%	
Black, Black British, Black Welsh, Caribbean or African		3				3	2.1%	6
Asian, Asian British or Asian Welsh				1		4	1.7%	5
Mixed or Multiple ethnic groups	2			1	1	6	3.5%	10
Other ethnic group		1	1			3	1.7%	5
Blank/ Not stated/ Incomplete		1	1	1	4	2	3.1%	9
% of Service User's	15.7%	16.0%	13.9%	17.1%	10.5%	26.8%		
Service User Total	45	46	40	49	30	77		287
Completeness	100.0%	97.8%	97.5%	98.0%	86.7%	97.4%		97%

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Service User age, gender, ethnicity and deprivation characterisitcs innappropriate out of area placements

1.2.07- Inappropriate Out of Area Placements for Adult Mental Health Services (Bed Days) (Feb 24 – Jan 25)				
	Female	Male	%	Total
18-25	10	7	18.7%	17
26-40	20	17	40.7%	37
41-50	12	2	15.4%	14
51-60	9	8	18.7%	17
61-70	2	2	4.4%	4
Unavailable	2		2.2%	2
% of Service User's	60.4%	39.6%		
Service User Total	55	36		91
Completeness	96.4%	100.0%		97.8%

1.2.07- Inappropriate Out of Area Placements for Adult Mental Health Services (Bed Days) (Feb 24 – Jan 25)								
	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	Blank	%	Total
White: English, Welsh, Scottish, Northern Irish or British	12	8	11	7	4	23	71.4%	65
White: Irish			1				1.1%	1
White: Other White		1	1		1	2	5.5%	5
White: Gypsy or Irish Traveller, Roma							0.0%	
Black, Black British, Black Welsh, Caribbean or African	1				2	1	4.4%	4
Asian, Asian British or Asian Welsh					2	2	4.4%	4
Mixed or Multiple ethnic groups			1		1	2	4.4%	4
Other ethnic group			1	1	1	2	5.5%	5
Blank/ Not stated/ Incomplete			1			2	3.3%	3
% of Service User's	14.3%	9.9%	17.6%	8.8%	12.1%	37.4%		
Service User Total	13	9	16	8	11	34		91
Completeness	100.0%	100.0%	93.8%	100.0%	100.0%	94.1%		96.7%

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Overall Bed days (net), by Age, Gender, Ethnicity, and Deprivation Quintile.

Overall Bed Days- Service User demographic (Feb 24 – Jan 25)				
	Female	Male	%	Total
18-25	90	81	10.8%	171
26-40	191	236	27.0%	427
41-50	138	119	16.3%	257
51-60	146	118	16.7%	264
61-70	111	106	13.7%	217
71-80	115	62	11.2%	177
81-90	26	16	2.7%	42
91+	2	1	0.2%	3
Unavailable	11	11	1.4%	22
% of Service User's	52.5%	47.5%		
Service User Total	830	750		1580
Completeness	98.7%	98.5%		98.6%

Overall Bed Days- Service User demographic (Ethnicity/ IMD Quintile) (Feb 24 – Jan 25)								
	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	Blank	%	Total
White: English, Welsh, Scottish, Northern Irish or British	220	171	196	201	124	252	73.7%	1164
White: Irish	1	1	2	4	1	2	0.7%	11
White: Other White	14	14	10	12	6	25	5.1%	81
White: Gypsy or Irish Traveller, Roma	1			1		2	0.3%	4
Black, Black British, Black Welsh, Caribbean or African	13	15	11	7	5	35	5.4%	86
Asian, Asian British or Asian Welsh	5	7	5	9	4	17	3.0%	47
Mixed or Multiple ethnic groups	9	5	10	8	4	16	3.3%	52
Other ethnic group	3	6	6	4	5	13	2.3%	37
Blank/ Not stated/ Incomplete	8	13	19	15	16	27	6.2%	98
% of Service User's	17.3%	14.7%	16.4%	16.5%	10.4%	24.6%		
Service User Total	274	232	259	261	165	389		1580
Completeness	97.1%	94.4%	92.7%	94.3%	90.3%	93.1%		93.8%

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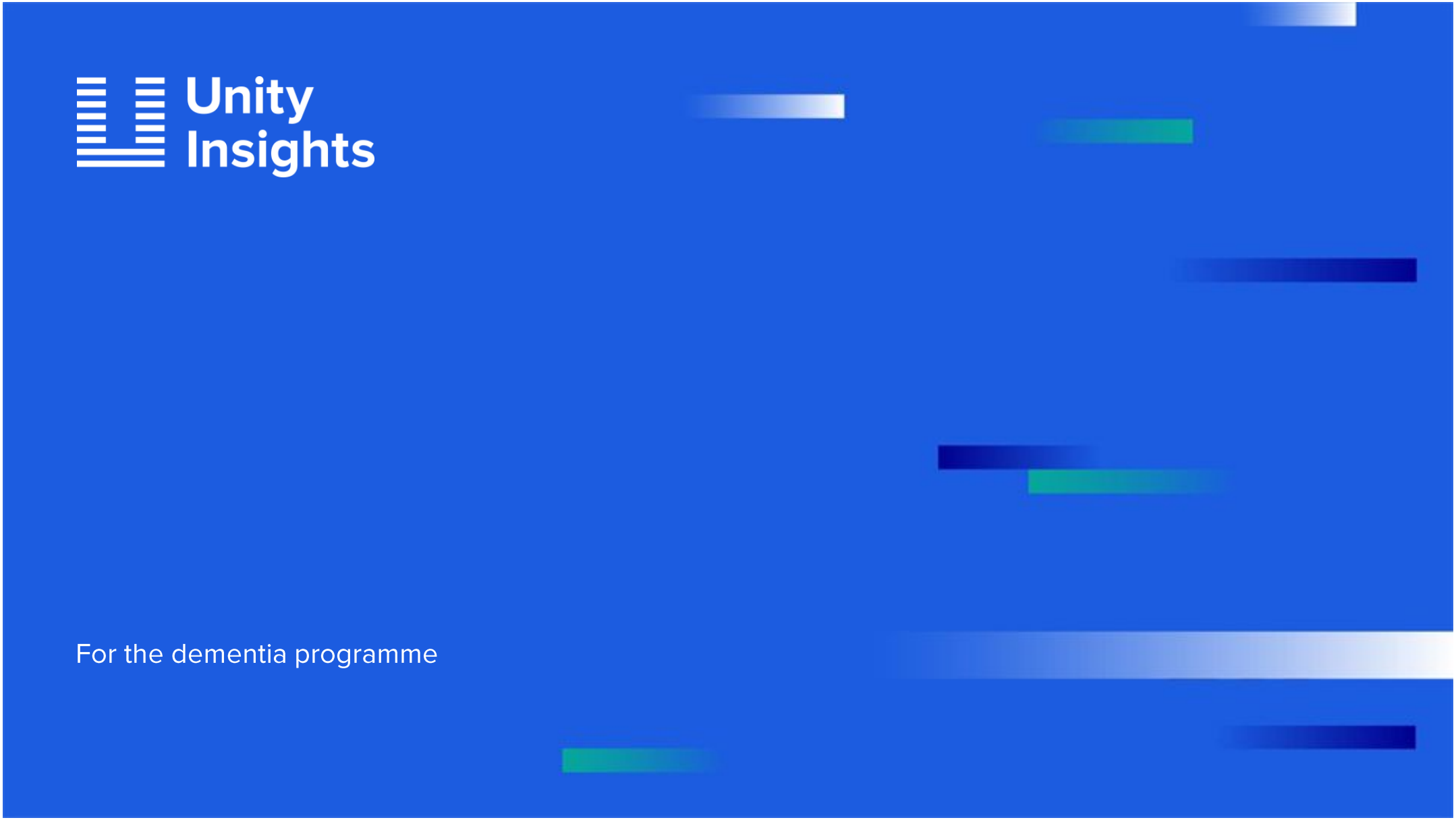
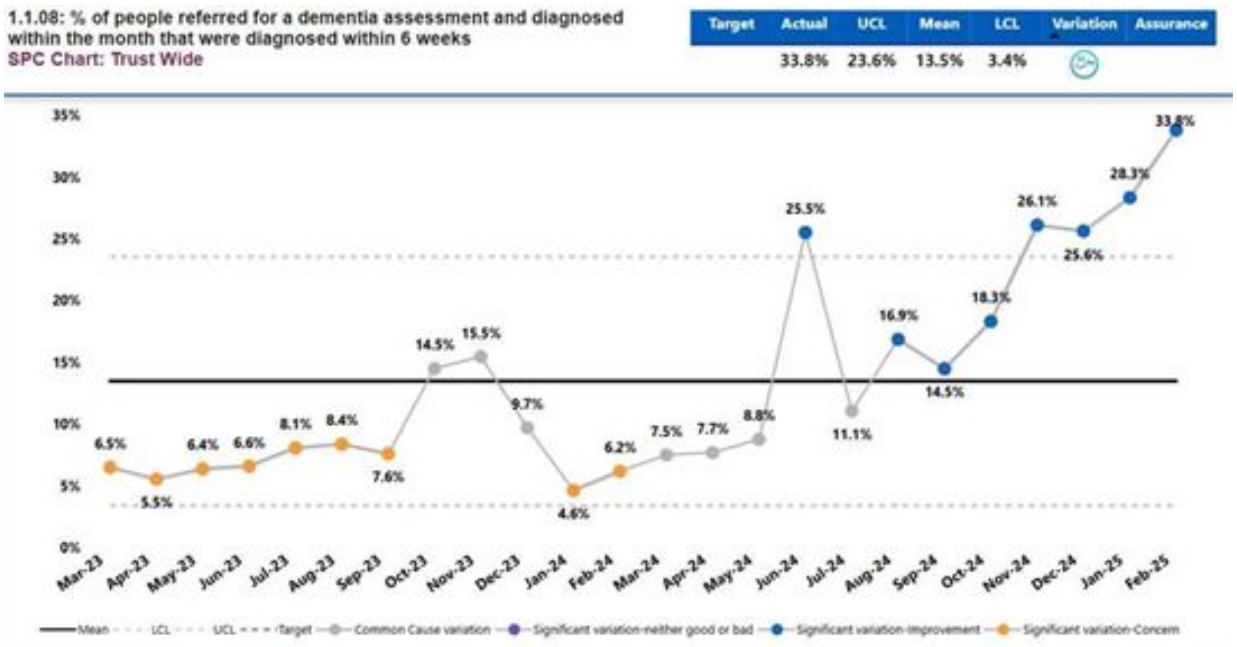
KMPT Health Inequalities

Update 27/02/2025


Unity
Insights
For the dementia programme

Dementia – diagnosed within 6 weeks



Performance narrative/ assurance:

In Feb-25, 3**3.8% of people referred** for a dementia assessment and diagnosed within the month were diagnosed within 6 weeks. There has been a **significant variation (improvement) since Sep-24**. As the current performance is higher than the upper control limit, recalculating this process limit is recommended.
The performance also spiked in Jun-24 (25.5%), this can be explained by the **introduction of the memory assessment improvement approach**.

Caveats and limitations:

- **Data recording:** patients may have been seen but their diagnosis may not have been properly recorded on the system due to the nuances of data input on RiO –countermeasures are in place to address this.
- **Operational changes:** the new memory assessment service started in Jun-24 so data preceding that reflects the previous approach.

Presentation of the analysis

The current health inequalities analysis is exploring the following questions:

- Who are the people accessing the MAS services? How do they compare with the local population?
- Do the people accessing the MAS services change over time? (two-point analysis which will become time series analysis)

Future analysis will include:

- Who is receiving timely access to dementia services?
- Is there a significant difference between the people who are accessing timely care are and whose who are not?

Dementia Demographic of those accessing the MAS service compared to the local population

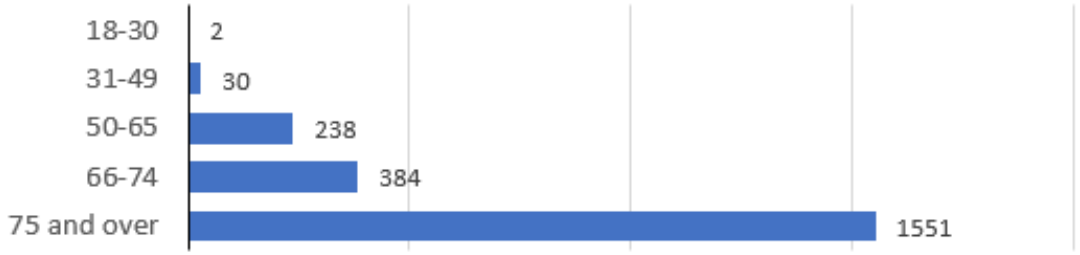
Referrals received: 1st October 2024 – 31st December 2024

Time period:

Oct-Dec 2024

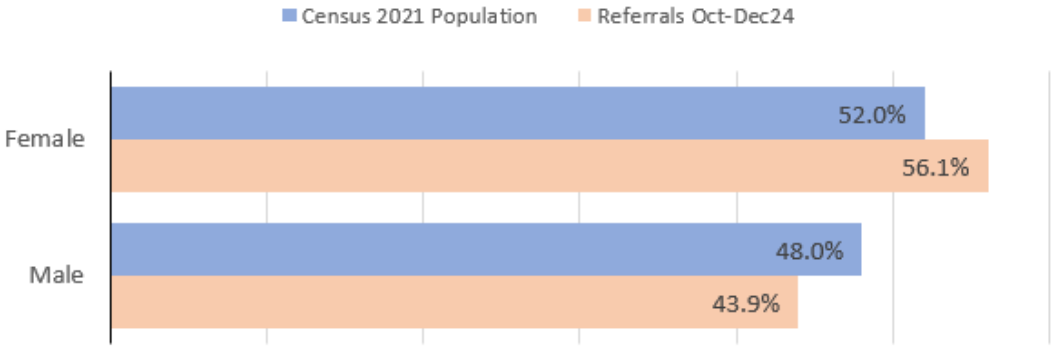
Total number of MAS referrals: 2207

Age:



- 18 to 30 = 0.1%
- 31 to 49 = 1.1%
- 50 to 65 = 10.0%
- 66 to 74 = 16.5%
- 75 and over = 72.4%

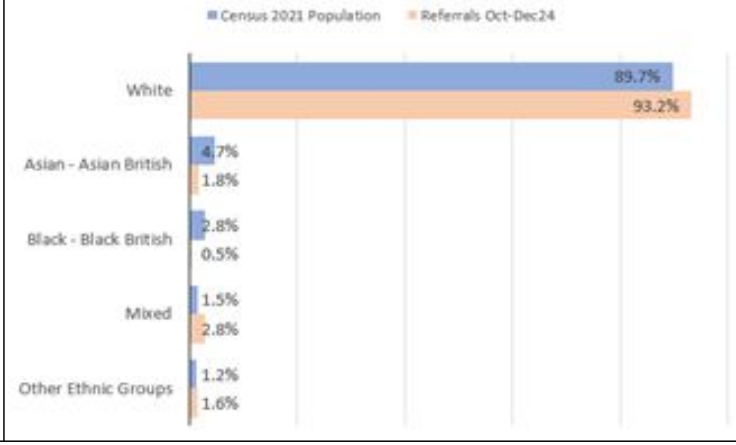
Gender:



* 100% of client records have a recorded Gender category. Note, that the Gender categories in the NHS Data Dictionary (which are those used in KMPT's Rio system) do not align to other definitions of Gender where Gender identity is a person's internal sense of self, which may or may not correspond to a society's cultural expectations based on their biological sex traits. What is referred to as Gender in the NHS Data Dictionary is the equivalent of the term Sex as used in the Equality Act 2010.

Ethnicity:

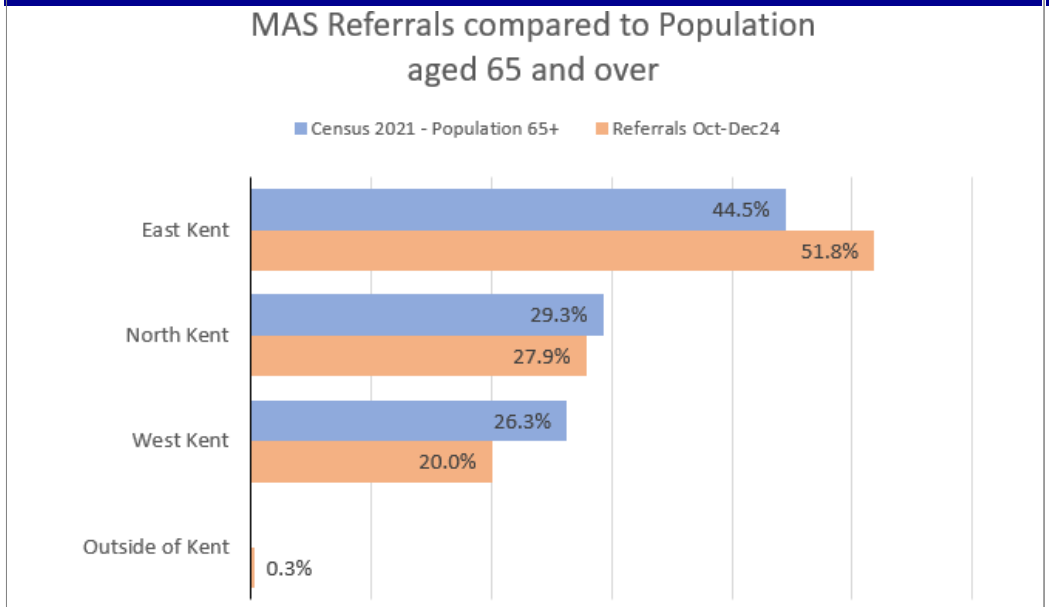
NOTE: MAS % completion of clients Ethnic category: 1 Oct-31 Dec 2024 = 70.5%



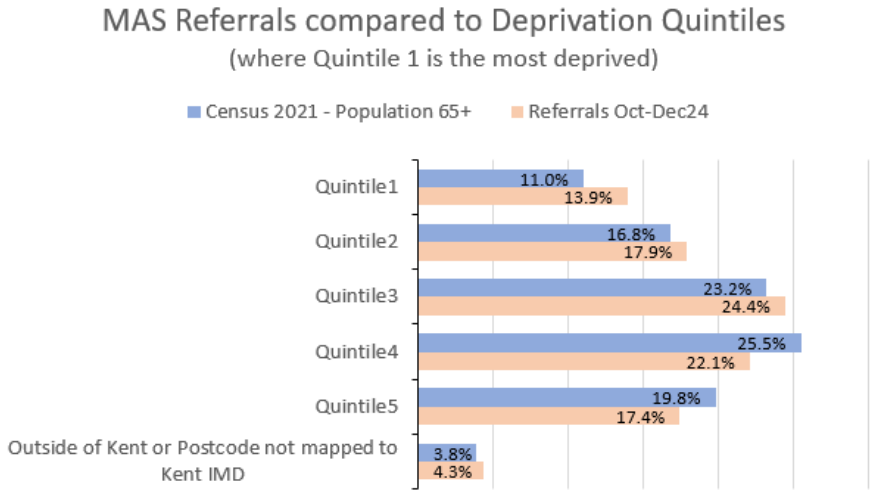
Dementia Demographic of those accessing the MAS service compared to the local population

Referrals received: 1st October 2024 – 31st December 2024

Geographic analysis



Level of deprivation



Commentary on the analysis

- **Geographic distribution:** with 51.8% of MAS referrals, East Kent is overrepresented when compared with the over 65 population in the directorate, unlike West Kent which appears to be underrepresented.
- Deprivation: Quintiles 1 to 3 represent a larger proportion of the MAS referrals (compared to the level of deprivation of Kent and Medway), e.g. people referred to MAS are more deprived than the average local population.

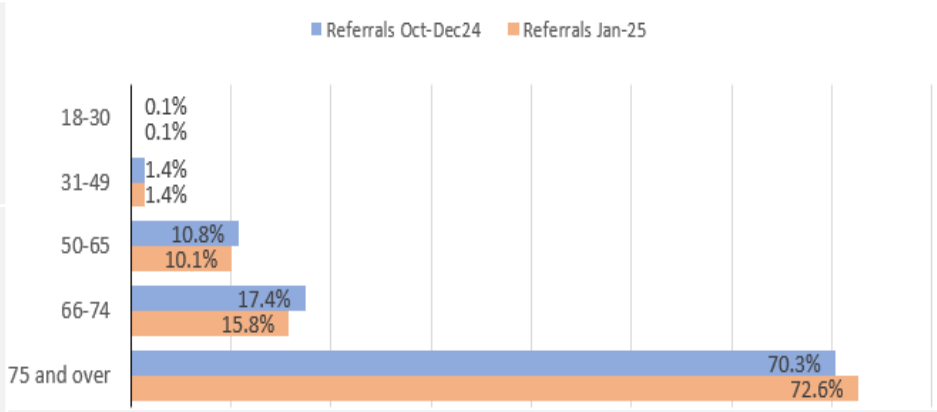
Dementia

Are the people accessing the MAS service changing over time?

Referrals received:

Between 1st Oct 2024 and 31st Dec 2024:	2205
Between 1st Jan 2025 and 31st Jan 2025:	810

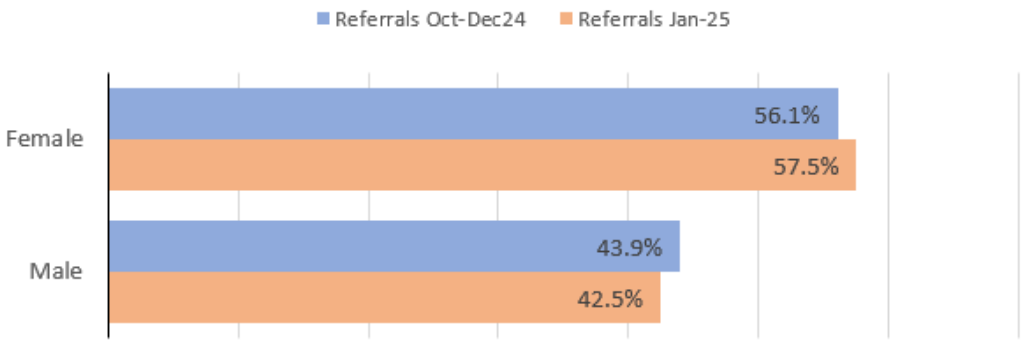
Age:



Commentary

- This included as a proof of concept to show over time comparison. The difference displayed is not expected to be significant.
- The ambition is to compare change over time with the metric "% of people referred for a dementia assessment diagnosed within 6 weeks", looking at under and over achievement by demographic profiles.
- New visualisation due by Jun-25 (TBC).

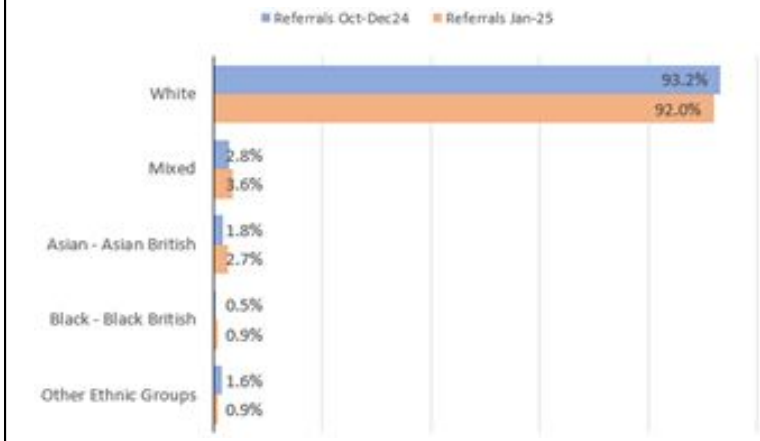
Gender:



* 100% of client records have a recorded Gender category. Note, that the Gender categories in the NHS Data Dictionary (which are those used in KMPT's Rio system) do not align to other definitions of Gender where Gender identity is a person's internal sense of self, which may or may not correspond to a society's cultural expectations based on their biological sex traits. What is referred to as Gender in the NHS Data Dictionary is the equivalent of the term Sex as used in the Equality Act 2010.

Ethnicity:

NOTE: MAS % completion of clients Ethnic category:
1 Oct-31 Dec 2024 = 70.5% Vs 1-31 Jan 2025 = 69.4%



Dementia

Future analysis to be developed

Who are the people receiving timely access to dementia services?

The metric “percentage of people referred for a dementia assessment diagnosed within 6 weeks” will be used as a proxy for timely access. The analysis will present the demographic characteristics (age group, gender, ethnicity and level of deprivation).
In light of the current performance and level of achievement, a consensus will be needed on what target should be reached before this analysis becomes appropriate.

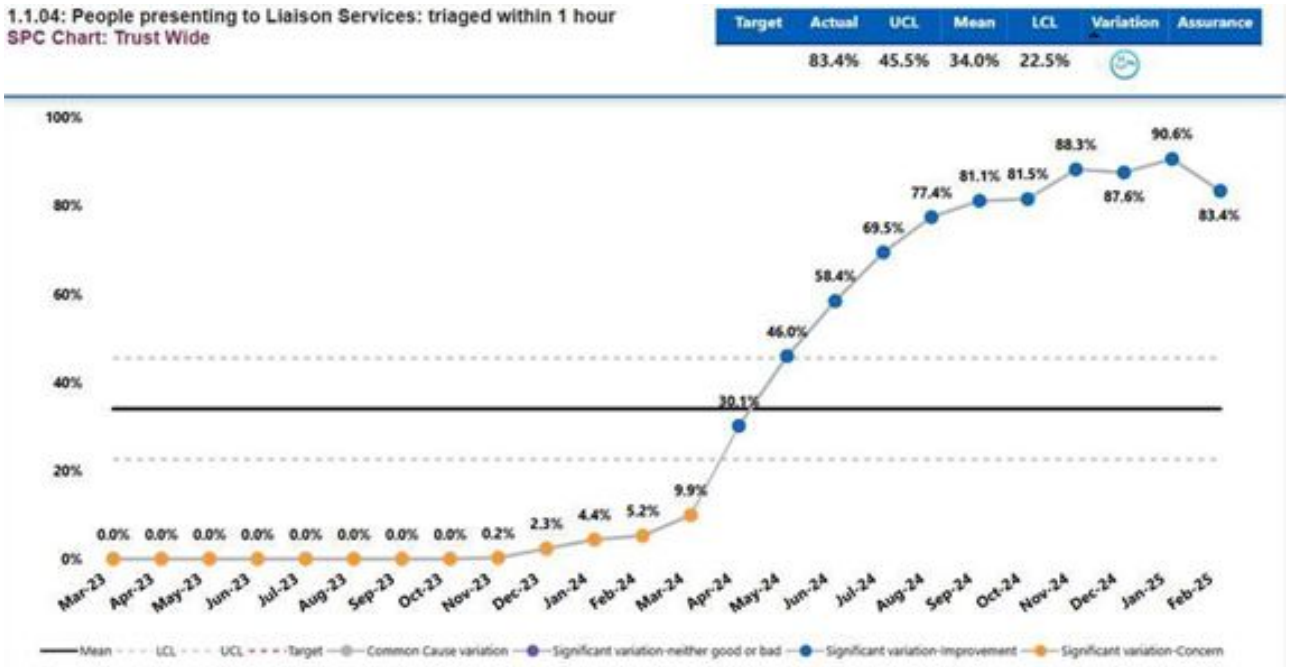
Is there a significant difference between the people who are accessing timely are and whose who are not?

The metric “percentage of people referred for a dementia assessment diagnosed within 6 weeks” will be used as a proxy for timely access. The analysis will compare the demographic profiles of patients diagnosed within 6 weeks with patients waiting longer than 6 weeks. The analysis will focus first on age group, gender, ethnicity and level of deprivation, but more metrics could be added if relevant in a later phase.
Similarly, a consensus will be needed on what target should be reached before this analysis becomes appropriate.

Unity Insights

For the liaison programme

Dementia – clients referred for Psychiatry Liaison triaged within 1 hour



Performance narrative/ assurance:

In Feb-25, **83.4% of people referred** for Psychiatry Liaison were triaged within one hour. There has been a **significant variation (improvement) since Apr-24**.
As the current performance is higher than the upper control limit, recalculating this process limit is recommended.

Presentation of the analysis

The current health inequalities analysis is exploring the following questions:

- Who are the people accessing the Liaison services? How do they compare with the local population?
- Do the people accessing the Liaison services change over time? (two-point analysis which will become time series analysis)

Future analysis will include:

- What service users of the Liaison services are triaged within one hour?
- Is there a significant difference between the people who are accessing timely care are and whose who are not?

