

AGENDA

Title of Meeting	Trust Board Meeting (Public)
Date	28 th March 2024
Time	09.30 – 12.00
Venue	Canterbury Cathedral Lodge, Canterbury

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/23-24/135	1.	Welcome, Introductions & Apologies		Verbal	Chair	09.30
TB/23-24/136	2.	Declaration of Interests		Verbal	Chair	
BOARD REFLECTION ITEMS						
TB/23-24/137	3.	Personal Story – Complex Emotional Difficulties Crisis Group	FN	Verbal	DHS	09.35
TB/23-24/138	4.	Quality Improvement - Electronic Observations	FN	Verbal	RS	09.40
STANDING ITEMS						
TB/23-24/139	5.	Minutes of the previous meeting	FA	Paper	Chair	09.45
TB/23-24/140	6.	Action Log & Matters Arising	FA	Paper	Chair	09.50
TB/23-24/141	7.	Chair's Report	FN	Paper	JC	09.55
TB/23-24/142	8.	Chief Executive's Report	FN	Paper	SS	10.00
TB/23-24/143	9.	Board Assurance Framework	FA	Paper	AC	10.05
STRATEGY, DEVELOPMENT AND PARTNERSHIP						
TB/23-24/144	10.	Strategy Delivery Plan Priorities – Progress against plan (23/24)	FD	Paper	SS	10.15
TB/23-24/145	11.	MHLDA Provider Collaborative Progress Report	FD	Paper	AR	10.25
OPERATIONAL ASSURANCE						
TB/23-24/146	12.	Integrated Quality and Performance Review	FD	Paper	SS	10.30
TB/23-24/147	13.	Finance Report	FD	Paper	NB	10.40
TB/23-24/148	14.	Financial Plan 2024/25	FA	Paper	NB	10.45
TB/23-24/149	15.	Workforce Deep Dive - Staff Survey	FD	Paper	SG	10.55
TB/23-24/150	16.	Data and Digital Update	FD	Paper	SS	11.10
TB/23-24/151	17.	Community Mental Health Framework Transformation	FD	Paper	DHS	11.15
TB/23-24/152	18.	Register of interests	FN	Paper	JC	11.20
CONSENT ITEMS						
TB/23-24/153	19.	Report from Quality Committee	FN	Paper	SW	11.25
TB/23-24/154	20.	Report from People Committee	FN	Paper	KL	
TB/23-24/155	21.	Report from Audit and Risk Committee	FN	Paper	PC	
TB/23-24/156	22.	Report from Finance and Performance Committee	FN	Paper	MW	
TB/23-24/157	23.	Use of Trust Seal	FN	Paper	TS	
CLOSING ITEMS						
TB/23-24/158	24.	Any Other Business			Chair	11.30
TB/23-24/159	25.	Questions from Public			Chair	

Date of Next Meeting: 30 th May 2024, Lifesize
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Members:

Dr Jackie Craissati	JC	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	Deputy Trust Chair (Senior Independent Director)
Mickola Wilson	MW	Non-Executive Director
Stephen Waring	SW	Non-Executive Director
Dr MaryAnn Ferreux	MAF	Non-Executive Director
Dr Asif Bachlani	AB	Associate Non-Executive Director
Shelia Stenson	SS	Chief Executive
Dr Afifa Qazi	AQ	Chief Medical Officer
Andy Cruickshank	AC	Chief Nurse
Donna Hayward-Sussex	DHS	Chief Operating Officer/ Deputy Chief Executive
Nick Brown	NB	Chief Finance and Resources Officer
Sandra Goatley	SG	Chief People Officer
Dr Adrian Richardson	AR	Director of Partnership and Transformation

In attendance:

Dr Rashmi Sharma	RS	Specialty Doctor Forensic Psychiatry
Tony Saroy	TS	Trust Secretary
Kindra Hyttner	KH	Director of Communications and Engagement

Apologies:

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

Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)
Minutes of the Public Board Meeting held at 09.30 to 12.30 hrs on Thursday 25th January 2024
Via Lifesize

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
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	Chief Executive
Nick Brown	NB	Chief Finance and Resources Officer
Donna Hayward-Sussex	DHS	Chief Operating Officer/Deputy Chief Executive
Andy Cruickshank	AC	Chief Nurse
Sandra Goatley	SG	Chief People Officer
Dr Adrian Richardson	AR	Director of Partnerships and Transformation
Attendees:		
Dr Valsraj Koravangattu	VK	Deputy Chief Medical Officer (Quality and Safety)
Kindra Hyttner	KH	Director of Communications and Engagement
Tania Tancred	TT	Consultant Forensic Psychologist (Personal Story)
Alan	Alan	Service User (Personal Story)
Aimee Daly	AD	Speech and Language Therapist (QI Story)
Sandy Vale	SV	Occupational Therapist (QI Story)
Sian Jackett	SJ	Assistant Psychologist (QI story)
Mudasir Firdosi	MF	Clinical Director of Quality Improvement (QI Story)
Paula Oladejo	PO	Quality Improvement Practitioner (QI Story)
Rebecca Crosbie	RC	Freedom to Speak Up Guardian (Item 126 only)
Lincoln Murray	LM	The Guardian Service (Item 126 only)
Tony Saroy	TS	Trust Secretary
Hannah Stewart	HS	Deputy Trust Secretary (Minutes)
Apologies:		
Kim Lowe	KL	Non-Executive Director
Dr Afifa Qazi	AQ	Chief Medical Officer
Observers:		
		Members of the public accessed the meeting by way of livestream

