

AGENDA

Title of Meeting	Trust Board Meeting (Public)
Date	27 th July 2023
Time	9.30 to 11.45
Venue	Lifesize

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/23-24/34	1.	Welcome, Introductions & Apologies		Verbal	Chair	09.30
TB/23-24/35	2.	Declaration of Interests		Verbal	Chair	
BOARD REFLECTION ITEMS						
TB/23-24/36	3.	Personal Story – Rosewood Mother and Baby Unit		Verbal	RW/ SA	9.35
TB/23-24/37	4.	Quality Improvement – Using Digital Inclusion in Enhancing Service Responsiveness Neuropsychiatry team		Verbal	AQ	9.45
STANDING ITEMS						
TB/23-24/38	5.	Minutes of the previous meeting	FA	Paper	Chair	9.55
TB/23-24/39	6.	Action Log & Matters Arising	FN	Paper	Chair	
TB/23-24/40	7.	Chair's Report	FN	Paper	JC	10.00
TB/23-24/41	8.	Chief Executive's Report	FN	Paper	HG	10.05
TB/23-24/42	9.	Board Assurance Framework	FA	Paper	AC	10.10
STRATEGY, DEVELOPMENT AND PARTNERSHIP						
TB/23-24/43	10.	MHLDA Provider Collaborative Report	FD	Verbal	AR	10.20
TB/23-24/44	11.	Operation Cavell Annual Progress Report	FD	Paper	AR	10.25
TB/23-24/45	12.	Progress against the Research and Innovation Strategy	FD	Paper	AQ	10.30
TB/23-24/46	13.	Bed Strategy	FD	Paper	AQ	10.40
OPERATIONAL ASSURANCE						
TB/23-24/47	14.	Integrated Quality and Performance Report	FD	Paper	HG	10.50
TB/23-24/48	15.	Finance Report	FD	Paper	SS	11.00
TB/23-24/49	16.	Workforce Deep Dive - Leadership	FD	Paper	SG	11.05
TB/23-24/50	17.	Freedom to Speak Annual Report	FD	Paper	JP	11.15
TB/23-24/51	18.	Community Mental Health Framework Progress Report	FD	Paper	DHS	11.25
CONSENT ITEMS						
TB/23-24/52	19.	Report from Quality Committee	FN	Paper	SW	11.35
TB/23-24/53	20.	Report from Workforce and Organizational Development Committee	FN	Paper	VB	
TB/23-24/54	21.	Report from Mental Health Act Committee	FN	Paper	KL	
TB/23-24/55	22.	Report from Charitable Funds Committee	FN	Paper	PC	
TB/23-24/56	23.	Report from Finance and Performance Committee	FN	Paper	MW	
CLOSING ITEMS						
TB/23-24/57	24.	Any Other Business			Chair	11.40
TB/23-24/58	25.	Questions from Public			Chair	

Date of Next Meeting: Board and AGM 27 th September

Members:

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

In attendance:

Tony Saroy	TS	Trust Secretary
Hannah Puttock	HP	Deputy Trust Secretary
Kindra Hyttner	KH	Director of Communications and Engagement
Rose Waters	RW	Deputy Service Director Specialist Services Forensic
Stephanie Archer	SA	Peer Support Worker
Jackie Pamphilon	JP	Freedom to Speak Up

Apologies:

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



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

Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)
Minutes of the Public Board Meeting held at 09.30 to 12.15hrs on Thursday 25th May 2023
Via Livestream

Members:			
	Dr Jackie Craissati	JC	Trust Chair
	Venu Branch	VB	Deputy Trust Chair
	Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
	Peter Conway	PC	Non-Executive Director
	Kim Lowe	KL	Non-Executive Director
	Sean Bone-Knell	SBK	Non-Executive Director
	Mickola Wilson	MW	Non-Executive Director
	Stephen Waring	SW	Non-Executive Director
	Dr Asif Bachlani	AB	Associate Non-Executive Director
	Dr MaryAnn Ferreux	MAF	Associate Non-Executive Director
	Sheila Stenson	SS	Acting Chief Executive
	Dr Afifa Qazi	AQ	Chief Medical Officer
	Andy Cruickshank	AC	Chief Nurse
	Donna Hayward-Sussex	DHS	Chief Operating Officer
	Sandra Goatley	SG	Chief People Officer
	Dr Adrian Richardson	AR	Director of Partnerships and Transformation
	Nick Brown	NB	Acting Chief Financial Officer
Attendees:			
	Tony Saroy	TS	Trust Secretary (Minutes)
	Hannah Puttock	HP	Deputy Trust Secretary
	Abigail Hussein	AH	Quality Improvement Facilitator
	Efiong Ephraim	EE	Consultant
	Mudasir Firdosi	MF	Clinical Director of Quality Improvement
	Dean Lewington	DL	Service Manager, Criminal Justice Liaison & Diversion
	Richard Asiedu	RA	PICU liaison
	Judith Dowling	JD	Peer Support Practitioner
	Dr Shantala Satisha	SS	Consultant Psychiatrist
Apologies:			
	Helen Greatorex	HG	Chief Executive
	Kindra Hyttner	KH	Director of Communications and Engagement
Observers:			

Item	Subject	Action
TB/23-24/1	<p>Welcome, Introduction and Apologies</p> <p>The Chair welcomed all to the meeting and apologies were noted as above. All written reports were taken as read.</p>	
TB/23-24/2	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	

Item	Subject	Action
<p>TB/23-24/3</p>	<p>Personal Story – Peer Support Work in Criminal Justice Liaison and Diversion Service</p> <p>The Board welcomed DL and JD to the meeting, with DHS setting the scope of the item. The Board received an informative update on the Criminal Justice Liaison Service, noting that the service sees people with mental health and learning disabilities who encounter the criminal justice system. The service began in 2012, but the latest model was introduced in 2019 when the service was re-commissioned.</p> <p>Under the new service, the team will see any detainee in custody, and a screening tool is used to identify any vulnerabilities and to signpost the detainee to any other relevant services. The service runs 8am-8pm, all year and covers seven custody suites. In addition to serving those in custody, the services also provide support to those who have left the custodial system, with specific pathways for different service users, such as veterans and young people.</p> <p>The Board heard of JD's personal experience of both using the service and now working for the service and how her lived experience has allowed her to provide focused support to service users for their recovery. As part of her role as Peer Support Worker, she helps service users identify their own goals and encourage their own personal growth.</p> <p>The Board were impressed that the re-offending rate has reduced for service users in the care of the team, noting that this would normally be between 50% and 75% but now between 7% to 10%.</p> <p>The Board thanked DL and JD for their work within the Criminal Justice Liaison Service.</p> <p>The Board noted the Personal Story – Peer Support Work in Criminal Justice Liaison and Diversion Service</p>	
<p>TB/23-24/4</p>	<p>Quality Improvement (QI) – Improving Outcomes for Service Users from prison to KMPT PICU</p> <p>The Board welcomed RA and SS to the meeting. RA provided the Board with the background of the Psychiatric Intensive Care Unit (PICU) service, noting that the ward provides treatment for high risk males, with severe mental health issues, that cannot be managed on an Acute ward. As part of its work, the service receives referrals directly from prisons, and in 2020 the service started to see an increase in referrals, with multi-disciplinary time being spent on dealing with escalations in referrals and discharging patients. As a result, the service created a new protocol, which introduced a single point of referral from the prison service, set screening timelines, and a pathway in case there is a dispute and set admission criteria.</p> <p>As a result of the new protocol, the proportion of referrals which need to be escalated to senior management before admission takes place was reduced from 25% to 4%. The Trust is the first in the region to introduce a pathway like this, and will be sharing its learning with other organisations. It was further confirmed</p>	

Item	Subject	Action
	<p>that the Trust has saved £4.5k in clinicians, ward managers and doctor's time as a result of the new pathway.</p> <p>The Board thanked RA and SS for their presentation.</p> <p>The Board noted the Quality Improvement Story – Improving Outcomes for Service Users from prison to KMPT PICU.</p>	
TB/23-24/5	<p>Minutes of the previous meetings</p> <p>The Board approved the minutes of the meeting held on 30th March 2023.</p>	
TB/23-24/6	<p>Action Log & Matters Arising</p> <p>The Board approved the Action Log as presented.</p>	
TB/23-24/7	<p>Chair's Report</p> <p>The Board received and noted the Chair's Report.</p> <p>The Chair highlighted that further to Helen Greatorex announcing her intention to retire from the NHS in the autumn, the Chief Executive recruitment process has now been completed, and Sheila Stenson has been appointed to the role of KMPT's next Chief Executive. SS will take over from HG when she retires in the autumn.</p>	
TB/23-24/8	<p>Chief Executive's Report</p> <p>The Board received the Chief Executive's Report.</p> <p>SS highlighted the following matters to the Board:</p> <ul style="list-style-type: none"> • Since the last Board meeting the Trust launched its new three-year strategy. Positive feedback has been received regarding the strategy and its ambition. Staff have said the strategy is clear, simple and memorable. The relevant Board Committees will have a quarterly oversight on the delivery of the strategy. • Since the introduction of the Memorandum of Understanding (MoU) with Kent Community Health Foundation Trust (KCHFT) was established in 2019, the Provider Collaborative has been introduced and the MoU has been superseded by the establishment of the Mental Health Learning Disability and Autism Provider Collaborative and the newly formed Community Provider Collaborative. The positive relationship between KCHFT and KMPT remains important to both organisations and the two organisations will continue to be close partners and work together through the new system arrangements to ensure the delivery of high-quality care. • HG has agreed to take the role as Senior Responsible Officer (SRO) for the three agreed Provider Collaboratives (PCs). The role includes supporting the development of the two new PCs: acute, and community and primary care. • The CQC conducted an unannounced visit to services at Littlebrook Hospital in Dartford on the 10th May, with further unannounced visits to Priority House in Maidstone and St. Martin's Hospital in Canterbury on the 	

Item	Subject	Action
	<p>11th May. These visits were in response to the Dispatches programme broadcast in April. The visits were focussed on the Safety and Well-led domains of the CQC Key Lines of Enquiry.</p> <p>The Board noted the Chief Executive's Report.</p>	
TB/23-24/9	<p>Board Assurance Framework</p> <p>The Board received the Board Assurance Framework (BAF) for approval, with the Board noting that since March 2023 the following changes have occurred:</p> <ul style="list-style-type: none"> • One new risk has been added to the BAF since March: <ul style="list-style-type: none"> ○ InPhase Risk ID 07442 – Module Reporting via Datix and InPhase (Rating of 20 (Extreme)) • 1 risk has changed their risk score since March <ul style="list-style-type: none"> ○ InPhase Risk ID 00582 (Datix: 6847) – Organisational Sickness Absence (Reduced from 16 (Extreme) to 12 (High)) • Two risks are recommended for removal <ul style="list-style-type: none"> ○ InPhase Risk ID 04149 (Datix: 7176) – Loss of Lloyds Pharmacy Premises and resulting Medication Supply Issues (Rating of 15 (Extreme)) ○ InPhase Risk ID 00399 (Datix: 6630) – Implementation of Trust Strategy 2020-23 (Rating of 6 (Moderate)) <p>It was further noted that a section has also been included to allow for notable updates on risks to be highlighted where these do not necessarily meet the threshold for inclusion on the BAF. Also, since the last meeting, the Trust has changed over the electronic system for holding risks, moving away from Datix to InPhase.</p> <p>It was confirmed that the BAF report will be realigned with the new objectives in the new Trust Strategy ahead of the July Board meeting.</p> <p>The Board approved the BAF.</p>	
TB/23-24/10	<p>MHLDA Provider Collaborative Report</p> <p>The Board received an update on the work of the MHLDA Provider Collaborative Board from April 2023 to date.</p> <p>The Board discussed the need for a risk register for the MHLDA Provider Collaborative Board and it was agreed that AR should discuss this with the MHLDA.</p> <p>Action: AR to include a Risk Register in future iterations of MHLDA Provider Collaborative updates.</p> <p>The Board noted the MHLDA Provider Collaborative Report.</p>	

Item	Subject	Action
TB/23-24/11	<p>Integrated Quality and Performance Report (IQPR) – Month 1</p> <p>The Board received the IQPR and noted that a number of new indicators have been introduced for 2023/24. The areas of concerns brought to the Board's attention for month 1 were as follows:</p> <ul style="list-style-type: none"> • CMHSOP waiting list and compliance against waiting time targets continue to be a significant challenge, further details can be found in the Responsive domain • Out of Area placements which exceed contracted beds remains a challenge. 217 bed days were used in April 2023, above the annual average and the highest since the peak of 322 days in September 2022. This remains an area of focus with robust processes overseeing all placements. • Bed pressures continue within our acute bed stock with occupancy exceeding 95%. Delayed Transfers of Care (DToC) remain above 10%. It is positive however that Younger Adult length of stay and average length of DToC at discharge as well as the % of discharges at weekends have all improved in April. have decreased in recent months following a high of 13% in December, 10.6% of bed days were lost to DToC in February and there was a reduction in the average length of DToC for those discharged in month. • Sickness absence remains stable at 4.4%, below the revised trust target of 5%. Vacancy Gap and turnover continue to have little variation month on month and exceed target. A broad range of interventions are in train to address these challenges, the detail of which can be found within this report under the Well-Led domain. <p>The Board discussed the new Trust Strategy and noted that the Board will receive a seminar in September on the draft measurements for the IQPR for the strategy.</p> <p>The bed pressures were discussed recognising that due to the necessary move to single gender units, the Trust has lost some of the flexibility it had previously. The Board were reminded that the bed strategy would be coming back to the Board in July.</p> <p>Regarding the delay in dementia diagnosis, it was noted that a workshop would be held with staff, so the can feedback on what they feel the issues are. Once the workshop has taken place, a development plan will then be formed and be brought back to the Finance and Performance Committee.</p> <p>The Board noted the IQPR.</p>	
TB/23-24/12	<p>Finance Report: Month 1</p> <p>As at the end of April 2023 , the Trust is reporting a breakeven even position in line with plan. For this financial year it is imperative focus continues on ensuring a breakeven position is delivered. It is important to note the following:</p> <ol style="list-style-type: none"> 1. Focus needs to continue on minimising agency spend as much as possible. Agency caps continue this financial year and the Trust's 	

Item	Subject	Action
	<p>spend cap has been set at £7.02m. Executive led agency check and challenge meetings are taking place with each of the Service Directors and their teams to ensure spend is as close to cap as possible.</p> <ol style="list-style-type: none"> 2. Focus needs to continue on ensuring the progress on the sustainability programme. The Trust submitted a financial plan for 2023/24 predicated on the basis of delivery of a £4.76m CIP target so it is essential identified efficiency schemes deliver to plan and mitigations developed to offset any delays. 3. Capital programme spend is marginally under plan - spend for month 1 is £0.20m behind plan due to slippage in Ruby Ward. 4. The cash position remains strong at £19.42m at the end of April 5. The pay spend in month was £691k overspent however, this is due to the profiling of budgets under the new structure and this will be corrected in month 2. <p>It was noted that the Kent & Medway Integrated Care Board has submitted a financial plan of a £48m deficit for 2023/24.</p> <p>The Board noted the Finance Report for month 1.</p>	
TB/23-24/13	<p>Workforce Deep Dive – Staff Sickness</p> <p>The Board discussed the staff sickness deep dive, recognising that over the last financial year there were a number of ongoing grievances and a number of staff off sick for a long time.</p> <p>As part of the review, the reasons for staff absence was reviewed with the most common reason being stress and anxiety. In 2022, the proportion of workplace issues reported by staff accessing the staff counselling support line increased to 62% compared with 55% for the same period last year. The most frequently recorded work issues relate to work overload, excessive working hours and unrealistic job demands, compared to last year when staff reported feeling undervalued, strained relationships and lack of career development or opportunity. The Board reconfirmed its commitment to ensuring the health and wellbeing of staff is prioritised and it was noted that a new occupational health contract is currently being tendered.</p> <p>The Board recognised the need to improve the timeliness of processes within the organisation, to ensure staff are supported so they do not feel they have to go off sick, and also to relieve the burden on managers, but providing them with support when dealing with staff sickness, so they are also able to do their day to day work.</p> <p>The Board noted the Workforce Deep Dive on Staff Sickness.</p>	

Item	Subject	Action
TB/23-24/14	<p>Safer Staffing Report</p> <p>The Board received the safer staffing report and received assurance that the Trust's current staffing model provides enough staff to ensure patient safety is maintained. However, this may vary on the rare occasion where there is critical demand or there are staffing issues or demand increases in standalone geographical services.</p> <p>The Board noted the Safer Staffing Report.</p>	
TB/23-24/15	<p>Community Mental Health Framework (CMHF) Transformation</p> <p>It was confirmed that the CMHF transformation pilot in Medway is underway and has highlighted learning which is useful for forming next steps of the pilot. The Trust has learnt through the triage process around 60% of patients referred to the Trust, could be seen more appropriately elsewhere in the system. However, this creates a risk for the Medway pilot due to the volume of cases and the gap in staffing, and therefore it is currently being discussed whether phase 2 of the pilot should take place elsewhere.</p> <p>Regarding measurable outcomes, it was noted that the outcome framework has been agreed with realistic stages identified. A focus on the finance and contracting elements continue with a need to establish procurement processes across delivery partners.</p> <p>The Board noted the Community Mental Health Framework Transformation Update.</p>	
TB/23-24/16	<p>Closed Cultures & Professional Boundaries</p> <p>The report was taken as read, recognising that following thematic reviews, some areas for improvement have been identified, including information management and processes for temporary staffing, and the need for exit interviews to have ward/team cultures as a question. A joint independent review of sexual safety on our wards has been commissioned in partnership with Kent Police. There is a strong safeguarding reporting culture across the Trust, which indicates that patients feel safe enough to disclose abuse and that this is taken seriously.</p> <p>The Board noted the Closed Cultures & Professional Boundaries Report.</p>	
TB/23-24/17	<p>Standing Orders & Standing Financial Instructions (SFIs)</p> <p>The Trust's policy relating to Spending the Trust's money has been updated to reflect changes in procurement legislation. This identified three updates to the trust's SFIs to support the delivery of best practice within procurement. The main impact of the change is to increase Associate Director sign off from £10,000 to £15,000. The Board noted that the term 'Associate Director' is not used within the organisation and it was agreed that the SFIs should be amended with the term 'Associate Director' being replaced for 'Deputy Director'.</p>	

Item	Subject	Action
	<p>ACTION: NB to amend the Standing Financial Instructions and change the term 'Associate Director' to 'Deputy Director' throughout the document, by the next meeting.</p> <p>The Board approved the changes to the Standing Financial Instructions.</p>	
TB/23-24/18	<p>Quality Committee Chair Report (incl Mortality Report)</p> <p>The Board received and noted the Quality Committee Chair's Report.</p>	
TB/23-24/19	<p>Workforce and Organisational Development Committee Chair Report</p> <p>The Board received and noted the Workforce and Organisational Development Committee Chair's Report.</p>	
TB/23-24/20	<p>Mental Health Act Committee Chair's Report</p> <p>The Board received and noted the Mental Health Act Committee Chair's Report.</p>	
TB/23-24/21	<p>Audit and Risk Committee Chair's Report</p> <p>The Board received and noted the Audit and Risk Committee Chair's Report.</p>	
TB/23-24/22	<p>Finance and Performance Committee Chair's Report</p> <p>The Board received and noted the Finance and Performance Committee Chair's Report.</p>	
TB/23-24/23	<p>Charitable Funds Committee Chair's Report</p> <p>The Board received and noted the Charitable Funds Committee Chair's Report</p>	
TB/23-24/24	<p>Any Other Business</p> <p>There was no Any Other Business.</p>	
TB/23-24/25	<p>Questions from Public</p> <p>None.</p>	
	<p>Date of Next Meeting</p> <p>The next meeting of the Board would be held on Thursday 27th July 2023.</p>	

Signed (Chair)

Date

Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)
Minutes of the Public Board Meeting held at 08.30 to 08.50hrs on Thursday 15th June 2023
Via videoconferencing

Members:			
	Dr Jackie Craissati	JC	Trust Chair
	Venu Branch	VB	Deputy Trust Chair
	Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
	Peter Conway	PC	Non-Executive Director
	Kim Lowe	KL	Non-Executive Director
	Sean Bone-Knell	SBK	Non-Executive Director
	Mickola Wilson	MW	Non-Executive Director
	Stephen Waring	SW	Non-Executive Director
	Dr Asif Bachlani	AB	Associate Non-Executive Director
	Dr MaryAnn Ferreux	MAF	Associate Non-Executive Director
	Sheila Stenson	SS	Acting Chief Executive
	Dr Afifa Qazi	AQ	Chief Medical Officer
	Donna Hayward-Sussex	DHS	Chief Operating Officer
	Sandra Goatley	SG	Chief People Officer
	Dr Adrian Richardson	AR	Director of Partnerships and Transformation
	Nick Brown	NB	Acting Chief Financial Officer
Attendees:			
	Tony Saroy	TS	Trust Secretary (Minutes)
	Kindra Hyttner	KH	Director of Communications and Engagement
Apologies:			
	Helen Greateorex	HG	Chief Executive
	Andy Cruickshank	AC	Chief Nurse
Observers:			

Item	Subject	Action
TB/23-24/26	<p>Welcome, Introduction and Apologies</p> <p>The Chair welcomed all to the meeting and apologies were noted as above. All written reports were taken as read.</p> <p>The Board received item TB/23-24/31 (Audit and Risk Committee Chair's Report) before it considered item TB/23-24/28 (Annual Report & Accounts).</p>	
TB/23-24/27	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	

Item	Subject	Action
TB/23-24/28	<p>Annual Report & Accounts</p> <p>The Board complimented the Annual Report and Accounts and formally thanked the Finance Team, Communications Team, and Trust Secretariat for the production of the report.</p> <p>The Board reflected on the change in accounting rules with the Trust now using IFRS 16, which specifies how to recognise, measure, present and disclose leases in financial statements.</p> <p>Although it was a new method adopted by the Trust, there will be no impact on the Trust's financial plan to break even in this, or future, financial years.</p> <p>The Board approved the Annual Report & Accounts.</p>	
TB/23-24/29	<p>External Audit Report</p> <p>The Board noted the External Audit Report.</p>	
TB/23-24/30	<p>Letter of Representation</p> <p>The Board approved the Letter of Representation, which shall be signed by the Trust Chair and NB.</p>	
TB/23-24/31	<p>Audit and Risk Committee Chair Report</p> <p>PC presented the Audit and Risk Committee Chair Report and highlighted that the Committee was recommending the Board approve the Annual Report, including the Annual Accounts.</p> <p>The Board noted the Audit and Risk Committee Chair Report.</p>	
TB/23-24/32	<p>Any Other Business</p> <p>There was no Any Other Business.</p>	
TB/23-24/33	<p>Questions from Public</p> <p>None.</p>	
	<p>Date of Next Meeting</p> <p>The next meeting of the Board would be held on Thursday 27th July 2023.</p>	

Signed

(Chair)

Date

**BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 20/07/2023**

Key	DUE	IN PROGRESS	NOT DUE	CLOSED
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Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
ACTIONS DUE IN JULY 2023								
29.07.2022	TB/22-23/46	Operation Cavell Annual Progress Report	VB2 to provide an Operation Cavell update report to the Board in January 2023.	HG	January 2023	July 2023	On agenda	COMPLETE
26.01.2023	TB/22-23/126	Freedom to Speak Up Report – six monthly report	The next Freedom to Speak Up Report, due in July 2023, shall have a high-level progress chart against the recommended actions.	SG	July 2023		On agenda	COMPLETE
25.05.2023	TB/23-24/17	Standing Orders & Standing Financial Instructions (SFIs)	NB to amend the Standing Financial Instructions and change the term 'Associate Director' to 'Deputy Director' throughout the document, by the next meeting.	NB	July 2023		The Standing Financial Instructions have been updated with the term 'Service Director' to reflect the new staff model.	COMPLETE
ACTIONS NOT DUE OR IN PROGRESS								
25.05.2023	TB/23-24/10	MHLDA Provider Collaborative Report	AR to include a Risk Register in future iterations of MHLDA Provider Collaborative updates.	AR	July 2023	September	Revised date agreed with the Trust Chair	NOT DUE
CLOSED AT LAST MEETING OR COMPLETED BETWEEN MEETINGS								
29.09.2022	TB/22-23/74	Closed cultures and professional boundaries	AC to provide an update on closed cultures and professional boundaries in March 2023.	AC	March 2023	May 2023	On Agenda	COMPLETE
24.11.2022	TB/22-23/96	KMPT-KCHFT Memorandum of Understanding	HG to provide the Board with a high-level 2023/24 action plan for areas of joint working under the MOU, by March 2023.	HG	May 2023		On Agenda	COMPLETE
26.01.2023	TB/22-23/120	Board Assurance Framework	SG to produce a workforce deep dive report regarding staff sickness. The report is to be presented at the May Board meeting.	SG	May 2023		On Agenda	COMPLETE

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 20/07/2023

Key	DUE	IN PROGRESS	NOT DUE	CLOSED
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Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
30.03.2023	TB/22-23/147	New Trust Strategy 2023-2026	DHS to update the outcome measures for the community mental health framework transformation as recorded in the New Trust Strategy by making them more robust and ambitious. Updated outcome measures to be provided to the Board at its May 2023 meeting.	DHS	May 2023		Board to receive update as part of the Community Mental Health Framework update paper	COMPLETE

Title of Meeting	Board of Directors (Public)
Meeting Date	Thursday 27th July 2023
Title	Chair's Report
Author	Dr Jackie Craissati, Trust Chair
Presenter	Dr Jackie Craissati, Trust Chair
Purpose	For Noting

1. Introduction

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

- Kent & Medway System
- Board Seminar Day
- Annual Report and Accounts
- Trust Chair and Non-Executive Director visits

2. Kent & Medway system

The work with the Integrated Care Board (ICB) continues to be busy. During this reporting period, I attended the Integrated Care Partnership Board – the body that holds the ICB to account for delivering the Kent & Medway strategy. I also participated, as chair, in the Dartford, Gravesham & Swanley Health & Care Partnership (DGS HCP) workshop; this was an important event which agreed the high level strategic priorities for the DGS HCP over the next 1-3 years. These priorities included a focus on prevention in children, ageing well, and primary care transformation.