Liaison

Demographic of those accessing the Liaison service compared to the local population

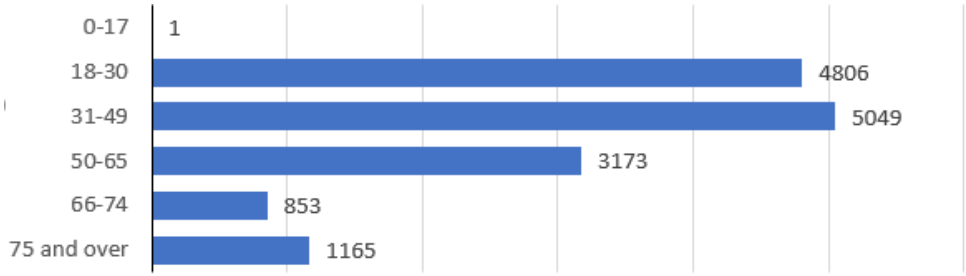
Referrals received: 1st January 2024 – 31st December 2024

Time period:

Jan-Dec 2024

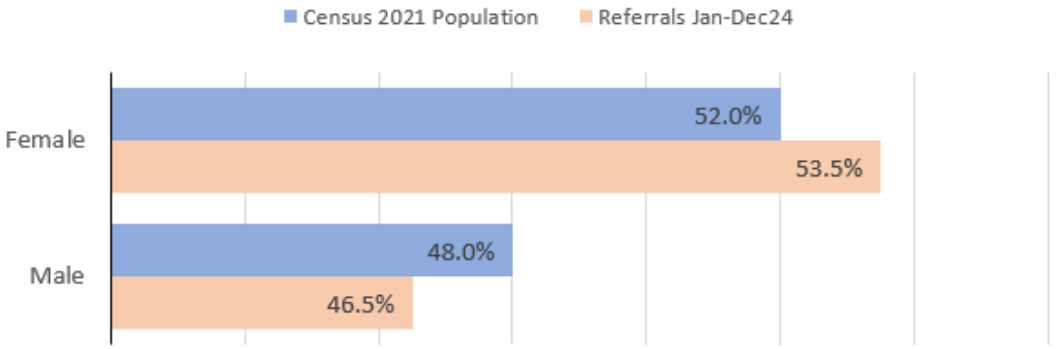
Total number of Liaison referrals: 15047

Age:



- 18 to 30 = 31.9%
- 31 to 49 = 33.6%
- 50 to 65 = 21.1%
- 66 to 74 = 5.7%
- 75 and over = 7.7%

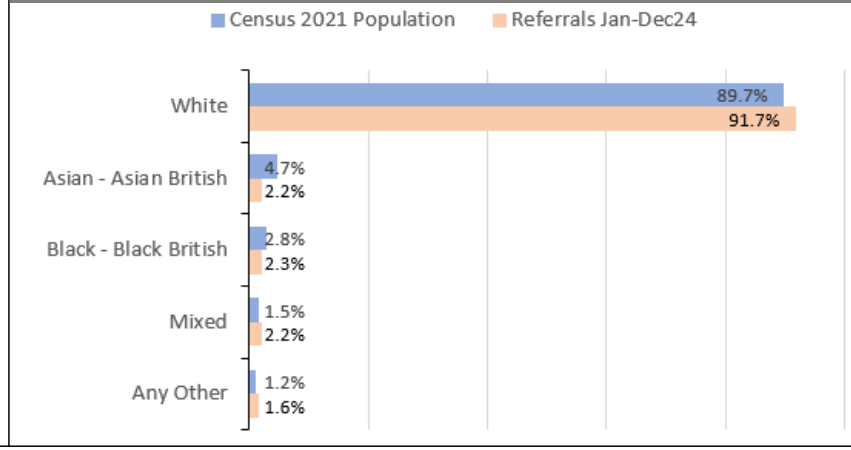
Gender:



* 99.9% of client records have a recorded Gender category. Note, that the Gender categories in the NHS Data Dictionary (which are those used in KMPT's Rio system) do not align to other definitions of Gender where Gender identity is a person's internal sense of self, which may or may not correspond to a society's cultural expectations based on their biological sex traits. What is referred to as Gender in the NHS Data Dictionary is the equivalent of the term Sex as used in the Equality Act 2010.

Ethnicity:

NOTE: Liaison % completion of clients Ethnic category: 1 Jan-31 Dec 2024 = 88.6%

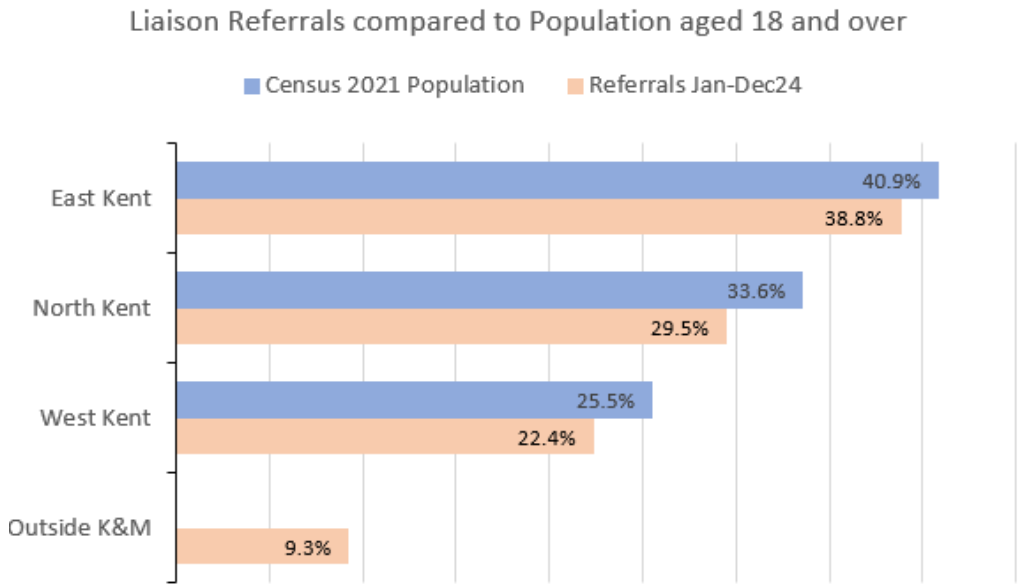


Liaison

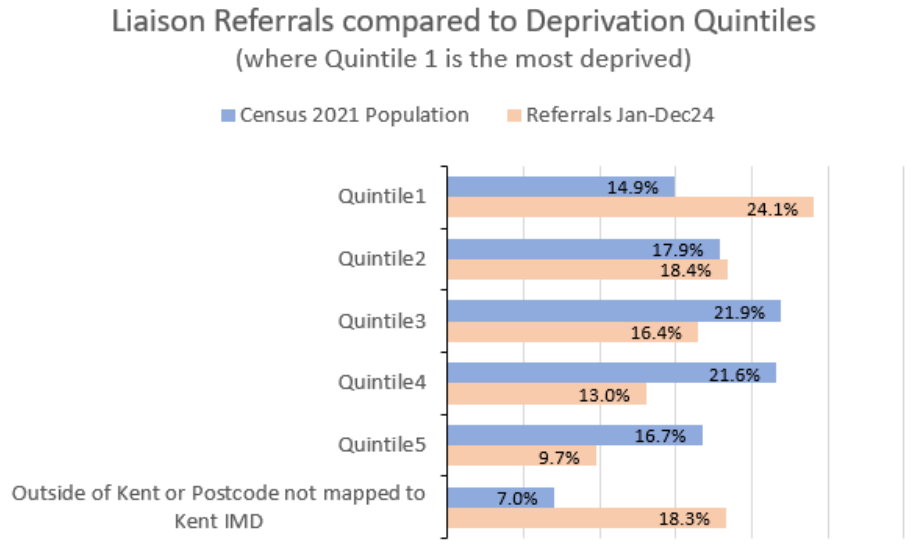
Demographic of those accessing the Liaison service compared to the local population

Referrals received: 1st January 2024 – 31st December 2024

Geographic analysis



Level of deprivation



Commentary on the analysis

- **Geographic distribution:** Referrals to Liaison services by directorate are proportional to the local over 18 population. To note, 9.3% of Liaison referrals are for service users living outside of Kent and Medway.
- **Deprivation:** In addition to the overrepresentation of people from the most deprived areas (24.1% of referrals vs 14.9% of the population), the analysis shows that 18.3% of the referrals cannot be mapped or are for postcode outside of K&M.

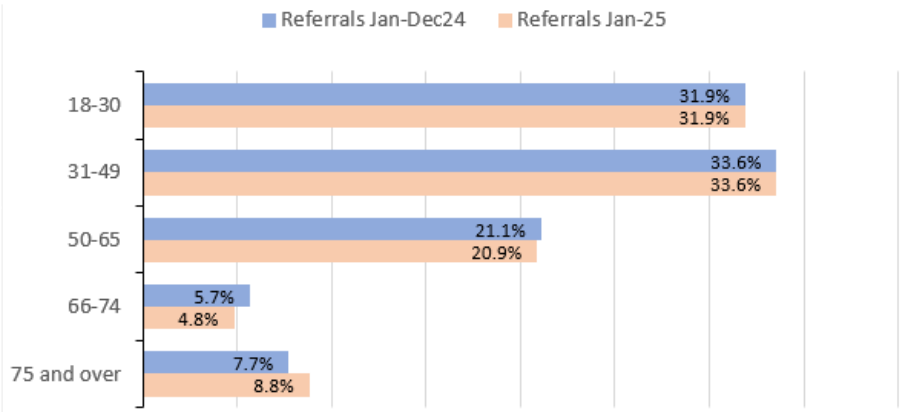
Liaison

Are the people accessing the Liaison service changing over time?

Referrals received:

Between 1st Jan 2024 and 31st Dec 2024:	15046 * Plus 1 referred aged 17
Between 1st Jan 2025 and 31st Jan 2025:	1201

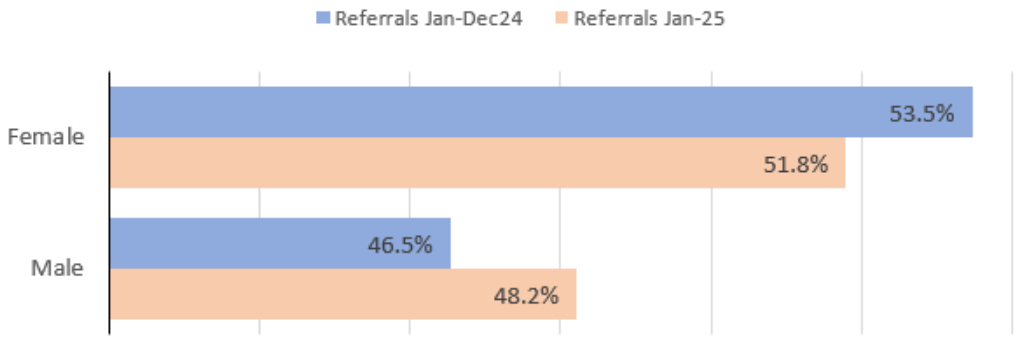
Age:



Commentary

- This included as a proof of concept to show over time comparison. The difference displayed is not expected to be significant.
- The ambition is to compare change over time with the metric "% of people referred for a dementia assessment diagnosed within 6 weeks", looking at under and over achievement by demographic profiles.
- New visualisation due by Jun-25 (TBC).

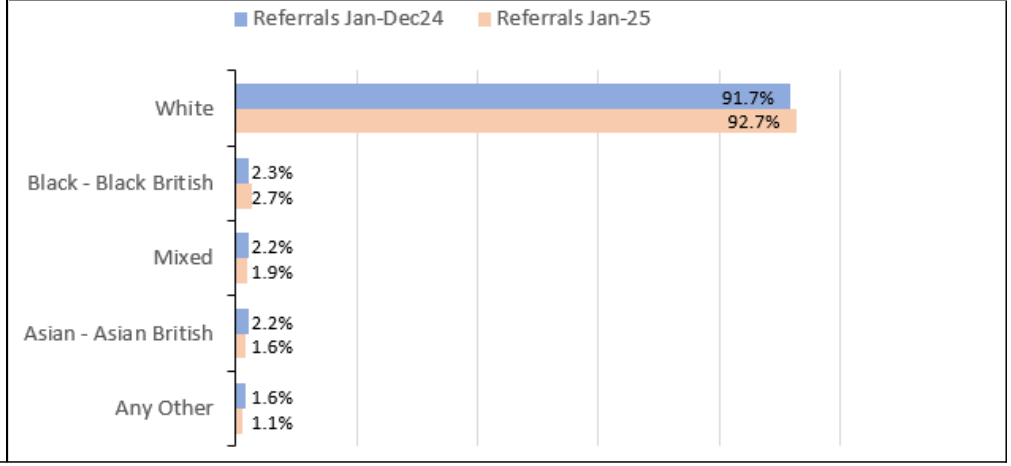
Gender:



* 99.9% of client records have a recorded Gender category. Note, that the Gender categories in the NHS Data Dictionary (which are those used in KMPT's Rio system) do not align to other definitions of Gender where Gender identity is a person's internal sense of self, which may or may not correspond to a society's cultural expectations based on their biological sex traits. What is referred to as Gender in the NHS Data Dictionary is the equivalent of the term Sex as used in the Equality Act 2010.

Ethnicity:

NOTE: Liaison % completion of clients Ethnic category:
1 Jan - 31 Dec 2024 = 88.4% Vs 1-31 Jan 2025 = 86.4%



Liaison

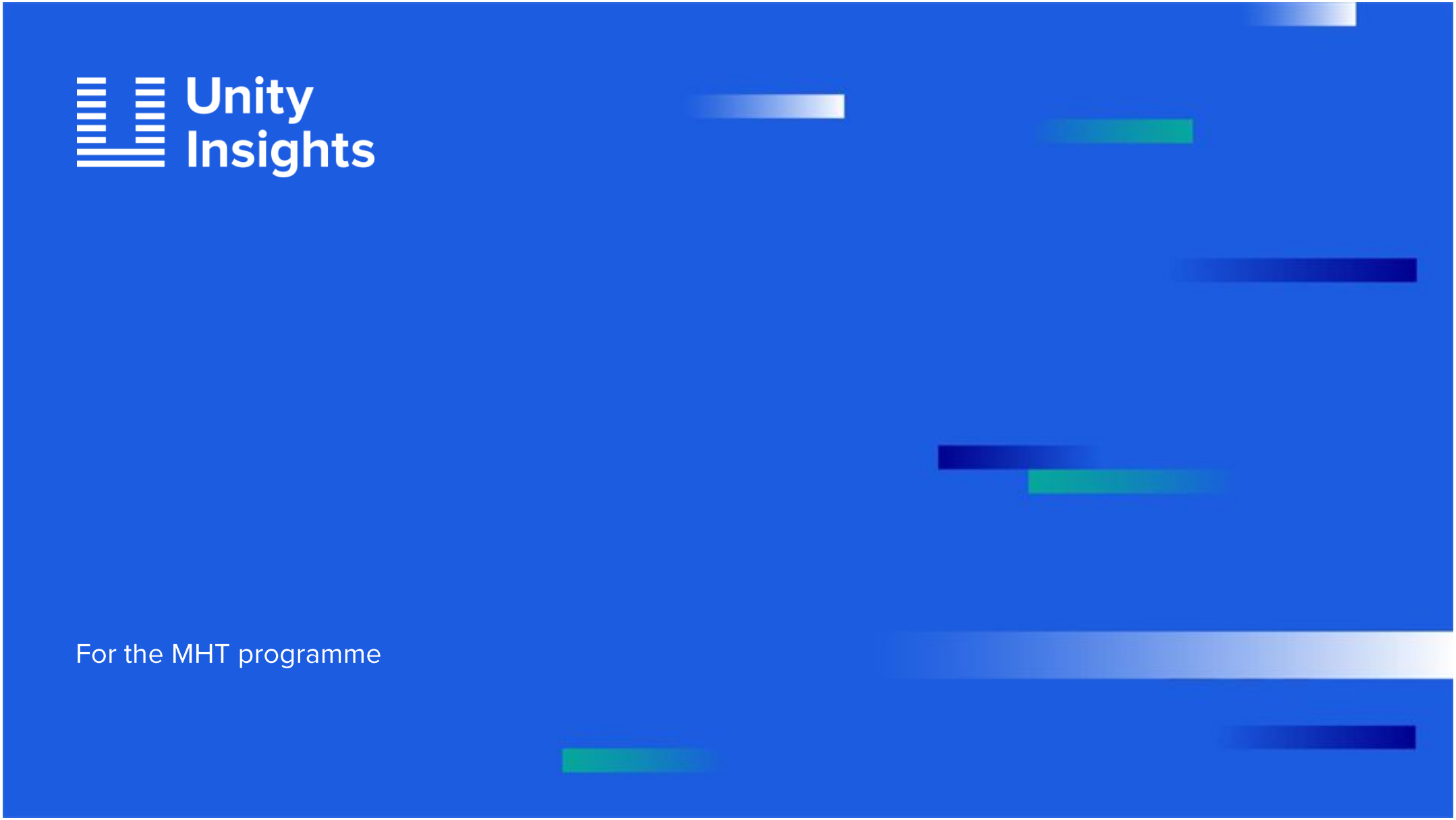
Future analysis to be developed

Who are the people receiving timely access to psychiatry liaison services?

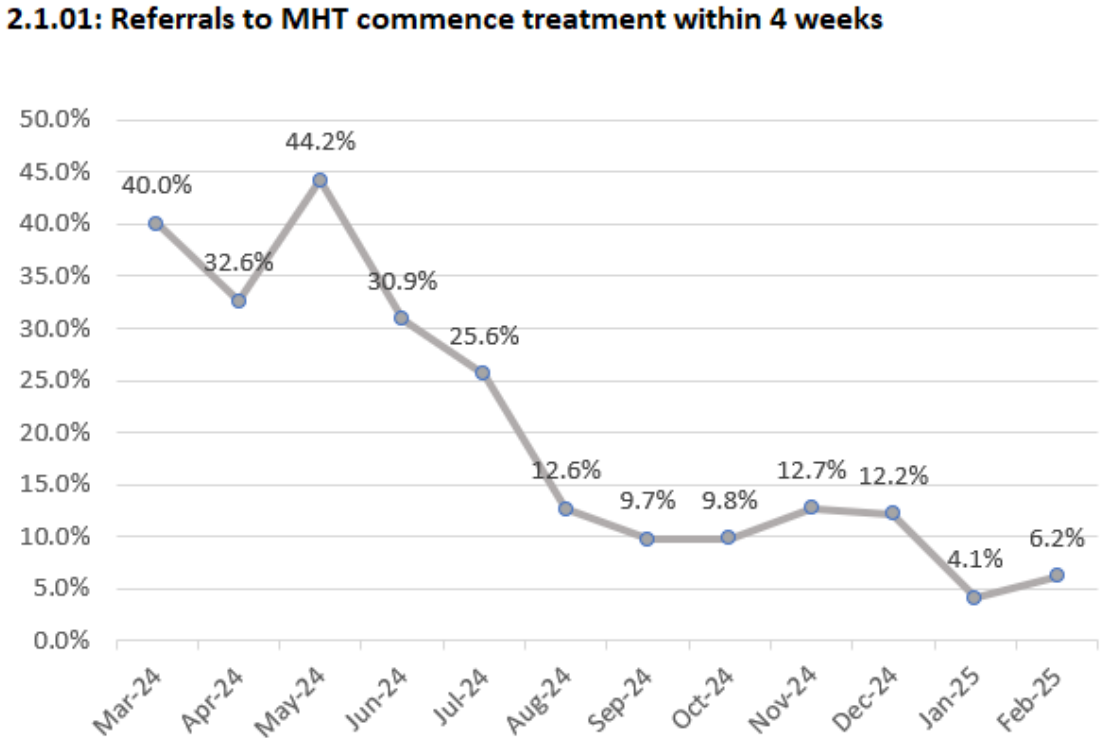
The metric “percentage of people referred to liaison for triage within 1 hour” will be used as a proxy for timely access. The analysis will present the demographic characteristics (age group, gender, ethnicity and level of deprivation).
In light of the current performance and level of achievement, a consensus will be needed on what target should be reached before this analysis becomes appropriate.

Is there a significant difference between the people who are accessing timely are and whose who are not?

The metric “percentage of people referred to liaison for triage within 1 hour” will be used as a proxy for timely access. The analysis will compare the demographic profiles of patients triaged within 1 hour with patients waiting longer than 1 hour. The analysis will focus first on age group, gender, ethnicity and level of deprivation, but more metrics could be added if relevant in a later phase.
Similarly, a consensus will be needed on what target should be reached before this analysis becomes appropriate.


Unity
Insights
For the MHT programme

MHT – clients referred to MHT commencing treatment within 4 weeks



Performance narrative/ assurance:

In Feb-25, **6.2% of people referred** to MHT were commencing treatment within 4 weeks. Although the metric is monitored with a run chart and not a SPC chart, the data suggest a worsening performance since Aug-24.
The data only includes MHT as MHT Plus was not fully rolled out until Nov/Dec, therefore it is not a full representation of 4 week wait.

Presentation of the analysis

The current health inequalities analysis is exploring the following questions:

- Who are the people accessing the MHT services? How do they compare with the local population?
- Do the people accessing the MHT services change over time? (two-point analysis which will become time series analysis)

Future analysis will include:

- Who is receiving timely access to treatment in MHT services (e.g. treatment commencing within 4 weeks)?
- Is there a significant difference between the people who are accessing timely treatment are and whose who are not?

MHT

Demographic of those accessing the MHT service compared to the local population

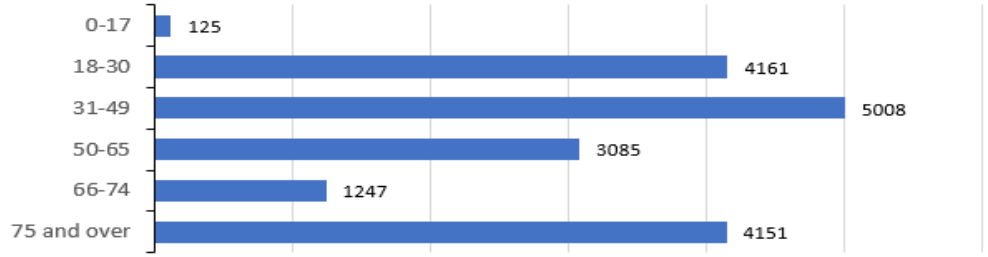
Referrals received: 1st August 2024 – 31st December 2024

Time period:

Aug-Dec 2024

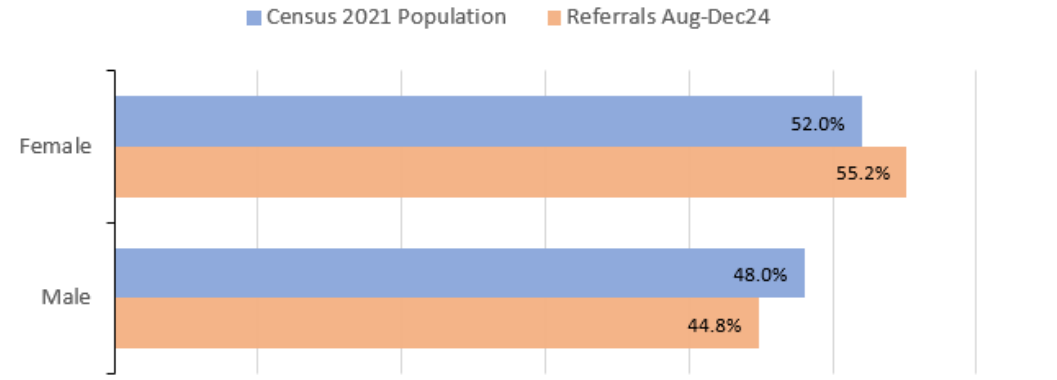
Total number of Liaison referrals: 17777

Age:



- 18 to 30 = 23.4%, (0.7% aged 17)
- 31 to 49 = 28.2%
- 50 to 65 = 17.4%
- 66 to 74 = 7.0%
- 75 and over = 23.4%

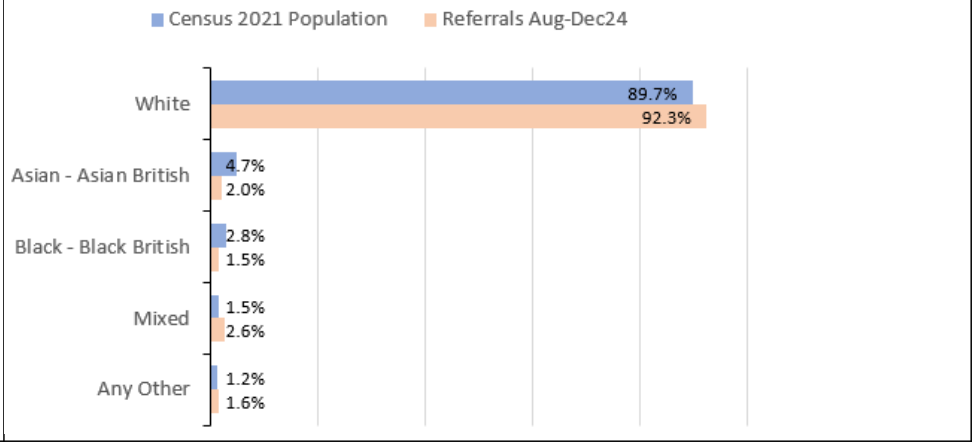
Gender:



*100% of client records have a recorded Gender category. Note, that the Gender categories in the NHS Data Dictionary (which are those used in KMPT's Rio system) do not align to other definitions of Gender where Gender identity is a person's internal sense of self, which may or may not correspond to a society's cultural expectations based on their biological sex traits. What is referred to as Gender in the NHS Data Dictionary is the equivalent of the term Sex as used in the Equality Act 2010.

Ethnicity:

NOTE: MHT % completion of clients Ethnic category: 1 Aug-31 Dec 2024 = 76.7%

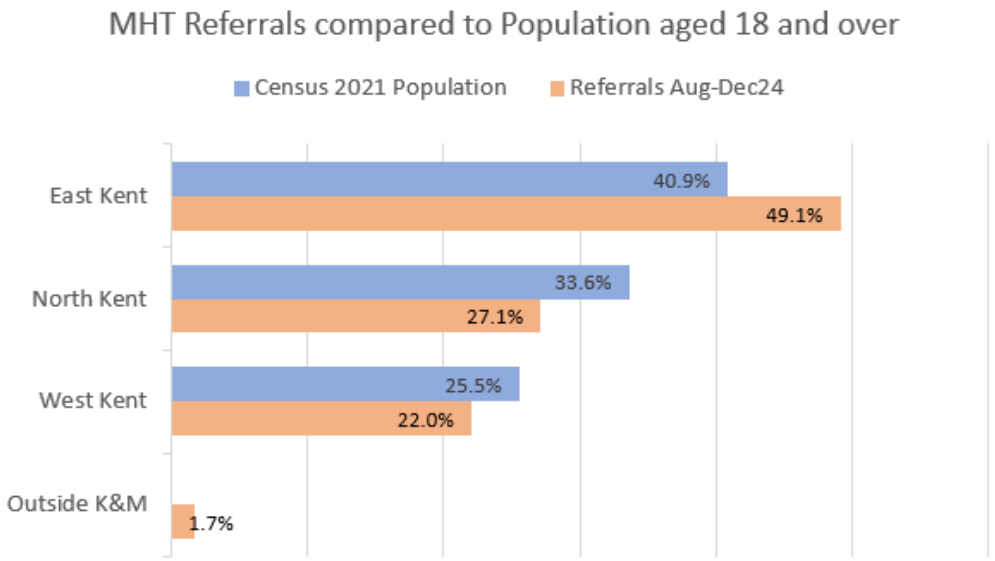


MHT

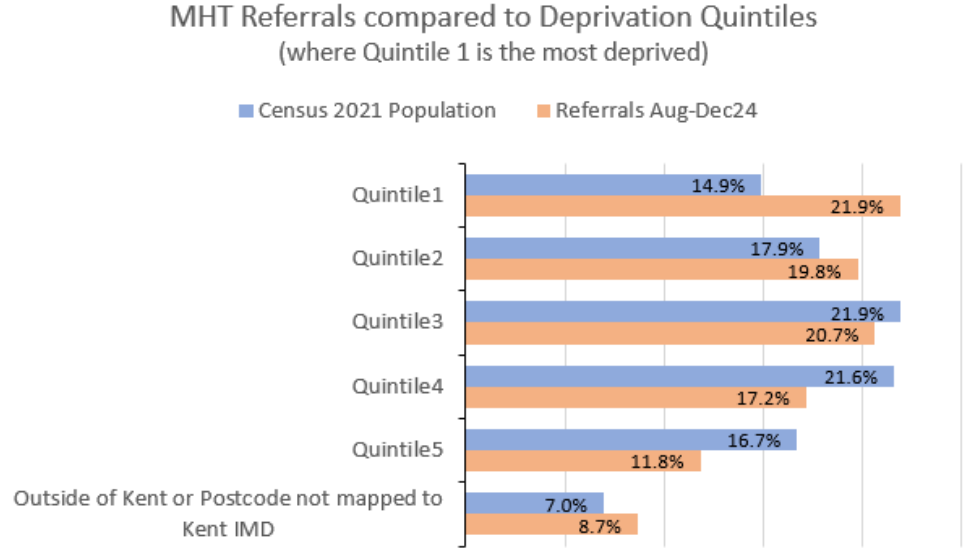
Demographic of those accessing the MHT service compared to the local population

Referrals received: 1st August 2024 – 31st December 2024

Geographic analysis



Level of deprivation



Commentary on the analysis

- **Geographic distribution:** with 49.1% of MHT referrals, East Kent is overrepresented when compared with the over 18 population in the directorate (40.9%), unlike West Kent which appears to be underrepresented.
- **Deprivation:** In addition to the overrepresentation of people from Quintiles 1 and 2 (21.9% of referrals for Q1 vs 14.9% of the population), the analysis shows that 8.7% of the referrals cannot be mapped or are for postcode outside of K&M.

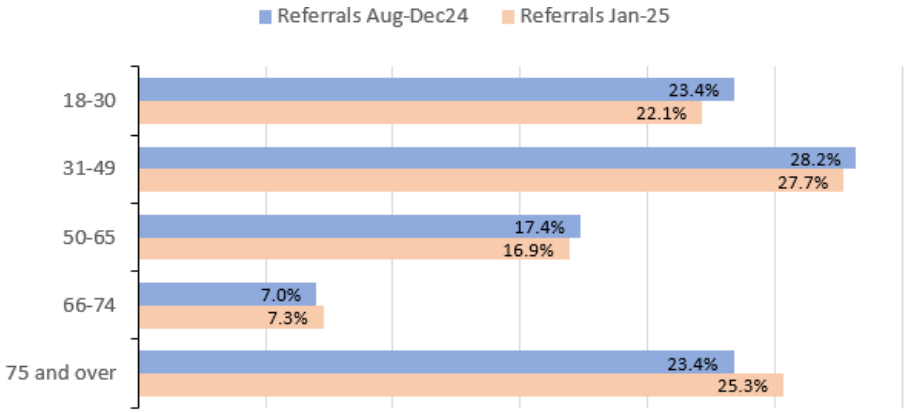
MHT

Are the people accessing the MHT service changing over time?