Item	Subject	Action
TB/23-24/109	<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/23-24/110	Declarations of Interest	

Item	Subject	Action
	For the Personal Story item, the Chair declared she had previously been part of the Offender Personality Disorder (OPD) pathway.	
TB/23-24/111	<p>Personal Story – Alan’s Journey</p> <p>The Board welcomed Alan and TT, with AD describing the Psychological Informed and Planned Environment service and the Intensive Intervention Risk Management service. Both services support men leaving prison, to help them prepare for life outside of prison, as well as integrating in to the community. A shared his experience of both services within the OPD pathway, emphasising that these had been instrumental to his recovery and integration into every day life. Alan highlighted the importance of the Friday lunchtime meetings held for newly released male prisoners, and how important these were. He is now a cookery mentor for people who join the group, and also supports the Trust with catering for functions. Alan stated that he had been given his impence back, but had always been supported by the service where necessary.</p> <p>The Board thanked Alan and TT for attending and noted the Personal Story – Alan’s Journey.</p>	
TB/23-24/112	<p>Quality Improvement (QI) – Combined Personal Passport Project</p> <p>The Board heard the QI story from AD, SV, SJ and an anonymous service user. The combined personal passport project focused on amalgamating a number of different passports used across the Trust. Initial feedback from staff, service users, and family and carers, showed that information was being repeated in various passports, and service users did not always know what was recorded in them, or their purpose.</p> <p>A new combined passport was co-designed with service users. This allowed the contents of the passport to reflect the patient’s views as well as key information. The anonymous service user shared their positive experience of the new passports, including the opportunity to state personal needs such as sensory preferences. Comparison data before and after the roll out of the combined passports indicated that the number of service users sharing their passport to various services has doubled, and staff are also accessing these more frequently.</p> <p>AD advised that next steps for the project will include introducing the combined passport to other services across the organisation, creating a downloadable template for the intranet and also having an electronic copy of the passport available to both staff and service users. The Board praised the project and highlighted how invaluable it is to have service users involved in quality improvement projects.</p> <p>The Board thanked AD, SV, SJ and the anonymous service user for attending, and noted the Quality Improvement – Combined Personal Passport Project.</p>	
TB/23-24/113	<p>Minutes of the previous meeting</p> <p>The Board approved the minutes of the previous meeting subject to one amendment.</p>	

Item	Subject	Action
TB/23-24/114	<p>Action Log & Matters Arising</p> <p>The Board approved the Action Log subject to one minor amendment to the wording of an action.</p>	
TB/23-24/115	<p>Chair's Report</p> <p>The Board received and noted the Chair's Report</p>	
TB/23-24/116	<p>Chief Executive's Report</p> <p>The Board received the Chief Executive's Report. The recent junior doctors and consultants' strikes were discussed, and assurances were given that those staff members are being supported. It was confirmed that currently an increase in waiting lists has not been seen, and all appointments were re-scheduled in a timely manner.</p> <p>The Board reflected on the Executive Directors visits, recognising that a number of informal visits are carried out on a weekly basis by the Executive Management Team (EMT), as well as the formal visits listed in the report. It was agreed that EMT would discuss how to capture their informal visits and feedback at the next meeting.</p> <p>ACTION: SS to provide an update by the next Board meeting, on how informal EMT visits will be captured going forward.</p> <p>Congratulations were given to Matthew McKenzie on being awarded a British Empire Medal (BEM) in the King's New Year Honours in recognition for his services to carers and NHS trusts across the UK.</p> <p>The Board received and noted the Chief Executive's Report.</p>	
TB/23-24/117	<p>Board Assurance Framework (BAF)</p> <p>The Board received the BAF and reflected on the following matters:</p> <ul style="list-style-type: none"> • No risks have been added to the BAF since November 2023. • One risk has changed their risk score since November 2023, regarding the implementation of the Community Mental Health Framework across Kent and Medway (decreased to 12 (high) from 16 (extreme)). • The risk review process is underway, and has identified areas of good practice, as well as improvements required to get risks from directorates to the BAF where necessary, and ensuring staff have the confidence and knowledge to do this. <p>The Board discussed the manual process to produce the BAF due to the InPhase system and noted that this had been discussed in detail at the Quality Committee. A discussion with InPhase is due to take place shortly to look at resolutions. Part of the discussion will look at the colour grading of the risks, and ensure any overdue risks are marked as red in the future.</p> <p>A discussion ensued regarding the lack of efficiency in improving IT and digital across the organisation. A 'Back to Basics' program is currently being scoped out</p>	