3. Board Seminar Day

The Board held a seminar day on 29th June and received seminars on the crisis care pathway, the social value element in procurement matters and a recent KMPT thematic review of suicide. These were important topics with lively board discussion and endorsement of the direction of travel. The Board also welcomed opportunity to meet the new directorate leadership teams and to use the informal setting to exchange views on the opportunities and challenges which we face.

4. Annual Report and Accounts

On 15 June 2023, the Trust held an extraordinary Board meeting, when it approved the Annual Report and Accounts. The Board congratulated the Trust for the well-produced Annual Report and Accounts and it looks forward to presenting it at the Annual General Meeting in September.

5. Trust Chair and NED visits

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

Where	Who
June 2023	
Bluebell and Foxglove wards, St Martin's Hospital	Jackie Craissati & Kim Lowe
Webb's Garden volunteers tea party	Jackie Craissati
Tarentfort Centre, Allington & Brookfields Wards	Sean Bone-Knell
Littlebourne Rd, Priority House, & Trevor Gibbons Unit	MaryAnn Ferreux

Where	Who
Priority House Acute Wards	Kim Lowe
111 Tonbridge Road	Stephen Waring
July 2023	
Dartford Community Mental Health Team	Jackie Craissati
Trevor Gibbens Unit (TGU)	Catherine Walker

Chair visits

We visited Foxglove and Bluebell wards on the St Martins site, and were delighted to be part of a 'huddle' in which we were able to have a very wide-ranging and open conversation with all the ward managers. It was particularly interesting to think about the benefits of the new structure in which older and younger adult wards are now in the same directorate; there seem to be opportunities to take the strengths from particular practices in one area and apply them across the wards, as appropriate. The ward managers raised the frustration they felt at continuously suggesting improvements that never seem to materialise. They recognised that staff often give up escalating issues and sometimes operate on the basis of fearing blame should an incident occur. The key issues included care plans and admin support.

It was a pleasure to attend the annual celebration of our wonderful volunteers at Webb's Garden. Huge thanks to the invaluable support of these wonderfully loyal supporters of KMPT who perform a range of tasks including tending to the beautiful garden.

Similarly, I thoroughly enjoyed attending the large and vibrant QI and Research event where it is evident that we are making great progress in both these areas, and attracting interest from clinical staff.

Sean Bone-Knell, Tarentfort Centre, Allington and Brookfield wards

An enjoyable visit to Tarentfort Centre, Allington and Brookfield wards on a very hot June afternoon. All staff were caring and actively engaged with patients. It was very pleasing to see some of the Occupational Therapy activities taking place on all 3 wards including use of keyboards for music and a challenge session with staff over food price rises linked to the cost of living at this challenging time.

Staff were very positive about the E meds project and I was able to see this in use on all 3 wards and speak to project team members about their involvement. The feedback from patients and staff on food is improving. Some issues over portion size and variety but on the whole an improving picture.

Feedback was received regarding the need to update the pool tables. Feedback was also received regarding the ward staff welfare room.

MaryAnn Ferreux, Littlebourne Rd, Priority House, & Trevor Gibbons Unit

Littlebourne Rd, Canterbury

There are still some issues relating to estates management and the cosmetic condition of some of the wards. Discussions with staff were focussed on maintaining safety at the site and also on the various changes that are occurring across the Trust such as rostering, place based structure, gender specific wards, and digital. However there seemed to be good understanding of the reasons for change and support for the expected outcomes. Staff were

well informed in relation to CQC requirements and were engaged in the resolutions that were required.

Priority house

Recent leadership changes were still being embedded but were well received. The female acute wards and older persons ward were calm, with good engagement between staff and patients and an impressive occupational therapy (OT) activity programme. However, the male acute wards would benefit from more OT activities. There was a plan in place to address this and more fully embed an interactive OT activity program.

Trevor Gibbens Unit

Overall the service was running well. Some facilities issues with old infrastructure and unkempt gardens, which should be addressed given the warm weather. There was a lovely example of an approach to staff wellbeing with a staff garden at the women's ward. I saw that staff were genuinely engaging patients to develop improvements to the environment in a co-design approach.

Staff were both motivated and engaged in change. In the women's ward there were a number of environmental issues which the management team is managing. Although this is good to see I think that the time frame for the proposed works could be shortened if there was a better estates service.

Kim Lowe, Priority House – Acute Wards

A very positive visit with lots of opportunities to meet the teams on the wards. I took away a positive intent to use the place based and shift pattern changes as an opportunity to improve. Bringing together whole person rotas, that reflect all the staff available on wards will create a positive step change. The CQC recent visit was discussed, with staff feeling they were mid-way in delivering a new process when inspected but are delighted about the progress they have now made. The themes that emerged in discussion were not new ones. Violence and aggression to staff, staff retention and delayed transfers of care which numbered 45 beds occupied with patients fit to move on.

Stephen Waring, 111 Tonbridge Road

I met a range of staff members and some service users. I found the staff extremely friendly and welcoming; all reported KMPT as a good employer.

The premises had a generally homely and comfortable feel and did not appear overly institutional in the way they had been fitted out. Both service users and staff commented on this as a positive about the environment. In response to my questions, staff did recognise that converted, older premises of this sort (rather than purpose-built facilities) meant that some risks had to be managed. Staff noted they were aware of the associated risks.

Generally, staff found the response to estates issues to be good, though recognised that sometimes there were delays to repairs, if parts were awaited. From discussion with one service user, it was clear the value they attached to support received in planning for the next, post rehabilitation stage of their journey.

Catherine Walker, TGU

I spent an afternoon at the TGU (part of the Forensic Service). I visited all wards and the Forensic Outreach Liaison Service. The buildings are tired as we know and staff were aware that an evaluation thereof is in hand. I saw evidence of a full programme of activities for patients and received positive feedback on this - notably the cooking sessions (a recent QI project got patients involved to good effect).

The theme of violence on staff was mentioned as a continuing issue in the context of the challenging nature of some patients of late. Notwithstanding this I saw good interaction and kindness from staff to patients. Discharge can face issues due to community resources. I was struck by a QI pilot with a body scanner which both speeds up searching and protects patient dignity.

Chief Executive's Board Report

Date of Meeting: 27 July 2023

Introduction

I start this, my penultimate report by recording my sincere thanks to Deputy Chief Executive Sheila Stenson who so ably covered my absence when I needed to take some leave in order to undergo surgery and recover through May and in to June. The organisation under Sheila's leadership remained focused on the most important aspect of our work; delivering brilliant care through brilliant people. Our new, three-year strategy ensures that we retain our focus on delivering consistently high-quality services, retaining and recruiting the very best staff in order to do that. I will be handing over to Sheila as KMPT's next Chief Executive in November and know that the organisation, those we serve and our KMPT colleagues will be in very good hands.

NHS Long Term Workforce Plan

Described by the Prime Minister as the 'most ambitious transformation in the way we staff the NHS in its history' the 151 page Long Term Workforce plan was published on June 30th. The plan spans fifteen years and details a major expansion of the training places, including the first ever doctor apprenticeship.

The NHS will receive £2.4 bn in extra funding over the next five years to pay for the planned increase in health professionals, which will also include the training of many more midwives and physiotherapists. Targets have also been set for the recruitment of more staff into mental health, community care and primary care roles.

The Workforce and Organisational Development Committee will be updated on how KMPT's three-year strategy aligns with the ambitions set out in the Long Term Plan with further updates presented to board in the Autumn.

NHS 75th birthday

Along with all NHS organisations nationally, KMPT marked the 75th Birthday of the NHS on Wednesday 5th July. A series of high-profile celebrations in local landmarks including Maidstone Museum and Rochester Cathedral were joined by KMPT staff and across the Trust celebrations included tea parties and competitions. The Chief Executive's vlog celebrated the historic milestone and included formal thanks on behalf of the board to all KMPT colleagues for the remarkable work that they do 365 days a year.

NHSE Deputy Chief Medical Officer - Bridge House Visit

As part of a national tour of services, Bridge House (inpatient detoxification unit) welcomed in May, the national Deputy Chief Medical Officer, Dr Jeanelle de Gruchy. Dr de Gruchy spent time with patients and staff hearing about the unit, therapies offered and successful outcomes. Bridge House is one of very few remaining NHS residential detoxification units and is highly regarded both in our region and nationally.

Becoming an Anti-racist Organisation

Over recent months, the Equality, Diversity and Inclusion (EDI) team has been working with staff across the Trust on the development of KMPT's anti-discrimination strategy. The first phase of this strategy will focus on anti-racism, developing a blueprint to extend to other protected characteristics in later phases.

The strategy will span all levels of the organisation, with frontline staff in hotspot areas already engaged with priority work to tackle racial incidents and violence and aggression, supported by a robust plan for Board development supported by an independent expert partner. Alongside the Equality, Diversity and Inclusion team, the Black and Minority Ethnic (BAME) Network will be key to delivering the strategy as well as continuing to provide valuable support to managers and to staff. In preparedness, a refresh of the BAME Network has been undertaken. Clear and measurable outcomes have been identified for this work which will be reported to the Workforce and Organisational Development Committee.

Kent and Medway System Provider Collaboratives - Progress

As reported in May's report KMPT's CEO had agreed to take on the role as Senior Responsible Officer (SRO) for the three, system-wide Provider Collaboratives (PCs). A workshop took place in June with the six provider Chief Executives, Chief Operating Officers and Chief Finance Officers in order to agree the structure for the Kent and Medway PCs including governance and priority areas for focus. A further workshop to finalise the priorities and leads will take place in August with the final proposal being presented to trust chairs for agreement in September. This important system-wide work will now be transferred to the Deputy Chief Executive as part of the carefully planned transition plan from incumbent to incoming KMPT CEO.

Executive Management Team Visits and Working With Days

The commitment from the Chief Executive and her team to ensure that time is regularly spent working alongside staff in different roles and locations remains a consistent feature of how a strong connection from ward to board and support services is maintained. A table showing some of the senior team's activities in this regard is appendix 1.

The Chief Executive's Working with Day in July was spent working in the physical health clinic at our Community Mental Health Team base, Highlands House in Tunbridge Wells. In addition, this month, she also visited Webbs Garden in Canterbury to see the work of some of KMPT's committed and highly valued volunteers and made an evening visit to one of our rehabilitation houses, Ethelbert Road.

The Chief Executive enjoyed eating lunch with patients on Woodchurch Ward as part of the 'Come Dine with Me' programme and visited Sevenscore ward and the Thanet Liaison team.

We are pleased to report that the art exhibition and competition hosted by Lakeside Lounge returned this year after a break due to Covid. The Chief Executive was invited to choose her favourite entry and a presentation to the winner will take place at Lakeside Lounge on 25th July.

The Chief Executive also visited the Liaison Team at Darent Valley Hospital and Jasmine Ward in the same hospital. A visit to the gardens and animals at the Trevor Gibbens Unit in Maidstone was also undertaken and staff were able to showcase the difference that a small investment from the Trust's innovation fund has made to both patients and staff.

Student Conference

On the 9th June 2023 the Practice Placement team in KMPT hosted the first face to face Student Conference since 2019.

Over 100 delegates attended including student nurses, Occupational Therapists, Practice Assessors and Practice Educators. Feedback about the event was very positive and will be used to inform the

development of next year's event. Retaining our students as they qualify, and ensuring a long and enjoyable career with KMPT remains a priority.

Volunteers Celebration

The first week of June was National Volunteers Week and KMPT celebrated the contribution that our volunteers make all year. The week finished with a thank you garden party where Trust Chair Dr Jackie Craisatti, Acting Chief Executive Sheila Stenson and Dr Adrian Richardson met volunteers and were able on behalf of the board, to thank them in person.

Research, Innovation and Quality Improvement Conference

On 13 June our first research, innovation and Quality Improvement conference was hosted by Chief Medical Officer Dr Afifa Qazi. Over 150 delegates joined on the day from across KMPT and wider research field. The board will today receive an update on the work of this team along with their new strategy.

Helen Greatorex
Chief Executive

APPENDIX 1

Executive Team Visits and Working with Days

Chief Finance & Resources Officer, Sheila Stenson

- Littlebrook Hospital – all wards

Chief People Officer Sandra Goatley

- Friday 2nd June - Working With Day Chartwell Ward Priority House
- Thursday 8th June - Come Dine with me on Upnor Ward

Chief Nurse Andy Cruickshank

- Friday 2nd June – Forensic Outreach & Liaison Services, Trevor Gibbens Unit Maidstone
- Monday 5th June – Fern and Foxglove Ward, St. Martins Hospital, Canterbury
- Thursday 8th June – Amberwood and Cherrywood Ward, Littlebrook Hospital, Dartford
- Thursday 22nd June – Bluebell Ward
- Thursday 13th July – Medway CMHT

Chief Operating Officer Donna Hayward-Sussex

- Thursday 8th June - Eureka House
- Tuesday 13th June - Littlebrook Hospital
- Tuesday 11th July - Coleman House
- Thursday 20th July - Darent House

Director of Partnerships & Transformation, Dr Adrian Richardson

- Friday 26th May - Come Dine with me : Marle Ward, Tarentfort
- Friday 23rd June - Thanet CMHSOP
- Tuesday 18th July – Littlebrook Hospital

Director of Communications Kindra Hyttner

- Wednesday 12th July – Trevor Gibbens Unit

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 th July 2023
Title of Paper:	Board Assurance Framework
Author:	Louisa Mace, Risk Manager
Executive Director:	Andy Cruickshank, Chief Nurse

Purpose of Paper

Purpose:	Approval
Submission to Board:	Regulatory Requirement

Overview of Paper

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

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

Issues to bring to the Board's attention

The BAF was last presented to the Board in May 2023.

- One risk has been added to the BAF since May
 - InPhase Risk ID 04232 – Management of Environmental Ligatures (Rating of 8 (High))
 - 2 risks have changed their risk score since May
 - InPhase Risk ID 00410 (Datix: 7050) – Increased level of Delayed Transfers of Care (increased from 12 (High) to 16 (Extreme))
 - InPhase Risk ID 07442 – Module reporting via Datix and InPhase (reduced from 20 (Extreme) to 12 (High))
 - No risks are recommended for removal
 - The BAF report has been aligned to the new objectives included in the New Trust Strategy.
 - A new executive meeting has been set up to review and discuss the BAF risks
 - A section has been included to allow for notable updates on risks to be highlighted where these don't necessarily update the details included on the BAF Risk Register.
-

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)

The Board Assurance Framework

The BAF was last presented to the Board on 25th May 2023.

The Top Risks are

- InPhase Risk ID 00410 – Increased level of Delayed Transfers of Care (DTC) (Rating of 16 – Extreme)
- InPhase Risk ID 00119 – Capital Projects – Availability of Capital (Rating of 16 – Extreme)
- InPhase Risk ID 00580 - Organisational inability to meet Memory Assessment Service Demand (Rating of 16 – Extreme)
- InPhase Risk ID 00871 – Staff Turnover (Rating of 16 - Extreme)

Risk Movement

Two risks have changed their risk score since the Board Assurance Framework presented to Board on 25 May

- **InPhase Risk ID 00410 (Datix: 7050) – Increased level of Delayed Transfers of Care (increased from 12 (High) to 16 (Extreme))**
The position around Delayed Transfers of Care within the Trust remains very fluid. This risk has increased in risk score due to a lack of step down/transfer options which indicate an increased risk
- **InPhase Risk ID 07442 – Module reporting via Datix and InPhase (reduced from 20 (Extreme) to 12 (High))**
A lot of work has been undertaken with regard to the InPhase system since its launch in KMPT, and more is now understood about the initial Data migration from Datix. There is a plan to complete a full migration by the end of August. KMPT still has access to Datix via a licence key which expires at end August. Once the licence key has expired, access to the Datix database will still be available but this will be via Digital colleagues. This has allowed the risk score to reduce, although it is not yet at its target rating.

Risks Recommended for Removal

No risks are recommended for removal this time

New Risks

1 risk has been added since the BAF was presented to Board in May

- **InPhase Risk ID 04232 – Management of Environmental Ligatures (Rating of 8 (High))**
This existing risk has been added back on to the BAF as a result of an increased focus on suicide reduction. The trust is launching a suicide prevention strategy and looking at the environmental ligatures that remain on Trust sites, with some capital funds identified for addressing some long-standing ligature risk areas.

Emerging Risks

No new emerging risks have been identified for this report.

Version Control: 01

Other Notable Updates

- BAF risks have now been aligned to the new Strategic Objectives and are reflected in this report. this was reviewed and agreed via the new Executive Risk Management and BAF Oversight group
- **InPhase Risk ID 00580 (Datix 6881) - Organisational inability to meet Memory Assessment Service Demand (Rating of 16 (Extreme))**
While this risk remains at an extreme level, a lot of work has been undertaken to address the backlog, which is forecasted to be cleared by September. However, a new waiting list is being created as demand has increased by 30%, and is outstripping capacity. A workshop has been held recently with good attendance across the health economy partners, with GPs especially keen to support and help in getting the memory assessment capacity in a better place. The focus is now on looking at the outcomes from the workshop and looking at the service model to see how these can help to improve capacity.
- **InPhase Risk ID 04682 (Datix: 5991) – Organisational Risk – Industrial Action (Rating of 6 (Moderate))**
Strategically led planning currently in place for Junior Doctors IA and Consultants IA which run concurrently in July 2023. The operational orders do create some clinical cancellations where services users will be reviewed against any unintended consequence of the cancellations via the Operations Directorate. A BH service of rotas has been agreed and rotas have been filled. Tactical Meetings from Hub leads are planned; each day of each strike.
- **InPhase Risk ID 00582 (Datix: 6847) – Organisational Sickness Absence (Rating of 12 (High))**
This risk is showing signs of increased stability, with the Trust having achieved the new sickness absence target rate of 5% for the last 5 months. There is still uncertainty around what sickness levels Winter will bring and the impact vacancy rates will have on the sickness absence rate, therefore it is considered prudent to keep the risk on the BAF at this time. There is an increased level of confidence that this risk is moving in the right direction.
- **InPhase Risk ID 00871 (Datix: 6848) – Staff Turnover (Rating of 16 (Extreme))**
This risk is showing early signs of moving in the right direction. Vacancy and turnover rate targets are only recently within target, so there is some uncertainty as to how stable this achievement is. This risk remains under review.
- **InPhase Risk ID 04347 (Datix: 7170) – Implementation of the Community Mental Health Framework across Kent and Medway (Rating of 9 (High))**
This risk has been updated to reflect the progression of the implementation of the Community mental health framework across Kent and Medway. Phase 2 of the CMHF implementation plan has been moved to east Kent and will commence in July 2023. Phase 1 continues in Medway/ Swale and phase 2 will commence in this locality in October 2023.
An implementation group for both Medway/ Swale and East Kent are in operation and meet weekly to monitor progress and identify and barriers to delivery, issues and risks. Evidence of this effectiveness is the move of phase 2 to East Kent.
Progress has been made on the actions, with the financial flows to partner organisations agreed with the ICB, and KMPT contracting arrangements in their final stages; and good progress made with regard to the integration of the provider workforce, with the full implementation of the skill mix across Kent and Medway by March 2024.

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.

Board Assurance Framework

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

Definitions:

Initial Rating = The risk rating at the time of identification

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

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

Action status key:

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

ID	Opened Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating			Controls Description	Top Five Assurances	Current rating			Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating																											
			L	C	Rating			L	C	Rating					L	C	Rating	Target Date (end)																								
1 - We deliver outstanding, person centred care that is safe, high quality and easy to access																																										
1.1 - Improving Access to Quality Care																																										
<p><i>Timeline: 12/01/2022 - 15/01/2022 (RAF Risk Opened) - 23/04/2022 (Dementia SIG have identified key actions for delivery by year end) - 23/04/2022 (Since the last report, part year funding has been agreed for extra clinics for dementia diagnosis. GPs with Special Interests are due to start in May, under supervision, with the plan for them to be independent from Jan September) - 16/07/2023 (Since the introduction of the ICB, the clinical lead role for Dementia across K&M has been devolved. This has created a gap in system leadership that each stakeholder on the Dementia workstreams in progress through the SIG will be delivered on target) - 16/07/2023 (The system wide Dementia SIG has begun to meet again, chaired by SCC. There remains a question around the system wide clinical lead role for Dementia, but it is possible the SIG is meeting again. A draft strategy has been completed and is in the process of being shared with stakeholders)</i></p>																																										
InPhase ID 00580 (Date: 6881) Jan 2022	Chief Medical Officer	Organisational inability to meet Memory Assessment Service Demand IF KMPT continue to be the sole provider of Memory Assessment services for the Kent and Medway system it cannot meet service demand. THEN people may not have a timely dementia diagnosis or timely treatment RESULTING IN poor life experience, reduced quality of life for patients and carers and increased system impact both financially and reputationally	4	5	20	Waiting List Initiative Capacity Planning Productivity Initiatives - Service flow, Job Planning – minimum expectations for assessment and diagnostic capacity set, Hybrid Model working to release medic capacity (using QI Methodology), Advanced Clinical Practitioners – skill mix to release medic capacity, Diagnostic Imaging Protocol, Psychology reporting, enhanced screening tool, updated GP referral form. EMAIS roll out for one step diagnosis as opposed to previously used two step model. Kent and Medway Dementia SIG acts as the oversight group Dementia is one of the MHLDA IB strategic priorities. Target is to achieve the DDR of 66.7% by March 2023. Local care initiatives include: GP with Enhanced Roles, DIAdem in Care Homes, Pathway Development - Diagnosis by Community Geriatricians, Diagnostic Imaging Recovery Programme, Dementia Care Navigators System Partners via MHLDA IB and KM Dementia SIG.	KPI/Targets - 6 week to diagnosis system metric with internal exception reports for 4 week and 18 week targets. NHSE Regional monitoring Kent and Medway system plans and achievement of Dementia Diagnosis Rate via MHLDA IB assurance sessions. NHSE National monitoring via quarterly returns .	4	4	16	↔	<table border="1"> <thead> <tr> <th>Actions to reduce risk</th> <th>Owner</th> <th>Target Completion (end)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Trajectory development to reduce waiting list from 1200 to 200. This includes work on understanding the impact of the backlog work and new referrals on current waiting list.</td> <td>Chief Operating Officer & Chief Medical Officer</td> <td>30/06/2023</td> <td>A</td> </tr> <tr> <td>Recruitment of additional medical capacity within KMPT to address the backlog as a result of additional funding approved and released to KMPT by the ICB.</td> <td>Chief Medical Officer</td> <td>31/03/2023</td> <td>R</td> </tr> <tr> <td>Task and Finish group in place meeting every two weeks to drive the roll out of the Enhanced Memory Assessment and Intervention Service (EMAIS) and backlog work.</td> <td>Chief Medical Officer</td> <td>26/06/2023</td> <td>A</td> </tr> <tr> <td>Dementia Strategy Development</td> <td>Chair of K&M Dementia Service Improvement Group</td> <td>30/06/2023</td> <td>A</td> </tr> <tr> <td>Dementia Service Improvement Group to agree actions and deliver on actions to meet system demand for Memory Assessment</td> <td>Chief Medical Officer</td> <td>01/07/2023</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Trajectory development to reduce waiting list from 1200 to 200. This includes work on understanding the impact of the backlog work and new referrals on current waiting list.	Chief Operating Officer & Chief Medical Officer	30/06/2023	A	Recruitment of additional medical capacity within KMPT to address the backlog as a result of additional funding approved and released to KMPT by the ICB.	Chief Medical Officer	31/03/2023	R	Task and Finish group in place meeting every two weeks to drive the roll out of the Enhanced Memory Assessment and Intervention Service (EMAIS) and backlog work.	Chief Medical Officer	26/06/2023	A	Dementia Strategy Development	Chair of K&M Dementia Service Improvement Group	30/06/2023	A	Dementia Service Improvement Group to agree actions and deliver on actions to meet system demand for Memory Assessment	Chief Medical Officer	01/07/2023	A	Chief Medical Officer	3	3	3	9	31/12/2023
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1.2 - Creating safer and better experiences on our wards																																										
InPhase ID 04232 (Date: 4083) Dec 2014	Chief Nurse	Management of Environmental Ligatures IF we do not have effective means for measuring, monitoring and assessing the risks associated with anchor points THEN we will be exposing patients to patient safety risks RESULTING IN self harm and suicide from ligature points and may mean patient safety, financial penalty, reputational damage and prosecution.	3	5	16	The Control of Ligatures and Ligature Points on Trust Premises Policy [2e] Daily therapeutic programmes Health and Safety Risk Assessment HS20 [1f] Annual Ligature Audits [2g] Monitoring by Ligature Standards Group and the Prevention of Suicides and Homicides Group [2a] Safety Alerts/Protocols [1h] Regular reports to the Quality Committee via Quality Digest [2b] Ligature Champions [1g] Ligature Inventory (Identifies unacceptable ligature points) [1e] National Standards for Mental Health unit builds [3i] Standard Operating Procedure for Ligature Cutters [2o]	Ligature reduction programme Health and Safety and Ligature Risk Assessment Audits Therapeutic Observations Reduction in severe harm patient safety incidents related to anchor points and self strangulation National report on the prevention of homicide and suicides CCQ Quality visit Health and Safety Audits Ligature Audit	2	4	8	↔	<table border="1"> <thead> <tr> <th>Actions to reduce risk</th> <th>Owner</th> <th>Target Completion (end)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Annual Ligature Audit (Undertaken in November)</td> <td>Deputy Director of Nursing</td> <td>28/01/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Annual Ligature Audit (Undertaken in November)	Deputy Director of Nursing	28/01/2024	A	Chief Nurse	1	4	4	4	31/03/2024																
Actions to reduce risk	Owner	Target Completion (end)	Status																																							
Annual Ligature Audit (Undertaken in November)	Deputy Director of Nursing	28/01/2024	A																																							
1.3 - Actively involving service users, carers and loved ones in shaping the services we provide.																																										
No Risks Identified against this Strategic Objective																																										
2 - We are a great place to work and have engaged and capable staff living our values																																										
2.1 - Creating a culture where our people feel safe, equal and can thrive																																										
<p><i>Timeline: 06/12/2024 (Risk Opened) - 06/06/2021 (Risk asked to B&M due to increased risk proximity. There is an increased likelihood of industrial action over disruption over the national pay award) - 06/12/2021 (Risk Score has increased from the target rating due to the current build for strike action issued by the Royal College of Nursing) - 23/09/2023 (So far there has been little impact from industrial action. Business continuity plans and Command and control arrangements are in place and have so far proved adequate. This is being kept under review)</i></p>																																										
InPhase ID 04682 (Date: 5991) Jan 2019	Chief People Officer	Organisational Risk - Industrial Action IF industrial action is enacted within KMPT by Unison, Unite, BMA, RCN etc, or any external service affected by industrial action, which may have an effect on the business continuity of the Trust THEN there may be an impact on staffing attendance, especially if other unions initiate industrial action in support RESULTING IN the potential of inadequate staffing levels within units, both clinical and admin, impacting on KMPT's ability to deliver services	3	3	9	Industrial Action SOP inclusive of Command and Control [2e] Unique operational order/s Significant Incident Plan [2e] Business Continuity Plans [2e] Workforce and OD Industrial Action Monitoring Group EPRR Lead receives weekly Gateway Industrial Action notifications to report by exception to HR Director. [2f] KRF notifications of Industrial Action Horizon scanning for Industrial Action that will affect staff/supplies/services Hybrid working arrangements to support staffing levels within units, both clinical and admin Trade Union communications Engagement with local Staff Side Situation Reporting to ICB	Little impact from previous industrial action (Junior Drs Strike in 2016, RCN 2022 - No Impact; GMB Ambulance Staff 2022/23 - Minor Impact; ASLEF Train 2022/23 - Minor Impact; Teachers and Headteachers Union 2023 - Minor Impact; CWU Postal Union - Minor Impact; CSP Physiotherapists - Minor Impact). ICB Oversight of Trust Arrangements via ICB Operational Control Centre on non strike days for assurance and ICB Emergency Control Centre on Strike Days.	3	2	6	↔	<table border="1"> <thead> <tr> <th>Actions to reduce risk</th> <th>Owner</th> <th>Target Completion (end)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Post BMA Industrial Action Debrief</td> <td>EPR Lead</td> <td>31/07/2023</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Post BMA Industrial Action Debrief	EPR Lead	31/07/2023	A	Chief People Officer	1	1	1	1	29/07/2024																
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Post BMA Industrial Action Debrief	EPR Lead	31/07/2023	A																																							