Referrals received:

Between 1st Aug 2024 and 31st Dec 2024:	17652 * Plus 125 referred aged 17
Between 1st Jan 2025 and 31st Jan 2025:	3864

Age:



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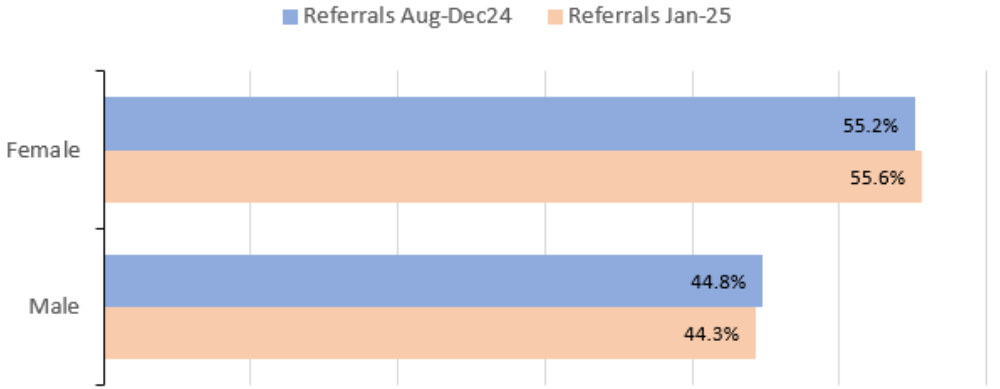

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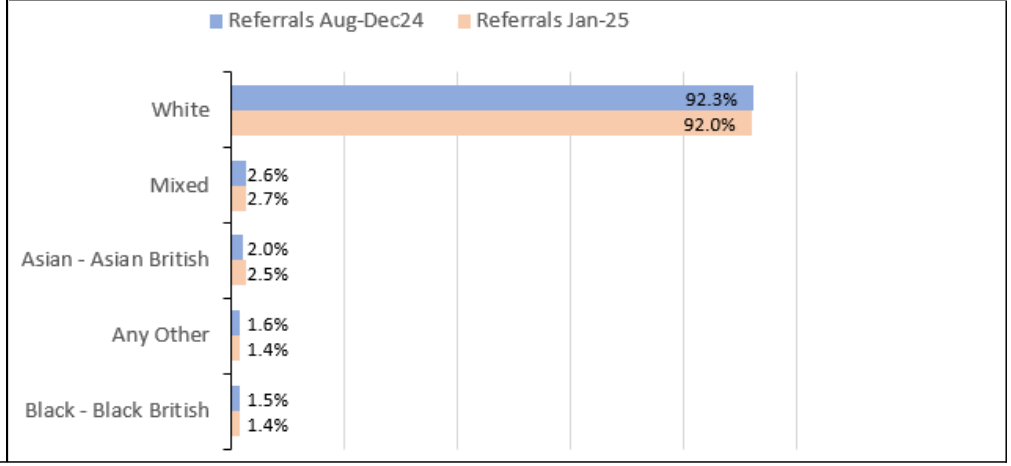
Ethnicity:

NOTE: MHT % completion of clients Ethnic category:
1 Aug - 31 Dec 2024 = 76.7 Vs 1-31 Jan 2025 = 75.9%



Liaison

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NHS
Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th March 2025
Title of Paper:	Integrated Quality and Performance Report (IQPR)
Author:	All Executive Directors
Executive Director:	Sheila Stenson, Chief Executive

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Standing Order

Overview of Paper

A paper setting out the Trust's performance across the three Ps' from our trust strategy with aligned the targets and metrics.

Issues to bring to the Board's attention

The IQPR provides an overview of trust services across numerous indicators, this represents one element of the trusts Performance Management Framework and is supported by monthly Directorate Quality Performance Review meetings as well as local structures for reviews of performance within the directorates.

The Chief Executives Overview at the start of the report highlights the key areas of focus, specifically where performance has improved and also where continued focus is required to ensure we improve at pace. There are a number of areas where we need to do things differently to improve access to our services and deliver the best outcomes for our patients. My six priorities are these areas of focus, but as we move into the autumn, the 3 areas that will need relentless focus are dementia, mental health together and patient flow.

Governance

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

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Integrated Quality & Performance Report

(IQPR)

March 2025

Contents

1. Chief Executive Overview

This report provides a clear overview of our trust performance, highlighting both areas of concern requiring our focused attention and those demonstrating significant improvement. We are committed to decisive action to ensure the highest quality of care for our patients. This month, I want to emphasise three key areas: patient flow/bed state, dementia services, and Mental Health Together.

Patient flow / Bed state

February presented significant challenges, with OPEL 4 (the highest level of internal escalation for a trust) and business continuity protocols running for much of the month. We are facing an unprecedented number of Clinically Ready for Discharge (CRFD) patients, which demands immediate and sustained attention. Our acute bed occupancy remains critically high at 99% as of mid-March, and our average length of stay (LOS) for CRFD patients has increased to 112 days in February, up from 54 days in the previous quarter. We have 18 patients placed out of area in acute beds and five male Psychiatric Intensive Care Unit (PICU) placements, a necessary but far from ideal measure. Our reliance on non-contracted external beds is at its highest point this year, and is likely to continue for the coming months.

Our priority focus on these challenges remains. We are actively pursuing all previously briefed actions to improve patient flow. We have engaged in daily joint meetings with senior social care leaders, resulting in the discharge of 13 CRFD patients out of a target of 20 within two weeks. While this is encouraging, we recognise the need for a long-term, sustainable solution. To this end, we have agreed to lead a joint programme to redesign clinical pathways across health and social care. This programme, currently being scoped, will be a core focus for us as we move into the next financial year and the last year of our current trust strategy.

Dementia services

We are making significant strides in establishing a sustainable Memory Assessment Service (MAS) in the trust, aligning with broader system plans. I am especially pleased to report progress in meeting the 6-week dementia diagnosis target. This month, our overall performance was 33.8%. Notably the Dartford, Gravesham and Swanley (DGS) team achieved an impressive 59.6%, and I am delighted to report that they achieved 100% (7 diagnoses) in the week commencing 3rd March. We are actively sharing the lessons learned from this team to drive performance across all our services, ensuring timely access to care.

Our ongoing focus remains on:

- Refining the triage process, ensuring robust operational policies and standard operating procedures to minimise variation
- Enhancing medical engagement and leadership, fostering staff buy-in to the new model, embedding best practises through improvement sessions.
- Reducing long waits and prioritising patients that have been waiting over 52 weeks.

The system dementia model, presented by the lead ICB GP to our MHLDA workshop last month, was well received and we are now developing a comprehensive implementation plan Kent and Medway.

Mental Health Together

We continue to experience high demand for Mental Health Together (MHT) services, with an average of 3,631 referrals per month since July 2024. As of the end of February in totality, 6,226 patients are waiting, 2,831 patients are awaiting the first contact with MHT and of these 1,662 (50.9%) have been waiting under four weeks for their first contact. 3,395 have received their first contact and are currently awaiting the commencement of an intervention.

We are actively testing and refining our triage function in Medway, with promising outcomes reported by both staff and patients. The multi-agency approach has facilitated timely access to social interventions, with 13.5% of 929 triaged to date being identified as requiring a social intervention. This is supporting swifter access for those requiring a social intervention with KMPT multi-disciplinary teams being more available to see patients who require a more intensive treatment.

We are carefully reviewing data and collaborating with partners to determine the best approach for implementing this model across all MHT teams. Decisions will be made against our go/no-go criteria to ensure all partners and our teams are ready for the amendments to take place. Risk assessment and management remain paramount, with complex and high-risk patients receiving swift and comprehensive support through Mental Health Together +. We are also conducting a lessons learned review, to be completed by the end of April, to ensure continuous improvement.

We are determined to address the challenges we face, and I am confident that our strategic initiatives and unwavering commitment will lead to improved outcomes for our patients.

Further areas I'd like to note;

- **Care Planning:** As previously reported there was an expectation that compliance would increases in January and February for those on CPA requiring a care plan, I am pleased to report that the trust position for this measure now stands at 90% which is 10% higher than in December.

- **People who work for us**: Positively targets are being achieved for seven of the eight indicators within this section of the report, the exception is staff sickness which was 5% in February against a target of 4.5%

- **Crisis response:** Positively, we are consistently meeting targets for our crisis response, with significant improvements in response times for urgent presentations and those requiring triage by liaison teams. This has improved from 4.4% in Jan 24 to consistent achievement of 90%+ for the previous five months, this is a remarkable achievement by the teams involved and a much-improved service for our patients.

2. Report Guide

Statistical Process Control (SPC) is used to assist in the identification of significant change (see appendix for detailed information regarding this process), the tables within the next section of this report summarises variation in performance over time and assurance where targets exist. The intelligence from this analysis is used alongside wider intelligence within the organisation to highlight the areas of celebration and challenging within the Chief Executives Overview.

Section four presents a 12-month trend for all indicators by domain, within the summary tables levels of performance are colour coded against stated target (where they exist). Where an indicator is rated as amber, this denotes that the current level of achievement is within 10% of achieving its target. Red denotes a metric breaching the target and green where achieving.

Within each domain the indicators identified as subject to significant variation through the use of SPC are analysed further with supporting information regarding the definition, any known data quality and key variances across the directorates.

The latest published position for the Single Oversight framework is shown in the appendix. The majority of the indicators are annual measures and therefore not contained within the monthly IQPR, however it is important to ensure the trust continues to work to improve in these areas alongside those included within the IQPR.

3. Integrated Quality and Performance Summary

Variation Summary (where targets exist)

The following table summarises trends of variation and assurance for those indicators where targets are identified.

Variation	Assurance: Variation indicates consistently (P)assing the target.	Assurance: Variation indicates inconsistently passing and falling short of the target.	Assurance: Variation indicated consistently (F)alling short of the target.
Special cause of improving nature of lower pressure due to (H)igher or (L)ower values.	3.1.02: Vacancy Gap – Overall 3.1.03: Essential Training For Role 3.1.05: Leaver Rate (Voluntary)	4.1.07: Agency spend as a % of the trust total pay bill	1.1.05a: Liaison Psychiatry referrals discharged within 12 hours 1.2.10: %Patients with a CPA Care Plan
Common cause – no significant change.	3.1.06: Safer staffing fill rates 3.1.08: The number of minority ethnic staff involved in conduct and capability cases: variation against the numbers of white staff affected.	1.1.07: People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral 1.2.01: Average Length Of Stay (Younger Adults Acute) 1.2.02: Average Length Of Stay (Older Adults - Acute) 1.2.06: Readmissions within 30 days (YA & OP Acute) 1.3.01: Mental Health Scores from Friends And Family Test – % Positive 1.3.08: Complaints acknowledged within 3 days (or agreed timeframe) 1.3.09: Complaints responded to within 25 days (or agreed timeframe) 1.4.04: Restrictive Practice - No. Of Prone Incidents 1.4.05: Decrease Violence and aggression on our wards 2.1.06: Ave LoS for Clinically Ready for Discharge (at discharge) 3.1.01: Staff Sickness – Overall	1.1.05b: Liaison Psychiatry referrals identified as requiring a bed discharged within 12 hours 4.1.01: Bed Occupancy (Net)
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	3.1.07: Increase percentage of BAME staff in roles at band 7 and above	1.2.11: % Patients with a CPA Care Plan which is Distributed to Client	1.2.12: %Patients with Non CPA Care Plans or Personal Support Plans 2.1.04: Clinically Ready for Discharge: YA Acute 2.1.05: Clinically Ready for Discharge: OP Acute

Variation Summary (No targets)

The following indicators do not currently have an identified target nationally or locally and therefore can only be measured against trends in variation. Work is under way to establish local targets for an increased number of IQPR indicators.

Variation			
	 Special cause of improving nature of lower pressure due to (H)igher or (L)ower values.	1.1.02: Open Access Crisis Line: Abandonment Rate (%) 1.1.03: Assess people in crisis within 4 hours 1.1.04: People presenting to Liaison Services: triaged within 1 hour 1.1.08: % of people referred for a dementia assessment diagnosed within 6 weeks 1.2.09: Dialog assessment completed in Community Service (MHT/CMHT/CMHSOP/EIS/Com.Rehab/Inpt.Rehab)	
	 Common cause – no significant change.	1.1.06: Place of Safety LoS: % under 36 hours 1.1.09: % MHLD referrals commencing treatment in 18 weeks 1.2.03: Adult acute LoS over 60 days % of all discharges 1.2.04: Older adult acute LoS over 90 days % of all discharges 1.2.05: Patients receiving follow-up within 72 hours of discharge 1.3.02: Complaints – actuals 1.3.03: Compliments – actuals 1.3.04: Compliments - per 10,000 contacts 1.3.05: Patient Reported Experience Measures (PREM): Response count	1.3.06: Patient Reported Experience Measure (PREM): Response rate 1.3.07: Patient Reported Experience Measure (PREM): Achieving Regularly % 1.4.02: All Deaths Reported And Suspected Suicide 1.4.03: Restrictive Practice - All Restraints 1.4.06: Medication errors 4.1.04: In Month Budget (£000) 4.1.05: In Month Actual (£000) 4.1.06: In Month Variance (£000)
	 Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	1.2.07: Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days) 1.2.08: Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs) at period end 4.1.02: DNAs - 1st Appointments 4.1.03: DNAs - Follow Up Appointments	
	 Special cause variation where movement is not necessarily improving or concerning	1.1.01: Open Access Crisis Line: Calls received 2.1.03: MHT 2+ contacts	

4. Trust Wide Integrated Quality and Performance Dashboard

People We Care For: Access

Measure Name	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
1.1.01: Open Access Crisis Line: Calls received		4,900	3,604	3,258	3,022	3,640	3,415	3,607	3,509	3,195	3,287	3,373	2,920
1.1.02: Open Access Crisis Line: Abandonment Rate (%)		42.3%	37.1%	34.1%	25.0%	28.1%	22.5%	23.2%	24.1%	20.4%	22.1%	26.8%	30.9%
1.1.03: Assess people in crisis within 4 hours		66.5%	75.8%	70.5%	83.8%	76.0%	76.5%	86.6%	90.7%	92.5%	90.7%	90.9%	89.5%
1.1.04: People presenting to Liaison Services: triaged within 1 hour		9.9%	30.1%	46.0%	58.4%	69.5%	77.4%	81.1%	81.5%	88.3%	87.6%	90.6%	83.4%
1.1.05a: Liaison Psychiatry referrals discharged within 12 hours	95.0%	10.8%	20.8%	23.5%	24.4%	25.4%	25.7%	29.4%	23.3%	27.7%	39.2%	53.0%	61.9%
1.1.05b: Liaison Psychiatry referrals identified as requiring a bed discharged within 12 hours	95.0%	0.0%	0.0%	0.0%	3.8%	4.2%	3.6%	4.8%	0.0%	0.0%	6.3%	6.1%	3.3%
1.1.06: Place of Safety LoS: % under 36 hours		40.5%	60.5%	57.8%	74.5%	69.8%	79.7%	61.7%	56.0%	60.0%	79.2%	69.8%	75.0%
1.1.07: People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60.0%	66.7%	53.3%	76.5%	100.0 %	61.1%	60.0%	61.9%	59.1%	85.0%	66.7%	58.3%	75.0%
1.1.08: % of people referred for a dementia assessment diagnosed within 6 weeks		7.5%	7.7%	8.8%	25.5%	11.1%	16.9%	14.5%	18.3%	26.1%	25.6%	28.3%	33.8%
1.1.09: % MHLD referrals commencing treatment in 18 weeks		84.2%	62.5%	78.6%	79.3%	67.7%	78.1%	75.0%	72.1%	83.3%	87.1%	85.4%	94.1%
1.1.10: Perinatal assessments (against annual target)	2,103	113	485	138	157	160	114	127	155	166	146	193	136

Note: *1.1.10 Perinatal Access – Target is for annual position, national methodology results in a significantly larger figure reported in April compared to other months.*

Areas of Improvement & Sustained Achievement of Target

Data Source
8 by 8

What is being measured?
% of calls to the open access crisis line which are terminated before answered

Data Quality Confidence
No known Issues.

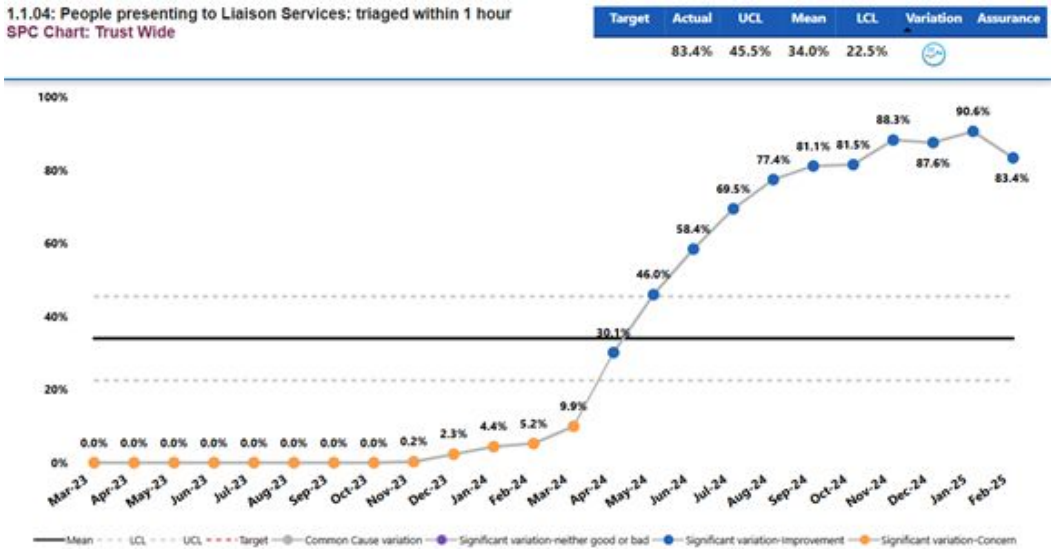
What is the data telling us?
Despite recent increases abandonment rate remains below the average of the last 24 months. April 2024 saw the move to NHS 111 option 2.

Data Source
Rio

What is being measured?
Time from referral to 1st assessment, where the referral urgency is recorded as ‘emergency’. This relates to Rapid Response and Home Treatment Teams.

Data Quality Confidence
Previous issues identified with recording of referral urgency have seen improvements.

What is the data telling us?
Overall trust activity for this measure reflects 161 crisis assessments in month. West Kent was previously an outlier but in recent months directorate comparisons are more aligned.



Data Source

Rio

What is being measured?

Time from referral to a 'triage' assessment within 1 hour.

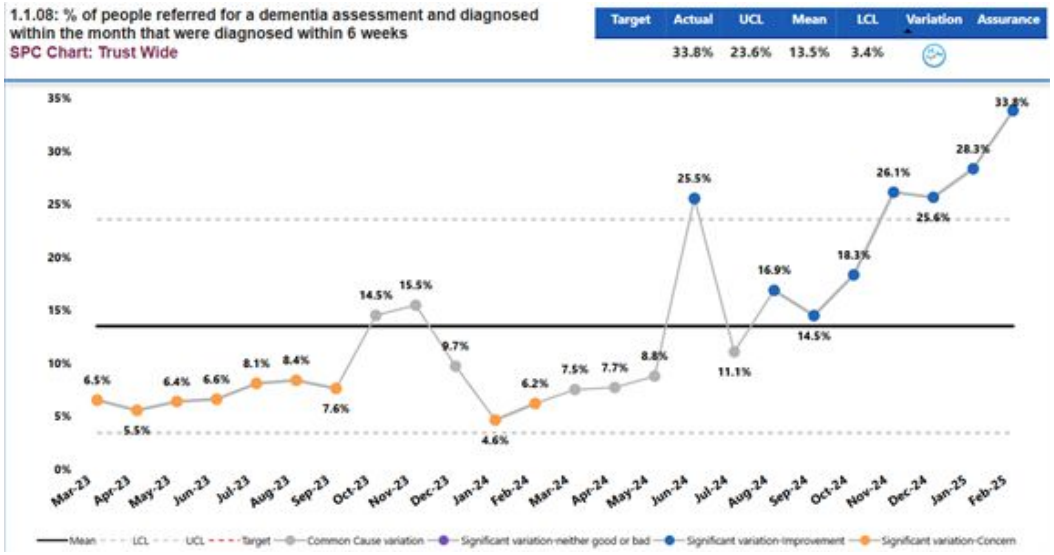
Data Quality Confidence

A new code of 'Triage' was implemented to support a new model of care. This took some time to embed but increasingly reflecting a level of completeness in line with comparable historic data. Small variations continue to be investigated individually

What is the data telling us?

Regardless of the category used, all patients seen by a KMPT mental health professional within A&E settings will be triaged even when this is part of a fuller assessment.

Performance dropped in all three directorates in February, this has been highlighted and corrective action taken.



Data Source

Rio

What is being measured?

Time between a referral into the Memory Assessment Service and a confirmed diagnosis.

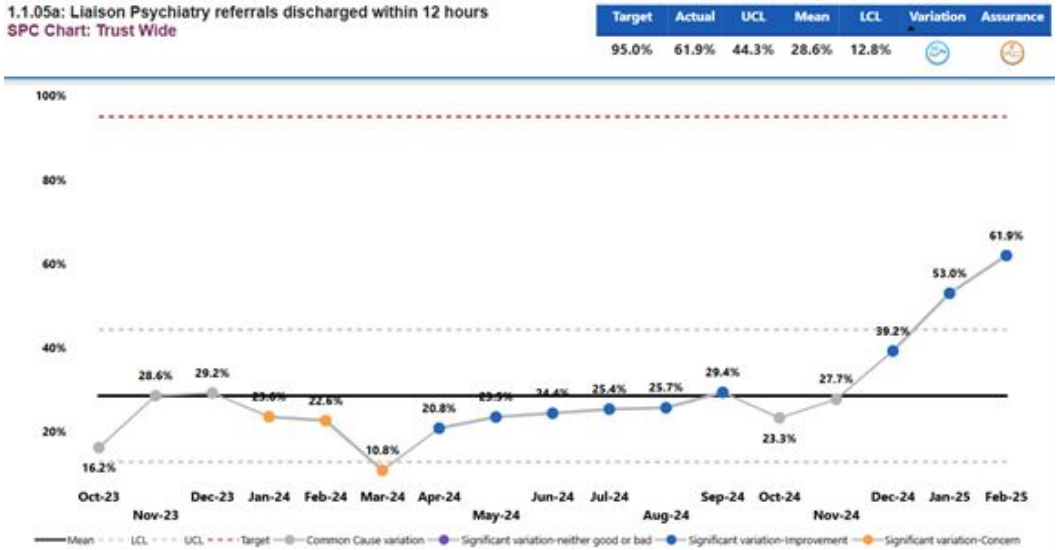
Data Quality Confidence

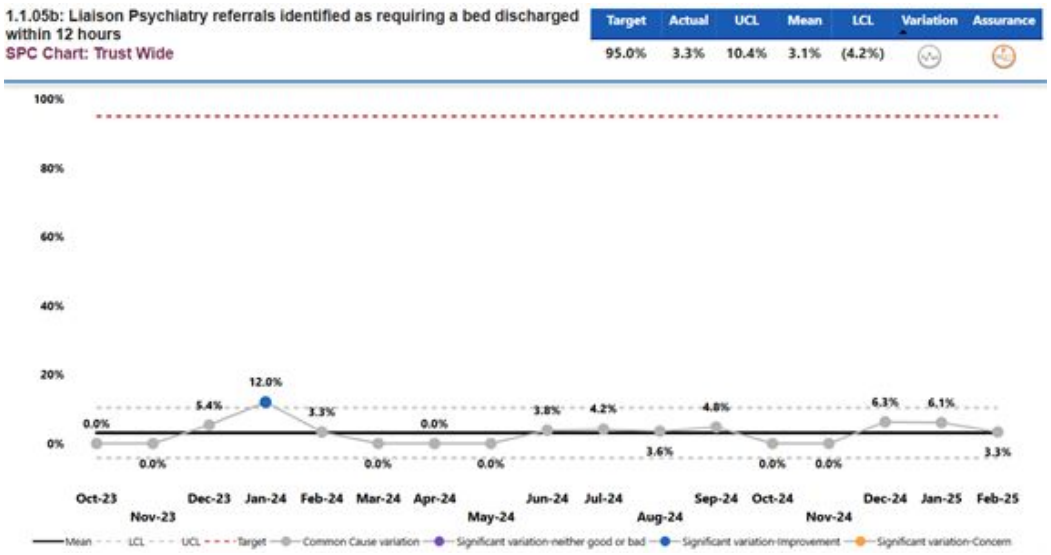
A confirmed diagnosis is not always recorded correctly on Rio, even though the diagnosis may have been confirmed with the patient and the GP via a letter.

What is the data telling us?

272 diagnoses were recorded in February. This number is below what is needed to positively impact the Kent and Medway system dementia diagnosis rate (DDR) target. 2,817 patients remain waiting for a diagnosis as at 12th March with an average wait to date of 21.1 weeks.

Areas of Concern





Data Source

RiO

What is being measured?

1.105a: Referrals closed to Liaison in period where referral urgency is urgent or emergency and discharge reason is not 'Admitted elsewhere (at the same or other Health Care Provider)'
1.1.05b:Referrals closed to Liaison in period where referral urgency is urgent or emergency where discharge reason is 'Admitted elsewhere (at the same or other Health Care Provider)'
% where the total referral length was 12 hours or less from the date and time referral to liaison team

Data Quality Confidence

New measure in February 2025, weekly monitoring and investigation establishing data quality confidence

What is the data telling us?

These are measures to reflect pressures in the Liaison teams and a consequent impact of delays on acute trusts Emergency Departments.

959 Liaison referrals were closed in February for those patients not identified as needing a bed. Variation in performance exists across teams, WK is currently an outlier.

30 Liaison referrals were closed in February for those patients identified as needing a bed. This patient group is experiencing longer lengths of referral with only one patient being discharged from liaison within 12 hours from the referral time.

As a new indicator support is being provided to teams to ensure all referrals are close on RiO in an accurate and timely manner to ensure the data is an accurate representation.

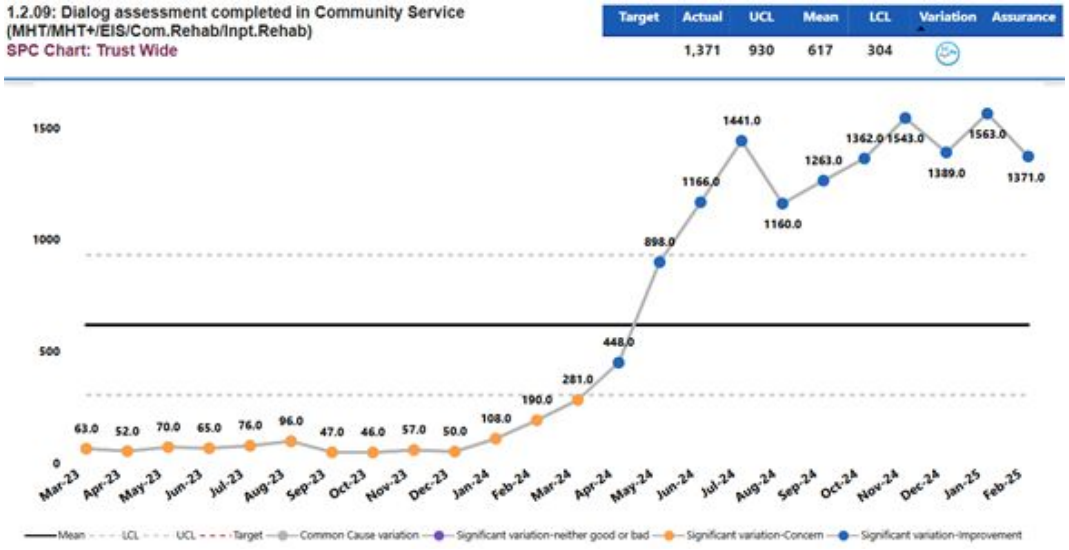
People We Care For: Care Delivery

Measure Name	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
1.2.01: Average Length Of Stay (Younger Adults Acute)	34.0	32.1	44.4	35.1	42.9	35.2	42.3	36.3	34.0	34.6	40.3	35.0	51.5
1.2.02: Average Length Of Stay (Older Adults - Acute)	77.0	97.7	109.0	81.2	97.9	102.1	79.8	82.5	85.8	95.2	103.2	63.3	124.4
1.2.03: Adult acute LoS over 60 days % of all discharges		10.8%	17.5%	11.9%	15.3%	15.5%	14.9%	12.9%	13.9%	13.9%	16.5%	19.1%	17.3%
1.2.04: Older adult acute LoS over 90 days % of all discharges		46.2%	38.7%	29.0%	34.8%	37.0%	44.4%	37.9%	42.3%	41.4%	31.3%	28.0%	57.1%
1.2.05: Patients receiving follow-up within 72 hours of discharge		88.7%	84.2%	81.7%	80.7%	87.2%	82.3%	86.9%	82.3%	85.5%	78.2%	84.3%	85.0%
1.2.06: Readmissions within 30 days (YA & OP Acute)	8.8%	13.1%	13.8%	11.0%	13.1%	10.4%	13.2%	12.7%	18.0%	11.7%	13.1%	12.2%	8.8%
1.2.07: Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		280	242	291	245	340	377	454	373	303	264	467	596
1.2.08: Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs) at period end		9	9	8	9	13	13	17	11	9	9	27	24
1.2.09: Dialog assessment completed in Community Service (MHT/MHT+/EIS/Com.Rehab/Inpt.Rehab)		281	448	898	1,166	1,441	1,160	1,263	1,362	1,543	1,389	1,563	1,371
1.2.10: %Patients with a CPA Care Plan	95.0%	85.4%	86.4%	86.0%	87.8%	86.6%	85.6%	82.5%	80.6%	82.4%	80.0%	87.1%	90.0%
1.2.11: % Patients with a CPA Care Plan which is Distributed to Client	75.0%	75.6%	76.8%	75.2%	73.8%	73.7%	72.9%	72.3%	71.4%	72.2%	72.1%	72.4%	71.3%
1.2.12: %Patients with Non CPA Care Plans or Personal Support Plans	80.0%	68.6%	70.9%	68.8%	69.0%	67.0%	65.0%	64.0%	62.3%	60.1%	55.8%	58.6%	62.4%

Notes:

1.2.07 & 1.2.08 Out of Area Placements – these figures include beds used for Females PICU under contracted beds due to the absence of female PICU beds in Kent and Medway. 596 bed days were used in February 2025, 219 were female PICU patients within contracted beds resulting in 377 out of area placement days as an accurate reflection of trust performance.

Areas of Improvement & Sustained Achievement of Target



Data Source

Rio

What is being measured?

The number of Dialog+ assessments recorded on Rio for all community teams.

Data Quality Confidence

No known issues

What is the data telling us?