Item	Subject	Action
	<p>and part of the program will focus on digitising any manual processes, as well as ensuring that no additional manual processes are introduced. This will be brought back to the Board once finalised.</p> <p>The Board approved the Board Assurance Framework.</p>	
TB/23-24/118	<p>Mental Health Learning Disability and Autism (MHLDA) Provider Collaborative Report</p> <p>The Board reflected on the MHLDA Provider Collaborative report and the various risks as detailed in the report, particularly dementia, lack of funding and the re-investment of savings from out of area specialist placements. It was noted that funding is due to be discussed at the next MHLDA meeting, and until the new funding stream is in place, the Provider Collaborative has been discussing the use of the mental health investment standard and the need to evidence improvements before the end of 23/24. Regarding out of area specialist placements, it was confirmed this was managed by the Integrated Care System(ICS) however, this will be transferring to the Trust as the lead provider from the 1st April, and until then there is a partnership arrangement for re-investment.</p> <p>It was confirmed that SS has taken on the Chair and Senior Responsible Officer role of the MHLDA Provider Collaborative from January 2024.</p> <p>The Board noted the MHLDA Provider Collaborative Report.</p>	
TB/23-24/119	<p>Right Care, Right Person Report</p> <p>The Board received the Right Care, Right Person Report. The Board recognised the significant programme of work, and the good engagement the Trust has seen from partners such as the ICS, Kent Police and South East Coast Ambulance Service (SECAmb). The Chief Constable has continued to meet regularly with SS and AR. Assurances were given that although the implementation will begin on the 1st April 2024, support will continue to be provided past that date, to ensure a controlled and safe role out of the programme. The importance of communicating the new process to both staff, service users and families was discussed at the recent Quality Committee, and it was confirmed a communication plan is currently being drafted.</p> <p>Whilst showing their support, the Board also highlighted the importance of the police being called to attend incidents of violence where necessary and appropriate. Assurances were given that where police intervention is necessary, that will carry on as normal.</p> <p>The Board noted the Right Care, Right Person Report.</p>	
TB/23-24/120	<p>Progress against Purposeful Admissions Programme</p> <p>The Board received the Progress against Purposeful Admissions Programme report.</p>	

Item	Subject	Action
	<p>The Board discussed the digital elements of the programme, recognising that some parts had been delayed. It was noted that SS is the Chair of the Digital Group, and a clear plan of digital prioritisation has been produced with both AQ and AC. Going forward the Quality Committee will be receiving quarterly updates on digital. In addition, a programme called 'Let's Think Digital' will be launched across the Trust, and a roadmap has been agreed for this. The Board recognised the need to provide additional assurance on the digital maturity of the organisation going forward.</p> <p>The Board discussed the outcomes of the programme, recognising that it was not always clear how these were going to be measured. It was agreed that the Board should receive an additional update on the Purposeful Admissions Programme in six months' time.</p> <p>ACTION: AQ to bring an update on the Purposeful Admissions Programme to the July Board meeting.</p> <p>The Board noted the Progress against Purposeful Admissions Programme Report.</p>	
TB/23-24/121	<p>Community Mental Health Framework (CMHF) Update</p> <p>The Board received the CMHF Update. Since the Board's last update, the Trust has now gone live in Thanet with the phased 'test and learn' for the new model of community care. The new Mental Health Together service in Thanet will be utilising existing resource from all current providers. The full model implementation will follow once strategic partner recruitment is complete, funding has been confirmed, and a cultural piece of work will take place to ensure close working between all partners.</p> <p>Learning has already taken place, for example the excessive number of referrals inappropriately classified as urgent. This shows the Trust needs to work more closely with the referring teams to ensure there is a better response for patients.</p> <p>The Board recognised the good progress to date, but that there was still a lot to be done, particularly in terms of ensuring the crisis services are included in the pathway. The board was assured that CMHF is on plan to be rolled out across the Trust by summer , although a key dependency is the successful recruitment of staff by our partners.</p> <p>The Board noted the Community Mental Health Framework.</p>	
TB/23-24/122	<p>Integrated Quality and Performance Report (IQPR) – Month 9</p> <p>The Board received the IQPR with the Board discussion focussed on the following:</p> <ul style="list-style-type: none"> • 40% of patients who are clinically ready for discharge are currently awaiting independent housing. This is largely due to service users not always being accepted back by family and carers, and due to those service users who rent, not being allowed back to their property. The Purposeful Admissions Programme, once implemented, will include the home treatment team inreaching to the wards to help service users plan 	