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			L	C			L	C				L	C	L	C			
<p>17/11/2021 Risk Opened 21/05/2022 21/05/2022</p> <p>Sickness rates have increased over the months of December and January due to the impact of Omicron variant of Covid-19. Consideration is being given to health and wellbeing activities to support staff.</p> <p>Sickness levels remain consistent. A Health and Wellbeing Strategy has been drafted and will be presented to DMT for sign off. The current key actions have been completed. New Actions will be aligned to key strategy deliverables for the coming year.</p>																		
InPhase ID 00552 (Date: 08/21)	Nov 2021	Chief People Officer	5	4	20	Sickness absence policy Health & Wellbeing Group [2a] Range of targeted support and leadership Mental wellbeing and stress support Winter wellbeing messaging Health and Wellbeing Conversations [1a] Promotion of Flu and Covid vaccinations	Monitoring locally, Sickness Absence reporting through QPR, Workforce Committee and Trust Board	3	4	12	↔	<p>Actions to reduce risk</p> <p>Refresh of schedule of wellbeing activities and targeted support offer (including financial wellbeing offer)</p> <p>Revision of Occupational Health Specification</p> <p>Creating and promotion of more safe spaces for shared reflection (including Schwartz Rounds, Staff Council)</p>	Chief People Officer	3	3	3	9	31/03/2024
<p>2.2 - Building a sustainable workforce for the future</p> <p>17/11/2021 Risk Opened 22/05/2022 21/05/2022 02/11/2022 18/05/2023 13/01/2023</p> <p>Turnover rates are still poor. High level national staff survey results have been received. This has shown a good response rate and high level of engagement. More granular detail is expected in March and this will be used to inform planning.</p> <p>Granular detail from the National Staff Survey has been received and shared with DMT and the WFOC Committee. This detail is being used to inform the priorities for 2023/23.</p> <p>This risk has been revised and updated to combine the turnover and retention risks and refocus them on the current trust priorities.</p> <p>The target vacancy rate has been reviewed and amended to 20%. This has led to a reduction in the likelihood score, reducing the overall current risk score.</p> <p>This risk has reduced in score to the Target rating as the vacancy gap for January is 15.7%. There is a high degree of confidence that the vacancy rate target will be met by year end, but the data will not be available till into April.</p>																		
InPhase ID 00571 (Date: 08/21)	Nov 2021	Chief People Officer	4	5	20	Onboarding Flexible working opportunities Health & Wellbeing Group [2a] Career paths [2a] Early exit interviews with HRBPs for business critical posts i.e. nurses and Director of Workforce and OD with Consultants [1f] Supervision and Appraisals [1a] Engagement activities [1b] Health and Wellbeing Conversations [1a] Talent Conversations [2a] Application of the hybrid working policy Support through the Centre for Practice and Learning for career pathways International recruitment	Monitoring locally, reporting to IQPR Report to WF&OD Committee Annual Staff Survey [1c] NHS Staff Survey [2a]	4	4	16	↔	<p>Actions to reduce risk</p> <p>Embed the new electronic exit interview process</p> <p>Recruit to registered nursing degree apprenticeship places</p> <p>Develop and promote career pathways and opportunities (including through development of online Careers Hub)</p> <p>Reducing time to hire to 45 days</p>	Chief People Officer	3	4	12	12	31/03/2024
<p>2.3 - Creating an empowered, capable and inclusive leadership team</p> <p>No Risks Identified against this Strategic Objective</p>																		
<p>3 - We lead in partnership to deliver the right care and to reduce health inequalities in our communities</p> <p>3.1 - Bringing together partners to deliver location-based care through the community mental health framework transformation</p> <p>13/02/2023 Risk Opened</p>																		
InPhase ID 04347 (Date: 17/10)	Feb 2023	Chief Operating Officer	4	4	16	CMHF Programme Board with Implementation group with associated plan, including 3 phases of implementation across county reporting in CMHF Programme Board with multi-agency digital workstream Clear reporting lines established with clinical leadership and oversight of new models. Robust programme management in place with phases 1 and 2 review in place	Community Mental Health Framework Programme Board	3	3	9	↔	<p>Actions to reduce risk</p> <p>Digital Solution for Data Collection and Reporting to be identified and implemented</p> <p>Development of a communications plan for staff</p> <p>Development of patient pathways</p> <p>Discussions underway with the ICB to clarify and develop financial flows to partner organisations</p> <p>Integration of provider workforce to aid skill mix and new ways of working</p>	Chief Operating Officer	2	3	6	6	30/04/2024
<p>3.2 - Working together to deliver the right care in the right place at the right time</p> <p>02/09/2023 Risk Opened 31/03/2023 30/03/2023</p> <p>Actions are progressing well with waiting DTOC. There is a good level of engagement with the local authority for resolution to strategically manage bedlogs.</p> <p>This remains a high risk for the Trust. There is a better grip and understanding of our DTOC, and things are improving, but there are still fluctuations.</p>																		
InPhase ID 00410 (Date: 7/05)	Jun 2022	Chief Operating Officer	4	5	20	Daily reporting Weekly DTOC check and challenge with the Local Authority Senior oversight led by the deputy COO Super stranded Multi Agency Discharge Events Social worker seconded into Patient Flow team Weekly meeting between dedicated KCC Assistant Director and service manager, and KMPT Deputy COO and Senior patient flow manager to plan future initiatives and support individual patient escalations Discharge Assessment form revised to explicitly detail any potential DTOC issues. ICB led meetings - focus on creating capacity across K&M for onward transfer.	Daily scrutiny of DTOC data	4	4	16	↑	<p>Actions to reduce risk</p> <p>Development of step down beds in progress with ICB. Funding agreed for the equivalent of 7 step-down beds</p> <p>Consideration with ICB and Local Authority on potential for dedicated local authority commissioner to solely work on DTOC reduction by intensive placements support</p> <p>Exploring Step down options for DTOC</p>	Chief Operating Officer	3	3	6	6	01/09/2023
<p>3.3 - Playing our role to address key issues impacting our communities</p> <p>No Risks Identified against this Strategic Objective</p>																		

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4 - We use technology, data and knowledge to transform patient care and our productivity																																										
4.1 - Have consistent, accurate and available data to inform decision making and manage issues																																										
<div style="display: flex; justify-content: space-between; align-items: center; font-size: 0.8em;"> 15/03/2023 ← Risk Opened → 16/05/2023 </div>																																										
InPhase ID 07442	Mar 2023	Executive Director of Finance	<p>Module Reporting via DATIX and InPhase</p> <p>IF DATIX abruptly ceases access by KMPPT to the archive data sets available prior to 13 March 2023 THEN KMPPT will be reliant only on the new InPhase modules in so far as they have been migrated and reports built. RESULTING IN inability to present complete data in a recognised format against requests for assurance and compliance on statutory and contractual obligations.</p>	5	4	20	InPhase Project Board Access to the licence key for Datix until Aug 23 Most data has been migrated to InPhase Database access to Datix.	Data Migration Audit	3	4	12	↓	Data Migration	Director of Digital and Performance	A	3	3	16/05/2023																								
4.2 - Enhance our use of IT and digital systems to free up staff time																																										
No Risks Identified against this Strategic Objective																																										
4.3 - Effective digital tools are in place to support joined-up, personalised care																																										
No Risks Identified against this Strategic Objective																																										
5 - We are efficient, sustainable, transformational and make the most of every resource																																										
5.1 Achieve financial sustainability																																										
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InPhase ID 00556 (Datix: 6628)	Mar 2021	Executive Director of Finance	<p>Long Term Financial Sustainability</p> <p>IF the Trust does not continue to focus on cost savings, productivity and efficiency initiatives to ensure services are financially sustainable THEN it may move back into an underlying deficit position. RESULTING IN increased scrutiny from NHSE/I, potential for financial sanctions to be imposed.</p>	4	5	20	Reporting to Trust Board [3a] Reporting the NHSI [3b] Monthly Finance Report [1h] CIP Process [2a] QPR Meetings [2a] Care Group Management Meetings [2a] Finance and Performance Committee monitoring [2b] Finance position and CIP update [1h] Standing financial instructions [2a] Internal audit [3d] Agency recruitment restriction [1a] Monthly statements to budget holders [1a] Budget holder authorisation and authorised signatories	Long Term Sustainability Programme (LTSF) (CIP delivery) has been launched in the organisation and is being led by the deputies. A 4 % efficiency target has been set to start to tackle the underlying deficit. Monthly reporting is taking place through QPRs and Finance Reports, and a full review of CIP governance commenced in July to ensure all programmes have PIDs and QIAs	3	4	12	↔	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Actions to reduce risk</th> <th>Owner</th> <th>Target Completion (end)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Delivery of multiyear efficiency programme</td> <td>Deputy Director of Finance</td> <td>31/07/2023</td> <td>A</td> </tr> <tr> <td>Review of six identified loss making services to identify drivers to the position</td> <td>Deputy Director of Finance</td> <td>30/09/2023</td> <td>A</td> </tr> <tr> <td>Review of underlying deficit position for 2024/25 planning</td> <td>Deputy Director of Finance</td> <td>30/09/2023</td> <td>A</td> </tr> <tr> <td>Monthly reporting is taking place through QPRs and Finance Reports</td> <td>Deputy Director of Finance</td> <td>30/09/2023</td> <td>A</td> </tr> <tr> <td>Review pricing and contracting for services prior to 2024/25 planning</td> <td>Deputy Director of Finance</td> <td>30/09/2023</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Delivery of multiyear efficiency programme	Deputy Director of Finance	31/07/2023	A	Review of six identified loss making services to identify drivers to the position	Deputy Director of Finance	30/09/2023	A	Review of underlying deficit position for 2024/25 planning	Deputy Director of Finance	30/09/2023	A	Monthly reporting is taking place through QPRs and Finance Reports	Deputy Director of Finance	30/09/2023	A	Review pricing and contracting for services prior to 2024/25 planning	Deputy Director of Finance	30/09/2023	A	Executive Director of Finance	3	3	9	31/03/2024
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5.2 Exceed the ambitions of the NHS Greener programme																																										
No Risks Identified against this Strategic Objective																																										
5.3 Transform the way we work																																										
No Risks Identified against this Strategic Objective																																										
6 - We create environments that benefit our service users and people																																										
6.1 - Maximise our use of office spaces and clinical estate																																										
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			L	C			L	C					L	C	Rating					
6.2 - Invest in a fit for purpose, safe clinical estate																				
<p>03/04/2020 Risk Opened → 04/09/2023 2021 Capital programme has been agreed. Currently £8.5m of high priority schemes cannot progress due to a limited capital total. → 06/09/2021 This risk has been affected by a change in capital funding allocation and the risk score has been increased to reflect the impact this will have on the capital projects underway → 17/03/2023 The draft Capital Plan will be taken to the Trust Capital Group at the end of January 2023 → 14/09/2023 The capital allocation for 2023/24 is severely limited across the system, which limits the ability of the Trust to invest in the expired buildings and equipment.</p>																				
InPhase ID 00119 (Date: 3164)	Apr 2020 Executive Director of Finance	<p>Capital Projects - Availability of Capital</p> <p>IF the capital programme is not prioritised robustly, and delivered as planned THEN the restricted capital allocation for 2023/24 may not be fully utilised despite a high need for capital spend across the organisation.</p> <p>RESULTING IN inability to invest in life expired equipment or buildings, increased pressure on the operational maintenance budget, potential for an increasing backlog, clinical and workplace environments which may not be fully fit for purpose, potential loss of use of a facility.</p>	5	5	25	<p>Prioritise capital plan, review regularly with services and against backlog maintenance. [2e]</p> <p>Robust design and specification processes and capital programme management. [1g/2a]</p> <p>Trust Capital group managing programme.</p> <p>Programme delivery reported to SEG.</p>	<p>Board, FPC and Trust Capital Group Oversight (3a/2b)</p> <p>Business care review group</p>	4	4	16	↔	<p>Actions to reduce risk</p> <p>Develop 3-5 year capital plans to address backlog maintenance and service issues</p> <p>Develop pipeline of schemes to bring forward that can be delivered in-year should Capital be available</p> <p>Provide comprehensive report to Trust Capital Group.</p> <p>Maintain monitoring of capital scheme to ensure work can be re-prioritised if more significant issues present</p>	<p>Director of Estates and Facilities</p> <p>Director of Estates and Facilities</p> <p>Director of Estates and Facilities</p> <p>Director of Estates and Facilities</p>	<p>31/03/2023</p> <p>30/06/2023</p> <p>30/09/2023</p> <p>30/09/2023</p>	<p>G</p> <p>A</p> <p>A</p> <p>A</p>	Executive Director of Finance	2	3	6	31/03/2024
InPhase ID 00524 (Date: 6857)	Nov 2021 Executive Director of Finance	<p>Maintenance Services Funding Availability</p> <p>IF sufficient resources are not allocated for reactive, cyclical and planned maintenance of buildings, building services, grounds, gardens, trees in leased and owned properties THEN the ratio of planned to reactive maintenance spend would not be in accordance with industry best practice and in favour of reactive maintenance</p> <p>RESULTING IN the planned maintenance backlog increasing year on year, maintenance overspends and in-patient facilities not fit for purpose for lengthy periods</p>	5	4	20	<p>Existing approved and in date contracts in place with external maintenance contractor</p> <p>Maintenance process in place for reporting required</p> <p>Maintenance KPIs in place</p> <p>Issue reactive maintenance Procedures to services.</p>	<p>Reporting to FPC</p> <p>TIAA Audit and follow up Audit due to limited Assurance</p>	3	4	12	↔	<p>Actions to reduce risk</p> <p>Complete full competitive compliant procurement process</p> <p>Planned and effective mobilisation of new contract</p>	<p>Director of Estates</p> <p>Director of Estates</p>	<p>31/07/2023</p> <p>01/10/2023</p>	<p>A</p> <p>A</p>	Executive Director of Finance	3	4	12	30/09/2023

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 th July 2023
Title of Paper:	Operation Cavell Update
Authors:	Paul Squire, Security Manager Sarah Allen, Detective Inspector Kent Police
Executive Director:	Dr Adrian Richardson, Director of Partnerships and Transformation

Purpose of Paper

Purpose:	Discussion and Noting
Submission to Board:	Board requested

Overview of Paper

This paper provides an update on Operation Cavell and draws on submissions and data from Kent Police and internally from KMPT.

Issues to bring to the Board's attention

Ongoing work underway to incorporate Operation Cavell into organisational work.

Governance

Implications/Impact:	Trust Strategy
Assurance:	Limited
Oversight:	Trust Board

Background

Operation Cavell was launched in partnership with Kent Police and KMPT in February 2021. The focus of Operation Cavell is on ensuring enhanced support for staff who experience violence, aggression, or abuse of any kind, including hate crime, whilst at their place of work.

The Key Objectives are:

1. Operation Cavell provides a terms of reference to enable Kent police to implement a more connected way of working, with a focus on positive outcomes for all staff (victims) dealt with under Operation Cavell.
2. To ensure that incidents, identified as Operation Cavell, receive an enhanced level of victim care provision (enhanced Victim Code compliance), and ensure that, across all partners agencies, we are driving appropriate activities to achieve this.
3. Regular partnership working groups with Kent Police, other NHS organisations and KMPT to ensure promotion of good practice and a forum to discuss cases of interest / concern.
4. Implementation of a quarterly 'in person' meeting to review progress of Operation Cavell and address any issues unique to each service, and those issues which may affect us all collectively – promoting 'good news' stories, sharing best practice, identifying lessons learned, enhancing partnership working relationships.
5. Development of improved communications, across the partnership, to support the Operation Cavell refresh and, most importantly, to improve confidence in the process for those victims directly affected, and for the wider workforce.

Key Challenges

Operation Cavell has faced some challenges since it started. A number of these have already been addressed or are in the process of being addressed.

All parties remain committed to overcoming these and to ensure progress is made in the coming months to ensure staff of KMPT are supported while at work.

Public Order Act

Under the Public Order Act a secure mental health ward is classed as the patient's 'dwelling' while they are detained under the Mental Health Act. This leads to restrictions when issues related to hate crimes arise that diminish the service provided to victims of hate crime. Police and partners are continuing to explore and review a potential reflective practice process, which may assist in bridging this gap, in respect of those specific offences.

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Mental Capacity

Capacity is subjective and can fluctuate, however officers must assume that a person has capacity unless it is established otherwise by a Mental Health Professional with responsibility for that individual. It will be a priority line of enquiry, in most of these cases, for the investigating officer to establish capacity (early on in an investigation) via that relevant lead MH Professional. Issues of capacity can present significant operational challenges, which can limit opportunities for a criminal justice system outcome.

It should also be acknowledged that many patients, even where an interview has been possible, will still NOT meet the required threshold to either be put before the court, or dealt with via other criminal justice routes due to their mental ill-health.

Data Challenges

Data from Kent Police under the umbrella of Operation Cavell is limited and therefore the impact post launch cannot be easily be measured under the operational label. This is due to the absence of a specific Op CAVELL marker being available within Kent Police's Investigation Management Unit. As it stands currently the required information is extremely hard to capture, as the only way is to manually search and view, on their Crime Reporting system, by going into each report one by one, to establish if it is Operation Cavell related.

Performance

Data below is provided by Kent Police and is for a six month period.

Terrence Gibbens Unit has been excluded form this data due to a lack of suitable data.

	Littlebrook Hospital & associated units/wards		Priority House		St Martins Hospital	
Month	Offences Reported 1/7 – 31/12 2020	Offences Reported 1/7 – 31/12 2022	Offences Reported 1/7 – 31/12 2020	Offences Reported 1/7 – 31/12 2022	Offences Reported 1/7 – 31/12 2020	Offences Reported 1/7 – 31/12 2022
July	29	16	21	6	12	8
August	26	11	19	6	11	1
September	30	5	19	4	8	3
October	45	21	7	10	9	6
November	19	20	5	5	13	2
December	12	18	9	2	9	4
Total	161	91	80	33	62	24

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Investigation outcome codes	1 st July - 31 st Dec 2020	1 st July - 31 st Dec 2022
Outcome type 1 - Charge, Summons or Postal Charge.	2	0
Outcome type 3 - Adult Caution.	1	0
Outcome type 8 - Community Resolution (Crime).	1	1
Outcome type 12 - Prosecution prevented - named suspect identified but is too ill (physical or mental health) to prosecute.	84	58
Outcome type 16 - Evidential difficulties - named suspect - Victim does not support (or has withdrawn support) police action.	131	44
Outcome type 15 - Evidential difficulties – named suspect identified – Victim is supporting police action, but evidential difficulties prevent further action.	19	27

Progress and Next Step

In May the Acting Chief Executive and Director of Partnerships and Transformation met with the Chief Constable and Deputy Chief Constable to re-affirm their commitment to improving relationships and delivery of results from Operation Cavell. This was further reinforced with an undertaking to review performance regularly and this has been further explored with other senior officers in June and July.

A number of initiatives are already underway including the installation of CCTV across the estate and the police have confirmed their support in delivering and advising on implementation of this and a number of measures.

Until now Operation Cavell has existed as a silo initiative. However, with the new Trust strategy and a specific outcome within the Patient strategic ambition (Decrease violence and aggression on our wards by 15%). Operation Cavell will be incorporated into this strategic outcome to reinforce the importance and its ability to contribute to the outcome.

Further collaboration and partnership working is now planned with frequent reviews between Kent Police and KMPT.

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 th July 2023
Title of Paper:	Progress against the Research and Innovation Strategy
Author:	Professor Sukhi Shergill, Director of Research and Innovation; Sarah Dickens, Deputy Director of Research and Innovation
Executive Director:	Dr Afifa Qazi, Chief Medical Officer

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Board requested

Overview of Paper

A paper setting performance against the KMPT Research and Innovation (R&I) Strategy.

Issues to bring to the Board's attention

The Board ratified the R&I Strategy (2022 – 2027) in May 2022 and approved (the first 12 months of) the subsequent Business Case in June 2022. Monies from the allocated funding was not drawn down until 1st January 2023, due to the Fit for the Future restructuring.

The Trust has successfully, submitted five funding applications, receiving £235,093 against a business case spend of £28,766. Publicity of the Trust's R&I has been by way of partnership development and conferences. Successful recruitment of key staff for strategy delivery has occurred, leading to key workstreams being able to move forward.

The key concern remains the competitive nature of research grant applications with the National Institute for Health and Care Research providing data that the likelihood of success is 20%. The Trust is mitigating this by developing staff skills to improve the chances of success of submitted claims.

Governance

Implications/Impact:	Impact on delivery of R&I Strategy
Assurance:	Reasonable
Oversight:	Oversight by R&I Strategy Implementation & Performance Group and Quality Committee

Version Control: 01

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IN RESEARCH

Research & Innovation Strategy Year 1 Update

Quality Committee
18 July 2023



Background

- The Trust Board ratified the Research & Innovation ('R&I') Strategy (2022 – 2027) in May 2022.
- Trust Board approved the first 12 months of the supporting Business Case in June 2022 for the delivery of the R&I Strategy.
- There is an expectation that the R&I department delivers a breakeven position by 2025.
- Due to the recent Fit for the Future consultation, recruitment to posts was delayed and so utilisation of the business case funds did not begin to be drawn down until 1st January 2023.
- This update therefore covers six months of activity.