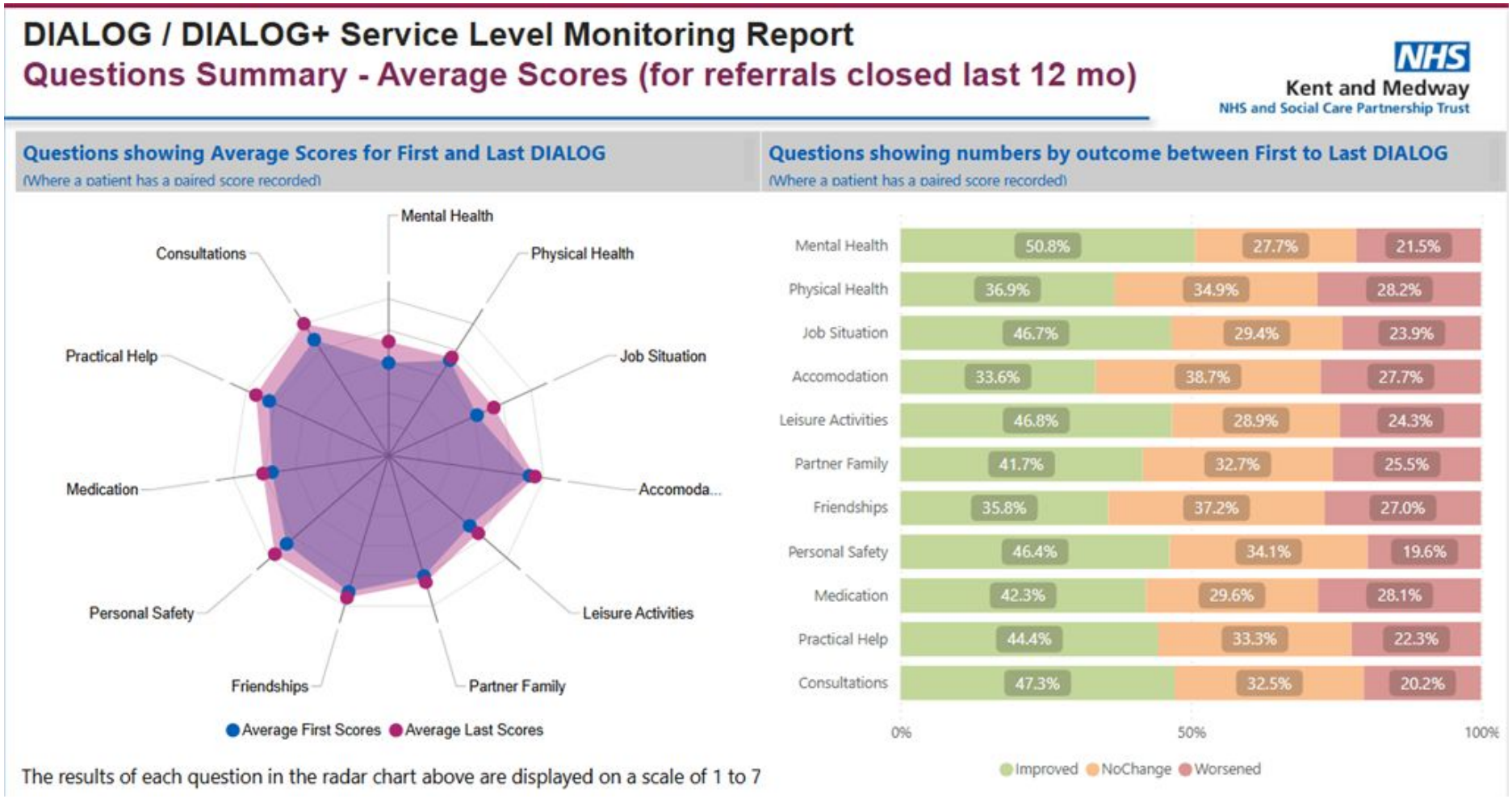
The ability to benchmark across teams is emerging now that MHT has been implemented in all localities.

A significant increase in the number of Dialog+ assessments across community team was observed up to July, with >1,250 dialog scores being recorded consistently monthly since.

Subsequent work is underway to monitor paired scores, insights into patient presentations and measurable improvements. These measures will become more robust as more Dialog+ roll out continues and more patients' complete interventions.

DIALOG+ will eventually be used in place of the Care Programme Approach (CPA) across Community Adult Mental Health services. Dialog+ is a set of questions where patients rate their satisfaction with life domains and treatment aspects. The scale has been shown to have good psychometric properties and is widely used to evaluate treatment. Measuring outcomes provide a way for patients, clinicians, services and the Trust to understand the impact of the care provided. Services using DIOLOG+ are already using the data to inform practice.

Whilst the focus of this measure in 2024/25 is to measure the uptake of Dialog+ the intention remains to develop this further to extract the resulting intelligence from the outcome scores captured. There are increasing numbers of paired scores being created as patients move through their episodes of care but sample sizes for in depth analysis remain low. Monitoring tools exist to allow analysis of paired scores where they exist as per the example below for those discharged from MHT with a paired score demonstrating improvements, particularly in the domains of Mental Health, Personal Safety and Medication.

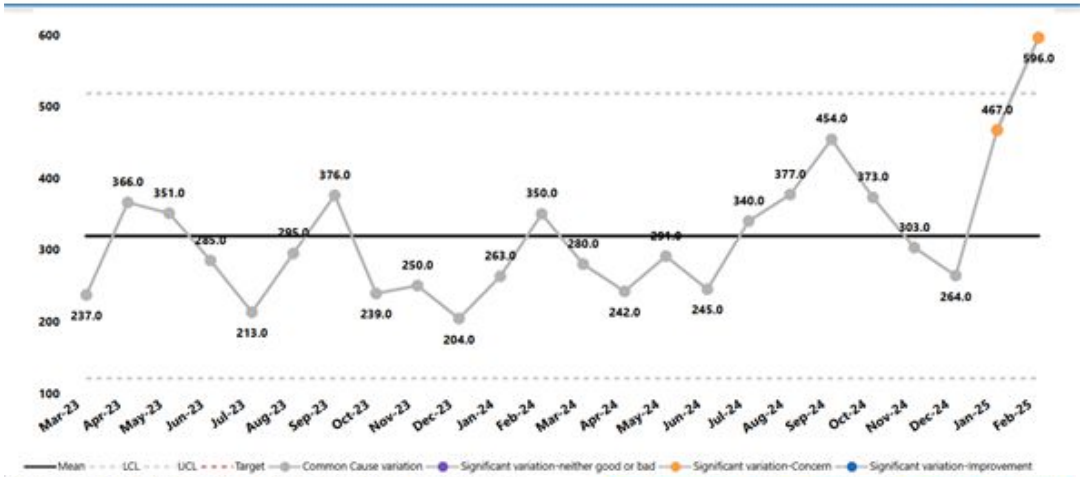


The above extract from the Power BI report is demonstrating that improvements are being evidenced in all domains captured by DIALOG. The left had chart shows the presenting need (blue dots) and the subsequent scores (pink dots) for patients with paired scores, the greatest difference being evidenced in Mental Health, Job Situation and Consultations. The second chart shows what percentage of each domains paired scores are demonstrating improvement.

Areas of Concern

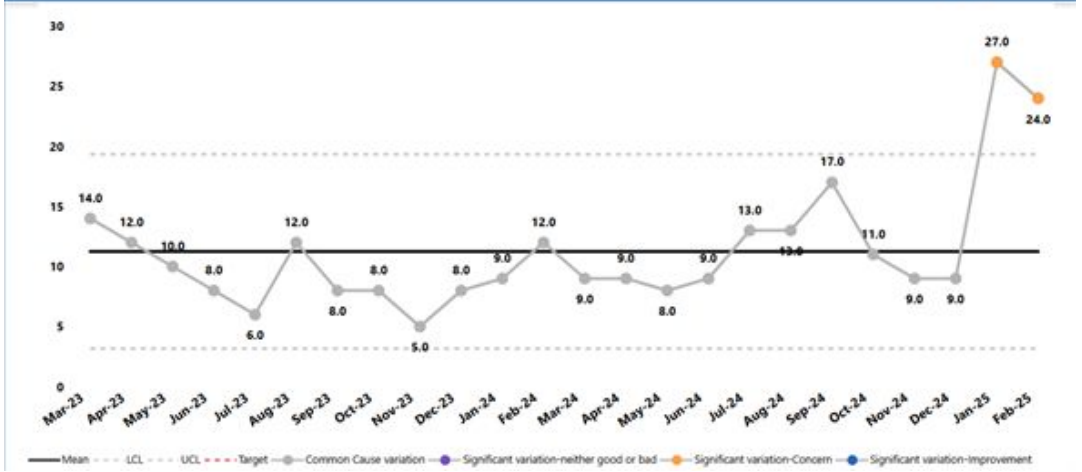
1.2.07: Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
	596.0	518.0	319.2	120.4		



1.2.08: Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs) at period end
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
	24	19	11	3		



Data Source

Rio

What is being measured?

Total number of occupied bed days in external / out of area placement in the period

Total number of patients occupying bed days in external / out of area placement at the end of the period

Data includes Cygnet Hospital Godden Green (female PICU), whilst under a contract within Kent MHSDS submissions do not allow for separation and therefore methodology reflected here to align with national data

Data Quality Confidence

No known issues

What is the data telling us?

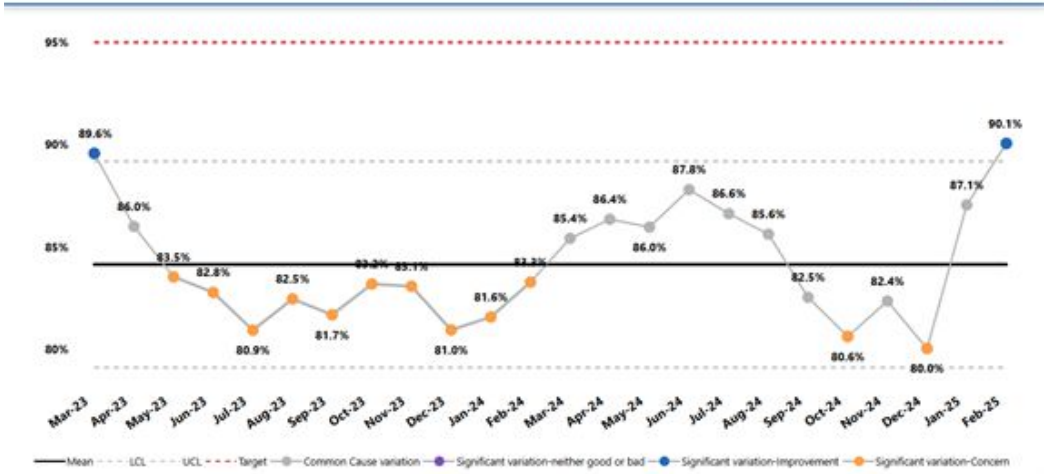
Both Indicators have shown special cause variation of a concerning nature in month due to significant increases in bed use.

In February 219 Female PICU beds were used which equates to 7.8 per day compared to a 12 month average of 6.4 per day.

Acute beds and Male PICU external bed days were 276 and 101 respectively. As a group this equates to 13.5 per day on average in February compared to a 12 month average of 4.1 per day

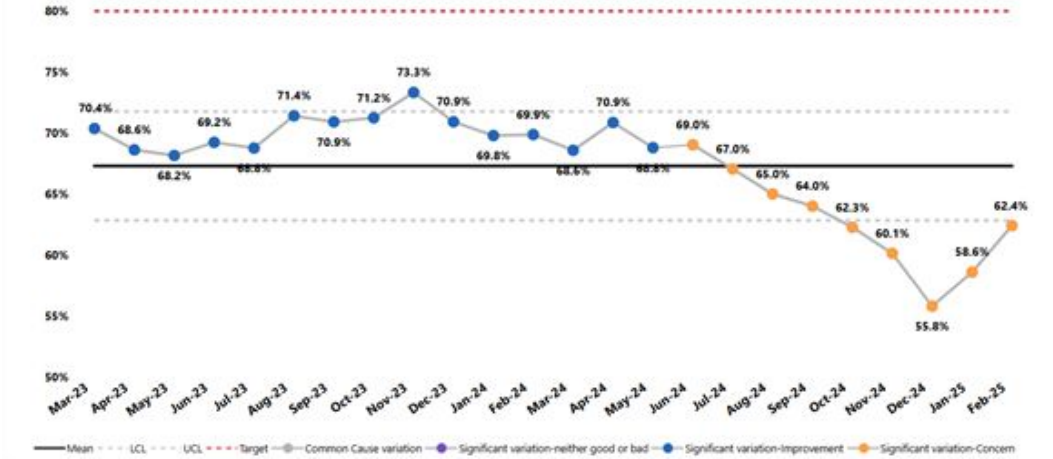
1.2.10: %Patients with a CPA Care Plan
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
95.0%	90.1%	89.2%	84.2%	79.1%		



1.2.12: %Patients with Non CPA Care Plans or Personal Support Plans
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
80.0%	62.4%	71.8%	67.3%	62.8%		



Data Source

Rio

What is being measured?

The % of patients where a CPA Care or Personal Support Plan created or updated in the last 6 months.

Data Quality Confidence

Care Plans and Personal Support Plans are not always recorded within the appropriate Rio Form and therefore not counted. Some are held as separate documents and uploaded into Rio.

These measures report against pathways on RiO (care coordinator/lead HCP), MHT does not use this functionality and are therefore not reflected in the measures, despite the agreed use of dialog+ as a care plan in this service.

Note: some patients are accessing depots and therefore do not require a Care or Personal Support Plan.

What is the data telling us?

1.210 has demonstrated special cause variation of a positive nature due to recent increase, however remains short of target overall. All directorates have achieved comparable levels of performance ranging from 86.5% in West Kent to 93.5% in North Kent

Workstreams are underway to define future requirements for care planning.

The work of the retire from CPA project group is identifying the care planning needs for the trust going forward which incorporates the use of dialog+ as a care plan where appropriate.

People We Care For: Patient Experience

Measure Name	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
1.3.01: Mental Health Scores From Friends And Family Test – % Positive	86.0%	87.9%	87.6%	89.8%	89.4%	89.0%	89.5%	88.5%	88.8%	87.3%	89.4%	88.1%	88.7%
1.3.02: Complaints - actuals		35	47	38	43	42	49	35	31	37	32	51	44
1.3.03: Compliments - actuals		126	138	114	124	135	109	141	140	130	151	147	122
1.3.04: Compliments - per 10,000 contacts		39.3	41.1	33.5	38.6	38.4	34.4	42.2	37.8	37.2	48.9	40.7	37.5
1.3.05: Patient Reported Experience Measures (PREM): Response count		496	596	674	538	721	542	478	580	510	594	540	529
1.3.06: Patient Reported Experience Measure (PREM): Response rate		3.4	4.0	4.5	4.0	4.7	3.8	3.2	3.6	3.3	4.1	3.7	3.6
1.3.07: Patient Reported Experience Measure (PREM): Achieving Regularly %		8.5	8.4	8.4	8.5	8.5	8.5	8.2	8.5	8.2	8.3	8.5	8.6
1.3.08: Complaints acknowledged within 3 days (or agreed timeframe)	100%	99%	98%	93%	94%	95%	93%	92%	85%	97%	95%	100%	98%
1.3.09: Complaints responded to within 25 days (or agreed timeframe)	100%	100%	86%	95%	93%	83%	78%	70%	60%	66%	87%	92%	82%

**Please note that following a review of indicators and automation of data from InPhase for reporting purposes the following indicators have seen a variation in methods applied resulting in small changes in historically reported figures: 1.3.02, 1.3.03, 1.3.04, 1.3.08 & 1.309*

Areas of Concern

No areas of concern or improvement identified form SPC analysis in month

People We Care For: Safety

Measure Name	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
1.4.02: All Deaths Reported And Suspected Suicide		150	160	144	127	145	97	144	142	137	113	197	164
1.4.03: Restrictive Practice - All Restraints		99	129	107	69	78	61	70	97	87	67	63	77
1.4.04: Restrictive Practice - No. Of Prone Incidents	0	10	23	1	5	2	4	6	6	6	7	3	7
1.4.05: Decrease violence and aggression on our wards	(7.5%)	20.6%	37.3%	29.6%	31.5%	52.8%	16.7%	2.5%	37.3%	9.0%	(1.3%)	14.8%	28.3%
1.4.06: Medication errors		50	30	49	55	59	43	49	32	54	46	50	39

**Please note that following a review of indicators and automation of data from InPhase for reporting purposes the following indicators have seen a variation in methods applied resulting in small changes in historically reported figures: 1.4.06*

Areas of Concern

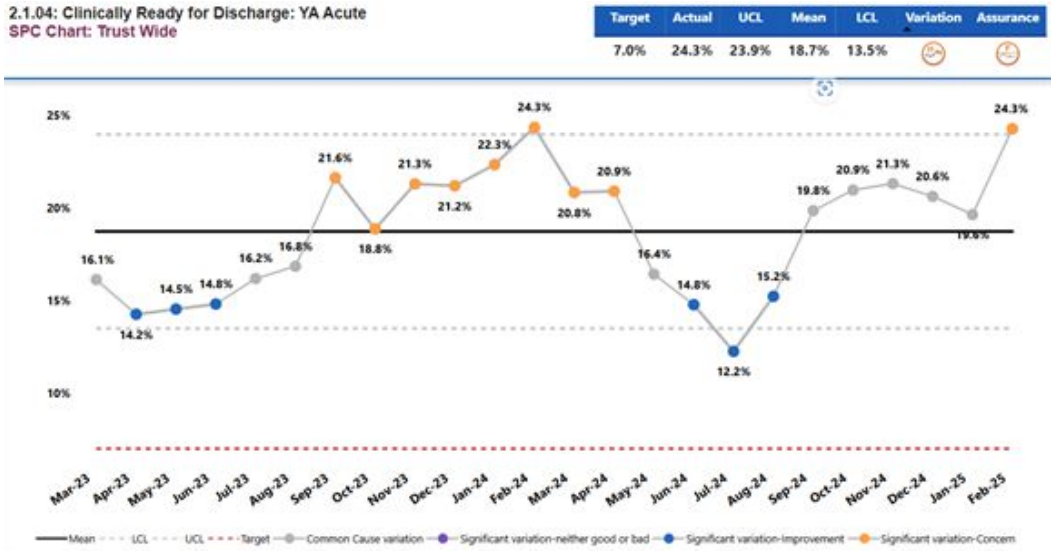
No areas of concern or improvement identified form SPC analysis in month

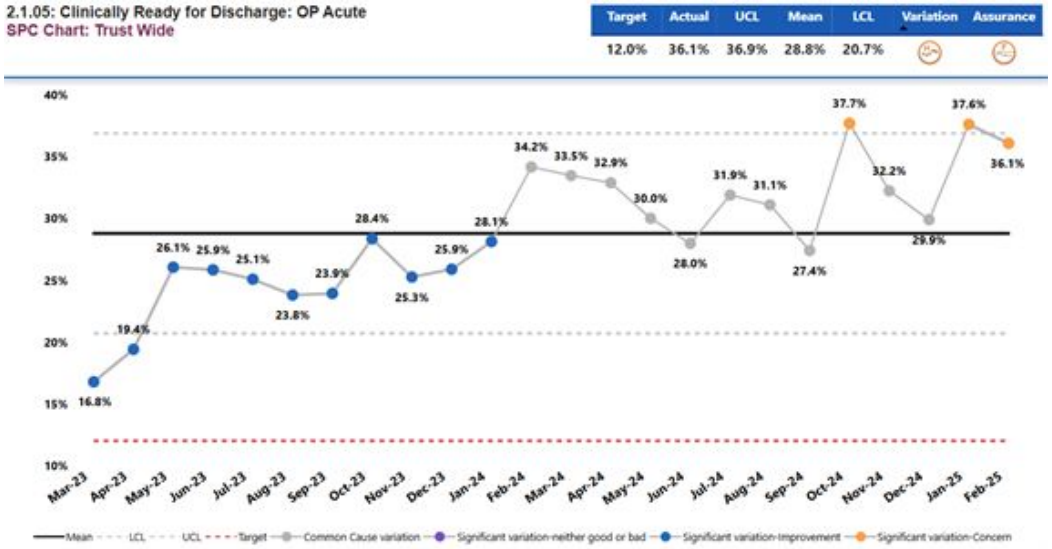
Partners we work with

Measure Name	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
2.1.01: Referrals to MHT commence treatment within 4 weeks		40.0%	32.6%	44.2%	30.9%	25.6%	12.6%	9.7%	9.8%	12.7%	12.2%	4.1%	6.2%
2.1.02: MHT & MHT+ waiting list size		387	772	1,687	2,493	3,705	4,280	5,072	5,595	5,704	6,007	5,995	6,243
2.1.03: MHT 2+ contacts		16,385	16,493	16,590	16,559	16,627	16,684	16,602	16,833	17,246	17,866	18,507	19,137
2.1.04: Clinically Ready for Discharge: YA Acute	7.0%	20.8%	20.9%	16.4%	14.8%	12.2%	15.2%	19.8%	20.9%	21.3%	20.6%	19.6%	24.3%
2.1.05: Clinically Ready for Discharge: OP Acute	12.0%	33.5%	32.9%	30.0%	28.0%	31.9%	31.1%	27.4%	37.7%	32.2%	29.9%	37.6%	36.1%
2.1.06: Ave LoS for Clinically Ready for Discharge (at discharge)	44.0	71.4	99.3	74.7	89.2	89.9	45.1	46.8	46.7	47.0	67.8	62.0	112.6

Note: *MHT 2+ contacts (2.1.03) is measured nationally as a measure of Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses and highlighted as an area of concern by the ICB as is subject to special cause variation of a negative nature and an Oversight Framework bottom decile metric, This has presented a high degree of complexity in establishing methodology applied to MHSDS data, work is ongoing with the current position being that local KMPT data does not support what is published nationally.*

Areas of Concern





Data Source

RiO

What is being measured?

% of bed days lost to CRFD's of all occupied bed days

Data Quality Confidence

No known issues

What is the data telling us?

1067 YA acute bed days were lost in February (38.1 beds per day), the greatest impact continues to be housing.

899 bed days were lost in OP acute wards (32.1 beds per day), the greatest impact continues to be those awaiting nursing home placements and funding decisions.

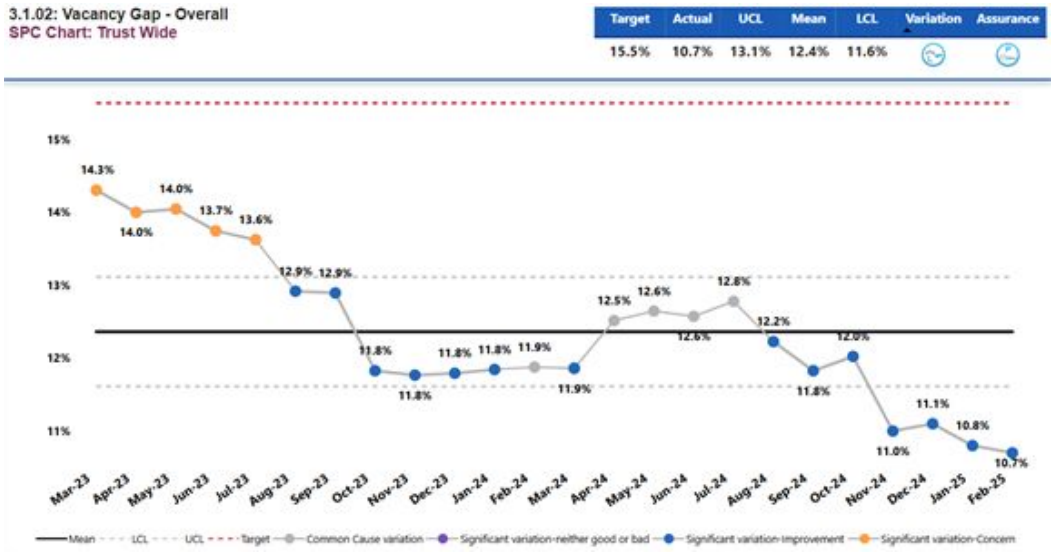
As of 14th March, there were 62 CRFD's in acute beds of which 53 required support from Social Care. The main reasons for delays are:

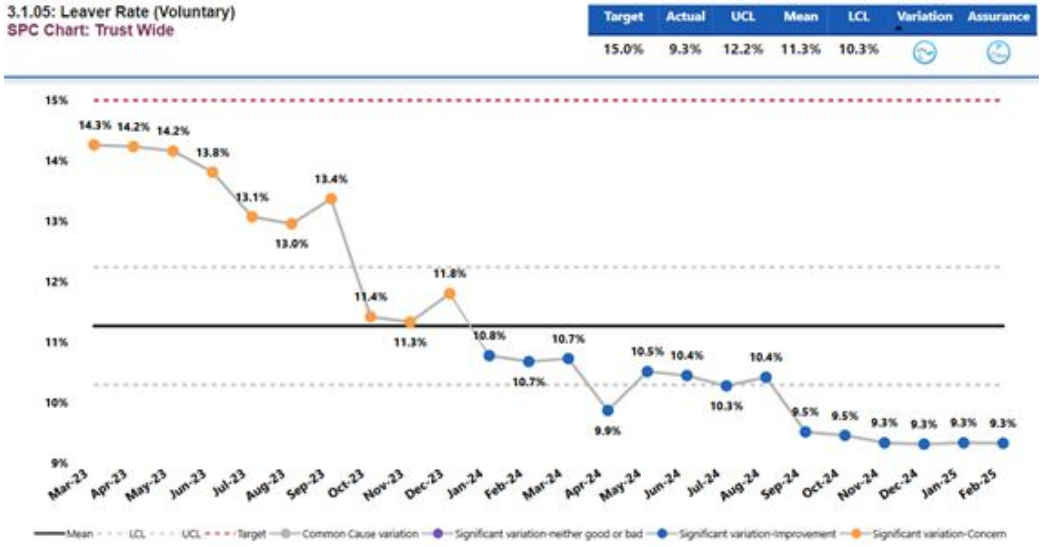
- Housing (supported accommodation):32.3% (this includes patients waiting for social care assessments for supported living with care packages)
- Delays to non NHS led assessments: 22.6%
- Awaiting public funding or decision from panel: 12.9%

People who work for us

Measure Name	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
3.1.01: Staff Sickness - Overall	4.5%	4.5%	4.4%	4.5%	4.4%	4.5%	4.4%	4.8%	5.1%	4.6%	5.1%	5.2%	5.0%
3.1.02: Vacancy Gap - Overall	15.5%	11.9%	12.5%	12.6%	12.6%	12.8%	12.2%	11.8%	12.0%	11.0%	11.1%	10.8%	10.7%
3.1.03: Essential Training For Role	90.0%	93.9%	94.0%	94.2%	94.4%	94.7%	94.8%	93.8%	94.3%	94.7%	95.1%	95.0%	95.2%
3.1.04: Leaver Rate	16.5%		14.7%	14.6%	14.6%	14.6%	14.6%	14.3%	14.1%	13.4%	13.3%	13.4%	13.4%
3.1.05: Leaver Rate (Voluntary)	15.0%	10.7%	9.9%	10.5%	10.4%	10.3%	10.4%	9.5%	9.5%	9.3%	9.3%	9.3%	9.3%
3.1.06: Safer staffing fill rates	80.0%	111.7%	112.4%	108.9%	103.7%	114.8%	116.4%	108.2 %	112.0%	116.1%	108.7%	109.6%	110.1 %
3.1.07: Increase percentage of BAME staff in roles at band 7 and above	26.5%	14.0%	13.6%	15.5%	15.2%	26.2%	26.7%	26.7%	27.0%	27.0%	27.1%	28.1%	28.4%
3.1.08: The number of minority ethnic staff involved in conduct and capability cases: variation against the numbers of white staff affected.	0.75%	0.42%	0.54%	0.47%	0.80%	0.44%	0.31%	0.63%	0.02%	0.27%	0.18%	0.35%	0.21%

Areas of Improvement & Sustained Achievement of Target





Data Source

ESR

What is being measured?

Vacancy- Calculated using in post FTE against the Vacant FTE on the 1st of each month.

Leaver Rate: For Voluntary Leavers we use a selected set of reasons. The calculation is average staff in post (FTE) against the leavers (FTE) in that same period (Usually reported as 12 Months).

Data Quality Confidence

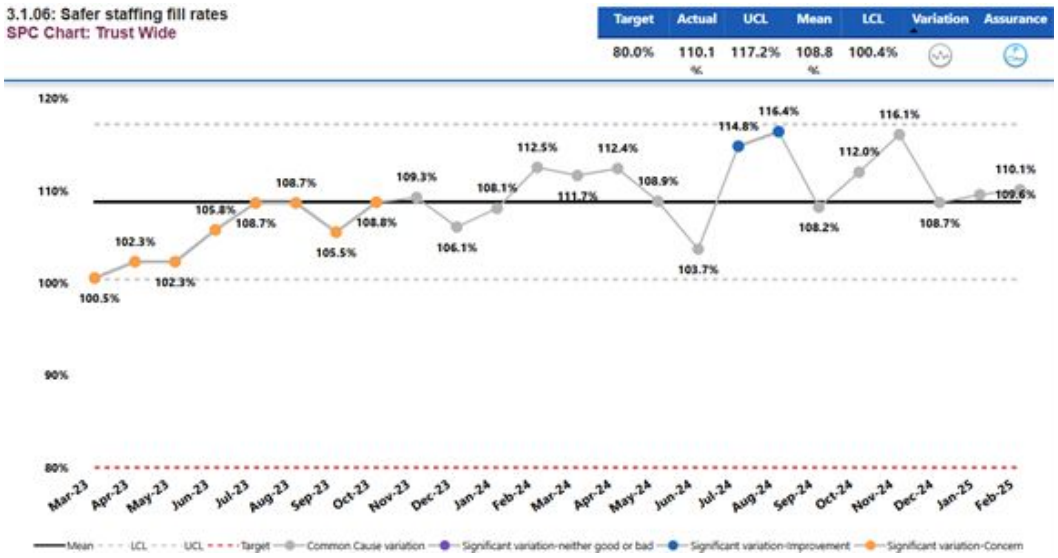
No known issues

What is the data telling us?

Sustained improvements below mean of last 24 months in both indicators.

Individual targets exist for each directorate based on historic performance, all directorates achieving their vacancy gap target with exception of East Kent who are within 1%, although this has been steadily decreasing since June 2024.

Voluntary turnover has continued to improve in most areas, with all directorates comfortably achieving individual targets. The trust overall voluntary turnover has remained consistent since November 2024



Data Source

Eroster & NHSP

What is being measured?