Item	Subject	Action
	<p>for discharge as soon as they are admitted to the ward. It was agreed that the Board should receive a seminar on housing in the future.</p> <ul style="list-style-type: none"> • Patient Flow and Memory Assessment were discussed in detail at the recent Finance and Performance Committee, and it was agreed that a timetable for addressing these issues will be brought back to the Committee meeting for further discussion. • The use of external female Psychiatric Intensive Care Unit (PICU) beds whilst a long term solution is found was discussed. It was confirmed that work is ongoing in this area and the Board will be updated in due course. • Care Programme Approach (CPAs) was noted as still being reported under effective in the IQPR. It was confirmed as the Trust moves to the Dialogue model, the data will begin to change, and this will be explained at the time of reporting. <p>ACTION: By December 2024, DHS and AQ to deliver a Board Seminar in the future on those clinically ready for discharge, and how this links to the Purposeful Admissions Programme.</p> <p>The Board noted the IQPR.</p>	
TB/23-24/123	<p>Urgent and Emergency Care Impact Report</p> <p>The Board received the Urgent and Emergency Care Impact Report.</p> <p>It was noted that from April 2024 people experiencing a mental health crisis across the county will be encouraged to access NHS111 - Mental Health Option. In conjunction with this the ICS recently issued a tender for a 24-hour mental health telephone and online support service. It was noted there had been a delay at ICB level in issuing the tender, which has caused problems. It was confirmed the KMPT crisis line will cease to operate once a new provider is in place for the mental health telephone and online support service and Mental Health Together Services are implemented.</p> <p>Regarding safe havens, a revised model will be implemented across the county in 2024. To date two safe havens with extended hours have opened on acute hospital sites. The ICS have plans for a further five safe havens which will operate in community settings, with the first to be at the William Harvey Hospital from April 2024.</p> <p>The Board highlighted the importance of escalating any delays caused by the ICS, to the Integrated Care Board (ICB) to ensure these are dealt with. The Board further reflected on the Research and Innovation Strategy and noted the importance of ensuring that service evaluation and research is aligned to the Trust's Strategic Priorities and ensuring the organisation is measuring the impact of any changes made at the outset.</p> <p>The Board noted the Urgent and Emergency Care Impact Report.</p>	
TB/23-24/124	<p>Finance Report – Month 9</p> <p>The Board received the Finance Report and highlighted the following:</p>	

Item	Subject	Action
	<ul style="list-style-type: none"> • As at the end of December 2023 the Trust was reporting a breakeven position in line with plan. The improved position will be reflected in the month 10 report. • The Trust has an agency cap of £7.02m and at Month 9, the Trust is forecasting to exceed this cap by £1.66m. • The capital programme spend is £1.12m under plan. However, it is expected to be caught up by the end of the financial year. • The new Ruby Ward was handed back to the Trust at the beginning of January, and formal opening will be planned for early March 2024. <p>The Board noted that financial planning guidance for 2024/25 has been delayed, but the Trust is working with the ICS to ensure there are appropriate planning assumptions in place.</p> <p>The agency spend was discussed in further detail, noting that a high level of observations is being reported. The Board reflected on the QI story at the previous Board meeting on zonal observations, and it was confirmed this is being piloted on Willow Suite currently, with a plan to scale up across the Trust at pace. It was agreed that the Quality Committee should receive an update on zonal observations at the May meeting.</p> <p>ACTION: AC to bring an update on zonal observations to the Quality Committee in May.</p> <p>The Board noted the Finance Report.</p>	
TB/23-24/125	<p>Workforce Deep Dive – Health and Wellbeing</p> <p>The Board received the Workforce Deep Dive on Health and Wellbeing, and noted the areas of concerns were as follows:</p> <ul style="list-style-type: none"> • Stress, alongside anxiety and other mental health difficulties continue to be the leading reason for sickness absence followed by musculoskeletal problems. • The closure of the Talking Wellness Service leaves a gap in psychological support provision. • There has been a marked increase in complexity of referrals into the staff counselling service for both ‘work issues’ (68.4 % increase) and ‘personal issues’ (29.6% increase). • There is presently no staff physiotherapy provision dedicated to supporting KMPT staff who are suffering from musculoskeletal conditions that impact on their work. It was noted the business case for this is due to be discussed at the Private Board meeting. <p>It was agreed that SG would confirm to SW outside of the meeting why backs are not included in musculoskeletal problems reporting for sickness absence.</p> <p>ACTION: SG to confirm to SW why backs are not included in musculoskeletal problems reporting for sickness absence ahead of the next meeting.</p>	