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Items of Excellence

- **Received additional £235,093 income** to date against the business case spend of £28,766
- Submitted 5 funding applications.
- The RI QI joint conference “Shining a spotlight on quality” held on 13th June 2023 was a great success with 150 people from KMPT. This day launched the new R&I image with materials and gave KMPT their top performing social media content in June.
- Recruited a Clinical Lead for our new Cognition & Dementia Research theme, Dr Jo Rodda whose activity is already having an impact already with 4 successful funding bids.
- We rolled out ‘Research’ tab on Open RiO to ensure patient safety and increased visibility of research for clinicians, further working towards clinical research being seen as part of clinical care and enabling us to deliver more complex commercial trials.



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Strategy Objective

1. Increased participation

Workstream	Year 1 Target	Current Position	Activity over next 6 months	Comments
<p>Improving processes to enable our service users, their carer’s and the wider population to participate in research.</p>	<ul style="list-style-type: none"> • Research Contact Opt-Out Proposal agreed in principle • KMPT-CRIS (AKRIVIA HEALTH) launched • Participation SOPs Ratified 	<ul style="list-style-type: none"> • Draft proposal being drafted ahead of review by Caldicott Guardian and IG. • KMPT-CRIS installation now complete. • Participation SOP ratified 	<p>Focus will be on the Opt-Out proposal with the Caldicott Guardian and Information Governance reviewing it by October and having it approved in early 2024</p>	<p>This ‘Opt-Out’ system will enable us to give all our services users information about research projects they may be interested in, removing this burden from our clinicians.</p> <p>Concerns/ Mitigation Research team working through IG processes. Afifa Qazi is in support in principle.</p>
<p>Increase Engagement numbers signed up to our Research Community</p>	<ul style="list-style-type: none"> • Increase number from 7 to 50 	<ul style="list-style-type: none"> • 27 participants engaged 	<p>We are working with the Clinical Research Network (CRN) and Kent Community Foundation Trust to run a ‘Research Roadshow’ across NHS and public spaces across Kent.</p>	<p>No Concerns. Research Community- members of which sign up to receive information, training or get involved in research.</p>
<p>Increase visibility of R&I</p>	<ul style="list-style-type: none"> • R&I Communications plan in place. • R&I ‘brand’ developed • Launch of R&I ‘brand’ 	<ul style="list-style-type: none"> • Brand launched (e.g. this slide deck) 	<p>No concerns. We have already been approached by 2 external partners who have complimented us on / recognised us from social media and want to find out more.</p>	



GET involved IN RESEARCH

Strategy Objective

2. Home Grown Research

Workstream	Year 1 Target	Current Position	Activity over next 6 months	Comments
Increased research grant applications	5 applications	3 applications made (Totalling £470,608) Of which 1 successful (£200,000)	1 additional application being worked on as well as a bid initially submitted, that has made it to Stage 2 of funding round).	Numbers not expected to significantly increase until Year 2 whilst we increase skills in the team for grant writing.
Increased number of clinicians developing their own research	<ul style="list-style-type: none"> Train an additional 20 Clinicians in Good Clinical Practice for Research. 	<ul style="list-style-type: none"> Good Clinical Practice training session booked in September for trust wide Medical Education CPD day – 70/80 Drs expected) 	Deliver training in September Other training options for AHPs and Nurses being explored.	No concerns



GET *involved* IN RESEARCH

Strategy Objective

3. Increased Income

Workstream	Year 1 Target	Current Position	Activity over next 6 months	Comments
Income awarded	£50,000 (via Home grown grant funding bids or other income streams)	<p>Total Awarded: (5 income applications) £235,093.28</p> <p>From Total Submitted: 538,037.61 (8 applications)</p> <p>Awaiting Results: 302,944.33 (3 applications)</p> <p>To be announced between July and December '23)</p>	Working on stage 2 NIHR bid, and moving forward a further two.	<p>No concerns.</p> <p>This included income from research grants for specific studies as well as other funding e.g. To carry out pilot work or for engagement work. (Data held by the NIHR indicates a low success rate of research grant bids at approximately 20%)</p>
Develop ability to deliver Clinical Trials	Service Level agreements with external acute NHS services for Clinical services (e.g, Pathology, Radiology etc	Agreement with MTW for Phlebotomy training and Pathology provision underway agreed in May 2023	Finalise agreement with EKUFT CTU to support our Clinical Research	No concerns.



GET *involved* IN RESEARCH

GET *involved* IN RESEARCH

Conclusion

Great progress in year 1 has been made to lay the foundation for further success in year 2 and 3.

We continue to strengthen our ability to submit and become successful in home grown research and associated funding bids. Strength especially shown in having a Research Theme Lead to drive research in a specific area. (Total of 6 4 Dementia funding applications expected by year end by our Cognition & Dementia Research Theme Lead, Dr Jo Rodda)

We have already exceeded expected income for year 1, with **£235,093.28** Against a target of £50,000 as well as reduced utilisation of the allocated business case funds, suggesting we shall achieve a cost neutral position ahead of at Year 3.

Relationships strengthened with collaborative research increasing with Kent Medical School and University of Kent by Professor Sukhi Shergill.



TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 th July 2023
Title of Paper:	Bed Strategy
Author:	Dr Afifa Qazi, Chief Medical Officer
Executive Director:	Dr Afifa Qazi, Chief Medical Officer

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Board requested

Overview of Paper

To provide the Trust Board with an update on the output and recommendations of the Bed Strategy Working Group set up to deliver a Bed Strategy which ensures that KMPT bed stock is used to deliver high quality care to the most acutely unwell people in the system in a timely manner.

Issues to bring to the Board's attention

This strategy makes recommendations for the organisation to achieve the strategic delivery target of zero use of Out of Area (OOA) beds and of 85% bed occupancy over the next three years. Also, very crucially, the recommendations will ensure the current bed stock sustains the projected increase in demand in beds over the next three years by utilising existing finances at more appropriate points in the pathway.

In Feb 2023 a Bed Strategy Working Group was established, at the request of the Trust Board, to develop a bed strategy to support the improved use of KMPT's mental health bed stock over the next three years, 2023 - 2026.

This paper sets out a summary of the Trust's current position, and recommendations to achieve the strategic outputs over the next three years.

Governance

Implications/Impact:	Trust Strategy – We deliver outstanding, person-centred care that is safe, high quality and easy to access
Assurance:	Reasonable
Oversight:	Trust Board



Kent and Medway
NHS and Social Care Partnership Trust

KMPT Bed Strategy

Acute Inpatient Beds

2023 – 2026

Prevent and Promote (10-point plan)

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1. Executive Summary

Demand for mental health beds has been increasing nationally since the pandemic, and the pressure of this demand on the Kent and Medway system has been steadily increasing. It is widely recognised that more beds alone are not a solution.

National data shows that KMPT currently operates with a low bed stock and a low average length of stay. At the same time, we also have one of the highest delayed transfers of care (DToC)/clinically ready for discharge (CRfD) rates in the country, with 30 to 40 patients in our beds at any one time who no longer need to be there.

The above factors, alongside increasing numbers of people who need to be treated in in-patient settings, translate into very high levels of bed occupancy (95%), making our wards extremely busy places where scope for therapeutic interventions is limited.

Reduced availability of beds results in our patients having to wait for admission, sometimes in completely unacceptable situations such as Emergency Departments (ED) or in the community. These situations create risk, poor patient and carer experience, and engender the need to purchase additional Out of Area (OAA) beds. These private beds are expensive and can be miles away from the patient's home, friends and family. In the last twelve months, KMPT has spent £809,592 on OAA beds, in order to keep patients safe and manage the pressure on beds.

We have a 12 bedded male Psychiatric Intensive Care Unit (PICU), but no female PICU service. We currently commission 5 female PICU beds at significant cost (£1.86m/yr) from private providers in Kent.

Kent and Medway bed modelling predicts a projected increase in demand for beds over the next three years, which will result in worsening bed occupancy, an increase in spending on OOA beds and, most importantly, poor patient experience if no change is made.

The recommendations in this strategy have been developed to ensure the bed stock meets the increasing demand over the next three years. With the principles of providing care close to people's homes in the least restrictive settings, the recommendations have been built around two key themes – '**prevent**' (avoidable admission) and '**promote**' (timely discharge). Over the next 3 years the strategy will deliver:

- Zero out of area placements
- Reduction in bed occupancy to the agreed national target of 85%
- Meet the demand for increasing need with no further expansion in beds

The strategy also proposes an in-house 5 bed PICU service for women.

From a financial perspective, the strategy targets c£1.7m of trust expenditure to be redeployed to improve patient flow on in-patient units. By seeking to invest this money at more appropriate points in the pathway the strategy will deliver a more efficient use of beds accompanied by reductions in spend in high cost areas such as the external placement budget. This will enable a more efficient use of resources, with all recommendations delivered in a cost-neutral manner.

2. Introduction

Demand for mental health beds has been increasing nationally since the pandemic, and the pressure of this demand on the Kent and Medway system has been building incrementally in the last few years. In December 2020, a survey carried out by the Royal College of Psychiatrists found that 85% of respondents reported there was more pressure on beds compared to the same time last year and estimated that there were less than 5% of beds available in individual trusts. KMPT currently operates at 95% bed occupancy; the level recommended by the Royal College of Nursing is that 15% of beds should be vacant at any one time.

However, just increasing bed stock alone is not a solution as this would not provide long term sustainable delivery for our patients. Research carried out by The Strategy Unit¹ shows that, based on strong evidence, the best solution to managing pressures on beds was to develop stronger community mental health services.

Greater emphasis on prevention of admission, with enhanced support of people with poor mental health in care settings outside hospitals and in local communities, is much needed. There is also a need to promote the support offered to people with their onward journey after they have completed their care in mental health hospitals.

In order to achieve this position, this strategy has two been developed around two key themes:

- **Prevention** - reducing the number of avoidable hospital admissions and working in partnership with community services to make sure our patients receive the right care in the right place at the right time
- **Promotion** - ensuring our patients have choice and awareness of support, and enhanced support is provided to promote timely discharge

A key aim of the strategy is to provide care close to people's homes in the least restrictive settings. It has a clear ambition to reduce Out of Area placements to zero and reduce bed occupancy to 85% in year 3 (2026). This is in line with KMPT's strategic objectives.

KMPT currently provides a range of adult and older adult in-patient services, including a male Psychiatric Intensive Care Unit (PICU), a large forensic bed base and specialist beds (rehabilitation units, mental health for learning disability, peri-natal services and substance misuse beds). This strategy covers the use of adult and older adult acute beds (248 beds) and the future of PICU services for women. Forensic and specialist beds have not been included in the scope of this review. Whilst a full review of the rehab services has not been completed, a recommendation around rehab services has been made in light of the recent Community Rehab Service investment which will reduce reliance on rehab beds as the community model starts to deliver.

¹ The Strategy Unit Mental Health Inpatient Capacity Nov 2019

3. Background and Context

In January 2023 the Trust Board requested the development of a KMPT Bed Strategy for the safe and efficient use of KMPT's mental health bed stock over the next three years, 2023 – 2026. In Feb 2023, the Bed Strategy Working Group (BSWG) was established.

The BSWG was led by the Chief Medical Officer and supported by operational colleagues. The group worked with the ICB Urgent and Emergency Care Lead who has been fully sighted and has been supportive of the ambitions set in the strategy and the recommendations made to achieve these. Membership has included clinical, digital, performance, finance and transformation colleagues.

The group has conducted a thorough analysis of the current KMPT bed usage, including the function of the Patient Flow Team and the function provided by the Weekend Consultant Service and the Crisis Resolution and Home Treatment Teams. The group has studied in detail the admission pathways and processes and the needs of patients currently delayed on our wards. A thorough literature review has been conducted, examples of good practice locally and nationally have been identified and learning included in the recommendations.

The group looked in detail at how the needs of patients, who are well enough to be discharged, can be met by alternative providers including the voluntary sector and have examined the effectiveness of dedicated discharge teams. They also explored how home treatment teams and acute day units could reduce the number of patients requiring beds and considered how best to meet the needs of those in mental health crisis. Collaborative safety planning was also examined for high intensity users, as was the increased use of Clozapine for patients treated in the community.

4. Objectives

The BSWG agreed a number of key objectives for the Bed Strategy which informed the approach.

These are:

- Significantly reduce the delayed transfers of care
- Address the current issue of bed pressures
- Ensure that patients do not have to wait in settings that are inappropriate
- Patients are treated closer to home
- Reduction in the cost of external provision including the female PICU service
- Work in partnership with other organisations and community services to deliver a seamless patient journey that addresses need from an integrated approach to treatment and care across all services and patient cohorts
- Ensure sustainability of bed stock to meet increasing demand

There are a number of key local and national strategic ambitions and plans which have informed or guided the development of the KMPT Bed Strategy. These are:

KMPT 2023 – 2026 strategy – the Bed Strategy is aligned with KMPT’s strategic ambitions and strategic outcomes. Of particular relevance are:

- **People we care for:**
Creating safer and better experiences on our wards
- **Partners we work with:**
Working together to deliver the right care in the right place at the right time
- **Technology, data and knowledge:**
Enhance use of IT and digital solutions



A number of strategic outcomes will be used to measure the effectiveness of the Bed Strategy. Key outcomes to be supported through implementation of the bed strategy are:

- 95% of mental health patients in EDs will be admitted to a psychiatric bed or discharged within 12 hours
- Zero Out of Area placements for patients requiring acute and PICU care
- Reduce our bed occupancy to under 85%
- Increase satisfaction for in-patient experience by 10%

Achievement against the strategic outcomes will be a key measure of delivery and will act as success criteria to inform review and implementation.

The Five Year Forward View for Mental Health 2020/21 objectives:

- All areas will provide Crisis Resolution Home Treatment Teams resourced to deliver a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions
- Out of area placements will essentially be eliminated for acute mental health care for adults

5. Where are we now?

KMPT currently operates with a lower than average bed stock when benchmarked against similar trusts nationally.² The organisation also has a low average Length of Stay (LoS). (Appendix 1 NHS Benchmarking Data 2021/22). Length of Stay has increased nationally in the current year, as has KMPT’s position, but it has still remained below national average. Occupancy rates remain significantly above national mean, 95% compared to 85%.

The benchmarking data also shows that KMPT has one of the highest Delayed Transfer of Care (DToC)/Clinically Ready for Discharge (CRfD) rates when compared to similar trusts.

² 2021/22 NHS Benchmarking Overview of findings

DToC/CRfD occurs when a patient is ready for discharge from an in-patient bed but is unable to, due to non-clinical reasons. In KMPT, on average there are 30 to 40 people in beds who do not need to be in a bed, as they have completed their care spell on the in-patient wards. The table in Appendix 2 shows the impact of DToC/CRfD for KMPT patients during the period June 2022 and May 2023.

The main reasons for DToC/CRfD are:

- delays in residential home placements
- delays in nursing home placements
- delays in access to supported accommodation

Because of delays in provision for these patients, their stay in KMPT is extended for prolonged periods which stops us from releasing that space to admit patients who are waiting for admission.

Reduced flow alongside increasing numbers of people who need to be treated in in-patient settings, translates into a very high level of bed occupancy. Our bed occupancy has been running at 95% since the pandemic, meaning that our wards are extremely busy places where the scope for provision of therapeutic interventions is limited. Appendix 3 has further details on overall bed usage and occupancy.

Our patients sometimes have to wait for admissions in completely unacceptable situations such as Emergency Departments, Places of Safety or in the community with little support. These situations create risk, and poor patient and carer experiences, in addition to putting immense pressure on staff. When the individual risk escalates to levels that can no longer be managed, the only solution has been to procure additional Out of Area (OAA) beds. For the period June 2022 to May 2023, KMPT incurred a total cost of £809,592 to fund OAA acute male and female beds.

Kent and Medway bed modelling predicts a projected increase in demand for beds over the next three years, which will result in the worsening of current bed pressures, worsening bed occupancy and an increase in spending on OOA beds. It is also likely that we may need to send patients outside the county to receive in-patient care, as the availability of private provision is not guaranteed to meet the increased demand. Placements for patients which are out of area are defined as inappropriate placements – they are sent out of area due to lack of capacity at the local level.

Within KMPT this number is one of the highest when compared to similar NHS Trusts. The national average is 6.4% and for KMPT the mean average is 12.6% (2021/22 NHS Benchmark data – see Appendix 1)

KMPT has a 12 bedded male PICU. However, we lack PICU provision for female patients. In order to meet the needs of female patients requiring care in a PICU, KMPT commissions female PICU beds from private providers in Kent. The total cost for outsourcing 5 beds per year is £1.86m.

Having patients in private bed facilities is not an ideal situation as the quality of care received by them is not guaranteed, they are often far from their family and they are placed at considerable expense to the organisation.

6. Recommendations

Analysis of the current position within KMPT has shown that there are a number of key areas to be addressed in order to meet the objectives identified. These form the basis of the recommendations and course of action required to deliver a long-term solution to high bed occupancy.

The strategic themes of '**prevent**' (admissions) and '**promote**' (discharges) over the next three years will be achieved by delivery of the following recommendations:

Prevent

- Crisis Houses
- Acute Day Treatment Units
Psychological interventions for EUPD
- Service User Networks (SUN)
- CRHT clinical model/Enhanced Home Treatment Team
- Optimise use of medication
- Segmented beds aligned to Directorates

Promote

- Bed Management System (Flow/Red to Green)
- Onward Support Unit
- Hospital Discharge Teams
- CRHT in-reach to wards
- Psychological interventions for EUPD

7. Details of recommendations

(10-point plan):

Service proposal	Outline details	Expected outcome
Onward Support Unit	<p>A 20 bedded residential Onward Support Unit to support planning and pathways to move people out of a hospital setting</p> <p>The service will be voluntary, community and social enterprise (VCSE) sector run with KMPT input. This will be reviewed in year 3 with intention to close as need will have reduced, by implementing the other recommendations in the strategy</p>	<p>Reduced delays in transfer of care/clinically ready for discharge for people waiting for placements with providers in the community</p> <p>Reduction in number of bed days</p>
Crisis Houses	<p>Short-term (7 days) 24/7 supported accommodation as an alternative to inpatient admissions</p> <p>Commissioned by the ICB, delivered via Voluntary, Community and Support Services Sector (VCSE) in partnership with KMPT providing the gate-keeping function. Model based on national best practice and co-produced with ICB</p> <p>NB: It must be noted that commissioning of this service falls within the remit of the ICB and is out of the direct control for KMPT</p>	<p>Prevent avoidable admissions of patients mostly with complex emotional needs presenting in a crisis situation</p> <p>Reduction in the number of bed days</p>
Hospital Discharge Teams	<p>Dedicated team for CRfD to achieve hospital discharge by working proactively with and supporting providers with placements of patients with complex mental health needs</p> <p>Workforce model achieved by remodelling of patient flow team</p>	<p>Promote timely discharge</p> <p>Reduced delays of transfer of care/clinically ready for discharge</p> <p>Reduced bed days</p>
Bed Management system (Flow/Red to Green)	<p>Red to Green is a process and set of principles to support patient flow within mental health inpatient settings; by focusing on resolving issues which prevent patients progressing on the discharge pathway</p>	<p>Promote timely discharge</p> <p>Reduction in bed days</p>

<p>CRHT Clinical Model</p>	<p>Home treatment teams to offer enhanced support to inpatient wards. Work towards an increase in the number of in-patients accepted for home treatment. Pilot clinical model to split ward/CRHT consultant model</p>	<p>Promote timely discharge Reduction in bed days</p>
<p>Acute day treatment units aligned to CRHTs</p>	<p>Acute Day Unit (ADU) in one Directorate initially to expand to one per HCP. Initial pilot developed to evaluate the provision The acute unit (CRHT staff) will offer a range of interventions including close monitoring and medication management. This will provide crisis focused and a time limited non-residential service</p>	<p>Prevent avoidable admissions Reduction in the number of bed days</p>
<p>High Intensity User pathway (Psychological interventions for people with Complex emotional needs)</p>	<p>Psychologically informed co-produced safety plan for reducing the number of admissions to hospital for people with complex emotional needs</p>	<p>Prevent avoidable admissions Reduction in the number of bed days</p>
<p>Service User Networks (SUN)</p>	<p>Service in the community which will support people with complex emotional needs and offer support to avoid going into a crisis situation and promote use of crisis houses where appropriate</p>	<p>Key enabler for the implementation and successful delivery of crisis houses across the county with focus on reduction in avoidable admission and reduced bed days</p>
<p>Optimise use of medication / anti-psychotics</p>	<p>Community Clozapine initiation to allow patients to access Clozapine treatment without requiring admission to an inpatient ward</p>	<p>Increase number of patients receiving Clozapine initiation in the community Reduction in avoidable admissions</p>
<p>Segmented beds aligned to Directorates</p>	<p>Inpatient beds aligned to Directorates in year 3. This will allow each Directorate to manage their own bed stock with community teams and CRHT working closely with acute services to admit people only when care in a bed becomes absolutely essential</p>	<p>Better ownership of flow through beds Prevent avoidable admissions and promote early discharge Reduction in the number of bed days</p>

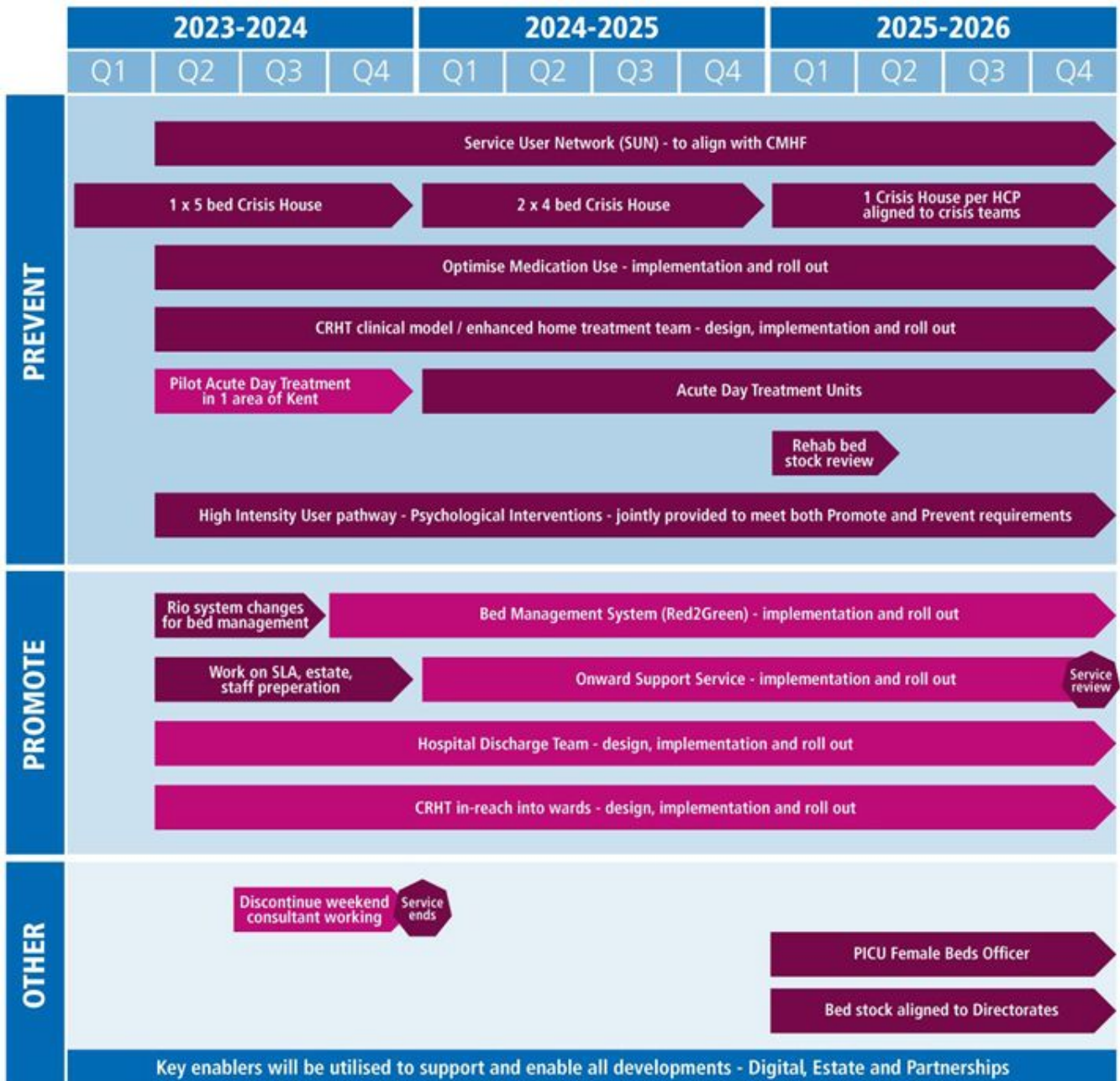
8. Operational Delivery

Implementation and timeline

Details of the planned implementation can be seen in the diagram below:

In order to ensure robust delivery of the above recommendations, each recommendation has been developed with a clinical and operational lead aligned to it, and they will continue to lead in the implementation phase. This will ensure a named person for delivery and evaluation of impact.

The timeline for implementation is based on a short, medium- and long-term approach over the period of the KMPT strategy, 2023 – 2026.