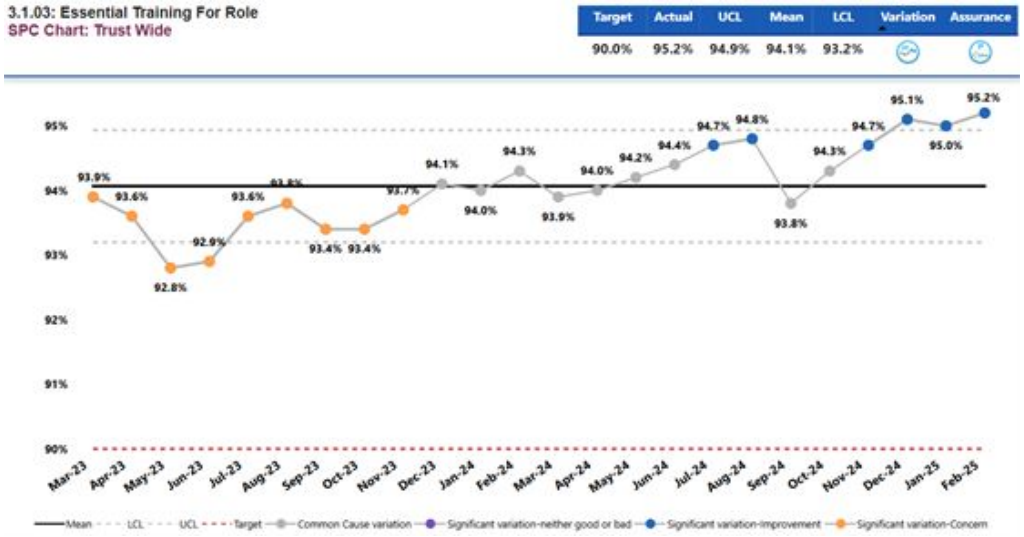
Planned vs Worked hours

Data Quality Confidence

Difficulty obtaining data from NHSP between May and July in a timely manner due to a reporting platform closing. This has now been resolved

What is the data telling us?

A slight increase in fill rates since December 2024. The target of at least 80% fill rate for the safe staffing return is met throughout



Data Source

iLearn

What is being measured?

Data Quality Confidence

No known issues

What is the data telling us?

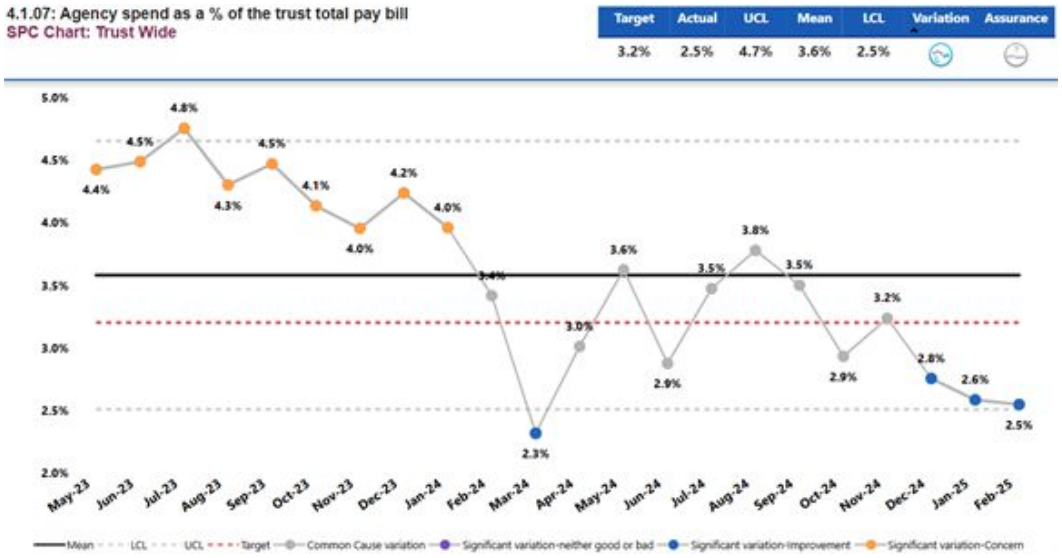
Overall, essential training has improved slightly in the last month. We have seen reduced compliance in Immediate Life Support, Basic Life Support Paediatric, Moving and Handling Patient and Physical Interventions but improved compliance in Clinical Risk Assessment, Basic Life Support, Breakaway and Rapid Tranquilisation.

We are continuing to highlight the availability of data through BI reporting and have seen increased requests for granular data from Directorates to help with monitoring and improving local training compliance.

Efficiency

Measure Name	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
4.1.01: Bed Occupancy (Net)	92.0%	96.7%	95.8%	95.8%	96.5%	97.6%	95.9%	96.4%	97.2%	96.8%	92.6%	97.4%	97.7%
4.1.02: DNAs - 1st Appointments		9.9%	10.2%	10.9%	11.6%	10.5%	10.4%	10.5%	10.4%	10.7%	11.6%	10.2%	10.3%
4.1.03: DNAs - Follow Up Appointments		9.6%	9.8%	9.2%	10.0%	9.9%	9.6%	9.5%	9.5%	10.1%	10.9%	10.7%	9.9%
4.1.04: In Month Budget (£000)	0	(13,754)	(13,524)	(13,619)	(13,850)	(13,767)	(13,735)	(14,233)	(19,323)	(14,814)	(15,042)	(14,756)	(14,708)
4.1.05: In Month Actual (£000)		(14,630)	(14,080)	(14,655)	(14,437)	(13,900)	(14,555)	(13,822)	(18,717)	(14,756)	(14,960)	(15,863)	(15,637)
4.1.06: In Month Variance (£000)		(876)	(556)	(1,035)	(587)	(133)	(820)	411	606	58	82	(1,107)	(930)
4.1.07: Agency spend as a % of the trust total pay bill	3.2%	2.3%	3.0%	3.6%	2.9%	3.5%	3.8%	3.5%	2.9%	3.2%	2.8%	2.6%	2.5%

Areas of Improvement & Sustained Achievement of Target



Data Source

Finance

What is being measured?

Agency spend as a % of the trust total pay bill

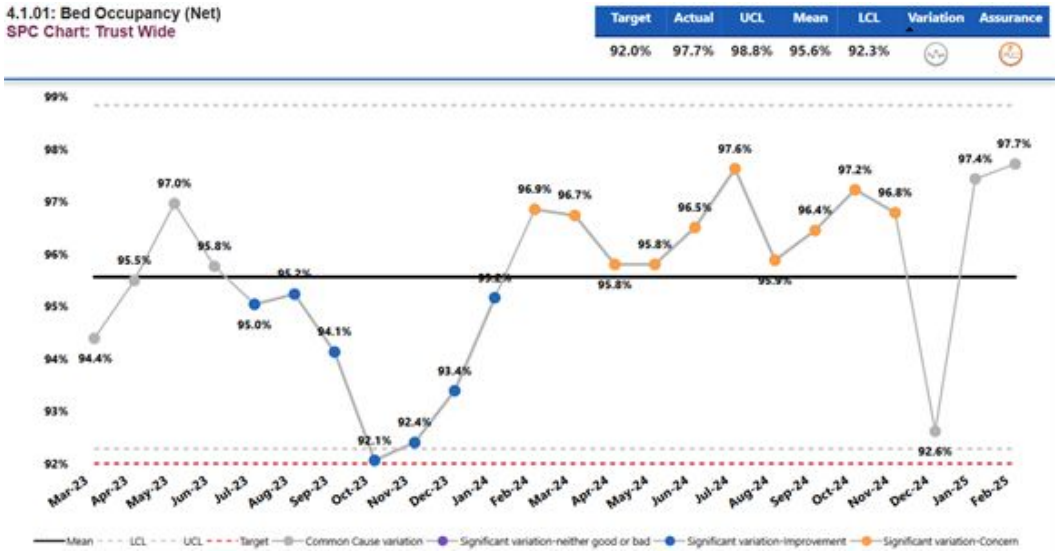
Data Quality Confidence

No known issues.

What is the data telling us?

The sustained reduction in agency spend is due to the effort to reduce medical agency across the Trust, and due to increased recruitment to RN roles in Acute which has reduced the reliance on temporary staffing. The reduction of February over January levels is due to fewer working days in February.

Areas of Concern



Data Source

RiO

What is being measured?

Occupied bed days as a % of available bed days. Acute wards only.

Data Quality Confidence

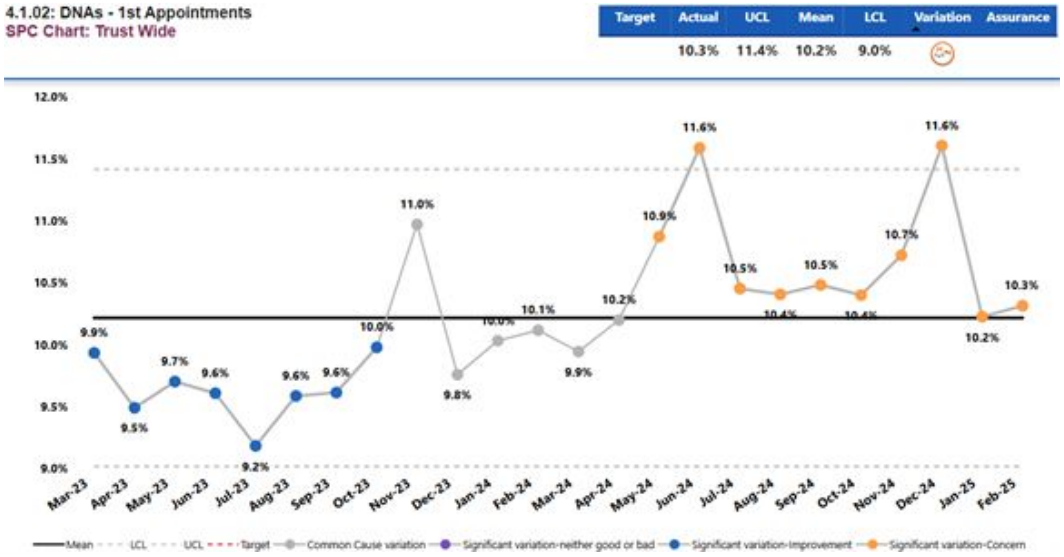
No known issues.

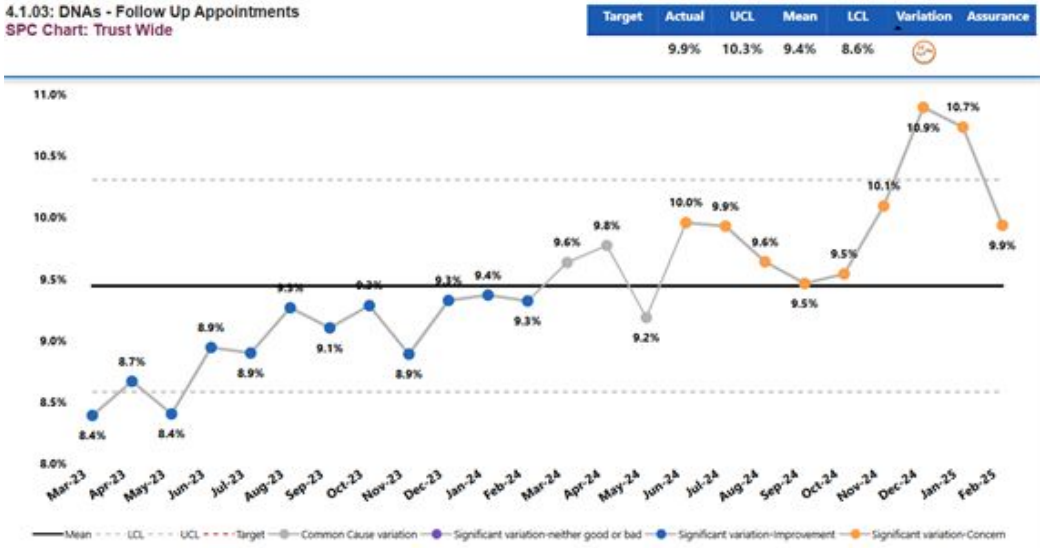
What is the data telling us?

Levels of bed occupancy are driven by other aspects such as CRFDs, numbers of admissions and length of stay.

The 92% target is the level the trust had hoped to achieve by March 2025. Occupancy is significantly impacted by the levels of CRFD experienced (see 2.1.04 & 2.1.05)

Level of occupancy between YA acute and OP Acute in February were 98.5% and 96.4% respectively. This equates to an average of 155.6 beds occupied out of 158 available YA acute beds and 87.7 beds occupied out of 91 available OP acute beds.





Data Source

RiO

What is being measured?

% of appointments outcomed on RiO as DNA

Data Quality Confidence

Potential of DNA's to be recorded inappropriately when unplanned phone calls that are unsuccessful are recorded as a DNA.

What is the data telling us?

This equates to an average of 620 1st appointments and 2,800 follow up appointments being recorded as DNA's per month.

As is to be expected there is wider variation in DNA levels across different service types, MHT services accounted for 53.5% of 1st contact DNA's in February

For follow up appointments Mental Health Together Plus teams account for 33% of all DNA's followed by MHT with 31%.

The trusts DNA policy has been reviewed and will be presented to CEOG in March 2025. The revised policy supports MHT to safely discharge patients with low risk profiles who DNA.

5. Appendices

System Oversight Framework

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

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

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

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

The following tables represent the latest position for KMPT's Provider Oversight against which the trust responds to Key Lines of Enquiry. It is recognised that delays exist in nationally published data for a number of metrics, many as a result of being reflective of the annual staff survey results. It is provided to board for assurance around the position, and to allow oversight of the national position. Following a national consultation an updated version of the Single Oversight Framework is expected in spring 2025.

Indicator	Period Frequency	Period	Value	National Display Value	Target or Standard	Rank
S000a: NHSOF Segmentation	Month	2024 12	2:Flexible			
S035a: Overall CQC rating	Month	2024 12	3 - Good			13/62
S059a: CQC well -led rating	Month	2024 12	3 - Good			13/62
S063a: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from a) managers	Annual; calendar year	2023	8.88%	9.94%		49/66
S063b: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from b) other colleague	Annual; calendar year	2023	15.20%	17.70%		49/66
S063c: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from c) patients / service users, their relatives or other members of the public	Annual; calendar year	2023	28.10%	25.10%		60/66
S067a: Leaver rate	Month	2024 11	7.98%	6.98%		55/67
S068a: Sickness absence rate	Month	2024 08	4.16%	4.83%		11/67
S069a: Staff survey engagement theme score	Annual; calendar year	2023	6.89/10	6.89/10		56/66
S071a: Proportion of staff in senior leadership roles who are from a BME background	Annual; calendar year	2022	13.10%		12%	20/64
S071b: Proportion of staff in senior leadership roles who are women	Month	2024 11	60.90%		62%	37/43
S071c: Proportion of staff in senior leadership roles who are disabled	Annual; calendar year	2023	7.22%		3.20%	11/64
S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	Annual; calendar year	2023	57.50%	56.40%		48/67
S086a: Inappropriate adult acute mental health placement out -of-area placement bed days	Month	2024 03	0		0	1/52
S121a: NHS Staff Survey compassionate culture people promise element sub-score	Annual; calendar year	2023	6.88/10	7.09/10		61/66
S121b: NHS Staff Survey raising concerns people promise element sub-score	Annual; calendar year	2023	6.5/10	6.46/10		53/66
S125a: Adult Acute LoS Over 60 Days % of total discharges	Month	2024 03	13%			5/50
S125b: Older Adult Acute LoS Over 90 Days % of total discharges	Month	2024 03	38%			19/50
S133a: Staff survey - compassionate and inclusive theme score.	Annual; calendar year	2023	7.42/10	7.3/10		54/66
S134a: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants (WRES).	Annual; calendar year	2023	1.9		1	45/64
S135a: Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants (WDES)	Annual; calendar year	2023	1.2		1	51/64

Note: *some areas exist where KMPT does not recognise national data there is ongoing work with NHSE colleagues to align methodology. Within the SoF it is known that S086a, Inappropriate acute out of area placements, is under representing the accurate position due to issues faced with national reporting portals.*

Exception Reporting Guide

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

Variation/Performance	Assurance: P	Assurance: ?	Assurance: F	Assurance: (blank)
H	**Excellent** **Celebrate and Learn** • This metric is improving. • Your aim is high numbers and you have some. • You are consistently achieving the target because the current range of performance is above the target.	**Good** **Celebrate and Understand** • This metric is improving. • Your aim is high numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** **Celebrate but Take Action** • This metric is improving. • Your aim is high numbers and you have some. • HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change.	**Excellent** **Celebrate** • This metric is improving. • Your aim is high numbers and you have some. • There is currently no target set for this metric.
L	**Excellent** **Celebrate and Learn** • This metric is improving. • Your aim is low numbers and you have some. • You are consistently achieving the target because the current range of performance is below the target.	**Good** **Celebrate and Understand** • This metric is improving. • Your aim is low numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** **Celebrate but Take Action** • This metric is improving. • Your aim is low numbers and you have some. • HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change.	**Excellent** **Celebrate** • This metric is improving. • Your aim is low numbers and you have some. • There is currently no target set for this metric.
(blank)	**Good** **Celebrate and Understand** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER you are consistently achieving the target because the current range of performance exceeds the target.	**Average** **Investigate and Understand** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** **Investigate and Take Action** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER your target lies outside the current process limits and the target will not be achieved without change.	**Average** **Understand** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • There is currently no target set for this metric.
H	**Concerning** **Investigate and Understand** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • HOWEVER you are consistently achieving the target because the current range of performance is below the target.	**Concerning** **Investigate and Understand** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning** **Investigate and Understand** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies below the current process limits so we know that the target will not be achieved without change.	**Concerning** **Investigate** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • There is currently no target set for this metric.
L	**Concerning** **Investigate and Understand** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • HOWEVER you are consistently achieving the target because the current range of performance is above the target.	**Concerning** **Investigate and Understand** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning** **Investigate and Understand** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies above the current process limits so we know that the target will not be achieved without change.	**Concerning** **Investigate** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • There is currently no target set for this metric.
↗				**Unsure** **Investigate and Understand** • This metric is showing a statistically significant variation. • There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. • There is no target set for this metric.
↘				**Unsure** **Investigate and Understand** • This metric is showing a statistically significant variation. • There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. • There is no target set for this metric.
(blank)				**Unknown** **Watch and Learn** • There is insufficient data to create a SPC chart. • At the moment we cannot determine either special or common cause. • There is currently no target set for this metric.

Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	Thursday 27th March 2025
Title of Paper:	Finance Report for Month 11 (January 2025)
Author:	Nicola George, Deputy Director of Finance
Executive Director:	Nick Brown, Chief Finance and Resources Officer

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Regulatory Requirement

Overview of Paper

The attached report provides an overview of the financial position for month 11 (January 2025).

Items of focus

For the period ending 28th February 2025, the Trust has reported a £0.63m surplus post technical adjustments, this is in line with the financial plan.

Due to wider system pressures the trust has been asked to improve its position and has identified further non-recurrent benefits and is forecasting to deliver a £2.24m surplus. The main change relates to the impact of the Littlebrook purchase.

The board are asked to note,

- Agency spend remains above the agreed cap (£6.10m year to date), with spend to Month 11 being £6.25m. The Trust is forecasting to spend £7.05m in year, £0.47m above the £6.58m cap. The Trust spent £8.34m on agency in 2023/24.
- Use of external beds remains a pressure, with 10 Acute and 12 PICU beds used in month, £0.52m budget pressure in month.
- As at 28th February the overall capital position is £4.59m underspent, with a forecast spend position of £14.63m against the annual plan of £15.38m. The underspend relates to the delay in the s136 scheme and the Trust has secured support from the system to manage this position into next year.

Governance

Implications/Impact:	If the Trust fails to deliver on its 2024/25 financial plan then this could impact on the long-term financial sustainability agenda.
Assurance:	Reasonable
Oversight:	Finance and Performance Committee

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Finance Report
February 2025

Trust Board

Brilliant care through brilliant people

RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

Contents

Brilliant care through brilliant people

Executive Summary

Key Messages

For the period ending 28th February 2025, the Trust has reported a £0.63m surplus post technical adjustments, this is in line with the financial plan.

Due to the wider system pressures the trust has identified non-recurrent benefits and is presently forecasting a £2.24m surplus. The main benefit relates to the impact of the Littlebrook purchase, and the release of provisions relating to trust buildings.

At Month 11, the key financial challenges for the Trust are:

Agency spend

- Agency spend remains above the agreed cap (£6.10m year to date),with spend to Month 11 being £6.25m. The Trust is forecasting to spend £7.05m in year, £0.47m above the £6.58m cap. The Trust spent £8.34m on agency in 2023/24.

- In month spend levels were highest in East Kent, with 36.0% of overall agency spend, due to medical vacancies, but also West Kent (32.3%) and North Kent (20.7%) due to pressures within Liaison services, CMHTs and Crisis teams.

Bank spend

- Bank spend decreased by £0.12m in month mostly due to February being a shorter month and when normalised spend was in line with spend levels seen in January.

- Run rates remain high in some areas with all Acute Inpatient wards using bank staff above rostered due to acuity, higher levels of observations and sickness absence. Usage remains high on Forensic wards, predominantly HCAs, due to sickness levels and patients with complex needs.

External beds

- The Acute beds usage increased significantly again in month, with an average of 10 beds utilised costing £0.35m. In addition, the Trust used 5 PICU beds above budget at a cost pressure of £0.27m.

At a Glance - Year to Date

Income and Expenditure	
Efficiency Programme	
Agency Spend	
Capital Programme	
Cash	

Key

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

Capital Programme

As at 28th February the overall capital position is £4.59m underspent, with a forecast spend position of £14.63m against the annual plan of £15.38m.

The underspend relates to the delay in the s136 scheme. The Trust has secured agreement with the system to carry this funding into next year.

Cash

The closing cash position for February was £7.73m which was a increase in month of £1.74m predominantly due to the receipts from Health Education England (HEE) and NHS England for Public Dividend Capital (PDC).

The cash position is expected to increase to £11.85m by the end of March due to receipt of VAT and PDC capital funding. The Trust cash position is being closely monitored over the coming months, with the impact of the back ended capital programme anticipated to come through in April 2025.

Brilliant care through brilliant people

Income and Expenditure

Statement of Comprehensive Income

	Annual	Current Month			Year to date		
	Budget	Budget	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000
Income	284,095	23,786	24,866	1,080	260,296	261,084	788
Employee Expenses	(216,272)	(17,990)	(18,203)	(213)	(198,184)	(198,379)	(195)
Operating Expenses	(62,471)	(5,351)	(6,333)	(982)	(57,206)	(59,077)	(1,871)
Operating (Surplus) / Deficit	**5,352**	**446**	**330**	**(116)**	**4,906**	**3,628**	**(1,278)**
Finance Costs	(5,352)	(446)	(240)	206	(4,906)	(2,994)	1,912
System control Surplus / (Deficit)	**(0)**	**(0)**	**90**	**90**	**(0)**	**634**	**634**
Excluded from System control (Surplus) / Deficit:							
Technical adjustments	0	0	49	49	0	(157)	(157)
Surplus / (deficit) for the period	**(0)**	**(0)**	**139**	**139**	**(0)**	**477**	**477**

Commentary

The Trust has a small, planned surplus of £0.63m for the period ending 28th February 2025.

At month 11, there is an adverse pay variance to budget of £0.20m. Temporary staffing spend and usage has decreased in month (£0.12m bank, £0.09m agency) commensurate with a shorter month and fewer working days.

Agency spend in February totalled £0.46m which represents a 19.9% reduction on spend seen for the same period in 2023/24; and a 15.9% decrease on spend in January. Spend levels were highest in East Kent, with 36.0% of overall agency spend, due to medical vacancies, but also West Kent (32.3%) and North Kent (20.7%) due to pressures within Liaison services, CMHTs and Crisis teams.

Bank spend decreased in month by 6.4% with WTEs 16.7% less than those seen at the same point last financial year. In month 439 WTEs were utilised compared to January when 469 WTEs were utilised. Run rates remain high in some areas with all Acute Inpatient wards using bank staff above rostered levels to fill vacancies, cover unavailable staff and support high levels of observations. On Forensics wards, EPCs require additional staff and numbers of these have risen.

Non-pay

In month, the Trust utilised 8 external female PICU beds and 4 male PICU beds (7 PICU beds funded), a £0.27m budget pressure. 10 external Acute beds were used costing £0.35m, In year, external bed pressures have generated an overspend of £0.99m for Acute beds and £0.98m for PICU beds.

Cost improvement plans 24/25

	Target	Delivery		
		Recurrent	Non Recurrent	Total
	£'000s	£'000s	£'000s	£'000s
Low and Medium Secure	1,100	1,100		1,100
MHLD	800	800		800
Community Teams (CMHT & CMHSOPs)	2,000		2,000	2,000
Early Intervention	500	500		500
Acute Inpatient	600	320		320
Support Services	3,568		1,693	1,693
Patient Flow	200			-
Crisis Teams	1,000		1,000	1,000
Budget Review	-	1,476		1,476
Non Recurrent	972		1,851	1,851
Forecast Position	**10,740**	**4,196**	**6,544**	**10,740**

Commentary

The Trust submitted a breakeven financial plan for 2024/25 and this is predicated on the basis of delivering the CIP plan, which totals £10.74m, in full.

£4.20m (39.1%) of plans have delivered recurrent savings:

- EIP **£0.50m**
- Provider Collaborative Contract negotiation **£1.10m**
- MHLD service review **£0.80m**
- Acute review of Consultant weekend working **£0.32m**
- Budget Review **£1.48m**

These schemes will be fully achieved in year and recurrently.

Further schemes have been identified and are being further developed to ensure recurrent delivery:

- Community services and productivity review **£2.00m**
- Crisis teams model review **£1.00m**
- Back office / corporate cost review **£1.69m**

A further £1.85m will be delivered non-recurrently through slippages to ensure that the full plan of £10.74m is met.

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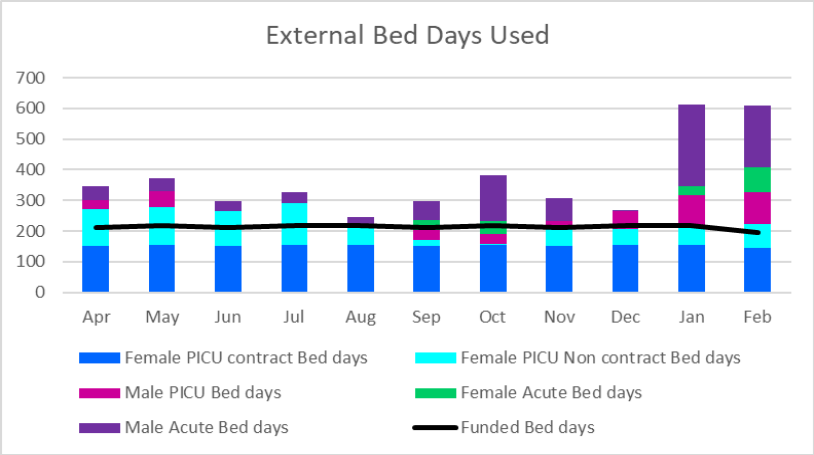
Exception report – External beds



The pressure on external bed usage over and above the funded levels has been driven by the consistent need for external Acute beds. This has seen a significant increase in January that continues through February.

Contributing factors

- Demand for external Acute beds due to:
  - Numbers of bed days lost to Clinically Ready for Discharge (CRfD) patients
  - Levels of bed occupancy
  - System demand for beds

Risks to delivery

- Increasing demand for Acute beds (£25k per bed per month)
- Increasing complexity of PICU patients increasing demand for PICU beds (£28k per bed per month)

Key actions taken

- Review of options for internal or externally purchased step down beds over Winter

Exception report – Temporary Staffing

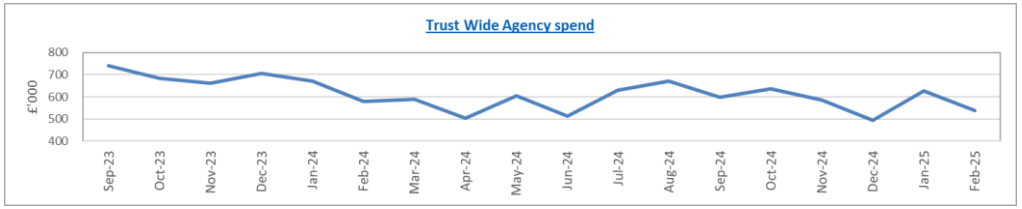
There has been a downwards trend on agency spend with significant progress being made in medical agency. The challenges continue in East Kent in particular. Slower than expected recruitment amidst growing waiting lists sparked the increase in agency in Q2.

Contributing Factors

- Medical vacancies in East Kent keeping medical agency costs high
- MHT backlogs in East, North & West Kent increasing nursing agency use
- Liaison consultation leading to vacancies being held in Liaison and Crisis teams
- Additional observations and EPCs on wards utilising high levels of bank and agency HCAs.

Risks to delivery

- Observation levels rise
- Unsuccessful medical recruitment leads to continued use of agency
- Pressure to reduce MHT waiting lists increases need for temporary staffing
- Additional clinics to increase dementia diagnosis required
- Recruiting 35wte band 4 Assistant Psychologists to focus on MHT backlogs



Bank Spend £'000

	23/24 Qtr 4	24/25 Qtr 1	24/25 Qtr 2	24/25 Qtr 3	24/25 Jan- Feb
Nursing	2,560	2,339	2,291	2,071	1,498
HCAs	3,568	2,955	2,881	2,756	2,045
Other	370	282	332	257.12	187.36
Total	**6,498**	**5,576**	**5,505**	**5,084**	**3,730**

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Appendices

Balance Sheet

Statement of Financial Position

	31st March 2024	31st January 2025	28th February 2025
	Opening	*Actual*	*Actual*
	£000	£000	£000
Non-current assets			
Property Plant and Equipment	165,050	164,740	165,132
Intangible Assets	3,914	2,489	2,403
Other non-current receivables	289	237	238
Total non-current assets	**169,254**	**167,466**	**167,773**
Current Assets			
Trade and other receivables	5,670	11,071	9,694
Cash and cash equivalents	17,399	5,993	7,731
Assets held for sale	0	0	0
Total current assets	**23,068**	**17,063**	**17,424**
Current Liabilities			
Trade and other payables	(24,518)	(25,765)	(25,704)
Provisions	(2,260)	(1,724)	(1,750)
Borrowings	(2,781)	(2,272)	(1,772)
Other Financial Liabilities	0	0	0
Total current liabilities	**(29,558)**	**(29,761)**	**(29,226)**
Non-current Liabilities			
Provisions	(2,321)	(2,395)	(2,603)
Borrowings	(44,970)	(36,501)	(36,373)
Total non current liabilities	**(47,291)**	**(38,896)**	**(38,976)**
Total Net Assets Employed	**115,473**	**115,872**	**116,996**
Total Taxpayers Equity	**115,473**	**115,872**	**116,996**

Commentary

Non-current assets

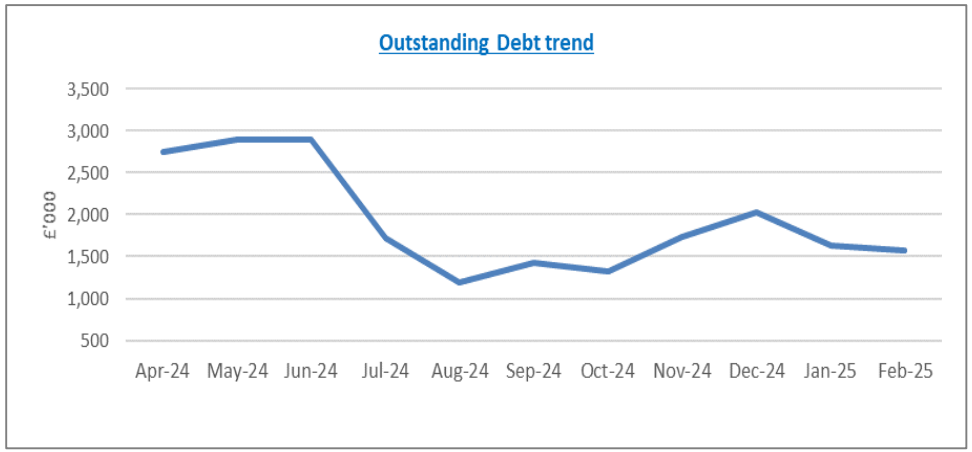
Non-current assets have increased by £0.31m in February predominantly made up of capital expenditure and depreciation.