Item	Subject	Action
	<p>It was highlighted to the Board that recently KMPT has been recognised in the prestigious The Purpose Coalition Awards as winners of the Good Health and Wellbeing Award.</p> <p>It was confirmed that the Trust will be factoring in anticipated reasonable adjustments in the future, for individuals whether they have a physical or hidden disability, as per its duty under the Equality Act 2010. This was previously managed locally but will form part of the new contract for the Occupational Health Services.</p> <p>The Board discussed the average age of the workforce, and the need to anticipate additional support needs of staff as they get older. It was confirmed that there is a menopause café available to female staff members, and in addition a system wide Cancer Network will be set up shortly.</p> <p>The Board noted the Workforce Deep Dive on Health and Wellbeing Report.</p>	
TB/23-24/126	<p>Freedom to Speak Up – Six-month Interim Report</p> <p>The Board received the Freedom to Speak Up Six-Month Interim Report and recognised the progress made on reporting over the last 18 months.</p> <p>The Board agreed that the list of recommendations needed to be prioritised and an assigned owner and date of completion added to each recommendation. It was agreed this should be actioned by SG outside of the meeting, with an update to be included in the next six monthly update.</p> <p>ACTION: SG to prioritise the list of recommendations within the Freedom to Speak Up Report and assign each recommendation an owner and completion date. An update should then be provided to the Trust Board within the next 6 monthly update of the report.</p> <p>The Board recognised the staff view that racial discrimination is passively accepted, and re-enforced its determination to improving this via it's current programmes of work.</p> <p>The grievance process was discussed, recognising the feedback received within the report that staff felt abandoned in the process. It was confirmed that the new central team for grievances began in January 2024, and it is expected to see an improvement in this area in future reports.</p> <p>The Board noted the Freedom to Speak Up – Six-month Interim Report.</p>	
TB/23-24/127	<p>Report from Quality Committee (incl. Mortality Report)</p> <p>The Board received and noted the Quality Committee Chair's report.</p>	
TB/23-24/128	<p>Report from People Committee</p> <p>The Board received and noted the People Committee Chair's report.</p>	
TB/23-24/129	<p>Report from Mental Health Act Committee</p>	

Item	Subject	Action
	The Board received and noted the Mental Health Act Committee Chair’s report.	
TB/23-24/130	<p>Report from Finance and Performance Committee</p> <p>The Board received and noted the Finance and Performance Committee Chair’s report.</p>	
TB/23-24/131	<p>Any Other Business</p> <p>None.</p>	
TB/23-24/132	<p>Questions from Public</p> <p>The Board received two questions from the Public. Assurances were given that the Chief Medical Officer has met with doctors ahead of the strikes to let them know they are supported by the Trust, and doctors fed back their main reason for striking was due to pay.</p> <p>It was confirmed that although laptops were being rolled out across all staff, mobile internet was not being rolled out.</p>	
	<p>Date of Next Meeting</p> <p>The next meeting of the Board would be held on Thursday 28th March 2024, Cathedral Lodge, Canterbury</p>	

Signed (Chair)

Date

**BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 21/03/2024**

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 MARCH 2024								
25.01.2024	TB/23-24/116	Chief Executive's report	SS to provide an update by the next Board meeting, on how informal EMT visits will be captured going forward	SS	March 2024		EMT visits included within Chief Executive's Report	IN PROGRESS
25.01.2024	TB/23-24/125	Workforce Deep Dive – Health and Wellbeing	SG to confirm to SW why backs are not included in musculoskeletal problems reporting for sickness absence ahead of the next meeting.	SG	March 2024		Backs are not listed in the top 3 reasons for sickness- it is 5th- it is other musculoskeletal problems that is in the top 3 reasons for sickness	IN PROGRESS
ACTIONS NOT DUE OR IN PROGRESS								
25.01.2024	TB/23-24/124	Finance Report – Month 9	AC to bring an update on zonal observations to the Quality Committee in May.	AC	May 2024			
25.01.2024	TB/23-24/120	Progress against Purposeful Admissions Programme	AQ to bring an update on the Purposeful Admissions Programme to the July Board meeting.	AQ	July 2024			
25.01.2024	TB/23-24/126	Freedom to Speak Up – Six month Interim Report	SG to prioritise the list of recommendations within the Freedom to Speak Up Report and assign each recommendation an owner and completion date. An update should then be provided to the Trust Board within the next 6 monthly update of the report.	SS	July 2024			
25.01.2024	TB/23-24/122	IQPR	By December 2024, DHS and AQ to deliver a Board Seminar in the future on those clinically ready for discharge, and how this links to the Purposeful Admissions Programme.	SS/AQ	December 2024			
CLOSED AT LAST MEETING OR COMPLETED BETWEEN MEETINGS								
27.07.2023	TB/23-24/44	Operation Cavell Annual Progress Report	AR to bring an Operation Cavell Progress Report to the Board in January 2024.	AR	January 2024		This is on the agenda for discussion, under the 'Right Care, Right Person' Report.	CLOSED