9. Key Enablers

Delivery of the recommendations will be supported by key enablers which are:

Digital

- Use of data and technology
 - Bed Flow System (Red to Green)
 - Staff facing technology (Consultant Connect App)
 - Patient facing technology (All in-patients with access to tablets)
 - Clozapine testing machines (Point of care machine)

Partnerships

- Working closely with voluntary sector, social care and providers of private placements in the county
- Building resilience in the community/Anchor Institution
- As part of the organisational strategy we will leverage work that is underway with partners to drive improvement in Thanet and scope the potential for wider distribution across Kent and Medway

Service Level Agreement

- A key enabler required to achieve the proposed outcomes will be the development of a Service Level Agreement (SLA) working with Kent County Council Adult Social Care. This will need to be in place to ensure support for people to be discharged to community care settings in a timely manner

Estate

- Optimisation of estate within KMPT and externally to enable delivery and implementation of the recommendations. Identification of ineffective use of estate; refurb and design to support implementation of the strategy

10. Bed Modelling – data and analysis

Modelling has been carried out on the recommendations made to ensure that they will achieve the agreed measures of success.

The detailed modelling is attached as Appendix 4.

The model developed includes data relating to demographic growth of 0.8% per year and unmet community need of 2.5% within Kent and Medway.

Assumptions and methodology

- The model is based on a count of bed days saved and has been calculated using a number of assumptions
- Onward support service with 20 beds implemented by Q1 2024
- Crisis House - assumed to meet 50% of existing demand of Cluster 8 bed days through the achievement of greater flow reducing LoS from 25 to 7 days. Supported by the implementation of SUN as a key enabler. The impact of crisis houses has been considered as a phased approach due to the implementation timeline
- Bed Management System – assumption of 5% reduction in LoS despite evidence of existing projects showing 30% reduction given that KMPT is already below the national average
- Unmet need forecast has been adjusted to ‘ramp up and then ramp down’ due to management action starting to counteract the impact
- Acute Day Unit impact has been combined with the home treatment element. The assumption is based on a proposed saving of 4 days LoS with effective home treatment. 5% of such benefit is already being realised with the existing service, so the assumption has incorporated a 2-day LoS which equates to 9.8 bed/day (8.1 Younger adults and 1.7 Older Adults)
- Optimisation of medication use – assumption based on 10 stays of 17 days saved per annum equating to 170 bed days (0.47 bed days per day)
- Female PICU impact removed as this is an additional recommendation and not relevant to the overall inpatient bed modelling

The final outcome of the bed modelling and timeline for achievement of the success measures is detailed in the table below:

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Occupied Bed Days	22,553	22,846	22,743	22,462	22,089	20,984	20,819	20,551	20,022	19,635	19,095	18,225
External Placements (OOA)	401	451	348	310	0	0	0	0	0	0	0	0
Resultant Occupancy	95.7%	95.7%	95.7%	95.7%	93.7%	88.0%	87.4%	88.1%	84.9%	82.4%	80.1%	78.2%

Caveat: Model assumes there are a consistent number of beds available (2022/2023 baseline) across the time period modelled

The modelling in the table above shows achievement of 0 out of area placements by the end of Q1 2024/25 and reduction of bed occupancy to less than 85% by Quarter 1 2025/26, if all recommendations are fully implemented as per the proposed timeline.

The outputs of the model present an estimate of the best-case scenario if all recommendations were to be fully implemented and estimated benefits realised. The modelling is designed to act as a guide of potential improvements in bed occupancy rather than a conclusive prediction. As detailed in the assumptions and within the bed strategy there are a number of pre-requests to be resolved to achieve greater assurance that the recommendations can be fully implemented; the model and its assumptions are therefore subject to change over time.

The current modelling estimates a bed occupancy of 78.2% after three years in a best-case scenario; however, given the variables at play, this is not an accurate prediction. It is likely that some recommendations might not be fully implemented and therefore the proposal has 'headroom' for this in order to achieve 85% occupancy, over three years. For example, if the recommendation which has the largest impact, Onward Support Service, was not implemented the model would estimate 82.8% occupancy at the end of three years as opposed to the current 77.2%. The impact of delay in setting up the Onward Support Service would be seen in slowing down of the reduction in OOA use as well.

Hence, regardless of the modelling projection, the strategy will work towards the target of achieving 85% occupancy by end of Yr 3 (Q4 2025/26) and reducing OOA use to zero over the same period.

11. Additional recommendations

A. Female PICU:

Offer in-house female PICU, thereby removing contract with private provider. Options are being explored to utilise space differently and provide a 5 bed PICU. All the above recommendations will reduce reliance on beds, reduce occupancy and it is projected that provision of 5 female PICU beds will be enough to meet the demand. These beds will be for the sole purpose of providing core-PICU functions and this will not eliminate the need for specialist placements for patients with complex co-morbidities such as autism and learning difficulties who present with challenging needs.

B. Weekend Consultant service:

It is recommended that the Weekend Consultant Service is discontinued. This service was set up to promote discharge of patients from the wards over the weekend. However, data analysis suggests that this has had very little impact with minimal discharges taking place over weekends. In 22/23 the service cost £0.2 M per annum. This money could be better utilised supporting the proposals detailed above, which will have a more targeted impact on patient discharge and flow. All in-patient sites have junior doctor cover over the weekend in addition to staff grade and consultant on-call cover, which will continue to run without any changes. Discharges over weekends will be achieved by enhanced CRHT support, which is one of the recommendations of the strategy.

C. Rehabilitation services:

Whilst a full review of the rehab beds has not been included in this review, an analysis of the use of rehab bed use was conducted to explore the potential options of using the estate differently. It was found that currently our rehab beds are fully utilised with a waiting list for the service. The strategy recommends that as the community rehab offer starts to deliver, use of rehab beds should be reviewed with the intention of releasing and reutilising estate to support further community options.

12. Finance

The strategy targets to redeploy c£1.7m of trust expenditure to implement the recommendations. This is expected to be cost-neutral with funding deployed in more appropriate points in the pathway to release costs from the external placement budgets. The investment will focus on improving flow and this will be supported by investments in services such as the Onward Support Unit. The investment is anticipated to lead to better resource utilisation rather than to target savings. The strategy will be monitored to ensure any efficiency opportunities that stem from this approach are secured but this is not an anticipated benefit at this stage.

13. Staffing

No additional staff are required to implement any of the recommendations, apart from the staffing for the Onward Support Unit which will be VCSC run with minimal support from KMPT. No additional psychiatrists or psychiatric nurses are required to staff the model. These staff groups are mentioned here as they remain the hardest to recruit in the county. Hence staffing is not seen as posing a challenge to implement the recommendations in the strategy.





14. Conclusion

This strategy presents a plan for change in use of KMPT bed stock by preventing hospital admissions and promoting discharge from hospital. It aims to reduce OOA bed use to zero and bed occupancy to under 85% by 2026 in a cost-effective manner, whilst maintaining a focus on patient safety, high quality care and improved outcomes. Change in use of bed stock, will lessen reliance on PICU services and will allow the setting up of a smaller in-house PICU services for women by 2026.

By investing money at more appropriate points in the pathway the strategy will reduce spend in high cost areas such as the external placement budget.

In conclusion, the strategy presents a unique opportunity to transform the use of in-patient bed stock for our patients most in need of a bed, without having to wait in unacceptable circumstances and, more importantly, receive care closer to home. It will also ensure that the current bed stock is sustainable in the face of increasing demand by utilising existing resource.

15. Appendices

<p>Appendix 1</p>	<p>NHS Benchmarking Data 2021/2022</p>	 <p>Appendix 1 - NHS Benchmarking Data.docx</p>
<p>Appendix 2</p>	<p>Delayed Discharge Data (<i>Clinically ready for discharge</i>)</p>	 <p>Appendix 2 - DToC - CRfD Data.docx</p>
<p>Appendix 3</p>	<p>Bed Stock Performance and Usage</p>	 <p>Appendix 3 - KMPT Bed Stock Performance.docx</p>
<p>Appendix 4</p>	<p>KMPT Bed Strategy Modelling</p>	 <p>Appendix 4 - Bed modelling data.docx</p>

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 th July 2023
Title of Paper:	Integrated Quality and Performance Report (IQPR)
Author:	All Executive Directors
Executive Director:	Helen Greatorex, Chief Executive

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Standing Order

Overview of Paper

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

Issues to bring to the Board's attention

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

The areas of concerns to be brought to the Board's attention this month are as follows:

- CMHSOP demand resulting in high waiting lists and poor compliance against waiting time targets continue to be a significant challenge. Planning is now underway to revise the model and agree implementation following a workshop on 7th July with senior clinical staff and system partners.
- Out of Area placements which exceed contracted beds has seen a reduction in recent months. 107 bed days were used (17 YA Acute and 90 PICU), compared to 173 in May (62 YA Acute and 111 PICU), below the annual average and the significantly lower than the since the peak of 322 days in September 2022. As at July 17th there had been no Acute placements since June 26th
- Bed pressures continue within our acute bed stock with occupancy exceeding 95%. Days lost to those Clinically Ready for Discharge (*previously referred to as Delayed Transfers of Care*) increased for the second successive month to 13.1%, the highest position since August 2022 (13.3%). Despite this pressure it is positive that Younger Adult length of stay has reduced

further and remains within target for the third successive month at 27.6 days for those discharged in June 2023. OPMH Acute LoS increased to the highest position of the last 12 months, 126 days, largely driven by two discharges in June which had experienced stays of 241 and 377 days.

- Workforce measures are on track against the 2023/24 targets as at the end of June. Sickness absence has however increased in recent months from 4.4% in April to 4.8% in June. Turnover has achieved the target following a reduction of 0.5% in month, 16.4% against a target of 16.5%.

Governance

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

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

Executive Lead(s): Chief Nurse
Lead Board Committee: Quality Committee

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

Executive Commentary

Restrictive Practice

The Trust’s approach to the use of restraint is carefully monitored and reviewed in line with national best practice. The use of restraint is always a last resort and staff are trained in de-escalation techniques and other preventative measures which are always considered before restraint is implemented. Please note that this reporting period is 01/06/2023 – 30/06/2023.

There were 82 reported incidents of restraint needing to be used in June 2023, a slight increase of nine from the previous month. The Acute Directorate (AD) reported 78 incidents; the Forensic and Specialist Directorate (FSD) reported four uses of restraint, all occurring within Rosewood Lodge (Mother & Baby Unit).

In June 2023, there were three prone restraints reported, all occurred within Acute Directorate and involved three different patients. No harm reported in any of the three reports.

The use of seclusion continues to fluctuate slightly with twenty episodes reported in June 2023, an increase of eight from the previous month. All twenty episodes transpired within the Acute Directorate, involving twelve different patients. All instances of seclusion are reviewed and an overview retained in order to identify outliers or patterns.

Workshops and briefings are planned to assist staff teams to further improve the quality of reporting and recording in line with the Mental Health Units Use of Force Act (2018) and the current CQUIN for reporting restrictive practices. This will allow for further themes to be addressed and identify areas for both support and improvements.

The Promoting Safe Care Group has reviewed its Terms of Reference to have oversight on all initiatives, QI and QAP work in reducing aggression and violence and the use of restrictive practices. Increased

monitoring, accountability and shared learning will further enable our services to review and reduce. Group membership to include more technical advisors, clinical staff and other stakeholders from all Directorates and Workforce to support staff/teams in this important area.

IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
001.S	Occurrence Of Any Never Event	✓	0	N	0	0	0	0	0	0	0	0	0	0	0	0
011.S	Restrictive Practice - All Restraints		-	-	125	103	72	87	67	74	83	80	69	66	73	82
020.S	Unplanned Readmissions within 30 days		8.8%	L	5.3%	3.4%	4.4%	4.3%	5.0%	8.4%	4.1%	6.2%	8.2%	3.6%	3.8%	7.6%

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

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

Issues of Concern
<ul style="list-style-type: none"> • Care planning continues to be an area of concern and increased focus.

Executive Commentary

There is recognition of continued challenges in meeting performance targets consistently across CMHTs and CMHSOPs with a high degree of variability between teams. All community services continue to review caseloads in line with the implementation of the Community Mental Health Framework. The reduction of caseloads which can only be achieved with support from all agencies providing a suitable step-down model for patients whose mental state is stable.

Clinically Ready for Discharge (006.E)

% Days lost to those Clinically Ready for Discharge (previously referred to as Delayed Transfers of Care) increased for the second successive month to 13.1%, the highest position since August 2022 (13.3%). The large majority of patients now delayed are older adults which also impacting on length of stay. Colleagues in the ICB are now leading a piece of work to support KMPT in helping to secure the most appropriate onward provision for those delayed.

Average Length Of Stay (Older Adults - Acute) (013a.E)

OPMH Acute LoS increased to the highest position of the last 12 months, 126 days, largely driven by two discharges in June which had experienced stays of 241 and 377 days.

005.E: Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			17.0	0.0	-21.9	97.2	37.6
2	OPMH			0.0	0.0	0.0	0.0	0.0
3	PICU			90.0	0.0	8.6	240.6	124.6
4	Trust Total			107.0	0.0	12.4	312.1	162.3

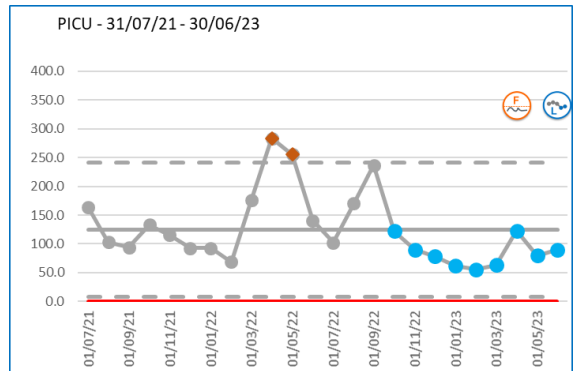
Interpretation of results (Trust wide)

Variation	Common Cause - no significant change
Assurance	Variation indicates consistently failing short of target

Narrative

June 2023 saw a further reduction to the lowest position of the last 12 months in the use of out of area beds not procured in advance by KMPT, 107 bed days were used (17 YA Acute and 90 PICU), compared to 173 in May (62 YA Acute and 111 PICU). As at July 17th there had been no Acute placements since June 26th.

The use of PICU external bed days remains of a declining nature due to a run of 10 months below the mean of the last 24 months.



In order to address the increase and continuously aim to ensure patients have the shortest length of stay possible in external PICU a revised process with the PICU liaison team has been implemented. This focusses on working collaboratively with community services with escalation routes for when patients are close to discharge and community involvement is needed to facilitate discharge. All PICU placements over 2 weeks are now reviewed between the Willow Suite consultant and the private placement consultant to agree an onward treatment plan.

015.E: % Of Patients on CPA With Valid Care Plan		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			84.2%	95.0%	78.1%	96.0%	87.0%
2	Forensic and Specialist			93.2%	95.0%	88.9%	98.1%	93.5%
3	East Kent			88.5%	95.0%	88.0%	97.5%	92.7%
4	North Kent			77.2%	95.0%	80.4%	91.8%	86.1%
5	West Kent			76.1%	95.0%	80.7%	89.6%	85.1%
6	Trust Total			82.8%	95.0%	86.2%	91.6%	88.9%

017.E: % Non CPA Patients with a Care Plan or PSP		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
2	Forensic and Specialist			69.2%	80.0%	64.6%	76.0%	70.3%
3	East Kent			77.5%	80.0%	73.6%	82.1%	77.9%
4	North Kent			62.8%	80.0%	63.4%	71.8%	67.6%
5	West Kent			59.6%	80.0%	55.4%	65.3%	60.4%
6	Trust Total			69.2%	80.0%	68.4%	73.3%	70.8%

Interpretation of results (Trust wide)

Variation	CPA Care Plans: Special Cause Variation of a Concerning nature Non CPA PSP & Care Plans: Special Cause Variation of a Concerning nature
Assurance	Variation indicates consistently failing short of target

Narrative

CPA Care Planning

Across the locality Directorates CMHT's, CMHSOP's and EIP teams contribute to over 80% of this indicator. The CMHT position represents a reduction in month of 4.2%, this is a continued reduction representing a 13.6% reduction since March 2023 which is an indication of the pressure experienced within community services including vacancies and high caseloads.

	2023-03	2023-04	2023-05	2023-06	Count June	Variance Mar - Jun
East Kent	96.4%	91.7%	88.3%	82.4%	216	-14.5%
Ashford & Canterbury CMHT	98.2%	93.0%	90.4%	84.7%	118	-13.7%
Dover & Deal CMHT	100.0%	92.3%	92.3%			
Shepway CMHT	85.4%	77.5%	70.0%			
South Kent Coast CMHT				61.5%	52	
Thanet Community Mental Health Team	100.0%	100.0%	97.8%	100.0%	46	0.0%
North Kent	86.6%	79.8%	78.0%	73.1%	438	-15.6%
DGS Community Mental Health Team	81.1%	79.1%	80.1%	76.2%	189	-6.1%
Medway Community Mental Health Team	90.0%	79.4%	73.8%	68.9%	212	-23.5%
Swale Community Mental Health Team	94.6%	86.5%	91.7%	81.1%	37	-14.3%
West Kent	87.4%	84.8%	75.1%	74.0%	204	-15.3%
Maidstone Community Mental Health Team	86.4%	85.1%	73.2%	72.1%	147	-16.5%
SWK Community Mental Health Team	90.6%	84.2%	80.4%	78.9%	57	-12.8%
Grand Total	89.2%	84.0%	79.8%	75.6%	858	-15.2%

FSS Directorate continues to exceed 90%, the Acute Care Group Figure reflects a low number of patients (19).

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

Trust wide performance remains stable with only minor variations in the last 12 months, although continuing to fall short of target.

The North Kent Directorate continues to show special cause variation due to a run of points below the mean of the last two years, this is driven by CMHT performance within the North Directorate which remained stable at 55%. Medway CMHT remains the outlier at 43.4%. Case reviews continue in Medway to ensure patients are on correct pathway with a clear plan for further care, this represents a sizeable piece of work as Medway CMHT currently has over 1,200 referrals open. This caseload review will be completed by October 2023 when phase two of the CMHF will be implemented in this area following the pilot in East Kent. This should see a reduction in caseload sizes as people receive treatment in the new Mental Health Together services.

The Forensic and Specialist Directorate is showing special cause variation, focused work is underway to address the performance of MHLD teams.

IQPR Dashboard: Effective

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
001b.E	CPA patients receiving follow-up within 72hours of discharge				84.4%	84.8%	77.2%	89.7%	78.7%	79.7%	84.6%	83.2%	84.5%	84.3%	76.4%	79.0%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓	95%	-	95.6%	95.5%	95.3%	95.2%	95.3%	95.4%	95.1%	95.4%	95.3%	95.5%	95.3%	95.4%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓	-	-	117	176	298	183	169	150	117	123	125	217	173	107
006.E	Clinically Ready for Discharge		7.5%	L	12.2%	13.3%	12.2%	11.1%	11.5%	13.0%	12.2%	11.6%	10.9%	10.6%	12.6%	13.1%
012.E	Average Length Of Stay(Younger Adults)		34	L	35.88	37.30	34.76	36.14	36.33	34.49	36.48	37.94	36.24	30.31	28.11	27.56
013a.E	Average Length Of Stay(Older Adults - Acute)		77	L	64.40	117.17	98.88	78.42	89.65	125.16	113.50	76.24	106.36	70.80	97.59	126.71
015.E	%Patients with a CPA Care Plan		95%	L	89.0%	88.3%	88.2%	88.4%	90.5%	89.6%	90.6%	90.0%	89.6%	86.0%	83.9%	82.8%
016.E	% Patients with a CPA Care Plan which is Distributed to Client		75%	L	75.2%	71.8%	73.9%	76.1%	74.4%	74.9%	74.4%	73.7%	72.3%	69.9%	68.9%	72.7%
017.E	%Patients with Non CPA Care Plans or Personal Support Plans		80%	L	69.9%	68.8%	68.2%	68.5%	68.5%	69.0%	71.1%	71.0%	70.4%	68.6%	68.2%	69.2%
018.E	Bed Occupancy (Net)				95.6%	97.8%	96.1%	96.4%	96.4%	95.0%	95.6%	96.2%	94.5%	95.5%	97.1%	96.1%
019.E	Ave LoS for Clinically Ready for Discharge (at discharge)				32.0	81.3	58.3	51.8	77.8	34.9	64.3	37.8	51.9	18.5	58.0	53.3
020.E	% of Acute (YA & OPMH) discharges at weekends				7.6%	9.2%	8.4%	8.3%	7.6%	8.9%	4.7%	8.0%	4.8%	18.1%	23.2%	8.8%

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

Executive Lead(s): Chief People Officer
Lead Board Committee: Workforce Committee

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

Executive Commentary

Workforce performance indicators continue to see positive trends, with all areas achieving target for the first time in the past 12 months and almost all areas seeing improving trends.

In particular, improvements around voluntary turnover, stability, vacancy rates and safer staffing fill rates are promising, and are thought to be the result of considerable efforts locally and Trust-wide around culture and retention over the past 6 months, as well as around volume recruitment. Additionally, it is thought that there has been some initial levelling out of the labour market challenges that have been prevalent since the pandemic. Recruitment does however continue to be very challenging across most staff groups, so a range of more dynamic approaches are being applied, including international recruitment, pilots of proactive sourcing and the use of social media. The trust has also over the past month stepped up its Grow Our Own approach, advertising a significant number of Registered Nurse Degree Apprenticeships, Occupational Therapy Apprenticeships and Nurse Associate Apprenticeships.

Sickness absence sees an overall improving trend remaining below 5% (target) now for the fifth month in a row. This trend should be treated with some caution, however, as seasonal variation is volatile due to changes in the make-up of respiratory illnesses. Last year saw a considerably more extreme peak in the Autumn and Winter than has historically been experienced, so we cannot be complacent but should begin making plans now to mitigate should such a peak occur again this year.

Levels of compliance with essential training remain above target, although with some minor adverse variation when compared with last month, which it is anticipated will resolve in the coming weeks.

The appraisal window is open at the moment, and as such, completion is not currently reportable.

IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
020.W-W	Establishment (Overall)													4088.5	4088.5	4088.5
001.W-W	Staff Sickness - Overall	✓	5.30%	L	5.0%	4.7%	5.0%	6.2%	5.7%	6.7%	5.4%	4.6%	4.5%	4.4%	4.9%	4.8%
005.W-W	Appraisals And Personal Development Plans		95%	L			71.6%	92.9%	94.7%		95.8%	95.8%	95.8%			
006.W-W	Vacancy Gap - Overall		15.50%	L	17.8%	15.8%	16.0%	15.8%	16.3%	16.2%	16.1%	16.2%	14.3%	14.0%	14.0%	13.7%
012.W-W	Essential Training For Role		90%	L	92.8%	93.0%	92.8%	93.1%	93.1%	93.6%	93.8%	93.5%	93.9%	93.6%	92.8%	92.9%
015.W-W	Staff Stability (Overall)		85%	L	84.2%	84.2%	83.7%	83.8%	84.2%	84.2%	83.9%	84.1%	85.0%	84.5%	86.0%	85.3%
019.W-W	Staff Turnover (Overall)		16.50%	L										16.9%	16.9%	16.4%
019a.W-W	Staff Voluntary Turnover (Overall)		15.00%	L	14.9%	13.3%	13.3%	13.4%	14.6%	14.8%	14.7%	14.7%	14.3%	14.2%	14.2%	13.8%
023.W-W	Safer staffing fill rates		80.00%	L	100.5%	102.1%	102.5%	99.9%	100.4%	99.1%	100.2%	99.6%	100.5%	102.3%	103.7%	105.8%

- *New targets were introduced April 2023; historic data RAG rated against the new targets however may have previously been compliant against old targets.*
- *The month 3 position not include the outcome of the vacancy review work. Once adjusted for the vacancy rate improves by 1.3% to 12.4%.*

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

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

Issues of Concern

The Trust submitted a financial plan for 2023/24 predicated on the basis of delivery of a £4.76m CIP target and removal of a £6.15m vacancy gap. The work around the vacancy gap has identified 68% of the savings recurrently, and found the rest non-recurrently. In regards to CIP the trust is in the process of delivering its CIP with non-recurrent savings identified in the first half of the year supporting recurrent full year delivery in the later part of the year; with the full year effect of these plans offsetting the non-recurrent impact.

Executive Commentary

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

IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
004.W-F	In Month Budget (£000)		0.0	N	(12,512)	(12,414)	(14,586)	(12,646)	(12,712)	(12,524)	(12,526)	(12,659)	(12,571)	(13,296)	(13,279)	(14,931)
005.W-F	In Month Actual (£000)		-	-	(12,689)	(12,711)	(14,402)	(12,888)	(13,242)	(12,746)	(12,843)	(12,873)	(13,873)	(13,391)	(12,909)	(14,708)
006.W-F	In Month Variance (£000)		-	-	(177)	(298)	184	(241)	(530)	(223)	(317)	(214)	(1,302)	(95)	370	224
006a.W-F	Distance From Financial Plan YTD (%)	✓	0.0%	N	1.41%	2.40%	-1.26%	1.91%	4.17%	1.78%	2.53%	1.69%	10.36%	0.71%	0.00%	0.00%
007.W-F	Agency - In Month Budget (£000)		-	N	565	565	565	565	565	565	565	565	565	549	545	566
008.W-F	Agency - In Month Actual (£000)		-	-	709	541	709	631	766	728	739	580	930	740	748	717
009.W-F	Agency - In Month Variance from budget (£000)		-	-	144	(24)	143	65	201	163	173	15	365	191	172	186
010.W-F	Agency Spend Against Cap YTD (%)	✓	0.0%	N	6.59%	4.43%	7.92%	8.44%	11.82%	13.72%	15.41%	14.25%	18.44%	34.77%	33.20%	33.06%

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

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

Executive Lead(s): Chief Nurse & Chief Operating Officer
Lead Board Committee: Quality Committee

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

Executive Commentary

The PREM and the targets are currently being reviewed.