Current Assets

Current assets have increased by £0.36m. This reflects the receipt of £0.94m capital funding, which has been offset by the impact of the final settlement of the Littlebrook hospital purchase (opposite impact can be seen within total liabilities).

Total Liabilities

Overall total liabilities has decreased by £0.46m as a result of the final invoices for the Littlebrook purchase being settled.



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Capital Position

	Full year			In Month			Year to Date		
	Plan	Forecast	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
System Capital Funding:									
Information Management and Technology	2,000	2,150	150	577	151	426	1,262	945	317
Capital Maintenance and Minor Schemes	4,166	4,130	(36)	1,214	239	975	3,823	1,041	2,782
Section 136 development	948	0	(948)	123	0	123	821	0	821
Mental Health Response Vehicle	29	29	(0)	0	0	0	29	0	29
Total System funding	**7,144**	**6,309**	**(835)**	**1,914**	**390**	**1,524**	**5,935**	**1,986**	**3,949**
PDC funding :									
Section 136 development	2,708	1,300	(1,408)	800	65	735	2,456	694	1,762
Capital Maintenance and Minor Schemes	0	1,408	1,408	0	0	0	0	1,408	0
DCF (EPR) IT	1,736	1,177	(559)	0	8	(8)	397	430	(33)
Information Management and Technology	0	559	559	0	0	0	0	0	0
Other	0	138	138	0	93	(93)	0	93	(93)
Mental Health Response Vehicle	198	198	0	0	(7)	7	198	75	123
Total PDC funding	**4,642**	**4,780**	**138**	**800**	**159**	**641**	**3,051**	**2,700**	**351**
Other Capital Funding:									
PFI 2024/25	117	117	0	10	9	1	108	106	2
Leases New	605	244	(361)	0	0	0	605	244	361
Leases Remeasurement	2,872	3,177	305	0	(201)	201	2,872	2,942	(70)
Total Other Capital Funding:	**3,594**	**3,538**	**(56)**	**10**	**(192)**	**202**	**3,585**	**3,292**	**293**
Total Capital Expenditure	**15,380**	**14,627**	**(753)**	**2,724**	**357**	**2,367**	**12,571**	**7,978**	**4,593**

Year to date and forecast performance against Plan

In month, the Capital Programme under spent by £2.37m, which brings the overall year to date spend to £7.98m creating an underspend of £4.59m against plan). The underspend is mainly driven by the Section 136 project and delays in estates schemes which account for £2.58m and £1.37m respectively of the total under performance. Meetings with the Estates team are taking place weekly to closely monitor the projects through March to ensure that the remaining budget is spent.

Underspends on the Section 136 project are being partially mitigated by bringing forward Estates and digital projects (£0.61m and £0.71m respectively) from next year.

The forecast has risen from January to February by £0.18m from £14.45m to £14.63m due to confirmation that the Trust was successful in bidding for additional PDC in relation to cyber security risk reduction and revisions to the performance against the Digital Capabilities Framework (DCF) PDC scheme.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	Thursday 27th March 2025
Title of Paper:	Finance Planning 2025/26
Author:	Nicola George, Deputy Director of Finance
Executive Director:	Nick Brown, Chief Finance and Resources Officer

Purpose of Paper

Purpose:	Approval
Submission to Board:	Board Requested

Overview of Paper

This paper provides an update to the Board on the 2025/26 planning round, and proposes a draft final budget for recommendation to the Trust board.

Items of focus

The Trust has developed a breakeven position for 2025/26. This is based on the delivery of a £15.4m cost improvement programme, equating to 5% of the Trust's budget.

In addition, the Trust has a draft capital programme of £11.1m in year, with conversation ongoing to confirm final allocations with our system partners.

The Board are asked to note,

- The level of cost improvement required within the Trust to deliver its financial position.
- The integrated care system remains financially challenged and further work is required to ensure the delivery of a balanced financial plan.
- The requirement for the Trust to reduce its agency spend by 40%, and bank spend by 15% in-year. We are presently planning to deliver these reductions but further work is required in each area.

The Trust is required to submit its financial plan to NHS England on 27th March 2025.

Governance

Implications/Impact:	If the Trust fails to deliver on its 2025/26 financial plan then this could impact on the long-term financial sustainability agenda
Assurance:	Reasonable
Oversight:	Finance and Performance Committee

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Financial Annual Plan Submission
March Submission

2025/26

March 2025

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RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

Overview

The Trust is required to submit its financial plan on 27th March 2025

The Trust is proposing to submit a break even position for 2024/25. This is based on the following assumptions,

- CIP Delivery of £15.44m (5.00%). This is in line with the system expectation; reflecting the NHS efficiency for 2025/26, unfunded inflationary pressures and the impact of the non recurrent CIPs in 2024/25.
- The cost uplift factor is set at 4.15% with an efficiency assumption of 2.00%, resulting in a net increase of 2.15%. This uplift covers an assumed 2.80% pay award and the changes to employer national insurance contributions.
- The Trust is required to focus on reduction temporary staffing in year, with an expectation that agency spend will reduce by 40% and bank by 15%. The Trust is presently reviewing the impact of this and working with its services to ensure that patient care is maintained.
- The Trust is leading the prioritisation process for the MHIS and is working with Kent & Medway ICB and wider system partners in order to determine the best way to allocate funding for 2025/26.

The main risks to the delivery of the plan include:

- Present level of out of area activity, which is costing £350k per month, and is not sustainable in the longer term. The pressure relates to Clinically Ready for Discharge patients, and this is being picked up with system colleagues.
- The reduction in agency spend for the Trust is a challenged to the delivery of patient care. Work is on-going with clinical services to ensure that the revised cap can be safely delivered. Initial plans support a 30% reduction in medical agency staff, and a 50% reduction in nursing. These reductions will be possible by increasing substantive staffing levels.

Financial Plan

	2024/25 £'000s	2025/26 £'000s
Income		
Income from Activities	262,208	276,015
Other Operating Income	23,377	17,833
Total Income	**285,584**	**293,848**
Expenditure		
Substantive	(188,125)	(204,717)
Bank	(21,579)	(18,460)
Agency	(7,005)	(4,270)
Total Employee Expenses	**(216,708)**	**(227,447)**
Clinical supplies	(4,011)	(5,435)
Drugs	(3,399)	(3,825)
Other non pay	(43,675)	(41,987)
Non Exec Director	(165)	(183)
Redundancy Costs	(176)	0
Depreciation	(11,173)	(10,036)
Total Non Pay	**(62,599)**	**(61,466)**
Total Expenditure	**(279,307)**	**(288,913)**
Operating Surplus / (Deficit)	**6,277**	**4,935**
Finance Costs	(4,054)	(4,935)
System control Surplus /(Deficit)	**2,224**	**0**
Excluded from System control Surplus / (Deficit)		
Technical adjustments	(118)	(192)
Surplus / (deficit) for the period	**2,105**	**(192)**

Summary

- The total income position included in the plan for 2025/26 is £293.8m, this is inclusive of the net cost uplift factor of 2.15% which is as per guidance.
- Patient Care income budgets has been set based on provisional contract values for the main clinical contracts, with other contracts set in line with this year and adjusted to reflect the cost uplift factor.
- Contractual envelopes anticipated to be confirmed by the end of March.
- Pay budgets have been set to reflect existing establishments or agreed service changes and have been reviewed in conjunction with budget holders and are reflective of the National Insurance increase.
- Inflation for pay award will be held centrally and devolved upon the annual pay award being confirmed.
- The Trust is required to reduce spend on agency staff by 40% and reduce bank spend by 15%.
- Non-pay budgets remain largely unchanged; however, specific budgets have been uplifted for inflation and other material movements e.g. rates, clinical negligence, depreciation charges.

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Capital Plan

- The Trust has a total capital allocation of £11.1m for 2025/26 which includes Brokerage from 2024/25 to meet the costs of the centralised s136.

- A bid has been submitted for a Female PICU, this would increase the capital programme by up to £3.90m.

- Schemes have been reviewed with capital leads and Directorates with prioritisation in line with the Trust's governance processes. This has been approved by the Trust Capital Group and is aligned to the Integrated Care Board (ICB) capital framework. The list of prioritised schemes includes:

  - **Estate Schemes**
    - Bluebell & Foxglove - Internal & Final exit door replacement
    - Forensic Medium Secure developments
    - Littlebrook door replacements
    - Segregation of the Male and Female patients areas in Ethelbert Road Rehab unit
    - Trevor Gibbons Unit (TGU) - Anti Ligature Doors Emmetts, Walmer & Penshurst

  - **IT Schemes**
    - Hardware / device replacement programme

Kent and Medway NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th March 2025
Title of Paper:	Culture, Identity and Staff Experience – feedback through the latest National Staff Survey
Author:	Rebecca Stroud-Matthews, Deputy Chief People Officer (Resourcing and OD)
Executive Director:	Sandra Goatley, Chief People Officer

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Request

Overview of Paper

The National NHS Staff Survey is our annual culture diagnostic tool – it provides a robust snapshot of staff experience working within KMPT and provides an opportunity to measure staff satisfaction, experience and engagement over time. It highlights what we, as an employer, do well and where we need to improve.

This paper summarises the Staff Survey 2024 key findings from the Picker results which facilitates comparisons across the organisation and benchmarking with 20 other Mental Health and Mental Health Community Trusts that use this survey provider – our 'Picker Average'.

Issues to bring to the Board's attention

Items of excellence

- Our line managers continue to be an asset to our staff satisfaction
- Percentage of staff receiving an appraisal is now at 91%
- We also do well in terms of ensuring our teams have the resources needed to carry out their work
- BAME employee engagement has increased from 7.3 to 7.4
- Overall Health & Wellbeing continues to improve, with 22 elements from this section of the survey improving from 2023 to 2024

Significant improvements in matters that were previously an area of concern

- Staff experience has improved in terms of reporting physical violence, harassment, bullying or abuse from patients/service users, their relatives or members of the public.
- We have also seen a reduction in staff experiencing discrimination from manager/team leader or other colleagues

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Items of concern and hot spots

- Broad colleague engagement – we have noted a decline in engagement in particular from our East and West Kent Directorates
- Our highest staff survey decline relates to people being involved in changes that affect their work
- Our staff feeling that they would be happy with standard of care provided by the organisation if a friend/relative needed treatment
- Recommending KMPT as a place to work has also decreased overall, mainly driven by the largest percentage drops in East and West Kent Directorates

Governance

Implications/Impact:	Financial and resourcing
Assurance:	Reasonable
Oversight:	Board

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1. BACKGROUND

1.1. KMPT has maintained a focus on culture, identity and staff experience over recent years, with improvements in this area being one of its breakthrough objectives.

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

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

1.3. The National Staff Survey was responded to this year by 55% of KMPT staff (ranging from 51% to 65% across the Directorates), meaning that 179 more staff completed the survey this year than they did last year. This is 1% higher than the average response rate for mental health trusts nationally and 4% higher than the Picker average (from 20 Mental Health Trusts). In comparison Sussex MHT achieved a 45% response rate. We believe this improvement has been driven by our engagement initiatives this year, encouraging staff to speak up – with the survey being signposted as one of the ways staff can do this anonymously.

1.4. It should be noted that, with the adoption of listening events, network events and Speak to Sheila, are examples of many ways staff can engage in what is going on at KMPT. Alongside these other sources of feedback, the Staff Survey serves as a helpful barometer for organisational culture, and is unique from some other sources in that it allows KMPT to compare its feedback with feedback over time and with feedback from other similar organisations.

1.5. Although the Staff Survey results for this year show improvements in scores in a number of areas which have been focuses of the culture, identity and staff experience work, it is acknowledged that KMPT has been challenged as we have undertaken large scale transformational change in our community teams over the past 12-18 months, and the Staff Survey results reflect this.

1.6. Using the National Staff Survey results, this paper considers progress against KMPT's culture, identity and staff experience ambitions, exploring areas where the Trust's results have improved and deteriorated, and comparisons with external mental health Trust benchmarks. The paper also identifies areas of the culture, identify and staff experience programme which may need to be strengthened, expedited or built upon in order to achieve KMPT's ambitions of being a great place to work.

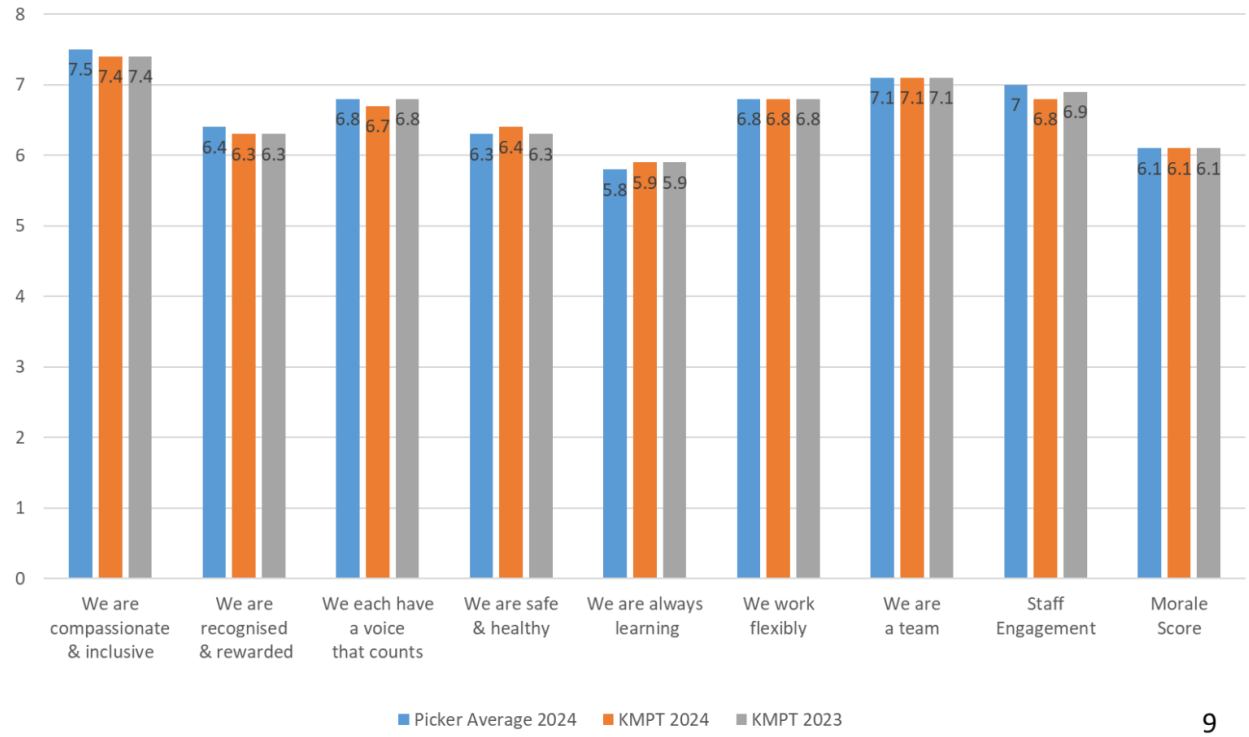
2. STAFF SURVEY RESULTS

2.1. Staff Survey results: Overview against People Promise

2.1.1. The National Staff Survey comprises 101 separate questions. Since 2021, these questions have been grouped into the key strands of the national People Promise and scored on a scale of 1 to 10 (10 being the most positive) based on the responses. This grouping provides a helpful overview of the total feedback.

2.1.2. Overall, this highlights that KMPT's results are broadly in line with the national average for Mental Health Trusts overall, and broadly in line with KMPT's results last year.

2.1.3. KMPT scores slightly better than the national average in the "We are safe and healthy" and "We are always learning" domains, and slightly worse than the national average in the "We are compassionate and inclusive" and "We are recognised and rewarded" domains. The greatest variance from the national average is in KMPT's engagement score, which is 0.2 points below the national average.



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

2.2.1. In terms of the broader People Promise scores, small deteriorations can be seen in the "We have a voice that counts" and the "Staff engagement" scores. The "We are safe and healthy score" increased, taking it above the national average. All other scores maintained at the same levels as in the 2023 survey.

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2.2.2. Across the 101 questions in this year's survey, responses had materially improved in response to 4 questions and materially deteriorated in response 5. It should be noted that for statistical purposes, only variations of more than 3% are recognised as variations. Scores for all other questions remained the same.

2.2.3. The full set of question scores since the 2020 National Staff Survey can be found in Appendix 1.

2.2.4. The scores with the greatest improvement appear to relate to resourcing, raising concerns, appraisal and leaver intention. The improved scores themselves are shown below:

Most improved scores	KMPT 2024	KMPT 2023	Picker Average 2024
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	47%	41%	43%
q3i. Enough staff at organisation to do my job properly	37%	34%	37%
q14d. Last experience of harassment/bullying/abuse reported	67%	64%	64%
q23a. Received appraisal in the last 12 months	91%	88%	87%
q26a. I don't often think about leaving this organisation	45%	43%	46%

2.2.5. The scores with the greatest deterioration appear to relate to voice and influence, teamworking, motivation and violence and aggression. It is important to note that the staff survey was completed ahead of the work we undertook on Violence and Aggression in Q4 of the calendar year. The deteriorated scores themselves are shown below:

Most declined scores	KMPT 2024	KMPT 2023	Picker Average 2024
q3e. Involved in deciding changes that affect work	48%	51%	53%
q7f. Team has enough freedom in how to do its work	58%	61%	61%
q7d. Team members understand each other's roles	67%	70%	70%

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q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	69%	72%	75%
Q2c.Time often/always passes quickly when I am working	70%	73%	73%

Our most declined score – ***q3e. Involved in deciding changes that affect work*** – shows considerable variations across the Directorates with Forensics and Support Services rating above the Picker average and our lowest being East Kent at 27.7% as shown in the table below:

Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
n = 2095	n = 332	n = 340	n = 375	n = 252	n = 560	n = 236
47.6%	47.9%	27.7%	55.0%	45.2%	58.4%	40.9%

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

2.3.1. Across the 101 questions in this year's survey, responses to 9 questions were materially better than the average for mental health Trusts, and responses to 16 questions were materially worse than the average for mental health Trusts. It should be noted that for statistical purposes, only variations of more than 3% are recognised as variations. Scores for all other questions were aligned to the national average for mental health Trusts.

2.3.2. The strongest scores appear to relate to resourcing, raising concerns, health and wellbeing, immediate management, and appraisal. The scores can be seen below:

Top 5 scores vs Picker Average	KMPT 2024	Picker Average 2024	KMPT 2023
q3h. Have adequate materials, supplies and equipment to do my work	68%	62%	67%
q13d. Last experience of physical violence reported	96%	90%	93%
q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	82%	77%	80%
q9b. Immediate manager gives clear feedback on my work	78%	74%	78%

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q23a. Received appraisal in last 12 months	91%	87%	88%

2.3.3. The poorest scores appear to relate to advocacy, violence and aggression, motivation, and influence. The scores can be seen below:

Bottom 5 scores vs Picker Average	KMPT 2024	Picker Average 2024	KMPT 2023
Q25d. If a friend/relative needed treatment would be happy with standard of care provided by the organisation	52%	61%	53%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	69%	75%	72%
q24a. Organisation offers me challenging work	69%	75%	71%
q25c. Would recommend the organisation as a place to work	57%	63%	58%
q3e. Involved in deciding changes that affect work	48%	53%	51%

Our bottom score vs Picker average - ***Q25d. If a friend/relative needed treatment would be happy with standard of care provided by the organisation*** - has continually dropped over the past 5 years. With the exception of Acute (which has improved) all areas have progressively decreased. This area has been picked up as a focus within our strategy and therefore we are planning to explore in more detail.

This decline can be seen by Directorate in the tables below, n.b. reminder of Directorate realignment in 2023:

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2024

Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
n = 2095	n = 332	n = 340	n = 375	n = 252	n = 560	n = 236
51.8%	60.6%	36.3%	59.0%	50.6%	53.1%	48.5%

2023

Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
n = 1916	n = 287	n = 300	n = 355	n = 188	n = 518	n = 268
53.2%	57.2%	47.0%	59.9%	47.8%	52.6%	52.1%

2022

Comparator (Organisation Overall)	380 Acute Care Group	380 CR & PCPTS Care Group	380 Forensic & Spec Care Group	380 Older Adults Care Group	380 Support Services
n = 2229	n = 304	n = 518	n = 438	n = 370	n = 599
56.8%	54.3%	49.1%	63.5%	63.0%	55.9%

2021

Comparator (Organisation Overall)	380 Acute Care Group	380 CR & PCPTS Care Group	380 Forensic & Spec Care Group	380 Older Adults Care Group	380 Support Services
n = 2311	n = 346	n = 546	n = 456	n = 397	n = 566
59.4%	53.8%	51.8%	65.8%	68.4%	58.9%

2020

Comparator (Organisation Overall)	Acute Care Group	CR & PCPTS Care Group	Forensic & Spec Care Group	Older Adults Care Group	Support Services Care Group
n = 2015	n = 288	n = 468	n = 395	n = 341	n = 523
64%	59%	51%	71%	72%	66%

One other area, which is a key driver of engagement - ***q25c. Would recommend the organisation as a place to work*** – has also seen consistent declined over the past 5 years, with the exception of Support Services which has improved.

2024

Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
n = 2095	n = 332	n = 340	n = 375	n = 252	n = 560	n = 236
56.7%	60.9%	41.3%	61.7%	56.8%	63.0%	50.2%

2023

Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
n = 1916	n = 287	n = 300	n = 355	n = 188	n = 518	n = 268
57.8%	57.9%	52.3%	63.7%	47.3%	61.3%	56.8%

2022

Comparator (Organisation Overall)	380 Acute Care Group	380 CR & PCPTS Care Group	380 Forensic & Spec Care Group	380 Older Adults Care Group	380 Support Services
n = 2229	n = 304	n = 518	n = 438	n = 370	n = 599
57.6%	58.1%	48.7%	60.6%	60.0%	61.5%

2021

Comparator (Organisation Overall)	380 Acute Care Group	380 CR & PCPTS Care Group	380 Forensic & Spec Care Group	380 Older Adults Care Group	380 Support Services
n = 2311	n = 346	n = 546	n = 456	n = 397	n = 566
60.1%	52.6%	56.5%	64.0%	61.9%	64.1%

2020

Comparator (Organisation Overall)	Acute Care Group	CR & PCPTS Care Group	Forensic & Spec Care Group	Older Adults Care Group	Support Services Care Group
n = 2015	n = 288	n = 468	n = 395	n = 341	n = 523
64%	58%	57%	68%	66%	68%

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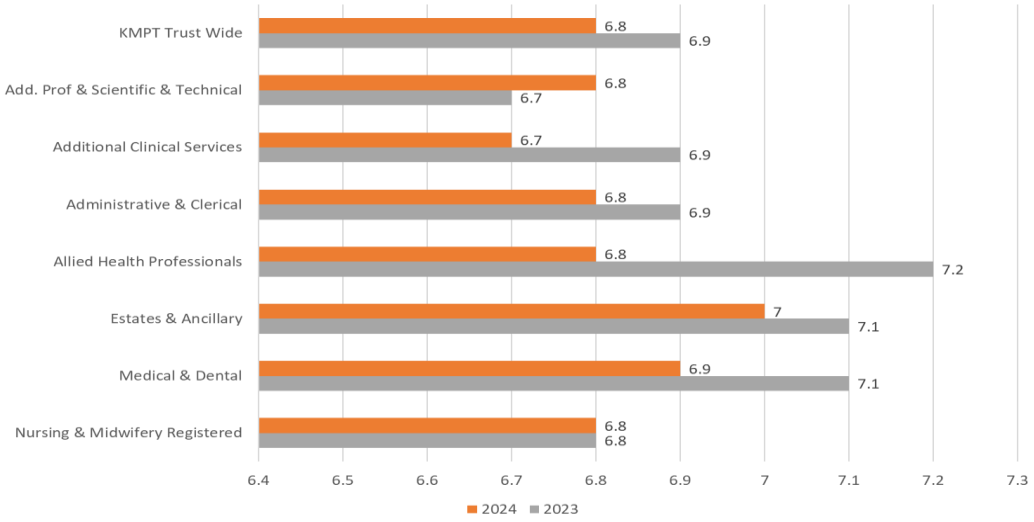
2.4. Staff Survey results: Internal benchmarking (comparison across professional groups)

2.4.1. Using the engagement score (which tends to be a good single indicator to reflect overall satisfaction), we can see that there have been improvements amongst the Additional Professional Scientific and Technical Staff Group (from 6.7 to 6.8 out 10). However, there were deteriorations amongst all other professional groups. The greatest deterioration could be seen amongst Allied Health Professionals (from 7.2 to 6.8). Although all areas of engagement driver questions had decreased the main drivers were in enjoyment of work, ability to recommend improvements and care of patients being the organisations top priority. We have a new AHP Lead within the Trust who is planning to do more exploration and analysis behind staff experience and are working with her to support this.

2.4.2. Engagement levels appear to be highest amongst Estates and Ancillary staff (at 7 out of 10) and lowest amongst Additional Clinical Services (at 6.7 out of 10).
Additional clinical services are comprised of the following roles:

- Health Care Support Worker
- Assistant or Associate Practitioner
- Assistant Practitioner Nursing
- Assistant Psychologist
- Counsellor
- Healthcare Assistant
- Nursing Associate
- Peer Support Worker
- Psychological Wellbeing Practitioner
- Support, Time, Recovery Worker
- Trainee Nursing Associate
- Trainee Practitioner

2.4.3. The scores can be seen below:



2.5. Staff Survey results: Internal benchmarking (comparison across directorates)

2.5.1. There is a broad range of scores across directorates this year. Notably, the results highlight a challenging picture for the East Kent directorate. East Kent have had a testing year as the first

Directorate to go live with the Community Mental Health Framework transformation. There have been numerous consultations across the year, at the time of the survey we were consulting with Liaison and early intervention for psychosis (EIP) services, both of which were particularly challenging and we had to learn lessons fast regarding our approach to this. East Kent also experienced 'hotspot' areas where teams were dissatisfied with the changes to their working experience impacting workload, clarity of roles, staffing levels and the complexity of the changes required. We aimed to mitigate these challenges by providing open and transparent communication through events and regular drop in sessions, addressing staff concerns and providing opportunities for feedback. We have also been recruiting and onboarding our colleagues from Shaw Trust, Porchlight and Invicta with the aim of being recruited by March.

2.5.2. The Acute directorate has the highest engagement score of the directorates, with particularly strong advocacy responses, whilst Support Services shows the most positive responses overall.

2.5.3. These scores can be seen below:

	Number of respondents	Staff Engagement score	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Motivation	Involvement	Advocacy	Thinking About Leaving	Work Pressure	Stressors	Morale
KMPT Comparator Picker avg.	2095	6.8	7.4	6.3	6.7	6.4	5.9	6.8	7.1	6.9	7	6.4	6	5.7	6.6	6.1
Acute Comparator org overall	332	7.1	7.4	6.1	6.9	6.2	6.2	6.6	7.2	7.1	7.2	6.9	5.9	5.8	6.5	6
East Kent	340	5.9	6.9	5.7	6	5.9	5.3	6.2	6.5	6.4	5.9	5.3	5.3	5	5.9	5.4
Forensic & Specialist	375	7	7.5	6.3	6.9	6.6	6	6.9	7.3	7.1	7.3	6.8	6.3	5.9	6.9	6.4
North Kent	252	6.8	7.5	6.2	6.6	6.4	6.2	6.8	7.1	7	6.9	6.5	5.7	5.6	6.5	6
West Kent	237	6.6	7.4	6.2	6.4	6.1	5.7	6.6	7.1	6.9	6.8	6.1	5.8	5.2	6.5	5.8
Support Services	559	7	7.6	6.7	7.1	6.9	6.2	7.5	7.4	7	7.5	6.7	6.4	6.4	7	6.6

2.6. Staff Survey results: Summary of key themes

Highest priority areas of achievement

2.6.1. When considering historical benchmarking, comparison with national averages, and KMPT's own priorities, the following areas of achievement are identified:

Resourcing
The proportion of staff who believe there are adequate numbers of staff in the organisation increased from 34% to 37%, and the proportion of staff working additional unpaid hours also decreased from 59% to 53%. Progress around resourcing has been acknowledged previously by the Executive Team and Board, with Trust-wide vacancy rates having continued to fall since the previous survey. Although there are localised challenges around resourcing, it is encouraging that on the whole, staff appear to be feeling the benefit, with fewer unpaid hours now being worked (check paid hours) and more staff reporting that there are enough staff in the organisation.

Health and wellbeing
The proportion of staff who reported not having felt unwell due to work related stress has improved (from 60.6% in 2023 to 62.2% in 2024) and is now below the national average for mental health Trusts (at 58.9%). The proportion of staff not experiencing musculoskeletal issues has also improved (from 80.2% in 2023 to 82.1% in 2024) and is also below the national average for mental health Trusts at 77%). This was an area of focus in 2023/24, with a number of key updates being made to our staff support offer which included the introduction of a new occupational health service and employee assistance programme and so the improvement in this result is positive.

Raising concerns
The proportion of staff who had experienced bullying, harassment and abuse increased from 64% to 67%. The culture, identity and staff experience work – specifically on reducing violence and aggression, improving cultural competence (EDI) and the development of new values - has aimed to make it clear to all staff that the way they conduct themselves matters (to create an equal emphasis on the 'how' as well as the 'what'), and in the months leading up to the survey, there was work done with staff to develop a refreshed set of values and behaviours – creating a shared set of standards. This, coupled with work aiming to encourage speaking up, is considered to be behind the improvements in this area.