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 21/03/2024

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
27.07.2023	TB/23-24/46	Bed Strategy	AQ to present the Purposeful Admissions Programme (previously Bed Strategy) progress report in July 2024.	AQ	January 2024		This is on the agenda for discussion.	CLOSED
30.11.2023	TB/23-24/90	Chair's Report	SS to provide a written Board briefing regarding the clinical environment for the East Kent Liaison Psychiatry Team by end of December 2023.	SS	December 2023		This was circulated on 21/12/23	CLOSED
30.11.2023	TB/23-24/93	Trust Risk Register	AC to lead the adjustment of the Trust Risk Register so that it is clear as to who is the Executive Lead and which Committee is the Lead Committee, with confirmation of that adjustment given at the next Board meeting.	AC	January 2024		The Trust Risk Register has been updated as suggested and will be taken to the next Audit and Risk Committee meeting	CLOSED
30.11.2023	TB/23-24/93	Trust Risk Register	SS to ensure that future iterations of the IQPR includes a section on 'Internal and External Controls and Mitigations' by January 2024.	SS	January 2024		This is included in the IQPR	CLOSED
30.11.2023	TB/23-24/94	MHLDA Provider Collaborative Report	From January 2024, future iterations of the Provider Collaborative Board Progress Report to include a risk register that reflects the discussions that are to be had between AR and PC.	AR	January 2024		Discussions have occurred between AR and PC and also with SS and JC, an update on the refresh and future way of working is provided for January. Future reports will be drafted from the standard update to the Provider Collaborative	CLOSED
30.11.2023	TB/23-24/97	Workforce Deep Dive – Medical Recruitment	AQ to produce a Medical Recruitment report for the People Committee by January 2024 that provides an update on the recruitment and retention initiatives, staff morale, non-medical consultant plan, and any patient safety risks. The paper should detail those matters that are KMPT-led and those that are ICS-led.	AQ	January 2024		This report went to the People Committee on 16/01/2024	CLOSED

Title of Meeting	Board of Directors (Public)
Meeting Date	Thursday 28th March 2024
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 key matters of significance.

2. Kent & Medway system and national activity

As might be expected at this point in the financial year, there has been a good deal of Integrated Care System (ICB) and national activity involving Chairs of NHS Trusts. Locally, I attended the first meeting of the newly formed Provider Collaborative Board for Kent & Medway, now responsible for oversight of our three provider collaboratives in the county.

Nationally, I attended an NHS Confederation webinar on the NHS and the impending national election. Over 200 chairs attended an NHS England day, in person, which provided an important opportunity to discuss the key challenges facing the NHS, as well as learning about digital innovations that are likely to provide some of solutions.

3. Board Seminar Day

On 29th February, the Board had its seminar day. The Board welcomed Deloitte, who presented their findings from our external well-led review. We received encouraging updates on the trust's green plan and reviewed our Freedom to Speak Up self-assessment.

In the afternoon we were joined by external speakers from the Purpose Coalition, including Rt Hon Anne Milton, (former Minister for Apprenticeships and a Minister in the Department for Health and Social Care) and Mark Hulsmeier (Director, Purpose Health and Social Care Coalition). We are grateful for their attendance.

4. Changes to the Board

In February, Venu Branch's tenure as a Non-Executive Director came to an end. The Board thanks her for her work over the past six years. As of 1st March, the following changes have occurred:

- Dr MaryAnn Ferreux became a Non-Executive Director, having been an Associate Non-Executive Director since February 2023.
- Catherine Walker became Deputy Trust Chair, which shall run along her responsibility as the Trust's Senior Independent Director.

5. External Well Led Review

As part of the Care Quality Commission's well led framework, the Trust recently commissioned an external well led review. Having received the preliminary findings of the review at the Board's seminar day, we will receive the final report within the next few weeks, after which we will agree next steps.

6. Ruby Ward

On 8th March, I was delighted to attend the official opening of Ruby Ward in Maidstone. We were delighted to welcome MP Helen Whately, Faversham and Mid Kent, together with over 50 guests to the official opening. The new Ruby ward will serve residents across Kent and Medway with an increased capacity from 10 beds to 16 beds, to meet inpatient needs for the county. It is a beautifully designed building, attentive to the needs of our older adult patients, and a special thanks must go to Tina Cheetham, the ward manager, who has worked extraordinarily hard to ensure that the project is a success.

7. Trust Chair and NED visits

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

Where	Who
February 2024	
Criminal Justice Liaison and Diversion Service & Reconnect	Catherine Walker
West Kent Transformation & Performance Meetings	Peter Conway & Mickola Wilson
Littlebrook Place of Safety, Willow Suite Ward, Amberwood Ward, Cherrywood Ward, Pinewood Ward & Jasmine Ward	Kim Lowe
Leaders event	Jackie Craissati
March 2024	

Catherine Walker's visit to Criminal Justice Liaison and Diversion Service & Reconnect

I visited the Criminal Justice Liaison and Diversion Service (CJLDS) which is an 'all vulnerabilities' health and social needs assessment service operating in Magistrates' and Crown Court Services in Kent and Medway. I also met with the lead for the CJLDS Reconnect service which supports people leaving prison to reconnect with community support such as mental health & addiction services, GP access, social care and social needs such as housing. This service has recently been awarded a renewed contract.

Staffing is stable and most posts are filled. The team are flexible and responsive to patient needs - examples include the recent appointment of a SALT expert to assist service users with autism and the use of peer workers. The team has developed its own fast access app to work on the move which links to RIO. The in- court/custody team work with the police and have access to their system and join the daily white board meeting. The service is offered to all in court custody. Relationships with police in custody suites and court staff are good. Feedback from service users is positive. It was a real pleasure to meet KMPT colleagues and to hear such a good account of this service which impacts greatly on those in the custody stage of the criminal justice system. Thank you.