The new approach will maintain consistent feedback mechanisms for seeking views on the quality of care. The CQC monitors, through the national annual Community mental health survey, whether NHS trusts are seeking the views of patients. The question asked is: ‘Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give views on the quality of your care?’ Other drivers for the review are:

- The Community mental health framework - Thinking creatively to understand the needs of our population and co-produce feedback design with them, ensuring feedback improves how we are targeting support to serve them adequately and meet their needs.
- The NHSE Equality Delivery System 2022 - Developing an understanding the results of patient surveys from people with different protected characteristics.
- Patient and Carer Race Equality Framework - Ensuring patient experience is more routinely collected to a consistently high quality, and flowed to national datasets to enable benchmarking and lessons sharing.

IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
002.C	Mental Health Scores From Friends And Family Test – % Positive	✓	93%	N	83.8%	86.6%	84.8%	83.7%	87.1%	88.1%	84.9%	85.1%	87.5%	87.5%	84.2%	85.8%
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	99.0%	97.0%	98.0%	99.0%	98.0%	98.0%	99.0%	99.0%	98.0%		82.0%	83.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	98.0%	97.0%	97.0%	98.0%	97.0%	98.0%	97.0%	97.0%	97.0%		87.0%	84.0%
007.C	Compliments - actuals		-	-	174	184	145	123	120	143	114	101	106	78	114	97
008.C	Compliments - per 10,000 contacts		-	-	50.87	52.97	42.11	36.78	33.34	48.20	31.52	31.09	29.36	24.03	31.07	26.71
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	740	686	698	729	681	522	703	584	553	375	685	709
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	5.1	4.6	4.8	5.2	4.6	4.1	4.8	4.2	3.8	2.7	4.8	4.9
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %		-	-	8.2	8.3	8.3	8.2	8.3	8.4	8.4	8.4	8.3	8.1	8.3	8.3

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

Executive Lead(s): Chief Operating Officer

Lead Board Committee: Finance and Performance Committee

Issues of Concern

Memory Assessment Services demand continues to outstrip capacity. Actions include the role out of a new model.

Executive Commentary

There is recognition of continued challenges in meeting performance targets consistently across CMHTs and CMHSOPs with a high degree of variability between teams. All community services continue to review caseloads in line with the implementation of the Community Mental Health Framework. The reduction of caseloads which can only be achieved with support from all agencies providing a suitable step-down model for patients whose mental state is stable.

CMHSOPs are addressing three waiting lists: 4 weeks wait for functional presentations; 6 weeks wait to assessment for organic presentations and 18 weeks to treatment for all referrals. The vast majority of the activity sits within organic presentations with the new Enhanced Memory Assessment and Intervention Service (EMAIS) looking to combine the assessment and commencement of treatment into a single activity. As previously reported a combination of challenges including demand and failure to fully implement the new model consistently continues to impact on performance.

For Organic presentations a backlog list was taken for all those referred prior to April 2023 with additional resource targeting these patients. The backlog stands at 113 as at 13th July, a reduction from 203 as at 15th June, with a plan for reduction to zero by the end of September as previously reported. As highlighted the new model is not fully implemented and therefore not all new presentations are going through the proposed EMAIS approach, resulting in a list of 647 as at 13th July awaiting the commencement of treatment having had a single assessment contact (up from 538 as at 15th June).

The challenge of meeting increasing demand is significant with a further 2,663 organic presentations awaiting their initial assessment (or EMAIS where available) against the 6-week target as at 13th July. Instances when an EMAIS joint assessment is possible will mean that this group will complete both 6 week and 18-week compliance where delivered within 18 weeks of referral.

Immediate actions are being taken to address the issues experienced in implementing the new model include the teams continuing to review caseloads to ensure accuracy of waiting lists and

understanding capacity available to deliver each aspect of the pathway. Additionally, there is focus on increasing the data completeness of diagnosis recording to allow a transition to a measure of time to diagnosis for this patient group, this work is supported by consideration of how RiO can be used effectively to help manage these processes.

A workshop took place on the 7th July with senior clinical staff and system partners to explore amendments to the model in light of the challenges reported. Planning is now underway to revise the model and agree implementation. Further updates will be provided in September.

People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral (001.R)









The % of those commencing treatment within two weeks reduced in month from 87.5% to 62.5%, monthly values are subject to variation as the denominator for any given month is low. In June 24 patients commenced treatment which is an increase from the average of the last six months (18), therefore despite the reduce performance this has been achieved whilst facing increased demand as well as challenges with vacancies and leave.

016.R: Routine Referral To Assessment Within 4 Weeks		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	East Kent			87.3%	75.0%	61.2%	94.6%	77.9%
2	North Kent			45.3%	75.0%	44.4%	90.4%	67.4%
3	West Kent			78.6%	75.0%	43.9%	90.3%	67.1%
4	Trust Total			68.4%	75.0%	55.1%	87.9%	71.5%

Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change in month
Assurance	Variation indicates inconsistently hitting or failing target
Narrative	
<p>Overall trust performance decreased from 73.3% to 68.4% in month. The East Kent Directorate continues to exceed the target for the fourth successive month.</p> <p>It is the North Kent Directorate that continues to see the largest challenge in achieving this target, the greatest challenge being in Medway who achieved 19.1% in June 2023. Whilst this is a low level of performance it is positive to note that the % of patients on the waiting list having waited more than 28 days at the end of the month reduced from 42% to 28%.</p>	

	2023-04	2023-05	2023-06
North Kent	56.9%	62.5%	45.3%
CMHSOP	64.3%	72.2%	59.4%
DGS CMHSOP	18.2%	62.5%	44.4%
Medway CMHSOP	92.3%	75.0%	55.6%
Swale CMHSOP	100.0%	87.5%	100.0%
CMHT	54.9%	59.5%	41.7%
DGS Community Mental Health Team	82.0%	80.4%	62.2%
Medway Community Mental Health Team	34.5%	52.5%	19.1%
Swale Community Mental Health Team	21.7%	28.0%	45.7%

The pilot of the initial phase of the Community Mental Health Framework commenced in the Medway locality from April 2023 and whilst this will not demonstrate a sudden impact is an important step. The second phase of Community Mental Health Framework will commence implementation in East Kent from July 2023. Again, this will not demonstrate a sudden impact but the implementation of Mental Health Together will help transition to a system wide target in line with previously highlighted national waiting time metrics for this patient group. The valuable learning from the initial East Kent pilot will underpin planned improvements in the North Kent CMHT's position.

016.R: Care Spell start to Memory Assessment (Routine) Assessment Within 6 Weeks		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	East Kent			33.3%	75.0%	32.5%	75.3%	53.9%
2	North Kent			23.2%	75.0%	22.6%	59.8%	41.2%
3	West Kent			24.0%	75.0%	27.7%	72.5%	50.1%
4	Trust Total			28.4%	75.0%	30.3%	68.1%	49.2%

Interpretation of results (Trust wide)	
Variation	Special Cause Variation of a Concerning nature
Assurance	Variation indicates consistently failing short of target
Narrative	
Performance of CMHSOP teams against the 6-week target for Routine Memory Assessments and Complex Dementia continues to be a significant challenge as highlighted above. There remains a large variance across teams in performance as shown by the last 3 months reported compliance below. The ongoing focus on clearing backlogs will result in some low percentages within teams with the greatest challenges as they address those patients that have been waiting the longest and have therefore breached the 18 weeks. It is recognised that Sevenoaks and Tunbridge Wells have significant workforce challenges, the leadership team are addressing through consideration of a shared caseload model.	

	2023-04	2023-05	2023-06
East Kent	39.4%	37.5%	33.3%
Ashford CMHSOP	47.2%	67.7%	64.9%
Canterbury CMHSOP	16.5%	18.0%	16.2%
Dover & Deal CMHSOP	63.6%	55.2%	36.1%
Shepway CMHSOP	48.0%	44.1%	51.5%
Thanet CMHSOP	51.9%	37.1%	32.3%
North Kent	28.4%	26.0%	23.2%
DGS CMHSOP	19.4%	25.0%	18.8%
Medway CMHSOP	35.3%	27.8%	26.4%
Swale CMHSOP	30.8%	24.3%	22.9%
West Kent	32.1%	27.1%	24.0%
Maidstone CMHSOP	72.2%	61.7%	60.0%
Sevenoaks CMHSOP	10.5%	4.2%	6.6%
Tunbridge Wells CMHSOP	12.5%	6.4%	10.0%

IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	60%	N	45.8%	69.6%	76.2%	86.4%	87.5%	73.1%	66.7%	61.1%	55.6%	69.2%	87.5%	62.5%
007.R	DNAs - 1st Appointments		-	-	13.4%	13.4%	12.9%	13.2%	14.3%	13.8%	11.5%	11.7%	11.8%	12.0%	11.9%	11.1%
008.R	DNAs - Follow Up Appointments		-	-	9.1%	8.2%	8.5%	8.7%	8.6%	8.4%	8.0%	7.9%	7.9%	8.9%	8.5%	8.7%
009.R	Patient cancellations- 1st Appointments		-	-	2.5%	2.1%	2.4%	2.4%	2.4%	2.4%	1.9%	2.5%	2.6%	2.3%	2.3%	3.1%
010.R	Patient cancellations- Follow Up Appointments		-	-	5.6%	5.1%	5.6%	6.2%	6.2%	6.3%	5.5%	5.9%	6.1%	5.5%	5.5%	6.2%
011.R	Trust cancellations- 1st Appointments		-	-	4.6%	4.0%	4.9%	4.5%	4.3%	4.7%	4.4%	4.0%	4.4%	4.4%	3.6%	3.9%
012.R	Trust cancellations- Follow Up Appointments		-	-	11.1%	10.4%	11.5%	10.5%	10.3%	11.2%	10.2%	10.6%	9.8%	8.9%	9.0%	8.6%
016a.R	Care spell start to Assessment within 4 weeks (Excl. MAS)		75%	L	71.4%	81.6%	80.8%	84.4%	81.3%	83.3%	62.0%	79.9%	74.0%	69.9%	73.3%	68.4%
016b.R	Care spell start to Assessment within 6 weeks (MAS only)		75%	L	59.0%	61.5%	50.7%	41.6%	46.4%	44.1%	30.3%	38.4%	41.6%	34.2%	32.0%	28.4%
017.R	Care spell start to Treatment within 18 weeks		95%	L	78.2%	78.7%	75.8%	75.5%	73.3%	75.4%	74.6%	72.9%	69.0%	69.0%	68.4%	74.0%
018.R	% Patients waiting over 28 days from referral (Excl. MAS)		-	-	22.7%	24.1%	25.5%	24.3%	28.8%	44.7%	30.2%	32.4%	33.8%	34.9%	45.5%	35.0%
022.R	Referrals to Rapid response assessed within 4 hours		-	-									50.0%	62.8%	62.7%	62.0%
023.R	Open Access Crisis Line: Calls received		-	-	2,349	2,482	2,068	2,233	2,526	2,403	2,603	2,552	3,984	5,172	5,016	5,433
024.R	Open Access Crisis Line: Abandonment Rate (%)		-	-	13.7%	18.7%	12.4%	19.8%	26.7%	30.3%	26.1%	36.2%	35.1%	37.1%	31.7%	38.1%
025.R	Open Access Crisis Line: Ave time to answer		-	-	00:05:16	00:07:06	00:03:57	00:06:54	00:09:28	00:09:19	00:08:40	00:10:33	00:09:39	00:07:29	00:06:01	00:09:52
026.R	Open Access Crisis Line: Ave call length		-	-	00:11:55	00:11:46	00:13:14	00:11:29	00:11:42	00:13:31	00:11:19	00:12:25	00:11:57	00:12:24	00:12:39	00:12:23

Appendix A: Single Oversight Framework

Overview

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

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

The first version of the SOF was published in September 2016 with amendments made annually.

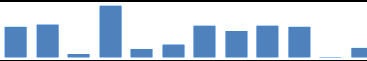

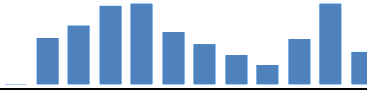
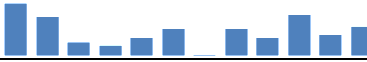




The Framework aims to help NHSI to identify NHS providers' support needs across six themes:

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

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

IQPR Dashboard: Single Oversight Framework

Ref	Measure	Target	May-23	Jun-23	Trend <i>(Last 12 months where available, left to right)</i>
001b.E	CPA patients receiving follow-up within 72hours of discharge		76.4%	79.0%	
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		173	107	
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60%	87.5%	62.5%	
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	95%	95.3%	95.4%	
001.S	Occurrence Of Any Never Event	0	0	0	
001.W-W	Staff Sickness - Overall	5.3%	4.9%	4.8%	
002.C	Mental Health Scores From Friends And Family Test – % Positive	93.0%	84.2%	85.8%	
006a.W-F	Distance From Financial Plan YTD (%)		0.0%	0.0%	

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

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27th July 2023
Title of Paper:	Finance Report for month 3 (June 2023)
Author:	Nicola George, Associate Director of Finance
Executive Director:	Sheila Stenson, Chief Finance and Resources Officer

Purpose of Paper

Purpose:	Noting
Submission to Board:	Regulatory Requirement

Overview of Paper

The attached report provides an overview of the financial position for month 3 (June 2023).

Items of focus

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

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

1. The Trust has an agency cap of £7.02m (c3.7% of its total pay bill). At Month 3, the Trust is forecasting to exceed this cap by £1.75m. While the implications of this position are not known, the trust needs to bring forward strategies to bring the position back below cap. Executive led agency review meetings are in place with each of the Service and Clinical Directors, and their teams to ensure spend is reduced.
2. Focus needs to continue on ensuring the progress on the sustainability programme continues. The Trust submitted a balanced financial plan for 2023/24 predicated on the basis of delivery of a £4.76m CIP target. Plans are in place to deliver this in full for 2023/24, with non-recurrent delivery in the first half of the year supporting recurrent plans coming through in the later part of the year; with the full year effect of these plans offsetting the non-recurrent impact.
3. At Month 3, the capital programme spend is £1.17m under plan, this is predominantly due to slippage in the completion of the new Ruby Ward.
4. The cash position remains strong at £18.60m at the end of June 23.

Governance

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

Finance Report

Trust Board

June 2023



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Executive Summary

Key Messages for June 2023

For the period ending 30 June 23, the Trust has reported a break even position and this position is expected to continue through this financial year; with the Trust delivering a break even position against plan.

Key financial challenges for the Trust continue to be:

- High Agency use, with an increasing pressure in the Medical Staff group. This area is subject to external scrutiny through the use of an agency cap (£7.02m); work is on-going to mitigate this spend.
- Whilst an improved position on previous months, the demand for external beds continues with the Trust using 4 female beds above contract in month (3 of which attract external funding); and one additional adult acute bed.
- The Ruby Ward capital scheme is underspent by £1.08m year to date. This is the main driver for the overall capital underspend of £1.17m.
- The delivery of the Trust's £4.76m efficiency programme, the Trust is presently forecasting to deliver this plan in full; with non recurrent CIP in the first half of the year supporting recurrent full year delivery in the later part of the year; with the full year effect of these plans offsetting the non-recurrent impact.

Income and Expenditure

Key pressures for June included the following:

- The trust has overspent by £5.18m on temporary staffing during Quarter 1, £2.97m on bank staff and £2.21m of agency spend. This position is mostly offset by the underspend on the substantive pay budget but is contributing to a pay overspend of £0.55m. The pay position is more apparent in this year's reporting following the review of pay structures which has reduced the flexibility within the budget. The present position is offset by additional funding, and non pay underspends.
- Bank spend in June increased slightly due to the impact of the pay award. WTEs were in line with those reported in previous months.
- Agency spend remains high and year to date spend exceeds cap by £0.55m. A particular area of pressure is within medical staffing which account for 55% of total agency spend. The next largest area of spend in Nursing which accounts for 37% of the total agency spend.
- June saw an improvement in external placements position with Acute placement spend reducing to 1 bed in month. Female PICU beds usage remains high with the equivalent of 9 PICU beds being used, this represents 1 bed over the funded position.

Underlying Deficit

Following the completion of the planning round, the Trust has undertaken a review of its underlying position using the Trust's Service Line approach and is able to confirm that it entered the year with a breakeven position. To ensure the trust remains financially sustainable the Trust is shifting its focus to individual services; with a review of loss making services and unwarranted variation within its services being undertaken as part of the Trust CIP programme.

At a Glance - Year to Date

- Income and Expenditure
- Efficiency Programme
- Agency Spend
- Underlying deficit
- Capital Programme
- Cash



Key

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



Capital Programme

In June the Ruby Ward scheme underspent by a further £0.28m, taking the year to date underspend to £1.08m. This is the key driver for the overall capital position of £1.17m underspent year to date.

The contractors for Ruby Ward are reporting that delays in making the building water tight has led to issues in delivery of the Mechanical, Electrical and Plumbing (MEP) packages.

Cash

The cash position increased in month by £2.33m to £18.60m, £3.90m over plan.

The position was driven by receipt of funding for the prior year elements of the pay award. Whilst payments were processed via payroll in June the associated tax, NI and pension payments will not be made until July.

Income and Expenditure and Long Term Sustainability Programme

Statement of Comprehensive Income

	Current Month			Year to date		
	Budget £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Income	(21,497)	(21,615)	(118)	(63,170)	(63,446)	(276)
Employee Expenses	16,514	16,746	231	48,421	48,974	553
Operating Expenses	4,520	4,433	(87)	13,361	13,184	(177)
Operating (Surplus) / Deficit	(462)	(436)	26	(1,387)	(1,288)	99
Finance Costs	462	436	(26)	1,387	1,288	(99)
(Surplus) / Deficit	0	0	(0)	(0)	(0)	(0)

Commentary

The year to date pay position is overspent by £0.55m. Substantive pay is underspent by £4.63m which is offset by an overspend on agency (£2.21m) and bank spend (£2.97m) over budgeted levels. Temporary staffing spend was higher than plan due to the level of vacancies with the trust and operational pressures; with the Acute directorate inpatient wards reported higher levels of observations than expected and there are Extra Packages of Care (EPCs) within the Forensics directorate which will be funded by our commissioners.

Agency spend remains high with an in month spend of £0.75m. KMPT have an agency cap of £7.02m and if spend continues at the current rate, the Trust will exceed the cap by £1.75m by the end of the financial year. Executive led agency check and challenge sessions are taking place with each directorate to understand the current spend position and identify action plans to address the issue.

Other non pay includes a high level of spend on External placements which reflects the continued high demand for female PICU beds. Female PICU beds usage remains high with the equivalent of 9 PICU beds being used, female PICU beds usage remains high with the equivalent of 9 PICU beds being used, this represents 1 bed over the funded position.

The acute bed position has improved in month with one external placement bed being utilised.

Placement spend reflects all spend both in and out of area and will therefore be different to the data presented in the IQPR.

Long Term Sustainability Programme

Pillar	Plan £000	CIP scheme Risk Rating		
		Red £000	Amber £000	Green £000
Back Office	1,568	330	-	1,238
Commercial Development	550	300	-	250
Procurement and Purchasing	400	-	400	-
Service Line Reporting	1,804	1,404	103	297
Workforce	375	229	146	-
Unidentified	67	-	-	-
Trust CIP	4,764	2,263	649	1,785
		48%	14%	37%

Commentary

The Trust submitted a financial plan for 2023/24 predicated on the basis of delivery of a £4.76m CIP target.

The Trust is continuing with its pillar approach in CIP delivery for this year. Its two main challenges for this year related to the back office work and in looking at unwarranted variation across services (under the Service Line Reporting Pillar).

The service line reporting pillar will also consider the loss making services identified during the planning round.

The Trust is presently supporting its CIP position through the use of non-recurrent measures, it is anticipated that as the work around unwarranted variation and back office work that recurrent savings will be identified. On an underlying basis, the Full Year impact of these will offset the non-recurrent savings in the early part of the year

Exception Report

Temporary Staffing Spend

The trust has overspent by £5.18m on temporary staffing during Quarter 1, £2.97m on bank staff and £2.21m of agency spend. This position is mostly offset by the underspend on the substantive pay budget but is contributing to a pay overspend of £0.55m.

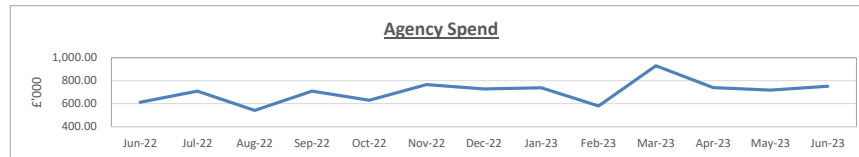
The pay position is more apparent this year following the work done to review pay structures, the position reflects the impact of high level of agency usage, additional cost funding (with corresponding over performance on income) and observation costs.

Agency
Agency spend to month 3 totalled £2.21m and this is forecast to continue due to both vacancies and operational pressures. The highest level of spend is seen within the Medical staff group.

There continues to be focus and scrutiny on all agency spend as the financial year progresses to ensure spend is minimalised. The medical position is being reviewed at both a directorate and staff group level.

NHS England have introduced agency caps at a system level to encourage reductions in agency spend. To support this approach KMPT have been allocated an agency limit of £7.02m. The year to date spend position exceeds cap by £0.55m.

The Trust is supporting the focus on agency spend with Executive led agency meetings to support the development of action plans to address this issue.



Bank

The trust holds an budget for bank spend predominantly to cover the headroom in the rota. This is used to cover sickness absence, training and annual leave cover. Currently due to the level of vacancies and operational pressures there is a higher level of bank cover than planned.

The Acute and Forensic Directorates report higher levels of bank usage due to the clinical requirements and the high level of observations of a specialist patients. It is reported by the Directorates that there is a high level of observations required due to the acuity of patients. This position is being monitored with the support of the nursing directorate

The Month 3 position includes the impact of the 2023/24 pay award (including an element of pay arrears for Months 1 & 2).

TREND- BANK SPEND

	22/23 Qtr 1	22/23 Qtr 2	22/23 Qtr 3	22/23 Qtr 4	Apr-23	May-23	Jun-23
Nursing	1,797	1,892	1,766	2,097	614	591	680
HCA's	2,455	2,720	2,685	2,768	926	791	1,043
Other	421	454	416	450	107	118	159
Total	4,673	5,066	4,867	5,316	1,647	1,500	1,881

MONTHLY TREND- BANK WTE

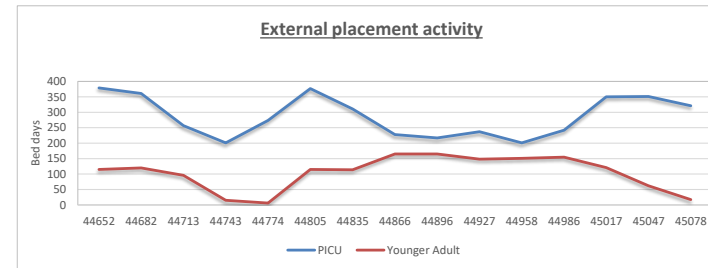
	Average				Actual		
	22/23 Qtr 1	22/23 Qtr 2	22/23 Qtr 3	22/23 Qtr 4	Apr-23	May-23	Jun-23
Nursing	127	131	125	153	116	134	125
HCA's	274	298	280	309	254	291	287
Other	39	45	40	43	29	33	41
Total	440	474	445	506	399	458	453

External placements

In month 279 bed days were utilised in month, which is equivalent to 9 PICU beds and 1 Acute bed, this reflects all placements both in area and out of area.

This position represents a decrease in Acute beds being utilised, however, the higher level of demand for female PICU beds continues.

Within the female PICU bed total of 9, this compares to 8 beds which the Trust presently receives funding for. There are presently 5 contracted beds within the Trust Female PICU contract and additional ICB funding is covering the cost of a further 3 beds.



Appendices



Statement of Financial Position

	31st March 2023	31st May 2023	30th June 2023
	<i>Opening</i>	<i>Actual</i>	<i>Actual</i>
	£000	£000	£000
Non-current assets			
Property Plant and Equipment	167,876	168,894	168,947
Intangible Assets	3,780	3,715	3,765
Other non-current receivables	396	366	358
Total non-current assets	172,052	172,974	173,069
Current Assets			
Trade and other receivables	11,447	14,898	8,168
Cash and cash equivalents	19,685	16,271	18,601
Assets held for sale	0	0	0
Total current assets	31,132	31,169	26,769
Current Liabilities			
Trade and other payables	(32,787)	(34,183)	(30,481)
Provisions	(2,440)	(2,444)	(2,383)
Borrowings	(2,500)	(2,494)	(2,491)
Other Financial Liabilities	0	0	0
Total current liabilities	(37,727)	(39,121)	(35,356)
Non-current Liabilities			
Provisions	(2,431)	(2,410)	(2,409)
Borrowings	(33,514)	(33,100)	(32,561)
Total non current liabilities	(35,945)	(35,510)	(34,970)
Total Net Assets Employed	129,512	129,512	129,512
Total Taxpayers Equity	129,512	129,512	129,512

Commentary

Non-current assets

Non current assets have increased by £0.09m in month, reflecting capital expenditure of £1.33m, depreciation of £0.91m and the derecognition of the (old) Ruby Ward lease at £0.28m.