Reporting of physical violence has also improved by 3% with 96% of staff saying they reported their last experience of physical violence. This compares favourably with the national average of 90%, and is believed to be a result of both the work around speaking up and the work around violence and aggression.

Highest priority areas for improvement

2.6.2. When considering historical benchmarking, comparison with national averages, and KMPT's own priorities, the following areas for improvement are identified:

Influence
This has been an area of focus of the culture, identity and staff experience work, and so it is disappointing that there have been deteriorations in scores around being involved in deciding changes (from 51.4% in 2023 to 47.6% in 2024 and below the national average of 52.8%) and choice in how to do work (from 60.3% in 2023 to 57.5% in 2024 and below the national average of 61.9%). However, these deteriorations are perhaps not surprising

given the volume and complexity of change that KMPT has delivered over the past 12 months. When we look more closely into the detail of staff feedback from the survey we can see that many of these concerns relate to our large-scale change regarding CMHF. We also heard the same at our Speak to Sheila event where people described how difficult it has been and the challenges some of them are still facing on a day to day basis. As a result, we are conducting a lessons' learned exercise with an external party leading this. Staff have been given an opportunity to be part of this, and assurances made they will be listened to and have their concerns addressed.

Brand and advocacy

Overall our results associated with Advocacy have fallen however there are 10 areas across all directorates with the exception of East and West Kent that have seen improvements. There has been a significant drop overall year on year with the following response: If friend/relative needed treatment would be happy with standard of care provided by organisation – this had fallen 11.8% since 2020 and has fallen a further 1.5% between 2023 and 2024. In Acute, North Kent and Support Services this has risen.

2024 Scores

Locality 1		Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
Q	Description	n = 2095	n = 332	n = 340	n = 375	n = 252	n = 560	n = 236
q25a	Care of patients/service users is organisation's top priority	71.9%	79.6%	52.1%	77.4%	72.9%	76.6%	68.6%
q25b	Organisation acts on concerns raised by patients/service users	70.9%	80.8%	63.8%	75.7%	71.9%	67.3%	67.4%
q25c	Would recommend organisation as place to work	56.7%	60.9%	41.3%	61.7%	56.8%	63.0%	50.2%
q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.8%	60.6%	36.3%	59.0%	50.6%	53.1%	48.5%

2023 Scores

Locality 1		Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
Q	Description	n = 1916	n = 287	n = 300	n = 355	n = 188	n = 518	n = 268
q25a	Care of patients/service users is organisation's top priority	73.2%	75.8%	65.3%	75.9%	74.5%	74.5%	72.2%
q25b	Organisation acts on concerns raised by patients/service users	72.5%	78.7%	73.2%	78.0%	77.4%	63.0%	72.6%
q25c	Would recommend organisation as place to work	57.8%	57.9%	52.3%	63.7%	47.3%	61.3%	56.8%
q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	53.2%	57.2%	47.0%	59.9%	47.8%	52.6%	52.1%

Violence and aggression

We have seen a decline in areas measuring experience of violence, aggression and discrimination from patients whilst scores relating to managers and colleagues have either maintained or improved. Scores where staff have experienced harassment, bullying or abuse from patients/service users their relatives or members of the public has declined by 3.4% from 2023 result and is 4% below Picker average. Whilst other areas have seen a slight decline they remain comparable with Picker average. These scores are somewhat disappointing, but it is noted that it doesn't correlate with other data sources which indicate clear improvements in this area. It should also be noted that the survey question

asks about experiences over the previous 12 months, and therefore prompts responses which pre-date the impact of the violence and aggression work.

Addressing concerns

Although we have seen improvements in relation to confidence of staff to raise concerns, the Staff Survey highlights that there is a need to do more to ensure that such concerns are effectively addressed when raised. Feeling safe to raise concerns has improved this year (from 62.8% in 2023 to 63.5% in 2024) whereas feeling the organisation would address those concerns has dipped (from 50.8% in 2023 to 48.7% in 2024) as has the perception of the organisation acts on concerns raised by patients/service users (from 72.5% in 2023 to 70.9% in 2024). The differences across Directorates can be seen in the tables below:

2023

Locality 1	Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
Description	n = 1916	n = 287	n = 300	n = 355	n = 188	n = 518	n = 268
Organisation acts on concerns raised by patients/service users	72.5%	78.7%	73.2%	78.0%	77.4%	63.0%	72.6%
Feel organisation would address any concerns I raised	50.8%	53.8%	48.3%	52.4%	45.7%	52.5%	48.1%

2024

Locality 1	Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
Description	n = 2095	n = 332	n = 340	n = 375	n = 252	n = 560	n = 236
Organisation acts on concerns raised by patients/service users	70.9%	80.8%	63.8%	75.7%	71.9%	67.3%	67.4%
Feel organisation would address any concerns I raised	48.7%	53.7%	36.9%	50.4%	47.2%	56.6%	39.0%

2.7. Analysing themes and context from additional comments

2.7.1 Staff comments provide a valuable source of data within the survey. They enable employees to express their thoughts and feelings in their own words, providing richer and more nuanced feedback. It also provides context to numerical ratings, helping to clarify the reasons behind ratings and offer a deeper understanding of employees' perspective.

We are exploring our options in this area and how we can best automate this analysis using the freely accessible tools available. In conjunction with this we are in discussions with survey providers on the plans that they have to incorporate this service into their packages that meets NHS requirements on reliability, validity and credibility.

Although we can start this work locally now with the tools available, it is important we maintain these conversations within the NHS as a whole and with our providers to ensure the opportunities thematical analysis gives us can be actionable back to the specific areas the themes are most relevant to.

Version Control: 01

3. PLAN: CULTURE, IDENTITY AND STAFF EXPERIENCE PRIORITIES

3.1. Plenty of good work has happened around culture, identity and staff experience to date, and it is recognised that the first couple of years of this work under the 2023-26 strategy is really laying the foundations – the measurable impact will take longer to materialise.

3.2. As we enter the third year of the strategy, the staff survey results provide a helpful guide as to where we need to adjust the current plan around culture, identity and staff experience.

3.3. It is clear that work underway in relation to the following must continue:

Violence and aggression

- Forensic services rollout begins in Spring 2025
- Body Worn Video Cameras – review of pilot in March 2025
- Trauma Informed Support training to support staff roll out April 2025
- Community services teams roll out of initiatives
- Roll out of safety culture bundles – a set of principles and actions aligned across wards
- Working closely with Kent police teams – we recently hosted a visit with the chief constable on one of our wards where we had an open discussion and Q&A with staff.

EDI Culture work

- Allyship training has commenced and supports an approach to tackling racism and discrimination
- Leading Well Together Programme – commences April 2025. Inclusive leadership built into each module of programme.
- Development of diversity dashboard
- New staff network ToR's agreed. Network 12-month plans developed to align to EDI focus areas and corporate strategic objectives
- Connecting the workforce through Communications & Engagement – development of Comms strategy to promote EDI initiatives & updates across the organisation

Identity, brand and values

- Launch of new behaviours to underpin the 4 values alongside staff survey results March 2025
- Embedding values into policies and procedures
- Submitted Name Change application to Department of Health & Social Care (DHSC)
- Developing our Visual Identity, Accessibility Guidelines & Templates
- Incorporating new tone of voice into our communications and patient literature making it more accessible and easier to understand

3.4. It is proposed that the following adjustments to the current culture, identity and staff experience plan are made:

- Expediting the Trust-wide roll-out of the Staff Council so that this is fully in place by the end of the financial year 25/26. Fully in place means councils in all Directorates are established and running to their purpose. We are currently running a pilot council in the Forensics Directorate to help us establish best practice and learn lessons. By doing this we aim to ensure we can have a consistent and clear approach across all Directorates to enable a September launch. It will take approximately 3 months for Directorates to set up and gain council membership ready for launch.

- Raising and addressing concerns, recommending KMPT as a place to work, being happy with the standard of care for a friend or relative and being involved in changes are all key areas we have picked up for focus in our next years plan. We aim to enhance any current work in these areas and to identify any new opportunities we have to build on this plan.

4. CONCLUSION

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

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

4.3. The Board is asked to consider the findings of the National Staff Survey and the approach set out in this paper to fostering the right culture for KMPT to continue working towards being the best employer it can be.

Version Control: 01

Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING

Meeting details

Date of Meeting:	27th March 2025
Title of Paper:	Trust Sealing Report
Author:	Nicola Legge, Legal Services Manager
Executive Director:	Sheila Stenson, Chief Executive

Purpose of Paper

Purpose:	Noting
Submission to Board:	Standing Order

Overview of Paper

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

Issues to bring to the Board's attention

Two documents have been signed and sealed as a deed from Q3 24/25 This process has been undertaken by Legal Services as per the Trust Standing Orders.

Governance

Implications/Impact:	No risks/impact
Assurance:	Substantial Assurance
Oversight:	Board

Version control: 1

Number	Date of Sealing	Description	Signatures	Comments
160	11.12.24	Transfer of Rivendell	Sheila Stenson Jackie Craissati	Transfer of Property from NHS Property Services to KMPT

Version control: 1

Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th March 2025
Title of Paper:	KMPT Charity Annual Return
Author:	Victoria Rees – Charity and Volunteer Lead
Executive Director:	Dr Adrian Richardson – Director of Transformation and Partnerships

Purpose of Paper

Purpose:	Noting
Submission to Board:	Regulatory Requirement

Overview of Paper

This is the annual return and annual report for noting for the KMPT Charity

Issues to bring to the Board's attention

N/A

Governance

Implications/Impact:	finance/engagement
Assurance:	Reasonable
Oversight:	Charitable Funds Committee

Version Control: 01

Kent & Medway NHS & Social Care
Partnership Trust Charitable Fund

health heart hope @KMPT

Report and Accounts

for the year ended 31 March 2024

Registered Charity Number 1202262

Contents

Foreword from KMPT Chair Jackie Craissati and KMPT CEO Sheila Stenson

Jackie Craissati
KMPT Chair

Sheila Stenson
KMPT CEO

The Trustee presents their annual report and the independently examined financial statements for the year ended 31 March 2024.

The Charity was founded in 2022 with a clear mission to enhance mental health services by identifying and funding projects, ideas, and equipment that improve the experiences of our patients, families, and carers while offering vital support to staff, particularly around their wellbeing. Since our inception, we've made encouraging progress on this journey, though we recognise the need to grow our fundraising efforts to fully realise our ambitions for those we support.

Launching a charity during a challenging economic climate, with rising costs and increased competition for donations, was never going to be easy. Nevertheless, over the past year, we have made meaningful progress by unlocking its full potential. Over the past year, we have made meaningful progress by laying strong foundations for the future. This includes developing a three-year strategy, recruiting experienced charity professionals, and prioritising engagement, income generation, and impactful projects. However, we recognise the need to grow our fundraising efforts to fully realise our ambitions for those we support.

On behalf of the Board, we would like to say a huge thank you to all our staff, supporters and volunteers for their incredible support, dedication, and fundraising efforts. Your contributions to wellbeing activities, volunteer days, and fundraising events have already made a real difference. A special thank you to our Pharmacist team for taking on the Canterbury Cycle Ride and to our Carers Leads and Dementia teams for their outstanding fundraising. Your hard work and passion continue to inspire us and drive our mission forward. Examples of how funds have been used are outlined in this report, and we are proud to have used our resources wisely while setting the charity up for long-term success.

Looking ahead, we are excited to grow and develop the charity further. Our focus will be on finding sustainable funding solutions, raising awareness of our mission, and inspiring more people to support our work. We are optimistic about the year to come and are confident in our ability to fund initiatives that will improve lives across Kent and Medway.

Warm wishes

Jackie and Sheila

2023/24 Key Highlights

£4,140

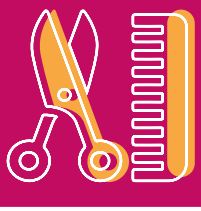
raised by Webb's Charity Garden through therapeutic gardening sessions and sales of homegrown produce grown by patients and volunteers.

£1,500

grant from Barchester Health funded the creation of a wellbeing garden at Ethelbert Ward, Canterbury, providing a calming space for patients.

We funded an upcycling project at Rivendell Rehabilitation Unit, Eastry, a 10-bed inpatient unit for adults with complex mental health needs. Patients and staff worked together to upcycle items and sell them, supporting their projects and services.

We arranged and funded specialist on-ward hairdressing services for Afro-Caribbean patients who were unable to leave the wards, ensuring their dignity and wellbeing.



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KMPT pharmacists took part in the Canterbury Cycle Race, raising funds to support our work.

Over **£3,000**

worth of raffle prizes were secured as we celebrated the NHS's 75th anniversary with a raffle and events across the Trust. More than 42 Charity Champions sold tickets, raising awareness and support.

We provided vital support to patients, staff, and carers, including donating a computer tablet to a dementia patient and distributing underwear donated by Asda to those experiencing hardship.

£311.96

was raised by Webb's Open Garden Day in May, supported by Moreton Ltd, Taylor Wimpey, and KCC. The event welcomed hundreds of visitors, with free goodie bags for the first 30 attendees.

The Role of the Charity

Our 2023 - 2026 Objectives

Care & Support

- We facilitate support and transformation for our patients and aid for our dedicated NHS staff

Communications & Fundraising

- We will work to raise the profile of our charity to all across Kent & Medway
- We aim to inspire greater support by communicating about the people and projects we fund and the impact they make
- We will fundraise for and seek funding for projects that the NHS is unable to fund

Interface with our Communities

- We aim to improve the awareness of mental health through our charitable activities
- We will facilitate greater understanding of metal health with our corporate & other sponsors

Research & Innovation

- We will seek funding to support high quality and innovative research that enhances our understanding of mental health, learning disabilities and autism with the aim to improve lives across Kent & Medway
- We will support through funding innovations in mental health practice

2023/24 Case Studies

Green Spaces

Funding from Snodland Town Council, raised through the 2023 Christmas lights collection and carnival, made a new therapeutic garden at Orchards Ward possible. This 16-bed unit supports older adults with acute mental health needs.

The project, led by the Trust's Carers Lead and Art Therapist, created a safe, sensory space where patients designed, gardened, and maintained the area. The garden encouraged social interaction, skill-building, and rehabilitation while offering a peaceful space for reflection and group activities.

With sustainable planting, including herbs, fruit, and vegetables, the project helped patients, staff, and volunteers build confidence, connect with others, and support recovery.

Engaging Communities

A key focus for the charity is engaging with our community and supporters to help deliver meaningful projects. Corporate volunteers play a vital role in improving access to our cherished green spaces, which provide therapeutic and restful environments for patients and staff.

In the first week of August, a team from Blu-3 joined us to tackle the weeding of flowerbeds and green areas at Webb's Garden and Ethelbert Road. The task was no small feat, but the team rose to the challenge, and their hard work made a noticeable difference, transforming the gardens into more welcoming spaces for everyone to enjoy. We are incredibly grateful for their support.

Dementia

During 2023, the charity team attended events across Kent and Medway to raise awareness of our dementia services, groups and charity. This was an incredibly rewarding experience for the charity, and helped reach more supporters and raise over £400 to support our Dementia groups.

Financial Overview and Fund Structure

The charity works closely with sustainability, wellbeing and clinical leads to identify and deliver on its 3-year objectives.

All fundraising is conducted by supporters of the charity and in accordance with the KMPT Fundraising Policy and Cash Handling Procedure. The charity is fully aware of its requirements to make sure vulnerable people are protected, including safeguarding and information governance training. The charity received start-up funding from KMPT for salaries and marketing materials. The remainder of our income came from grant funders and the generosity and efforts of philanthropic people. At the end of financial year, the charity's total funds held were £42,373. It did not receive any legacy, investment or endowment income during the period but it is planned that this will come with increased marketing activity next year. The charity works closely with sustainability, wellbeing and clinical leads to identify and deliver on its 3-year objectives.

Fund Structure & Definition of Funds

The Corporate Trustee reviews the balances held in designated funds to determine whether these funds are likely to be committed in the near future and the extent to which there is a continuing need identified for any particular fund(s). In the event that the need no longer exists those funds will be transferred to the General Fund. Further rationalisation will occur if designated funds are no longer financially viable or have a similar object to another unrestricted fund.

RESTRICTED

funds which are subject to specific trusts e.g. terms of will or a grant

ENDOWMENT

held as capital and only the income generated can be expended

DESIGNATED

where the charity has set the money aside for a particular purpose but it remains unrestricted and can be redesignated or undesignated at any time

UNRESTRICTED

are expendable at the discretion of the Trustees and can be designated

Management Structure

The Charitable Funds Committee delegate operational delivery of the charity to the Charity Lead. Charity Start-Up core costs have been sponsored by KMPT whilst we move towards being self-funding. The Charity Lead receives professional advice from the Charity Operational Delivery Group who meet monthly. In March 2023 Health, Heart, Hope became a registered Charity with the Charities Commission, meaning it can now receive Charity law advice and training for Corporate Trustee. The Charity also benefited from the NHS Charities Together membership support services including support, networking and information services.

Sean Bone-Knell
Chair of the Charitable Funds Committee and Non-Executive Director
Appointed to CFC 30th April 2024

Nick Brown
Charitable Funds Committee Member and Chief Finance and Resources Officer
Appointed to CFC in current role September 2024

Dr Mary- Ann Ferreux
Non-Executive Director, and Charitable Funds Committee
Appointed to CFC 30th April 2024

Kim Lowe
Non-Executive Director, and Charitable Funds Committee Member
Appointed to CFC 30th April 2024

Dr Adrian Richardson
Charitable Fund Committee Senior Responsible Officer and Director of Partnerships and Transformation
Appointed to CFC 20th April 2024

Charity Information

Reserves Policy

The Corporate Trustee recognises their obligation to ensure that income received by the charity should be spent effectively and promptly in accordance with the fund's objectives.

The Charity Commission recommends that registered charities hold at least 3 months operating costs in an interest-bearing account as a contingency fund. As the charity becomes established and income increases the charity will move towards holding this level of reserves.

The Charity does not have any formal reserves, however, it does have enough within its funds to continue to pay a proportion of NHS staff time to manage the charity. There is enough money held on account within the funds to ensure that other costs, such as examination fees, are covered. Other spending activities are only authorised when full funding is available.

Grant Making Policy

The charity can make grants from its funds under the terms of its policy which has been consulted on by staff for over 6 months and approved by Charity Commission as compliant with Charity Law. This will be published on KMPT's internal intranet to support KMPT staff to make applications to the Charity Lead with any requests over £5,000 being referred to the Charity Funds Committee for scrutiny.

Governance

The members of the KMPT Trust Board form the Corporate Trustee who meet annually to review the annual report and accounts. They delegate responsibility to the Charitable Funds Committee who meet quarterly to scrutinise the actions of the Charity Operational Delivery Group and review applications for funding over £5,000. None of the Trustees received reimbursements or remuneration from the charity for either their work or expenses incurred in this financial year whilst undertaking their responsibilities for the charity.

Statement of Corporate Trustee responsibilities

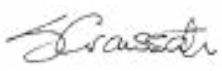
The Corporate Trustee is responsible for preparing a Trustee's Annual Report and the financial statements in accordance with applicable law and regulations. The Corporate Trustee is required to prepare the financial statements in accordance with UK Accounting Standards, including Charities SORP FRS102 The Financial Reporting Standard applicable in the UK and Republic of Ireland. The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the incoming resources for that period. In preparing these financial statements generally accepted accounting practice entails that the trustee:

- Selects suitable accounting policies and then apply them consistently
- Makes judgements and estimates that are reasonable and prudent
- States whether the recommendations of the Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the financial statements
- States whether the financial statements comply with the Trust Deed, subject to any material departures disclosed and explained in the financial statements
- Assess the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and uses the going concern basis of accounting unless they either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

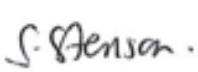
The Trustee is required to act in accordance with the Trust Deed of the Charity, within the framework of trust law. It is responsible for keeping accounting records which are sufficient to show and explain the charity transactions and disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the Trustee to ensure that, where any statements of accounts are prepared by them under Section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. It is responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and has general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

On behalf of the Trustees

Jackie Craissati
KMPT Chair
Date: 24 January 2025



Sheila Stenson
KMPT CEO
Date: 24 January 2025



Independent Examiner's Report to the Trustees of Kent and Medway NHS & Social Care Partnership Trust Charitable Fund

FOR THE YEAR ENDED 31 MARCH 2024

I report on the accounts of Kent and Medway NHS Social Care Partnership Trust Charitable Fund for the year ended 31 March 2024 which comprise the statement of financial activities, balance sheet and notes set out on pages 16 to 23.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 ("the Charities Act") and that an independent examination is needed.
It is my responsibility to:

- examine the accounts under section 145 of the Charities Act;
- to follow the procedures laid down in the general Directions given by the Charity Commission (under section 145(5)(b) of the Charities Act, and
- to state whether particular matters have come to my attention.

Basis of independent examiner's statement

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and the seeking of explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no material matters have come to my attention which gives me cause to believe that in, any material respect:

- the accounting records were not kept in accordance with section 130 of the Charities Act; or
- the accounts did not accord with the accounting records; or
- the accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

61 London Road
Maidstone,
Kent
ME16 8TX

J Griggs FCA
LEVICKS Chartered Accountants and Business Advisers
Date: 28 January 2025

Kent and Medway NHS Social Care Partnership Trust Charitable Fund

Accounts for Year ended 31 March 2024

Registered Charity Number: 1202262

Foreword

The Trustee presents their annual report and the independently examined financial statements for the year ended 31 March 2024.

The annual report and financial statements comply with the Charity's trust deed, applicable Accounting Standards in the United Kingdom and the Statement of Recommended Practice (Charities SORP FRS 102). "Accounting and Reporting by Charities" second edition issued in October 2019.

Reference and Administrative Details

Name and address of Charity:
Kent and Medway NHS Social Care Partnership Trust Charitable Fund
Priority House, Hermitage Lane, Maidstone ME16 9PH

Registered Charity Number: 1202262

Other Name Used by Charity: Health, Heart, Hope @ KMPT

Trustee Arrangements:
Kent and Medway NHS Social Care Partnership Trust is the Corporate Trustee of the Charity. The Board of Directors (Voting Board Members) who served the Trust during the year to 31 March 2024 were as follows:

Sheila Stenson, Chief Executive (since November 2023), Deputy Chief Executive/Chief Finance (from November 2022 until October 2023), Executive Director of Finance (until October 2022)

Helen Greatorex, Chief Executive - left November 2023

Donna Hayward-Sussex, Deputy Chief Executive (from November 2023), Chief Operating Officer (from March 2022)

Dr Afifa Qazi, Chief Medical Officer

Andy Cruickshank, Chief Nurse

Dr Adrian Richardson, Director of Partnerships and Transformation

Sandra Goatley, Chief People Officer

Nick Brown, Chief Finance and Resource Officer (since November 2023)

Jackie Craissati, Trust Chair

Catherine Walker, Non-Executive Director & Senior Independent Director

Venu Branch, Non-Executive Director and Deputy Chair (until February 2024)

Peter Conway, Non-Executive Director

Kim Lowe, Non-Executive Director

Sean Bone-Knell, Non-Executive Director

Mickola Wilson, Non-Executive Director

Dr Asif Bachlani, Associate Non-Executive Director

Stephen Waring, Non-Executive Director

Dr MaryAnn Ferreux, Associate Non-Executive Director

Structure

Bankers:
Natwest Bank
Corporate & Institutional Banking
9th Floor
280 Bishopsgate
London
EC2M 4RB

Independent Examiner:
J.A. Griggs FCA
Levicks Chartered Accountants and Business Advisers
61 London Road
Maidstone,
Kent
ME16 8TX

Structure, Governance and Management of the Charitable Funds
The Charity was created by Trust Deed and is registered with the Charity Commission as Kent and Medway NHS Social Care Partnership Trust Charitable Fund (Registered Charity No. 1202262).

The objects of the Charity, as stated in its governing document, are "For any charitable purpose(s) for the benefit of service users, carers and staff relating to the National Health Service (including research), wholly or incidentally related to the delivery of services provided by Kent and Medway NHS and Social Care Partnership Trust."

Statement of Financial Activities for the year ended 31 March 2024

	Note	Restricted funds 2024	Unrestricted funds 2024	Total funds 2024	Restricted funds 2023	Unrestricted funds 2023	Total funds 2023
		£	£	£	£	£	£
Income from:							
Donations, grants and legacies	2	2,500	55,234	**57,734**	1,000	43,050	**44,050**
Charitable Activities	3	-	4,140	**4,140**	-	3,892	**3,892**
Investment Income - Bank Interest	4	-	1,324	**1,324**	-	498	**498**
Total Income		**2,500**	**60,698**	**63,198**	**1,000**	**47,440**	**48,440**
Expenditure on:							
Raising funds	5	(150)	(9,425)	**(9,575)**	(100)	(38,449)	**(38,549)**
Governance and support costs	6	-	(900)	**(900)**	-	(840)	**(840)**
Charitable activities	7	(415)	(12,395)	**(12,810)**	(324)	(6,267)	**(6,591)**
Total Expenditure		**(565)**	**(22,720)**	**(23,285)**	**(424)**	**(45,556)**	**(45,980)**
Net Movement in Funds		**1,935**	**37,978**	**39,913**	**576**	**1,884**	**2,460**
Reconciliation of Funds:							
Total Funds brought forward		**576**	**1,884**	**2,460**	**-**	**-**	**-**
Total Funds carried forward		**2,511**	**39,862**	**42,373**	**576**	**1,884**	**2,460**

* See note 1.1 for information on comparatives, as the prior period comparatives are not entirely comparable.

All results stated in the above Statement of Financial Activities derive from continuing operations.

The notes at pages 18 to 23 form part of this account.

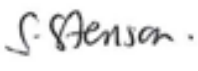
Balance Sheet as at 31 March 2024

	Note	Restricted funds 31-Mar-24	Unrestricted funds 31-Mar-24	Total funds 31-Mar-24	Restricted funds 31-Mar-23	Unrestricted funds 31-Mar-23	Total funds 31-Mar-23
		£	£	£	£	£	£
Current assets:							
Cash at bank and in hand		2,511	41,882	**44,393**	1,576	5,485	**7,061**
Debtors	8	-	2,317	**2,317**	-	219	**219**
Creditors: amounts falling due within one year							
Other Creditors	9	-	(4,337)	**(4,337)**	-	(3,820)	**(3,820)**
Deferred Income	9	-	-	**-**	(1,000)	-	**(1,000)**
Net current assets		**2,511**	**39,862**	**42,373**	**576**	**1,884**	**2,460**
Represented by:							
Restricted funds	10	2,511	-	**2,511**	576	-	**576**
Unrestricted funds	10	-	39,862	**39,862**	-	1,884	**1,884**
Total funds		**2,511**	**39,862**	**42,373**	**576**	**1,884**	**2,460**

The notes on pages 18 to 23 form part of this account.

The financial statements on pages 16 to 23 were approved by the Trustees on 24 January 2025 and are signed on their behalf by:

Sheila Stenson
KMPT CEO
Date: 24 January 2025



Nick Brown
Chief Finance and Resources Officer
Date: 24 January 2025

Notes to the financial statements for the year ended 31 March 2024

1. Accounting policies

1.1 Basis of preparation of financial statements

The financial statements are prepared on a going concern basis under the historical cost convention.

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) - Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

Kent and Medway NHS Social Care Partnership Trust Charitable Fund meets the definition of a public benefit entity under FRS 102.

The Trustee considers that there are no material uncertainties that exist with the Kent and Medway NHS Social Care Partnership Trust Charitable Fund's ability to continue as a going concern.

The prior period comparatives are not entirely comparable as they relate to the prior 14 month period starting in February 2022 and ending in March 2023, whereas these statements are based on a 12 month period from the 1st April 2023 to 31st March 2024.

1.2 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and which have not been designated for other purposes. Designated funds are a portion of the unrestricted funds that have been set aside by the Trustee for particular purposes, normally reflecting the non-binding wishes of the donors.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund.

Notes to the financial statements for the year ended 31 March 2024 (continued)

1.3 Income

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Grants are recognised when the conditions attached to it have been met. Where a grant is used to fund expenditure it is taken to the Statement of Financial Activities to match that expenditure.

Gifts in kind, such as food and care packages are not accounted for when they are accepted and immediately distributed unless a single donation is material.

1.4 Expenditure

All expenditure is accounted for on an accruals basis.

Raising funds includes the costs attributed to generating income for the charity.

Support costs are those costs which do not relate directly to a single activity. Support costs include costs associated with finance, governance and other central costs which support or relate to more than one area of activity.

Irrecoverable VAT is charged to the category of resources expended for which it was incurred.

1.5 Cash at Bank and in hand

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

1.6 Financial instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.7 Trustee Remuneration, Benefits and Expenses

No representative of the Trustee received any remuneration or re-imbursement of expenses from the Charity Fund.

1.8 Staff Costs

The Charity has no employees and therefore does not pay any salaries, national insurance and pension contributions. The costs of staff employed by Kent and Medway NHS and Social Care Partnership Trust who carry out works for the Charity are recharged.