Chair's visits

Just before our last Board meeting, I visited Jasmine Ward, an inpatient unit for older adults on the site of Darent Valley Hospital. The environment is very pleasant, and the ward was

well managed. Although safely staffed, the main concern of the ward manager was the number of newly qualified nurses allocated to the ward, requiring supervision and training from a very limited number of experienced staff. I was particularly impressed by the occupational team – spoken of highly by the rest of the team – who took primary responsibility for assessing the patients' care needs and expediting their timely discharge from the ward. It would be good to see such robust multi-disciplinary team working more consistently across the disciplines and the sites.

I also attended the February Leaders' event, where the top 100 leaders meet with the executive team. As always, it was a vibrant and welcoming event, but I noted that there is still a lot of support and development required to ensure that our leaders feel confident and ambitious in their vision.

Chief Executive's Board Report

Date of Meeting: 28th March 2024

Introduction

I have now finished my first 100 days in post, at the beginning of February. I want to thank all our staff who have taken the time to meet with me and show me around services and be open and honest about what the good things are for working for KMPT and what we could do to make every day a better day for our patients and staff.

Please see the attached infographic that sets out my first 100 days in post.

I have set out clearly to the organisation that my 6 priorities will remain for this calendar year, but we will also be launching a "getting the basics right programme" following the feedback I have had from staff and patients regarding our processes and procedures. A reminder of what my 6 priorities are below:

1. Patient Flow
2. Access to Dementia Care
3. Mental Health Together (our community mental health transformation programme)
4. Reducing violence and aggression against staff
5. Recruitment retention and working differently to address staffing gaps
6. Reshaping KMPT's identity including our behaviours and values

Regional and National Update

Right Care Right Person

Since the previous Board meeting work has continued across Kent and Medway to prepare for the launch of Right Care Right Person in April. KMPT recently chaired a meeting with all provider organisations to assess readiness for go-live. We continue to work with our NHS partners, Kent Police and other agencies to ensure the transition is as smooth and effective as possible.

Greater Manchester report

In September 2022 the BBC broadcast their current affairs programme Panorama which showed evidence of the most shocking abuse and poor care of patients within the Edenfield Centre in Prestwich, Greater Manchester.

In November 2022, NHS England commissioned an Independent Review. The report sets out that there were repeated missed opportunities to act on concerns raised. Many examples are provided within the report.

All mental health trusts are required to review the report and complete a lesson learned review. KMPT is working with the Integrated Care Board (ICB) to complete this for Kent and Medway, which our Chief Nurse is leading.

Integrated Care System and Provider Collaborative Update

Provider Collaborative Update

The new Programme Director for the Provider Collaboratives, Jane Hannon started in post on the last day of February. Jane will be leading this work across the Kent and Medway system and will be reporting into me as the Senior Responsible Officer (SRO) for this work in Kent and Medway. I welcome Jane to KMPT and the Kent and Medway system.

The system Chief Executives have agreed the following priorities for the next financial year, with a focus on improving patient pathways and delivering where possible financial efficiencies to support the overarching system financial position.

Community Collaborative

- Better use of beds
- The integrated neighbourhoods teams

Acute Collaborative

- The top 3 areas (specialities) of focus are being confirmed with CEOs based on detailed analytical work

MHLDA

- Bringing LDA patients back from out of area
- UEC workstream, a particular focus on safe havens and crisis houses to support demand in Emergency Departments
- Dementia

Kent Surrey and Sussex Deanery

Kent Surrey and Sussex Deanery which KMPT forms part of, has received the best score in the country alongside the Oxford Deanery for Core trainee satisfaction in the GMC Training Survey 2023. Our training posts are fully recruited to and we were oversubscribed for our training posts this year.

Protected Learning Time Event

This regular event in Primary Care allows GPs to get together and receive presentations from external speakers. In a bid towards improving engagement and collaborative working with Primary care, our Chief Medical Officer, Dr Qazi delivered a presentation to 350 GPs at West Kent Health Care Partnership (HCP) Time to Learn programme. The presentation received very good feedback with the new model seeing an end to "Rejected referrals". The Thanet CMHF pilot which has seen a reduction in rejected referrals from 40% to 4% was shared and a timeline for roll-out of the model across the county was presented.

Operational Update

Industrial Action

Junior Doctors Industrial Action took place from Saturday 24 February till Wednesday 28 February 2024. Planned cover was put in place for all shifts for each strike day by securing doctors on the KMPT Bank. Routine clinics run by trainees were cancelled. Consultant and SAS doctor clinics ran with reduced capacity to release cover for emergencies with a total of 61 out-patient appointments rescheduled. The number of doctors striking ranged from 5 to 34 per day out of a total of 138 trainees. All services were maintained safely during the industrial action period.

Opening of new Ruby Ward

I'm delighted to announce that we opened our new Ruby Ward on Friday 8th March. Helen Whately MP joined myself, the Chair and members of staff and our stakeholders for this wonderful event.

The investment of £12.6m has created a 16 en-suite bed hospital ward for dementia patients.