Current Assets

Within current assets the cash position remains strong at £18.60m with an in month increase of £2.33m. The reduction in Trade and other receivables of £6.73m is largely due to the release of the pay award income accrual of £6.86m. Invoiced debt has reduced by £0.75m; with the decrease for Sussex Partnership paying the SLA in month, partially offset by increases in amounts owed by NHS Kent and Medway ICB and Kent Community. There have been increases in prepayments of £0.5m, other accrued income of £0.26m and VAT receivables of £0.1m.

Current Liabilities

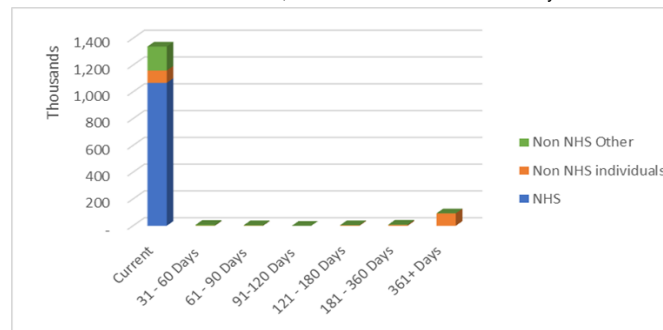
Overall Trade and other payables reduced by £3.70m. The most significant factors are the reduction in accruals for the pay award of £8.01m and an increase in the associated tax, NI and pensions payable of £3.84m (with cash not being payable until a month after payroll has been processed). Capital payables reduced by £0.95m, whilst deferred income, PDC payables, trade capitals and other accruals increased by a total of £1.52m.

Non Current Liabilities

Non current liabilities reduced by £0.54m in month. The main factor being the release of the liability for the Ruby Ward lease as we no longer occupy this space.

Aged Debt

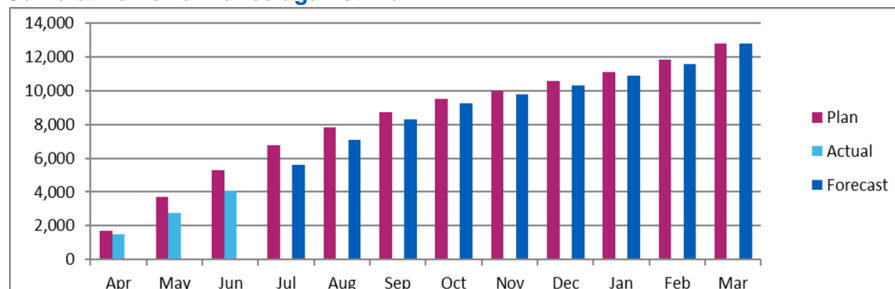
Our total invoiced debt is £1.46m, of which £1.33m is within 30 days.



Capital Expenditure

	Current Month			Year to Date			Full Year	Full Year
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000
Information Management and Technology	42	1	(41)	127	87	(40)	584	584
Capital Maintenance and Minor Estates Schemes	33	28	(5)	298	158	(140)	1,806	1,806
Ruby Ward and Improving Mental Health Services Infrastructure	1,432	1,155	(277)	4,730	3,654	(1,076)	7,386	7,386
Section 136 development	0	3	3	0	3	3	1,077	1,077
Frontline Digitisation Programme	50	143	93	100	184	84	1,890	1,890
PFI 2023/24	4	4	0	12	12	0	49	49
Total Capital Expenditure	1,562	1,334	(227)	5,268	4,098	(1,169)	12,792	12,792

Cumulative Performance against Plan



Commentary

In June the Ruby Ward scheme underspent by a further £0.28m, taking the year to date underspend to £1.08m. This is the key driver for the overall capital position of £1.17m underspent year to date.

The contractors for Ruby Ward are reporting that delays in making the building water tight has led to issues in delivery of the Mechanical, Electrical and Plumbing (MEP) packages.

The underspend in capital maintenance and minor schemes primarily relates to the installation of the windows at Allington and PPA equipment at TGU being delayed.

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 th July 2023
Title of Paper:	KMPT Leadership Philosophy
Author:	Xanthe Whittaker, Head of Organisational Development. Rebecca Stroud- Matthews, Deputy Director of People (Resourcing and OD)
Executive Director:	Sandra Goatley, Chief People Officer

Purpose of Paper

Purpose:	Discussion and noting
Submission to Board:	Board requested

Overview of Paper

This paper summarises a proposal of a refreshed and strategic approach to leadership for KMPT. This approach is to support our mission of delivering Brilliant Care through Brilliant People and also the delivery of our three-year strategy which is focussed on:

- People who use our services
- People who work for us
- Partnership working

To deliver the above we need to ensure we have talented leaders who understand the leadership expectations and have the skills to deliver.

Issues to bring to the Board's attention

- Our mission is to deliver brilliant care through brilliant people. To accomplish this, we need to develop and retain outstanding leaders who grasp the intricacies of our strategy and possess the tools and authority to steer and achieve our strategic ambitions
 - Historically at KMPT we have offered a variety of leadership and management training and development options designed to enhance the skills, abilities and competencies of those in leadership and managerial roles.
 - It is acknowledged that the current approach is fragmented and would benefit from improvement to better align with the organisation's direction and the new 3 year KMPT strategy
 - We recognise that we need a leadership philosophy that is clear to bring all the elements of leadership development and assessment together and informs any future leadership interventions
 - To effectively address the issues outlined above this paper presents the proposed changes to the approach for developing and assessing leadership within KMPT.
-

Governance

Implications/Impact:	Delivery of Trust Strategy
Assurance:	Reasonable
Oversight:	Workforce and Organisational Development Committee

1. Background

- 1.1. KMPT’s simple mission has long been to deliver Brilliant Care through Brilliant People. In order to do this it is imperative that our current leaders and our leaders of the future are developed and appropriately trained. The context in which our leaders and their teams work is significantly changing. To ensure our leaders can deliver effectively in a changing environment it is imperative that we provide them with the necessary support and skills.
- 1.2. In addition to capable individual leaders, collective leadership is crucial. This type of leadership hinges on the ability to unite individual leaders, not just around a single vision or strategy (as recently developed for KMPT), but also with a well-defined leadership philosophy to support that strategy.
- 1.3. We strive for our culture at KMPT to closely align with the NHS direction of travel, embracing positivity, compassion, and inclusivity - principles firmly grounded in the 7 elements of the NHS People Promise and further emphasised in the recent update of the NHS People Plan.
 - 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.

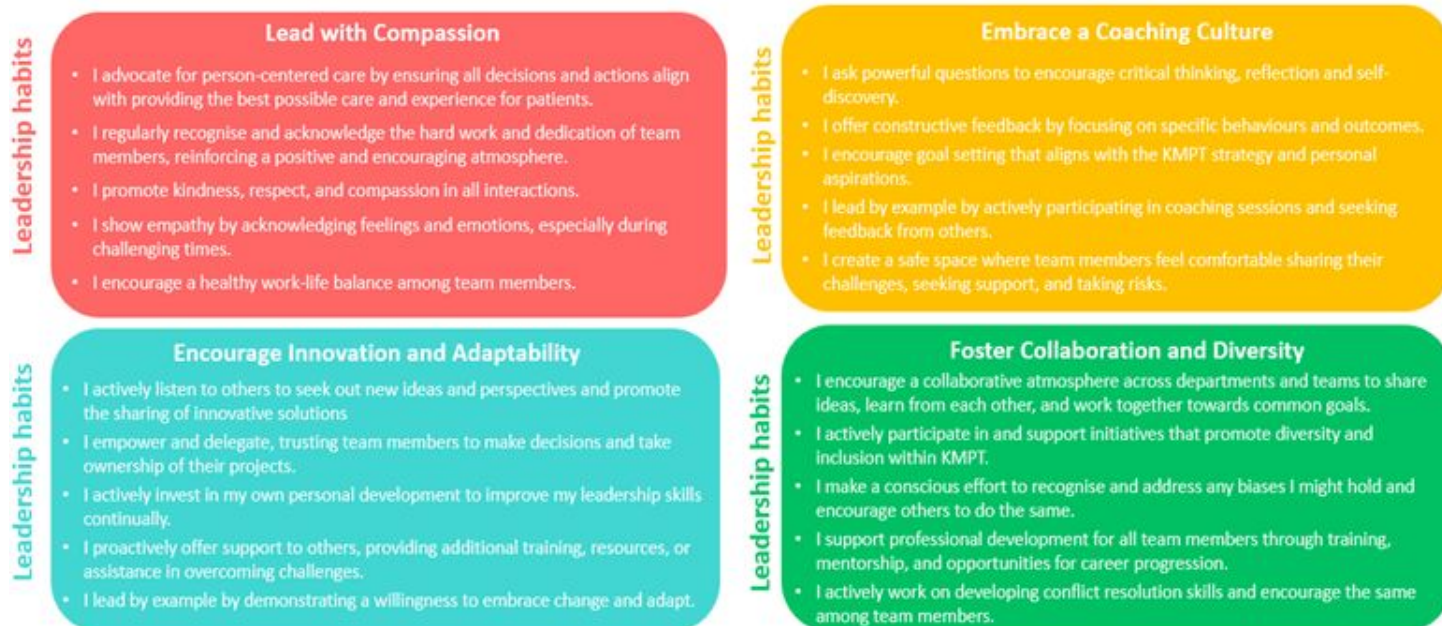
Our proposed leadership philosophy supports the realisation of these principles.

2. Proposed leadership philosophy for KMPT

- 2.1. KMPT has been considering over the past few months the right leadership philosophy to support its new organisational strategy. These considerations have focused on the commitment in the strategy:
 - to deliver person-centred care.
 - to work in partnership; and
 - to build and empower our people.
- 2.2. With these commitments in mind, it is considered that the right leadership philosophy for KMPT will be:

KMPT’s strategy		KMPT’s leadership philosophy
Delivering person-centred care Working in partnership Building and empowering our people	→	Lead with Compassion Embrace a Coaching Culture Encourage Innovation and Adaptability Foster Collaboration and Diversity

2.3. Some more definition around this is set out below (in draft, subject to engagement):



3. Building our leadership approach and applying our leadership philosophy

3.1. There are three building blocks in relation to KMPT's leadership approach. These are:

- Setting expectations of leaders
- Developing leadership
- Evaluating leadership

3.2. The way in which we intend to embed our leadership philosophy into each of these areas is set out in the subsequent sections of this paper.

3.3. Setting expectations around leadership

3.3.1. The leadership philosophy defines expectations of leaders. Communicating it clearly to leaders is a critical part of creating the conditions for this expectation to be met.

3.3.2. Efforts to establish clear communication and set appropriate expectations are already underway with the Executive Management Team and their Deputies. By having senior leaders exemplify this philosophy we will cultivate a workplace culture that prioritises compassion and coaching, making them integral components of our values, practices, and interactions.

3.3.3. All newly recruited leaders and managers attend an induction into their new leadership and management roles. At this induction, they will be introduced (or re-introduced post-recruitment) to KMPT's leadership philosophy and encouraged to reflect on and plan how they intend to enact KMPT's habits of leadership.

3.3.4. Leaders already working in the organisation will join a similar session separately.

3.3.5. KMPT’s leadership philosophy will also be shared electronically with all leaders and managers, as part of the launch of the Leadership Learning Zone (see appendix 1). It will be clear in these communications that the leadership philosophy will form part of the performance management of leaders and managers moving forward.

3.3.6. All current tools used to aid development (workshops, self-help tools etc…) will be updated to reflect the expectation and language of the new leadership philosophy.

3.4. Developing leadership

3.4.1. Traditional leadership development focuses on competencies and classroom-based learning. Although classroom-based learning offers benefits in technical skills, networking, and reflection, it lacks sufficient evidence for successful behaviour change. To foster lasting behavioural change and integrate the leadership philosophy, we aim to explore approaches from behavioural science.

Some examples of these could be:

- **Feedback and Recognition:** Leveraging the power of positive reinforcement by providing timely and specific feedback to leaders when they exhibit desired behaviours
- **Reminders and Prompts:** Implementing reminders and prompts to trigger desired behaviours and reinforce the importance of adopting new leadership habits.
- **Peer Learning:** Encouraging leaders to learn from their peers through regular discussions, group problem-solving exercises, or mentorship programs
- **Social Norms:** Highlighting positive leadership behaviours displayed by other leaders to influence the perception of what is considered acceptable and desirable in KMPT's leadership culture. Sharing success stories of leaders who exemplify the desired behaviours to inspire others to follow suit.

3.4.2. The planned approach to leadership development draws on a range of methodologies:



3.4.3. Any leader or manager newly joining KMPT will be invited to join a monthly action learning set in their second, third and fourth months at KMPT. This will allow them to connect with other people managers, to reflect on their leadership habits and to work through with this peer group any leadership challenges they may be experiencing.

3.4.4. All leaders and managers will also have opportunities to reflect on their leadership with their managers through their regular supervision. Where appropriate, a leader may access formal coaching through KMPT's Coaching and Mentoring Framework.

3.4.5. Training relating to technical and behavioural leadership and management skills will be delivered through three core programmes:

- **Leadership and Management Foundations**
- **KMPT Leader**
- **Leading for the Future**

(See Appendix 2 for details on target audience and what each programme includes)

3.4.6. In addition to core programmes there will continue to be a requirement to deliver bespoke programmes on a needs basis, for example to support future talent or transformation. Two examples of these are:

- **Aspire Programme** which is tailored specifically to colleagues who aspire to the role of Clinical Director and are around 12-24 months away from potentially achieving this. The current 2022/23 programme ends in September 2023.
- **Fit for Future Programme** which has been created specifically to support the transition of leaders and managers to the newly created Directorates which became effective in April 2023. This programme launches August 2022 and is due to be completed by Spring 2024. There are 98 managers on this programme.

3.4.7. In addition to the above regular 'nudges' will help to embed KMPT's leadership philosophy through two forms: micro-learning and self-assessment, as well as prompts for leaders and managers to undertake easy, relevant tasks related to the leadership habits. Examples could include:

- Daily/weekly or monthly leadership quotes – to highlight desired traits/behaviours.
- Short Video Clips: Brief video clips featuring leaders from within KMPT sharing their personal experiences and tips related to leadership challenges they've faced and overcome.
- Email Series: An email series that delivers short, actionable leadership tips.
- Team-Based Micro-Learning: Provide leaders with content to facilitate micro-learning discussions during team meetings, focusing on specific leadership topics.

3.5. Evaluating leadership

3.5.1. The performance of each leader and manager in the organisation will be evaluated in part on their ability to demonstrate the KMPT leadership philosophy and leadership habits. This will be reflected in KMPT's appraisal and supervision tools which are due to be refreshed later this year.

3.5.2. To support this every leader and manager will be offered the opportunity to obtain a richer evaluation through, as a minimum, a 360-feedback tool. Subject to further scoping, an immediate feedback tool may also be available.

3.5.3. This evaluation will in turn support leaders to identify areas for development and, with support, to identify the most appropriate development approaches.

4. Next steps, timeframes, and measures of success

- 4.1.** The shift we aim to achieve will take time. While a significant portion of the work described is already in progress – and included in the 3-year strategy - several next steps have emerged during the development of this approach. These steps require additional planning and resource identification, which will be addressed through the Organisational Development team.
- 4.2.** Once the new leadership philosophy is finalised, we will socialise and implement using the mechanisms outlined in sections 3.3 and 3.4 of this paper, along with KMPT's updated appraisal and supervision tools (Quarter 4).
- 4.3.** The delivery of the Leadership and Management Foundations Programme will commence in Quarter 4. The KMPT Leader Programme is planned to begin in Quarter 4, subject to the review of the pilot running in Kent Community Hospital Foundation Trust which is currently underway. This will be reviewed in November 2023.
- 4.4.** Activity around the Leading for the Future Programme, leadership assessment centres, action learning and 'nudge' theory will require further development. These will be key objectives in the 2024-25 People Plan, and so will be in place in the next eighteen months.
- 4.5.** Key outcomes directly associated with our refreshed leadership approach are expected to be increased satisfaction with line managers (indicator available through the Staff Survey), and continued reductions in voluntary turnover. This is already reflected within in our key performance indicators for the next 3 years.
- 4.6.** We will incorporate this leadership work alongside other cultural workstreams. This includes enhancing partnership decision-making through the new Staff Council, expanding access to formal coaching and mentoring via the Coaching Framework, and elevating Psychological Safety with the Addressing Concerns programme.
- 4.7.** The experience of recruitment through assessment and selection processes will also set the tone around the leadership philosophy. These processes will be carefully designed with managers who are trained to deliver them.

5. Summary and Conclusion

- 5.1.** We have outlined in this paper a clear leadership philosophy which supports the mission of KMPT to *'deliver brilliant care through brilliant people'*. The philosophy and leadership habits will become a clear focus in the assessment of all leaders and managers in KMPT
- 5.2.** This philosophy fosters a cohesive leadership approach - creating a sense of unity, enhancing connectivity, and improving engagement across KMPT. It is focused, straightforward, and clear, forming the foundation for all leadership interventions within the organisation.

- 5.3.** We have proposed 3 new programmes, alongside the existing induction programme to remove the fragmented approach to development at KMPT. These programmes together present an exciting opportunity to significantly improve KMPT's culture, foster thriving leadership, and ensure the delivery of brilliant care to our communities.

Appendix 1

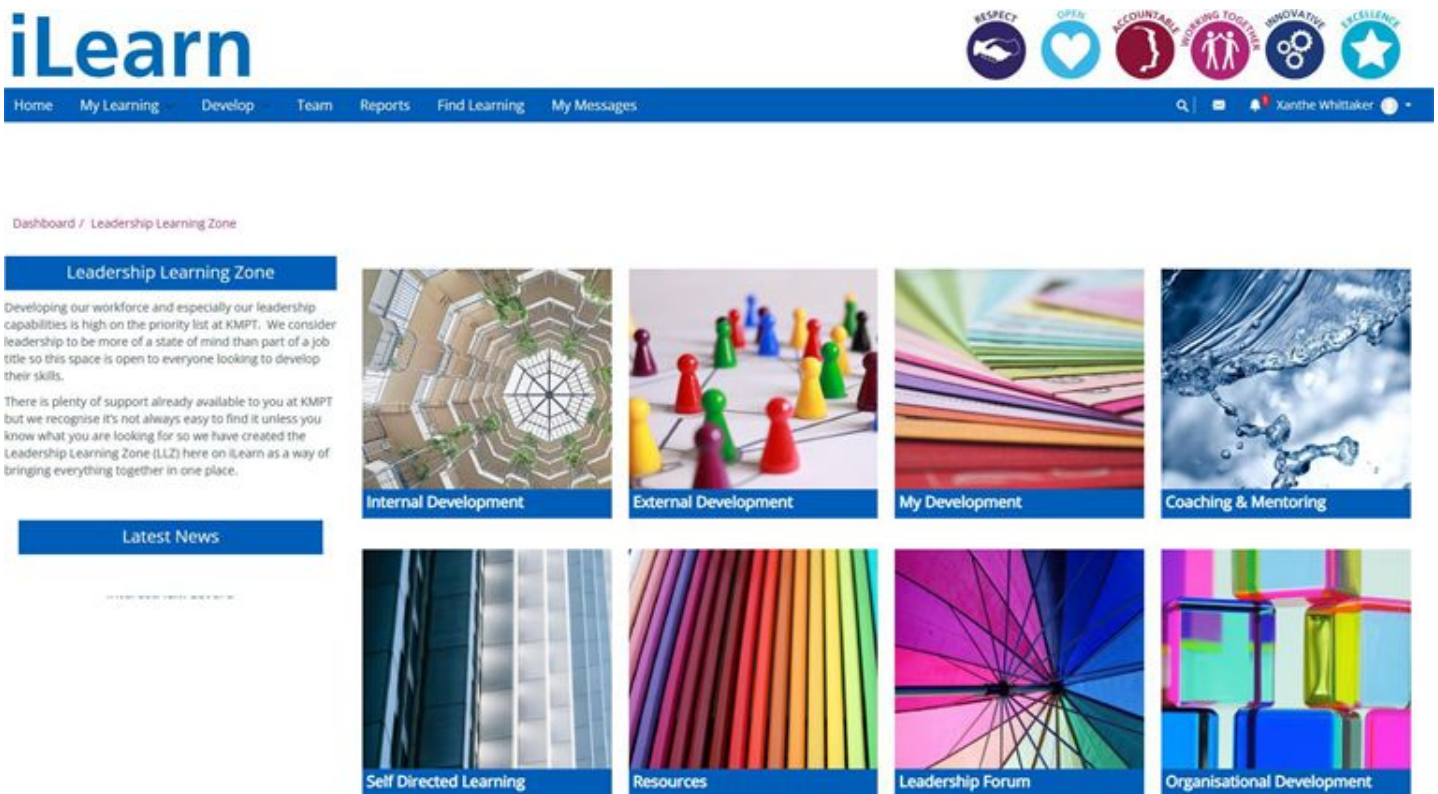
2.1 The Leadership Learning Zone

The new Leadership Learning Zone (LLZ) is hosted on iLearn. It has been designed as a response to feedback from staff who tell us that our development offer is difficult to find and navigate.

It acts as a 'one stop shop' for leadership and management development resources and information.

The LLZ is currently in construction with many parts already completed. The aim is to launch the LLZ alongside the roll out of the proposed leadership philosophy and development programmes. This will enable us to tell our story of 'Development at KMPT' and encourage learners to take accountability for leading their learning, and in turn, for their line managers to access resources and signpost learning for their people.

2.2 Screenshot of Leadership Learning Zone Homepage



2.3 Content – a brief description on what can be found in each area of the LLZ. Content will be added over time and in response to feedback.

- **My Development** – KMPT development pathways (what we have and who for – courses, programmes, apprenticeships etc...). Tools and resources for managing development –personal development planning templates, goal setting tools, feedback tools and personal organisation. Career development support tools.
- **Internal Development** – Internal Leadership and Management courses available at KMPT
- **External Development** – NHS Leadership Academy, SE Leadership Academy, Apprenticeships, Kings Fund, Open University courses.

Version Control: 01

- **Coaching & Mentoring** – Coaching Culture at KMPT and coaching skills training offer. List of coaches at KMPT and how to engage coaching support. Mentoring overview and full toolkits for both Mentor and Mentee. Links to NHS Leadership Academy and SE Leadership Academy Mentoring Hubs.
- **Self-Directed Learning** – e-learning style on demand modules covering a wide range of topics for example, introduction to leadership, coaching skills, time management, managing people, kindness in leadership... These can be built on over time by creating our own, on-demand webinars.
- **Resources** – Guides and toolkits, for example Team Health Toolkit and team activities, recommended reading, video, and podcast links.
- **Leadership forum** – a space to network, interact, share, and learn with each other by posting and sharing digitally. Dates/times of leadership drop-in sessions – creating space and time to virtually come together, talk and share experiences.
- **Organisational Development** – An overview of what we do and how we can support managers and teams.

Appendix 2

2.1 Core KMPT Development Programmes

Version Control: 01

Programme	Target Audience	Topics Covered	How
Leadership and Management Foundations	All leaders and managers – within the next 3 years Following the roll out – this programme will follow induction for all managers new to KMPT/new to management	Essential leadership and management competencies, such as: <ul style="list-style-type: none"> • Recruitment and selection • Equality, diversity, and inclusion • Absence management • Performance management • Handling grievances • Appraisal & Supervision • Wellbeing conversations • Managing people • Finance 	Blend of face-to-face, e-learning and on demand tools and resources Action-learning sets
KMPT Leader	Middle managers, particularly those in roles at Bands 7 and 8a, although this is not the determining factor.	Enhancing 'softer' skills, such as: <ul style="list-style-type: none"> • Goal setting • Providing feedback • Managing conflict • Managing personal impact • Systems leadership 	Face-to-face Action learning sets (Early discussions on the possibility of co-delivering or adapting this programme for mixed cohorts with KCHFT).
Leading for the Future	Senior leaders/managers, typically at Bands 8b and above.	Builds upon the KMPT Leader Programme, emphasising strategic leadership competencies like coaching, creating safe spaces, leading through change, and leading in systems.	Face-to-face

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 July 2023
Title of Paper:	Freedom to Speak Up Annual Report
Author:	Jacque Pamphilon, Guardian Service (Cover sheet authored by Rebecca Stroud- Matthews, Deputy Director of People (Resourcing and OD))
Executive Director:	Sandra Goatley, Chief People Officer

Purpose of Paper

Purpose:	Noting
Submission to Board:	Annual submission

Overview of Paper

The Freedom to Speak Up Guardian's formal annual report to the Board.

Issues to bring to the Board's attention

Since 2015 all NHS organisations have been required to have in place a Freedom to Speak Up (FTSU) Policy and to ensure their staff have access to a Freedom to Speak Up Guardian (FTSUG). The purpose of this is to ensure that staff know how to raise concerns and have an accessible and effective mechanism through which to do this. The FTSUG is an independent and impartial point of contact. They have the authority to speak to anyone within or outside the trust and are an expert in all aspects of raising and handling concerns and they have dedicated time to perform in the FTSUG role.