2. Income from donations, grants and legacies, year ended 31st March 2024

	Restricted funds	Unrestricted funds	Total funds	Restricted funds	Unrestricted funds	Total funds
	2024	2024	2024	2023	2023	2023
	£	£	£	£	£	£
Corporate donations	-	51,050	51,050	-	40,000	**40,000**
Individual donations	-	4,184	**4,184**	-	2,935	**2,935**
Grants	2,500	-	**2,500**	1,000	-	**1,000**
Gift aid on donations	-	-	**-**	-	115	**115**
Total Income from donations, grants and legacies	**2,500**	**55,234**	**57,734**	**1,000**	**43,050**	**44,050**

Income from Charitable Activities, year ended 31st March 2024

	Restricted funds	Unrestricted funds	Total funds	Restricted funds	Unrestricted funds	Total funds
	2024	2024	2024	2023	2023	2023
	£	£	£	£	£	£
Webbs Garden produce sales	-	4,140	**4,140**	-	3,892	**3,892**
Total income from Charitable Activities	**-**	**4,140**	**4,140**	**-**	**3,892**	**3,892**

4. Investment Income - Bank Interest, year ended 31st March 2024

	Restricted funds	Unrestricted funds	Total funds	Restricted funds	Unrestricted funds	Total funds
	2024	2024	2024	2023	2023	2023
	£	£	£	£	£	£
Bank Interest	-	1,324	**1,324**	-	498	**498**
Total Investment Income	**-**	**1,324**	**1,324**	**-**	**498**	**498**

5. Expenditure for Raising Funds, year ended 31st March 2024

	Restricted funds	Unrestricted funds	Total funds	Restricted funds	Unrestricted funds	Total funds
	2024	2024	2024	2023	2023	2023
	£	£	£	£	£	£
Fundraising materials	-	211	**211**	-	2,790	**2,790**
Webbs garden plants/ equipment	-	-	**-**	-	50	**50**
Charity Lead	150	9,214	**9,364**	100	35,609	**35,709**
	150	**9,425**	**9,575**	**100**	**38,449**	**38,549**

6. Expenditure for Governance and Support Costs, year ended 31st March 2024

	Restricted funds	Unrestricted funds	Total funds
	2024	2024	2024
	£	£	£
Independent examiner fees	-	900	900
		900	900

Restricted funds	Unrestricted funds	Total funds
2023	2023	2023
£	£	£
-	840	840
	840	840

7. Expenditure for Charitable Activities, year ended 31st March 2024

	Restricted funds	Unrestricted funds	Total funds
	2024	2024	2024
	£	£	£
Plants and equipment for Cherrywood	-	-	-
Webbs garden plants/ equipment	415	94	509
Miscellaneous	-	739	739
Bank Charges	-	300	300
Administrative support	-	11,262	11,262
	415	12,395	12,810

Restricted funds	Unrestricted funds	Total funds
2023	2023	2023
£	£	£
324	-	324
-	-	-
-	25	25
-	304	304
-	5,938	5,938
324	6,267	6,591

8. Debtors

	31-Mar-24
	£
Monies collected by Kent and Medway NHS Social Care and Partnership Trust on behalf of the Charity	2,202
Accrued income - gift aid	115
	2,317

31-Mar-23
£
104
115
219

9. Creditors

	31-Mar-24
	£
Monies paid by Kent and Medway NHS Social Care and Partnership Trust on behalf of the Charity	2,597
Restricted Creditors: Deferred Income: Grants	-
Other Creditors - Independent examiner fees	1,740
	4,337

31-Mar-23
£
2,980
1,000
840
4,820

10. Statement of Funds

	Balance at 1 Apr 2023	Incoming Resources	Resources Expended	Balance at 31 March 2024	Balance at 1 Feb 2022	Incoming Resources	Resources Expended	Balance at 31 March 2023
	£	£	£	£	£	£	£	£
Unrestricted funds								
Dementia	300	412	-	**712**	-	300	-	**300**
Webbs Garden	3,842	4,140	(94)	**7,888**	-	3,892	(50)	**3,842**
General funds	(2,258)	56,146	(22,626)	**31,262**	-	43,248	(45,506)	**(2,258)**
Total	**1,884**	**60,698**	**(22,720)**	**39,862**	**-**	**47,440**	**(45,556)**	**1,884**
Restricted funds								
Cherrywood Ward	576	-	-	**576**	-	1,000	(424)	**576**
Webbs Garden	-	1,000	(415)	**585**	-	-	-	**-**
Ethelbert Road	-	1,500	(150)	**1,350**	-	-	-	**-**
Total	**576**	**2,500**	**(565)**	**2,511**	**-**	**1,000**	**(424)**	**576**
Total of funds	**2,460**	**63,198**	**(23,285)**	**42,373**	**-**	**48,440**	**(45,980)**	**2,460**

Unrestricted funds

The unrestricted fund can be applied for any of the purposes for which the Charitable Fund was established.

There are designated funds for:-

Cherrywood Ward - A grant was received from Dartford Borough Council to improve Cherrywood Ward with edible, sensory plants for patients to plant.

Webbs Garden - A deferred grant from Kent County Council was released to restore the pagoda area at Webbs Garden.

Ethelbert Road - A grant was received from Barchester Healthcare for a therapeutic garden project.

11. Related Party Transactions

Board members of Kent and Medway NHS and Social Care Partnership Trust which is the Corporate Trustee of the Charity are also members of the committee which is empowered by the Trustee to act on its behalf in the day to day administration of all funds held on trust, which is the Charitable Funds Committee (CFC).

Board members of Kent and Medway NHS and Social Care Partnership Trust , the Corporate Trustee, and members of CFC ensure that the business of the charity is dealt with separately from that associated with exchequer funds for which they are also responsible. Kent and Medway NHS Social Care Partnership Trust made a corporate donation to the Charity to the value of £50,000 as detailed in Note 2.

During the year neither the Corporate Trustee nor members of the key management staff or parties related to it has undertaken any material transactions with or received any remuneration or expenses from Kent and Medway NHS Social Care Partnership Trust Charitable Fund.

As at 31 March 2024 £2,202 (2023: £104) was owed to the Charity by Kent and Medway NHS and Social Care Partnership Trust in relation to monies collected on behalf of the Charity. As at 31 March 2024 £2,597 (2023: £2,980) was owed by the Charity to Kent and Medway NHS Social Care Partnership Trust in relation to monies paid on behalf of the Charity.

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Charity Commission Annual Return 2024

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KENT AND MEDWAY NHS SOCIAL CARE PARTNERSHIP TRUST CHARITABLE FUND
Charity registration number: 1202262

Most of the information you give in this form will become publicly available on the Register of Charities. Any field that the Charity Commission will not display will be clearly marked.

This document is a record of the information provided in the Annual Return 2024.

PART A - Charity information

Financial period

Financial period start date
01/04/2023

Financial period end date
31/03/2024

Income and spending

Income £
£ 63,198

Spending £
£ 23,285

Number of contracts from government

How many contracts (other than grant agreements) did your charity receive from central government or a local authority during the financial period for this return?
0

Number of grants from government

How many grants did your charity receive from central government or a local authority during the financial period for this return?
0

Income breakdown

Donations and legacies (excluding Endowments Received)
£ 57,734

Charitable activities
£ 4,140

Other trading activities
£ 0

Investments
£ 1,324

Other
£ 0

Grantmaking

Is grant making the main way your charity carries out its purposes?
Yes

Recipients of grants

Please round all figures to the nearest pound (do not enter decimal points or commas).
Individuals
£ 0

Other charities
£ 0

Other organisations that are not charities
£ 12,810

Grant recipients related parties

Are any of the grant recipients related parties to the charity?
Yes

Trustee payments

Excluding out of pocket expenses, for what were any of the trustees paid during the financial period for this return?
☒e. None of the trustees have been paid

Did any of the trustees resign and take up employment with your charity in the financial period of this return?
No

Income from outside the UK

Did your charity receive income from outside of the United Kingdom in the financial period of this return?
No

Delivering activities outside the United Kingdom

Did your charity deliver charitable activities outside of the United Kingdom in the financial period of this return?
No

Spending outside England & Wales

Did your charity spend funds outside of the United Kingdom in the financial period of this return?
No

Total Spending outside England & Wales
£

Trading subsidiaries

Does the charity have any trading subsidiaries?

No

Charity contact details correct

Is the contact address displayed from the Register of Charities, correct?

Yes

Charity headquarters details correct

Is this the same address that you use as your charity's administrative headquarters?

Yes

Charity contact address

Address Line 1

KENT & MEDWAY NHS PARTNERSHIP

Address Line 2

PRIORITY HOUSE

Address Line 3

HERMITAGE LANE

Address Line 4

MAIDSTONE

Address Line 5

Postcode

ME16 9PH

Country

Charity Headquarters address

Address Line 1

KENT & MEDWAY NHS PARTNERSHIP

Address Line 2

PRIORITY HOUSE

Address Line 3

HERMITAGE LANE

Address Line 4

MAIDSTONE

Address Line 5

Postcode

ME16 9PH

Country

Property

Were any of your charity's properties held by holding or custodian trustees on behalf of your charity (excluding the Official Custodian) during the financial period for this return?

No

Membership type

Is your charity part of a wider group structure with a parent body and subsidiary bodies?

no, the charity is not part of a wider group structure

Employment contract types

People were permanently employed by your charity

0

People were on fixed-terms contracts with your charity

0

Self-employed people were working for your charity

0

Governance policies

Internal charity financial controls policy and procedures

Yes

Safeguarding policy and procedures

Yes

Financial reserves policy and procedures

Yes

Complaints policy and procedures

Yes

Serious incident reporting policy and procedures

Yes

Internal risk management policy and procedures

Yes

Trustee expenses policy and procedures

Yes

Trustee conflicts of interest policy and procedures

Yes

Investing charity funds policy and procedures

No

Campaigns and political activity policy and procedures

Yes

Bullying and harassment policy and procedures

Yes

Social media policy and procedures

Yes

Engaging external speakers at charity events policy and procedures

No

Safeguarding

Has your charity provided services to children and/or adults at risk in the financial period of the return?

No

Serious Incidents

Has your charity reported all Serious Incidents (including any historical incidents) that the charity became aware of during the financial period of this return?

There were no incidents to report

External risk and impact

Donations

Unknown/No Change/Not Applicable

Other income - grants

Unknown/No Change/Not Applicable

Other income - contracts

Unknown/No Change/Not Applicable

Other income - investment

Unknown/No Change/Not Applicable

Expenditure on charitable activities

Unknown/No Change/Not Applicable

Expenditure on overheads

Unknown/No Change/Not Applicable

Number of volunteers

Unknown/No Change/Not Applicable

Number of employees

Unknown/No Change/Not Applicable

Number of trustees

Unknown/No Change/Not Applicable

Fundraising activities

Unknown/No Change/Not Applicable

Capacity to deliver services

Unknown/No Change/Not Applicable

Total service demand

Unknown/No Change/Not Applicable

Volunteers

Excluding trustees, provide an estimate of the number of volunteers who carried out charitable activities on behalf of your charity in the United Kingdom during the financial period of this return?

4

Privacy statement

Any information you give us will be held securely and processed only in accordance with the rule on data protection. We will not disclose your personal details to anyone unconnected to the Charity Commission unless:

· you have consented to their release; or

· we are legally obliged to disclose them; or

· we regard disclosure as either (a) necessary so that we can properly carry out our statutory functions or (b) necessary in the public interest.

We may share and disclose information about you with relevant public authorities, regulatory bodies and agencies, outside the Charity Commission but only if:

· we can lawfully do so; and

· we decide that disclosure is necessary for national security, crime detection, prevention, and law enforcement, or other issues in the public interest

Information we collect about you

We will use this information:

To enable us to carry out our statutory functions and duties;

This will include the following actions:

(a) update, consolidate, and improve the accuracy of our records;

(b) undertake crime detection and prevention and law enforcement and assist the third parties specified above to investigate or prevent crime and carry out law enforcement;

(c) data analysis, testing, research, statistical and survey purposes

Information we receive from other sources.

Information we receive from other sources

We may combine this information with information you give to us and information we collect about you.

We may use this information and the combined information for the purposes set out above (depending on the types of information we receive).

We will ensure that any such disclosure and use is proportionate; considers your right to respect for your private life; and is done fairly and lawfully in accordance with the data protection principles of the Data Protection Act.

The Data Protection Act 1998 regulates the use of 'personal data', which is essentially any information, however stored, about identifiable living individuals.

As a 'data controller' under the Act, the Charity Commission must comply with it. Any changes we may make to our privacy statement in the future will be set out in the replacement version of this form.

Please check back frequently to see any updates or changes to our privacy policy.

Declaration

This annual return has not been submitted and no Declaration has been made

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**27th March 2025**
Title	**Quality Committee Chair's Report**
Author	**Stephen Waring, Non-Executive Director**
Presenter	**Stephen Waring, Non-Executive Director**
Executive Director Sponsor	**Andy Cruickshank, Chief Nurse**
Purpose	**Noting**

Agenda Items

People items	**Patient items**	**Finance & Governance items**
	• Quality Account Priority Discussion • Suicide Prevention Approach Update 2025 • Patient Safety Thematic Review Thematic Review • Annual Medicines Management Report • Quality Digest • Annual Ligature Audit Report 2024 • Delivering Same-Sex Accommodation - Declaration of Compliance	• Chief Nurse's Report • Quality Risk Register • CQC Report

Agenda Items by exception	Assurance narrative by exception. Key items to be raised to the Board.	None Limited Reasonable Substantial	Actions, mitigations and owners Refer to another committee.
Chief Nurse Report: **Unannounced CQC Inspection for Community and Crisis Services**	KMPT was the first to undergo a large CQC inspection of this kind in response to the Independent Mental Health Homicide Review into the deaths in Nottingham. The Committee noted the initial verbal CQC feedback which highlighted four areas of focus including staffing levels. The Committee commended the positive feedback received regarding Health Base Place of Safety (HBPOS), and Home Treatment Team (HTT).	Reasonable Assurance	The Committee referred the management of vacancies, and workforce planning, in light of the initial CQC inspection feedback, to the People Committee for further consideration.
Quality Risk Register	The Committee received assurance regarding the measures developed to address the new primary and secondary care interface risk, with the development of robust working relationships with GPs. The Committee also discussed the Dementia Assessment waiting times risk and received assurance regarding the programme of work to replicate the systems and processes from areas of best practice across the Trust.	Reasonable Assurance	The Committee requested further details of the length of time / relative waiting times for patients who required dementia assessments.
Quality Account Priorities discussion	The Quality Priorities for 2025/26 had been confirmed at the Quality Account Workshop as; 1. Women's Health 2. Self-harm	Reasonable Assurance	The Committee emphasised the importance of ensuring there was sufficient focus on the sub-categories within Women's Health and Self-harm, particularly those related to neurodivergent traits.

	3. Working with Families		
Suicide Prevention Approach Update 2025	The Committee supported the progress made to date; however, concerns were expressed about whether expected delivery timeframes in the roadmap were deliverable, and noted that preparatory work was already underway.	Limited assurance	It was confirmed that the Committee would hold the programme leads to account in terms of delivery of the roadmap.
Patient Safety Thematic Review	The Committee was concerned that using 'opt-in' letter process for new referrals could leave some vulnerable patients at risk.	Limited assurance	Work was on-going to update the standard operating procedures to ensure an inclusive approach. The Committee will be updated in due course.
Annual Medicines Management Report	The Committee was assured regarding the next steps identified to automate temperature monitoring and the timeframe.	Reasonable assurance	
Delivering Same-Sex Accommodation - Declaration of Compliance	The Committee supported the Declaration of Compliance and the focus on delivering same-sex accommodation in community rehabilitation.	Reasonable assurance	
Free Text -			

Title of Meeting	**Public Board Meeting**
Meeting Date	**27th March 2025**
Title	**People Committee Chair's Report**
Author	**Kim Lowe, People Committee Chair, Non-Executive Director**
Presenter	**Kim Lowe, People Committee Chair, Non-Executive Director**
Executive Director Sponsor	**Sandra Goatley, Chief People Officer**
Purpose	**Noting**

Agenda Items

People items	**Patient items**	**Finance & Governance items**
• People Committee EDI Seminar • People Committee – Main Report and strategic delivery plan update • People Risk Paper • National Staff Survey Deep Dive • Gender Pay Gap Paper • HR Policies and Procedures • FTSU Action plan and detriment information • Equality Delivery Standard 2022 submission	• Equality Delivery Standard 2022 submission	• Quality Improvement Paper • Investigation Team Update

Agenda Items by Exception	Assurance narrative by exception. Key items to be raised to the Board.	None Limited Reasonable Substantial	Actions, mitigations and owners Refer to another committee.
Main Report	Time to hire has increased slightly but remains below the NHS average. Appraisal rates are at 96%, above the 95% target. Sickness rates have risen and remain a challenge across the system There is a requirement to reduce agency spend by 40% in the next financial year.	**Reasonable**	
People Committee EDI Seminar	The Committee held an EDI Seminar where we discussed progress, barriers, and engagement with the EDI programme to date. what the 2024 staff survey results are telling us? How do we keep this alive and thriving? KMPT's EDI focus is on our goal to build a thriving, diverse, and inclusive workplace where everyone feels valued, safe, and able to grow. Aim to attract diverse talent, promote inclusion, and create a culture where both employees and patients thrive. By prioritizing fairness, wellbeing, and safety, we strive to improve productivity, efficiency, loyalty, and long-term success for everyone.	**Reasonable**	Reasonable assurance was agreed in terms of what we are focussing on but recognition that we have a very long way to travel until our frontline staff feel the difference. The following gaps and actions were discussed. • Progress is lacking in developing skills and confidence among managers to drive inclusivity. New management development programs are in place, but it's too early to assess their impact. • Work needs to continue to ensure equal opportunities in recruitment for our Global Majority and disabled staff. White staff are 2.58 times more likely to be appointed from

			shortlisting, and non-disabled staff are 1.15 times more likely. • Although improvements have been made, more needs to be done to reduce physical violence, harassment, bullying, and abuse experienced by Global Majority and disabled staff. It was recognised that there is a timing difference between the 2024 staff survey being completed and the concentrated work that has gone into addressing violence and aggression in inpatient wards. • There is a need to pull all the work on Equality, Diversity and Inclusion into one action plan that has line of sight through the organisation. • The greatest risk to progress is that other priorities overtake and we fail to ensure this remains a high priority in driving cultural change.
National Staff Survey Deep Dive	The Committee had a wide-ranging discussion, focussing on strategic areas that the Trust should prioritise and the importance of linking line of sight through the organisation.	**Reasonable**	Leadership at all levels must drive actions based on survey results, especially in areas with room for improvement. Business partners, Trust Leadership Team (TLT), leadership teams, and managers must take responsibility for improving engagement locally, contributing to operational excellence and breakthrough objectives. The Committee agreed that there were three key areas to address that were highlighted in the paper: • Sharing the 2024 results to ensure they reach every colleague and tie them to our new values,

			improve on action planning and shout about actions taken. • Regularly communicate and update on the work the Trust is doing to improve colleague experience, tying action to results • Involve our staff in determining actions to improve their experience, celebrate success and learn from challenges. In addition; The Committee recommends that the Trust set an ambitious response rate target for line managers and that they be held to account for this in their performance reviews. Staff Council is rolled out to all directorates at pace and management understands the benefits of supporting it Individuals' rights and responsibilities are defined moving forward, linked to the values. What can they expect from the organisation they work for and what responsibilities do they have to drive success?
Investigation Team Update	Since January 2024, the Employee Relations (ER) Team has focused on improving colleague experience. They closed 148 cases, with 25 (16%) handled by the Investigation Team, which is a 5% increase. The average investigation time achieved by the team is 32 days, and most of their cases involve both complex disciplinaries and grievances. However, over 84% of investigations are still managed by operational managers due to limited capacity.	**Reasonable**	Looking ahead, the team plans to: • Handle complex grievances for a system partner, with two investigators managing the workload. (chargeable service) • Increase the number of mediators to 17 by March and promote mediation services to external clients. (chargeable service)

	The team has increased cases resolved through Early Resolution (66 cases, or 45%), up 8% from the last report. They've saved over 500 hours of managers' time, equating to a cost-saving of £96,837. The Trust has recently trained people in Maintaining High Professional Standards (MHPS) to improve medical investigations, which currently take 266 days.		
Free Text – N/A			

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**27th March 2025**
Title	**Mental Health Act Committee Chair's Report**
Author	**Sean Bone-Knell, Committee Chair**
Presenter	**Sean Bone-Knell, Committee Chair**
Executive Director Sponsor	**Dr Afifa Qazi, Chief Medical Officer**
Purpose	**Noting**

Agenda Items

People items	**Patient items**	**Finance items**
	• Chief Medical Officer's Report • Report from MHLOG & MHLOG Attendance List • Serious incidents with a Mental Health Act Element • Mental Health Act Activity Data Quarterly Report • CQC MHA Reviews Report • Bi-Annual DoLs Audit Report • Management of Place of Safety Patient Breaches Beyond 24-Hour Target • CTO lapses Quarter 2 report • Health Inequalities • Legislation Update • Risk Register	

Agenda Items by exception	Assurance narrative by exception. Key items to be raised to the Board.	None Limited Reasonable Substantial	Actions, mitigations and owners Refer to another committee.
Chief Medical Officer's Report	A key achievement was the introduction of a system for recording referrals to independent mental health advocate services, although concerns were raised about staff consistently completing these records, this is now being monitored. The MHA team is focusing on staffing issues, with vacancies and absences due to maternity leave, resignations, and sickness, resulting in a "skeleton staff" situation. This has affected support to wards, especially in Maidstone, where the office had to close temporarily. Recruitment efforts are underway, though delays due to a new vacancy control process.	Limited	It was confirmed that despite staffing challenges, the Mental Health Act hearings were being managed effectively, with no significant impact on patient hearings so far. However, the lack of staff had made other tasks, like ward scrutiny, harder to manage.
CQC MHA Reviews Report	Positive findings of the review included staff being kind, compassionate, and supportive, and families and carers providing positive feedback on patient care. All visited wards and rehab units showed improvements from previous inspections. Rehab Unit access issues with IMHO (Independent Mental Health Advocate) access were resolved by improving communication, increasing visits, and displaying more information. Space limitations made it difficult to meet single-sex accommodation requirements.	Limited	Actions were put in place including consultant reminders and a review of processes with the Psychiatry team to improve completing documentations. Quick resolutions were made for signage and carer communication issues and adjustments are being made to balance the safety and mobility of furniture

	Delays in planned improvements at Thanet Mental Health Unit raised concerns, and CQC was provided updates with revised timelines. Issues with incomplete documentation, outdated treatment authorisations, and insufficient record-keeping were identified by the Medication Administration (Sections 58 & 62). There were a few concerns about furniture weight, signage clarity, and carer communication.		
Bi-Annual DoLs Audit Report	Audit covered January to September, with some overlap due to a transition to annual reporting. Focus was on compliance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). A score of 86% compliance was achieved. Staff are submitting DoLS applications and understand the necessity. Some improvements are needed in recording, particularly in legal language use. Uploaded forms generally provide sufficient information for local authority assessments. Mental capacity assessments are always completed but require better wording for decision-specific elements. Risk assessments showed 100% compliance, linking restrictions to risks effectively. Care plans aligned with care requirements. DoLS referrals aren't consistently uploaded to RIO. Regular Inphase reports are not always completed, which is vital when DoLS applications are delayed. Letters notifying of DoLS breaches are not being routinely sent.	Substantial	The following actions are put in place to focus on improving documentation, procedural consistency, training, and communication. 1. Findings will be shared with ward managers to reinforce good practices and address gaps. 2. MCA link persons will be appointed in wards to support ongoing compliance. 3. Training materials will be updated to cover DoLS in greater detail, including community DoLS. 4. Efforts will be made to ensure records demonstrate the Trust compliance, particularly regarding DoLS delays.

	Audit findings will be shared with ward managers to reinforce good practices and address gaps. MCA link persons will be appointed in wards to support ongoing compliance. Training materials are being updated to cover DoLS in greater detail. Local authority delays in processing DoLS applications are a national issue. A DoLS manager from Kent County Council (KCC) has provided guidance on escalating urgent cases. Senior management is working to improve collaboration with local authorities.		5. A DoLS manager from Kent County Council has provided guidance on escalating urgent cases. 6. Senior management is working to strengthen relationships with local authorities to address delays.
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NHS
Kent and Medway
NHS and Social Care Partnership Trust

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**27th March 2025**
Title	**Audit and Risk Committee Chair's Report**
Author	**Peter Conway, Audit and Risk Committee Chair**
Presenter	**Peter Conway, Audit and Risk Committee Chair**
Executive Director Sponsor	**Nick Brown, Chief Finance and Resources Officer**
Purpose	**Board to endorse/amend the actions proposed**

Agenda Items

Finance and Regulatory items

- Board Assurance Framework
- Trust Risk Register
- Digital Risks Report
- External Audit Report
- Internal Audit Report
- Anti-Crime Report
- Draft Internal Audit Plan
- Director of Finance Items
- Single Tender Waivers Update
- Cyber Security
- Trust wide Health Safety and Risk Annual Review 2024/25
- Fire Safety Report
- Emergency Preparedness and BRP Reviews
- Losses and Special Payments

Agenda Items by exception	Assurance narrative by exception. Key items to be raised to the Board.	None Limited Reasonable Substantial	Actions, mitigations and owners Refer to another committee.
Board Assurance Framework (BAF)	Improvements continue to be needed in (1) risk descriptions, (2) actions being taken by when and (3) triangulation between these actions, the current risk rating and the target position after mitigations. The BAF is to undergo further work to record interdependencies both locally and across the system. Inpatient flows risks were also discussed, with occupancy rates negatively affected by inability to discharge patients who are clinically ready for discharge. The recent DHSC/NHS announcements were also discussed as a potential risk to achieving our strategic objectives The BAF records no risks within strategic priority: 'We use technology, data and knowledge to transform patient care and our productivity'. Our IT enablement record to date suggests this potentially a high risk Cybersecurity should be on the BAF, pending ARC deep dive next meeting (see below) and probably permanently	Limited Assurance	Recommend Exec, risk owners and risk team address the data quality suggestions Exec to consider (1. review inpatient flows for the likelihood of achieving a target rating of 3 by September and 2. inclusion of a new risk for NHS reorganisation) Recommend a risk be formulated capturing the Trust's challenge (and risk) to deliver IT solutions at pace to underpin transformation. Recommend cyber security is added to the BAF
Trust Risk Register (TRR)	TRR requires the same improvements as the BAF. There also needs to be visibility of TRR risks to Board committees. There is a red (score 16) risk of patients going AWOL from secure units with only one action to reduce the risk (carry out an audit), no target date to reduce the risk to 8 and an amber confidence assessment	Limited Assurance	Future Trust Risk Registers should include a column as to which Board committee will have oversight over the risk Given the potential severity and reputational risks, it is recommend that this risk is added to the BAF

External Audit. Report	External auditors' approach to this year's audit will be in line with previous audits. External Auditors' Plan agreed. Consideration of year end timetable and accounting policies delayed to May Committee meeting.	Reasonable Assurance	
Internal Audit Report	One final report has been issued, which received reasonable assurance (Recording and Monitoring of Inpatient Observations)	Reasonable Assurance	
Internal Audit Plan	The Internal Audit plan for 2025/26 was reviewed. The recruitment re-audit was removed from proposed the plan and will be replaced by either a look at the efficiency of the personal care plans process or a CMHF audit.	Reasonable Assurance	
Cybersecurity	ARC to undertake a deep dive at next meeting focussing on 1) some of the technical aspects of defence measures 2) business resumption arrangements in the event of a breach and 3) the implications of the recent Emergency Preparedness, Resilience and Response Test. Pending this deep dive, no assurance assessment	N/A	Board to note that ARC will be undertaking a further review at its May meeting
Trust wide Health Safety and Risk Annual Review 2024/25	Committee received the Trust's annual assurance position through the trust wide health, safety and risk group (including the working sub-groups of EPRR and Fire) regarding regulations and compliance within their remits	Reasonable Assurance	ARC requested assurance regarding our ability to embed the training into real life for our staff

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**27th March 2025**
Title	**Finance and Performance Committee Chair's Report**
Author	**Mickola Wilson, Non-Executive Director**
Presenter	**Mickola Wilson, Non-Executive Director**
Executive Director Sponsor	**Nick Brown, Chief Finance and Resources Officer**
Purpose	**Discussion**

Agenda Items

People items	**Patient items**	**Finance items**
•	• IQPR • Dementia Diagnosis Update	• Financial Planning for 2025/26 • Finance Report • BAF Risk Updates – Finance Risks • SLR Report • Digital and IT • Spending the Trusts Money (STTM) Policy Review • Estates Strategy • Research and Innovation Business Case

Agenda Items by exception	Assurance narrative by exception. Key items to be raised to the Board.	None Limited Reasonable Substantial	Actions, mitigations and owners Refer to another committee.
IQPR	The significant challenges in relation to patient flow were acknowledged, with over 30% of patients on wards being ready for discharge. The Executive team to inform the Board of the direction of travel and likelihood of further deterioration over the rest of this calendar year Mitigations included a focus on both admission avoidance, where appropriate, and improving patient discharge. It was highlighted that joint clinical models were being explored. It was noted that KMPT had joined a pilot for the use of digital treatment to mitigate the challenges related to patient flow. Further work was required to embed the standard operating procedures within the Mental Health Together model pilot; although, the initial findings were positive.	Limited	It was agreed that further assurance should be provided to the Board regarding the measures which could be implemented to support patient flow. It was acknowledged that the key issue resulting in delays to patient discharge due to Clinically Ready For Discharge (CRFD) patients, this position is being raised at a system level. The Committee referred the potential quality impacts of patient flow challenges to the Quality Committee.
Dementia Diagnosis	The proportion of patients diagnosed within six weeks had improved since April 2024.	Reasonable assurance	it was noted that there had been a concentration on the cohort of 52 week waits for assessment, with a significant improvement in the pace of assessments
Financial Planning 2025/26	The financial plan for 2025/26 was supported, noting that further work was required to address the	Reasonable assurance	The Committee suggested a number of approaches to support the delivery of the

	unidentified cost improvement programmes. It was noted that the target surplus for the year had been increased so that KMPT could make an additional contribution to the planned system deficit. Concerns were expressed regarding the potential impact of continued patient flow challenges. The Committee challenged the trust's budgeting approach and sought assurance that budgets were decentralised to directorates.		Trust's financial plan and the system financial position. The committee agreed all cost improvement would be delegated to directorates, with an ask that the budget processes be reviewed at a future meeting. The Committee requested that assurance be provided to the Quality Committee regarding the measures to address any clinical variation which could impact the delivery the financial plan.
Finance Report – Month 11	Currently on target for the year. The areas of concern remain: • Agency spend remains above the agreed cap • Use of external beds remains a pressure • Underspend against the capital position	Reasonable assurance	
Estates Strategy	The three key areas of focus were: • Delivery of the Green Plan • Reshaping the community estate to a hub and spoke configuration • To continue to invest in a fit-for-purpose clinical estate	Reasonable assurance	It was noted that the Green Plan was behind programme for 2024 target but acceleration measures were being implemented. A pilot of electric vehicles was being conducted, to ensure that service delivery could be maintained, prior to a full transition. The fit for purpose programme depended on clinical strategy, but there has been progress in rationalisation including the transferred of

			services to Highlands House, Tunbridge Wells from Sevenoaks.
Refreshed Business Case for Research and Innovation	The refreshed Business Case for Research and Innovation was reviewed; but, it was agreed that further work was required prior to approval.	Limited assurance	It was agreed that the Business Case should be refined and explicitly detail the associated benefits.
The Committee **recommended** the approval of the two Business Case which are confidential in nature and will be considered for approval at the Private Board. The Committee **approved** the STTM Policy.			