During the period reflected in the report, the Guardian Service has received 81 referrals. Of these, it had been possible to resolve 27 informally with no further action or escalation. There were 25 referrals 'live' at the time of reporting.

Governance

Implications/Impact:	Trust Strategy
Assurance:	Reasonable
Oversight:	Workforce and Organisational Development Committee

Summary

In many organisations this role has been and continues to be delivered by staff employed by the organisation, or by non-executive directors. However, in order to assert the independence and impartiality of this role, as well as to ensure the appropriate dedicated time was allocated to fulfilling it, since 6th June 2022, Kent and Medway NHS and Social Care Partnership Trust (KMPT) has provided the Freedom to Speak Up role through the National Guardian Office (NGO), an independent FTSU service.

Regular monthly meetings are held with the Chief People Officer. The Guardian Service submits a monthly report in preparation for these meetings and themes are then discussed and areas of concern highlighted.

In January 2023 the Trust Board received its first six-monthly report from the Guardian Service. As well as providing an update on levels of engagement with the service and the learning from these first six months, this report also made a number of recommendations (specifically around management investigations, and neurodiversity awareness) to support KMPT's continued development of its Freedom to Speak Up culture and processes. These recommendations have been acted on. We are introducing a specialist Central Investigations Team and have introduced a neurodiversity transformation team.

This latest report is the first annual report produced by the National Guardian Office (NGO) and provides insight to the progress and development of the service and a summary of themes arising from the cases received by the FTSUGs.

The most prevalent themes of the referrals received were:

System and Process (21 of the 81 referrals)

- Staff not feeling that a process had been followed when they had raised a concern internally, or feeling that they had not received feedback;
- Staff feeling that they had not been adequately informed about processes for redeployment, temporary reduction in hours or pay;
- Staff concerned about data giving misleading or inaccurate results which had adversely affected provision of the service;
- Staff concerned about sensitive information being inappropriately shared.

Management (15 of the 81 referrals)

- Staff considering that managers had breached confidentiality;
- Staff reporting incivility from managers;
- Staff reporting lack of communication or direction from managers;
- Staff reporting not feeling heard or valued.

Worker Safety (13 of the 81 referrals).

- Staff reporting pressures due to staff shortages;
- Staff concerned about violent patients being held too long on a ward;
- Staff considering that specific office/site moves may be detrimental to their health.

The staff group raising the most concerns was the administrative and clerical staff group, followed by nursing.

It is encouraging to note that 43.21% of staff members raising concerns were willing to escalate with their names.

The Report cites a number of recommendations, including:

- Ensuring staff feel informed of plans to resolve concerns and receiving feedback
- Clearly expressing to staff a no-tolerance approach to discrimination and strengthening EDI training
- Focusing on managers' training around Speaking Up, including reminders as to the importance of confidentiality;
- Ensuring support to staff in the process of HR matters such as redeployment and returning to work after long-term sickness absence
- More broadly to complete the Freedom to Speak Up self-assessment tool from the NGO.

In relation to each of these recommendations (taken in order):

- A workstream has been stood up under the People Plan and Trust Strategy which builds on improvements in our Freedom to Speak Up culture, and focuses on improving the way in which we address concerns that are raised
- An anti-discrimination strategy is currently out for consultation with KMPT's networks
- Freedom to Speak Up training has been made mandatory for all managers
- There have been a number of revisions to clarify HR policies and ensure staff understand the processes they are part of. Additionally, work is underway as part of the People Plan and Trust Strategy to improve support for staff experiencing poor mental health, which it is recognised may be exacerbated through difficult situations or processes
- Almost all areas of the self-assessment tool have now been completed.

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 th July 2023
Title of Paper:	Community Mental Health Framework – Quarterly Update
Author:	Donna Hayward-Sussex, Chief Operating Officer
Executive Director:	Donna Hayward-Sussex, Chief Operating Officer

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Board requested

Overview of Paper

The quarterly update highlights the progress made and key upcoming activity regarding the implementation the new models of care within the Community Mental Health Framework Programme.

Issues to bring to the Board’s attention

A phased implementation for the trailblazer has been adopted to ensure patient safety is maintained and good engagement is experienced by those working in the pilot including our partner organisations.

A focus on the contracting elements with partners is a key focus in coming weeks to enable Mental Health Together services to be introduced across Kent and Medway.

Governance

Implications/Impact:	If the programme does not set out a clear, fair and transparent procurement approach along with clear commissioning intentions for non-NHS elements of provision it will be difficult for existing partners / new provider partners to understand what they may be able to deliver and how.
Assurance:	Reasonable
Oversight:	Executive Management Team

Mental Health
Together



Community Mental Health Framework

Progress Update – July 2023





CMHF Implementation Update

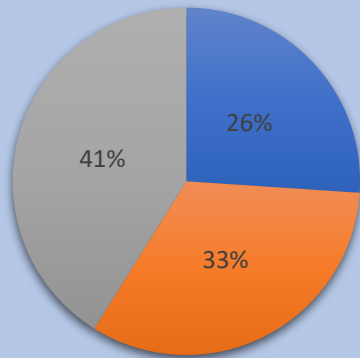
In May 2023, the CMHF Programme Board (the Board) agreed that focus must shift away from contracting and finance discussions toward a sharp focus on delivery and implementation. The Board approved implementation of the Mental Health Together model in East Kent alongside the existing rollout in Medway & Swale. Two separate implementation groups are now in place to drive this work – led by Service Directors. A summary of key activity is set out below.

Medway & Swale	East Kent
<p>Progress Update</p> <ul style="list-style-type: none"> ▪ 600+ case reviews undertaken. ▪ Several Mental Health Together (MHT) interventions are now live in Medway and will be offered in Swale from mid-July. Participant feedback has been excellent, but uptake remains low. Further analysis is required to ascertain if model adjustment is required. 	<p>Progress Update</p> <ul style="list-style-type: none"> ▪ Weekly implementation group stood up to set up Mental Health Together. ▪ Pathway mapping completed including physical health clinics. ▪ Initial estates provision mapped. ▪ Case reviews commenced.
<p>Upcoming Activity</p> <ul style="list-style-type: none"> ▪ Complete demand and capacity modelling for Mental Health Together. ▪ A number of operational issues have been raised that could cause delay to rollout of further interventions in Medway and Swale. The following remedial actions are now in place: <ul style="list-style-type: none"> ▪ Address backlog of referrals waiting assessment ▪ Increase medical cover and reduce number waiting for medical review. ▪ Nonmedical prescribing to support reviews. ▪ Confirm partnership arrangements with PCMHS and VCSE. 	<p>Upcoming Activity</p> <ul style="list-style-type: none"> ▪ Complete demand and capacity modelling to define the East Kent workforce model and associated cost. ▪ Confirm partnership arrangements with PCMHS and VCSE. ▪ Agree digital solution to be deployed including Information Governance arrangements. ▪ Implementation timeline: Late July – rollout in Thanet; Sep – Canterbury and Ashford; November – South Kent Coast.



Early Findings

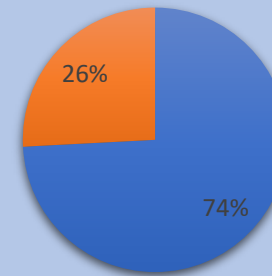
Medway Active Review Case Analysis



■ CMHT Required ■ MHT/Primary Care Required ■ Discharge Required

- Individual psychology therapy offered as routine with long wait lists (up to 2 years) – stepped care required to resolve.
- Some patients receiving psychology therapies for many years - evidenced based interventions will help resolve long waits.
- Medical reviews requested as routine – new ways of working being implemented.
- A review of the psychosis pathway is required.

Referrals to Medway CMHT - Pilot Early Analysis



■ CMHT not required ■ CMHT required

- The absence of a Mental Health Together Service requires CMHT's to process high volumes of referrals (271 in one month) with no alternative for patients other than a KMPT provision.
- Of the 74% who did not need require a CMHT:
 - 40% required a primary care service/Mental Health Together.
 - 30% required medical advice for GP's.
 - 30% required support from other agencies.

Enabling Workstreams

THE CMHF Programme Workstreams are taking forward critical activity to support delivery. Each workstream meets fortnightly to ensure progress. Risks and issues are managed through a programme risk register that is monitored by the CMHF Programme Board.

Model of Care & Outcomes

- **Eating Disorders** – Funding has been approved for the Avoidant Restriction Food Intake Disorder service and mobilisation is underway.
- **Community Rehabilitation** – Business case is now approved and mobilisation working group established to drive implementation.
- **Outcome Measures (phase 1)** – Patient Outcome Measures introduced in the Medway pilot – Recovering Quality of Life Questionnaire.

Workforce

- **Demand and Capacity Modelling** – Workshop delivered 03/07 to test assumptions in the demand and capacity model. Work to be finalised by 17/07 which will provide a workforce model and associated costs to support rollout in East Kent.
- **Establishing Current Capacity** – Meeting convened with key partners to understand current capacity that can be utilised in MHT. This is critical to deliver a blended, integrated delivery model.

Data and Digital

- **Project Initiation Document** – A detailed PID setting out the scope of works was approved by CMHF Programme Board on 03/07. Activity is focused on supporting delivery of the trailblazers and setting out the longer-term strategy (18 months +)
- **Solution development** – Current focus on: Interoperability for care planning and recording activity, PROM collection, waiting time measurement, digital front door.

Finance & Contracting

- **Community Mental Health Baseline** – Baselining all current spend and associated contracts for Community Mental Health in M&S and East Kent.
- **MHT Model Affordability** – Costing the new model to ensure affordability.
- **Contracting Approach** – Setting out how KMPT will subcontract to PCMHS and VCSE partners to deliver MHT.

Comms & Engagement

- **Mental Health Together Newsletter** – Maintenance of the CMHF newsletter; a key engagement tool for patients, workforce and the system
- **iConnect Content** – Bespoke content now on iConnect to support staff understanding of the transformation. Offered to PCMHS and VCSE partners.

Estates

- **KMPT Estates Mapping** – Mapping of KMPT community estate complete.
- **Workstream Mobilisation** – Workstream now being stood up to include ICB, VCSE, and PCMHS partners in order to understand their estate that might support MHT delivery.

Title of Meeting	Board of Directors (Public)
Meeting Date	27th July 2023
Title	Quality Committee Report
Author	Simone Frisby, Executive Assistant
Presenter	Stephen Waring, Non-Executive Director and Committee Chair
Executive Director Sponsor	N/A
Purpose	For Noting

Matters to be brought to the Board's attention

- The committee noted ID #00580 Organisational Inability to meet Memory Assessment Service Demand on the Quality Risk Register which reflects the risk associated with reducing the backlog referral waiting list accumulated throughout the pandemic and the increasing new waiting list that is exceeding capacity of the service. The committee were assured that the forecast is for the backlog to be reduced to zero by September 2023, however recommendations were made that the new model contract going forward should note the significantly increasing demand and include an agreed level of service with commissioners which the service will provide.

The committee acknowledged the hard work done by the team to reduce the backlog.

- The committee commended the Quality Account 2022-23 as a comprehensive document and noted the transparency of the Workforce Race Equality Standard (WRES). The committee agreed that the gender pay gap of 16.4% with the mean average of men earning an hourly rate of £20.96 compared to woman who are earning an hourly rate of £17.52 is an area of improvement within KMPT. It was agreed that Band 2s should be upgraded, where appropriate, given the levels of responsibility expected. However, funding such uplifts remains challenging. The committee recommended the involvement of FPC and WFODC in considering how appropriate uplifts can be made.
- The committee were updated following the CQC visits in April 2023 and May 2023, and assured that there is work underway around self-assessment and ratification to ensure staff provide consistent quality care and uphold standards confidently. In respect of the Warning Notice for concerns for the administering and monitoring of rapid tranquilisation, the training introduced will continue long-term for staff and there is current work to advance digital solutions to monitor rapid tranquilisation and post administration monitoring of the patient.
- The Director of Digital and Performance notified the committee of the top five RiO transformation priorities that were agreed by the RiO Steering Group:
 1. Physical Health Form
 2. Bed Management
 3. Removal of Obsolete Forms
 4. DIALOG+
 5. Section 17 Recording Patient Leave

The RiO Steering Group is co-chaired by the Chief Medical Officer, Chief Nursing Officer and Chief Operating Officer and supported by the Digital Team, to ensure the work is led by the business.

- The committee noted the updated suicide prevention strategy 2023-2026 alongside the implementation plan to provide clarity on the delivery of the strategy, ensuring this is aligned with the Kent and Medway Suicide Prevention Strategy 2021-2025 and the National Confidential Inquiry

into Suicide and Safety in Mental Health (NCISH) guidance.

- The committee noted and approved the following reports:
 1. Safeguarding Annual Report
 2. Annual Ligature Audit
 3. Controlled Drugs Annual Report
 4. Mortality Report
- The committee noted the progress made by the research team in the last six months with a return of £465,000 against an investment of £29,000. During the six-month period five high quality grant applications were submitted. Of particular interest is the NIHR award of £230,000 to fund a scanner for use in our locally led dementia research studies. Also, interesting to note that the research team jointly with the QI team ran the successful first research conference in KMPT.
- The committee noted that the Trust has retained its Triangle of Care two-star status after being commended for its innovative procedures and involving service users, carers or loved ones in 90% of all transformation and Quality Improvement (QI) projects.

Items referred to other Committees (incl. reasons why)

- The committee agreed that the gender pay gap identified within the Quality Account 2022-23 is an area for improvement within KMPT. It was agreed that Band 2s should, where appropriate, be upgraded to Band 3 therefore a referral to FPC and WFODC to ensure their involvement in considering how appropriate uplifts can be funded.
- The committee requested concerns for staffing within the Community Mental Health Teams be referred to WFODC in relation to Risk ID #04158 Low Clinical Staffing Levels in Ashford & Canterbury CMHT. In addition, it was identified from the Quality Account 2022-23 that the Trust's 'patient experience of community mental health services' indicator score is 6.3 which is below the average of 6.9 linking to the challenges in delivering a consistent quality of care within the Community Mental Health Teams with increasing caseloads.

The Quality Committee was held on 18th July 2023. The following items were discussed and scrutinised as part of the meeting:

1. Quality Digest
2. Quality Risk Register
3. Quality Impact Assessments
4. Quality Account 2022-23
5. CQC Report
6. Strategic Delivery Plan Priorities
7. Memory Assessment
8. Safeguarding Annual Report
9. RiO Transformation Priorities
10. Suicide Prevention Strategy
11. Annual Ligature Report
12. Controlled Drugs Annual Report
13. Mortality Report
14. Research and Innovation Strategy Update
15. IPC BAF

The Board is asked to:

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

Title of Meeting	Board of Directors (Public)
Meeting Date	27th July 2023
Title	Workforce & OD Committee (WFODC) Report
Author	Venu Branch, Chair of WFODC
Presenter	Venu Branch, Chair of WFODC
Executive Director Sponsor	Sandra Goatley, Chief People Officer
Purpose	Noting

Matters to be brought to the Board's attention

Disciplinary Report

- This paper was brought to the Committee to provide an update to confirm that the recommendations made by NHS England have been implemented in the KMPT Disciplinary Policy. Sadly, an NHS employee took their own life whilst going through a disciplinary process. The changes made were to ensure our policy is fair, equitable and compassionate
- Recommendations taken from the NHS England report were to review our Disciplinary Policy and assure the Board that the changes have been made. The Policy was then to be updated and made available on KMPT's public website. The Committee was assured by the Chief People Officer that the recommendations were actioned within the correct timelines but we omitted to bring this to the Workforce and OD Committee's attention at the time.
- The policy is designed to ensure a fair, systematic and compassionate approach is taken when an employee's behaviour or action is in breach of workplace rules or falls short of the expected standards.
- As an organisation, KMPT has overall responsibility for developing and maintaining an open, fair and consistent culture where development issues are dealt with fairly.

International Nurses

- The Committee was updated on the Recruitment of International Nurses. It was reported we are in the process of interviewing 70 Nurses from India at present. We are hopeful once the interview process has been completed, we should have at least 40-45 International Nurses arriving in December 2023. This is an exciting time for KMPT. The Acute Directorate also reported there are 24 newly qualified nurses which have also been recruited.

Freedom to Speak up Guardian Report

- As well as the annual Guardian Report which is to be presented to the Board in July's Board meeting, the Guardian is committed in providing a six-monthly update on key themes and recommendations to the Workforce and OD Committee.
- During the period June 2022 to May 2023 the Guardian Service has received 81 referrals. Of these, it had been possible to resolve 27 informally with no further action or escalation. There were 25 referrals 'live' at the time of reporting. It is recognised there maybe areas for development when concerns are raised and the Committee and the Freedom to Speak Up Guardian are keen to learn from the outcomes where improvements have and can be made.

Items referred to other Committees (incl. reasons why)
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| <ul style="list-style-type: none">• None |
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The following other items were discussed for assurance as part of the meeting:

1. Workforce and Organisational Development Main Report
2. Acute Directorate Presentation
3. Deep Dive – Health and Wellbeing Report
4. DAWN Network
5. Littlebrook Service – OD Support
6. HR Policies and Procedures
7. HR Risk Register
8. Review of Workplan
9. New Risks to Report

Title of Meeting	Board of Directors (Public)
Meeting Date	27 th July 2023
Title	Mental Health Act Committee (MHAC) Report
Author	Kim Lowe, Chair of MHAC
Presenter	Kim Lowe, Chair of MHAC
Executive Director Sponsor	Dr Afifa Qazi, Chief Medical Officer
Purpose	Assurance

Matters to be brought to the Board's attention

- CQC Actions
- Consultant Strikes
- DoLs Audit

Items referred to other Committees (incl. reasons why)

- None

MHAC met on 10th July 2023 to consider:

Significant assurance:

- MHLOG Report
- MHAC Patient Survey Report
- Mental Health Act Compliance and Monitoring Report Activity Data
- Chief Medical Officer's Report
- Associate Hospital Managers Report

Reasonable assurance:

- Bi-Annual DoLs Audit Report
- Reports on CQC actions arising from MHA Monitoring Visits (including QIP actions)

Limited assurance:

- None

CQC Visits

Assurance is provided that the MHAC Chair is working together with Quality Committee Chair, Chief Medical Officer and Chief Nurse to look at how we become more fool safe in reporting CQC actions and scrutiny visits to deliver to MHAC to enable the committee to look statistically at the technology, culture and behaviour.

Consultant Strikes

Assurance was given that interim plans are in place regarding the planned strikes. Regularly planning meetings have taken place and no MHA hearings are listed for the 20th July 2023 and only one listed on 21st July where the doctor has confirmed attendance.

DoLS Audit

It was noted that there is 14% increase in compliance this year giving Mental Capacity Act compliance total at 85%. Clarification is being addressed as to where the focus needs to be going forward.

Note to: KMPT Board

From: Peter Conway

Date: 13.07.2023

Subject: Charitable Funds Committee (CFC) meeting on 13 July 2023

Third meeting of the CFC. Items considered:

- Quarterly Report
- Strategy
- Finance and Annual Accounts
- Workplan

Area	Assurance	Items for Board's Consideration and/or Next Steps
Activity and Outcomes	<i>Limited Assurance</i>	<p>Low level of activity. Awareness building and growth taking time. Resources and finance both cited as risks with partial mitigations</p> <p>CFC offered a number of ideas and suggestions on how to increase activity largely centred on communication, awareness, ease of access, involvement of champions (22 currently), ward managers and modern media methods</p> <p>Strategy documented noted - a number of suggestions made including (1) clarifying spending of the Charity versus the Trust, (2) making the strategy less wordy and more action oriented, and (3) outcomes to include greater specificity</p>
Risk Management	<i>Limited Assurance</i>	<p>Options being considered: Resources - apprenticeships, partnering, corporate volunteering, Finance - see below</p>
Financial Performance, Reporting and Controls	<i>Reasonable Assurance</i>	<p>Annual Accounts to be produced by end August and audit fee likely to be in the region of £700. The production of Annual Accounts will open up more fundraising opportunities</p> <p>Financials - the charity is currently in (notional) deficit. A further £40k being requested from ExCo next week to support a planned 2023-24 breakeven position. Achievement of this will depend upon the in-year Action Plan (awaited) and pace of delivery. Further top-up funding may be needed from the Trust both in-year and 2024-25</p> <p>The long term aim is for the charity to be self-sufficient regarding overheads ie. contributions and unrestricted funding are sufficient to offset overheads</p>
Internal Controls, Regulatory Compliance,	<i>Limited Assurance</i>	<p>The demarcation lines between charity spend and Trust spend are awaited. Until these are understood and</p>

Legal Compliance and Governance		appropriate/proportionate controls put in place, there is a risk of non-compliance
Other		<p>Next meeting 2 November 2023. It was agreed that in order to maintain pace, items would be circulated and noted/agreed virtually between meetings - the Action Plan and Accounts by the end of August and the governance risk mitigated within the next few weeks</p> <p>The many and several ideas suggested by CFC will be captured by Secretariat and blended into CFC's workplan as appropriate</p>

Note to: KMPT Board

From: Peter Conway

Date: 27.6.2023

Subject: Finance & Performance Committee (FPC) meeting on 26 June 2023

(apologies from Mickola and Sheila; the Committee was still quorate)

Area	Assurance	Items for Board’s Consideration and/or Next Steps
IQPR	<i>Limited Assurance</i>	<p>1)<u>Out of Area Placements</u>: 173 bed days (165/month for the last year). The Bed Strategy coming to the Board in July is the key longer term solution. In the interim, greater controls and grip should return PICU placements back within commissioned position by August. <i>It is recommended that the Board tolerates** the current position provided it does not worsen and a gradual improvement seen after August</i></p> <p>2)<u>Care Plans</u>: 84% and 68% of target (CPA/non-CPA patients with plans). Medway CMHT has over 1200 non-CPA referrals open. Dialogue and Dialogue+ will replace the ‘old’ CPA model in the medium term delivered under the new CMHF. It is unlikely that we will see much improvement in the short-term so <i>it is recommended that the Board tolerates the current position provided it does not worsen and management keep working on the local variations</i></p> <p>3)<u>Memory Assessments (MA)</u>: 2691 organic presentations awaiting initial assessment with some CMHSOPs achieving just 4% (75% target) for 6 week Routine MA waits (see below)</p>
Memory Assessments - Deep Dive	<i>Limited Assurance</i>	<p>Four key initiatives/solutions underway:</p> <p>1)<u>Commissioning</u>: separate MH from the larger CMH block income contract (due for review in 2024) in order to create a bespoke commissioning arrangement with appropriate sharing of volume risk</p> <p>2)<u>ICS/MHLDA</u>: encouraging Primary Care led MAs</p> <p>3)<u>EMAIS model</u>: the pilots have had mixed results to date. The goal of the July workshop is much wider buy-in and sharing of what works</p> <p>4)<u>Neuro-imaging</u>: now on the radar of the system provider collaborative. Tracking metrics to be obtained and a report provided to FPC in 6 months</p> <p>Together, these initiatives could potentially transform the position but none of them are quick-wins so <i>it is recommended that the Board tolerates current performance provided it does not worsen</i></p>

<p>Financial Performance - Month 2</p>	<p><i>Limited Assurance</i></p>	<p><u>2023/24 break-even</u>: confidence inevitably low as early in the year. Usual suspects - agency, out of area placements (see IQPR above) and CIPs</p> <p><u>Agency</u>: Month 2 in excess of budget and likely to get worse before hopefully some improvement in H2. Full year Trust target of £7m is likely to be breached leading to sanctions (ICS hopefully will specify within a couple of months). The current trajectory will be exacerbated by the consultants strike. <i>The Board will need to consider the impact of the sanctions when known versus possibly scaling back services (if doable).</i></p> <p><u>CIPs</u>: 19% of £4.76m target have green rated plans. FPC to undertake a Q1 review of Long Term Sustainability Plan in September</p>
<p>Financial Risks</p>	<p><i>Reasonable Assurance</i></p>	<p>The financial risks reported on the BAF need refreshing. The key risks are:</p> <ol style="list-style-type: none"> 1)achieving 2023-24 break-even 2)structural deficit elimination and achieving long-term financial stability 3)limited capital availability and the consequences for both maintenance and estates renewal 4)ICS financial pressures impacting adversely on the Trust 5)Agency spend cap - penalties for exceeding versus service implications of not exceeding
<p>Loss Making Services</p>	<p><i>Limited Assurance</i></p>	<p>Value at stake is £5.2m. Slow progress being made. Full review at next FPC in September</p>
<p>Business Cases</p>	<p><i>Reasonable Assurance</i></p>	<p>1)<u>Replacement Beds and Mattresses</u>: Buy and outsource maintenance model considered the best option. Joint arrangement with Sussex MH to be considered. Agreed subject to supportive Quality and Equality Impact Assessments</p> <p>2)<u>Therapeutic Acute Mental Health Inpatient Care (TAMHIC)</u>: This will require Board approval. Assurance was received that the +18 FTE demand is achievable as the new posts are not areas where there are supply issues (OTAs, Peer Support Workers, Psychology Assistants etc). Agreed subject to supportive Quality and Equality Impact Assessments</p>
		<p><i>** tolerates = recognition there are no quick fixes, it will take time for the strategic solutions to take effect, the Board receives periodic assurance on their progress and less Board time is spent on short-term performance management</i></p>