The investment was awarded to us as part of a national NHSE drive to eradicate 'dormitory' style wards in inpatient mental health facilities, which no longer best serve patients' care or safety needs.

Ruby ward, as it's known, will serve residents across Kent and Medway and the new building increases capacity from 10 beds to 16 beds to meet inpatient needs for the county.

Features of the new building include:

- Dementia friendly layout, environment and signage, in line with The King's Fund guidance, including themed by colour with pictures, to enable patients to move freely and easily around the ward and through the corridors
- A dedicated space for providing a range of therapies – such as counselling, group therapy, creative activities – alongside facilities to help people relearn essential skills such as cooking and cleaning
- More space for patients and staff to receive and deliver care in
- More space for staff to change, shower and take breaks to support their wellbeing
- Energy efficient with solar power, under floor heating, thermally efficient fabric to reduce heat losses and energy efficient LED lighting.
- Four new gardens, which provide plenty of green spaces for patients and staff to enjoy.

Patients have successfully moved in to the new ward on the 14th March.

KMPT Update

Year One of our New Three-Year Strategy – Summary

Today the Board will be reviewing a one year on report to assess progress against our strategy. A separate report has been included within the Board papers for a discussion as a Trust Board. I look forward to the discussion today and have already been looking back to ensure we learn lessons regarding how we approach year two of our strategy.

The Executive have agreed a new improvement methodology for the organisation that brings together the Quality improvement and Transformation teams to deliver Continuous Quality Improvement (CQI) that benefits our staff and patients. We still have a long way to go but it is clear that we now recognise what we need to do to deliver and how we approach these improvements and changes as we enter year 2 of the strategy and a new financial year.

Planning

The Trust continues to work with the system on its 2024/25 planning round, with initial plans indicating a material financial deficit at a system level. Work is on-going to address this position, with the Trust looking to act as an enabler with Mental Health investment used to deliver services that support the overall system. At a trust level, we are expecting to submit a balanced financial plan in line with our recurrent 2023/24 position. National planning guidance, at the time of writing this report is yet to be published.

Annual Employee Recognition

Nearly 200 people across KMPT were recognised to mark this year's National Employee Recognition Day.

Following last year's success, we have now made an annual commitment to invite fellow colleagues to recognise their peers on this special day by submitting a short nomination form to receive a celebratory KMPT 'shout out', in recognition of the amazing work they do every day.

This year, 192 people made a submission and explained why they believed their colleagues was truly deserving of praise, and how they embody our trust values every day in their working role.

Each person received a letter from myself and Trust Chair, Dr Jackie Craissati, to congratulate them on their recognition, and expressing our thanks for the valuable contribution they make to delivering services to our patients.

Seven outstanding colleagues (Andy Inett, Clare Streeter, Daisy Murray, Faisal Kazi, Lee-Anne Fender, Nazma Soormally and Tina Hayton) were shortlisted from the nominations to be further recognised in the trust's weekly newsletter (Weekly Roundup) and across our external social media channels. Well done to you all!

Chief Executive Visits

I continue to have introductory meetings with staff and also with our stakeholders, in addition to service visits. I am routinely holding my "speak to Sheila sessions" with staff which are being well attended, 51 staff attended this month and 32 last month (the session coincided with half-term). I am receiving lots of positive feedback from staff who are finding the drop in's valuable. My team have also carried out numerous visits since the last Trust Board. The places I and the Executive have visited can be found in the appendix to this report.

New Catering Contract

The new catering contract with ISS launched successfully on 8 February 2024. The main objective of the new contract was to improve the consistency of catering services across the organisation and to reduce the food hygiene and quality risk, through the introduction of trained dedicated ward hosts for dining.

The contract launch has been well managed and we are seeing improvements with complaints around the new catering services remain very low and early food service audits by the Estates Facilities Management (EFM) team have been very positive. As ward hosts become more familiar with the environments and products on offer, EFM anticipate that patient satisfaction will improve further and this will be measured on a regular basis through the monthly food service observations.

The new contract also includes the centralised provision of dry goods such as snacks, to improve availability and consistency of products on offer consistently across the wards.

I joined the patients and staff for a come dine with me on 26th February on Pinewood ward at Dartford. It was an enjoyable experience and the food was of a good quality. There was plenty of food on offer and it was good to see the patients going back for seconds. All the patients had positive comments about the food. It was also good to meet the new ward host and see the pivotal role they will play going forward in the dining experience on our wards. Talking to the nursing staff on the ward, these new roles are very much welcomed.

Leaders Event

I held my first top 100 leaders' event as Chief Executive in February the event was well attended and it was good to see so many leaders face to face.

The day focussed on the following themes:

- Equality, diversity and inclusion programme update
- Brand programme update
- Cultural change and the approach taken by Merseycare
- How we as leaders transform KMPT
- Feedback from my first 100 days in post and what I have heard
- The emotional response to change (external facilitator)
- Mental Health Together and embedding change

The leader's discussion regarding how we transform KMPT as senior leaders of the organisation was so important I have decided to follow up with the group in early April to reflect and hear what changes to their approach they have been making since we met. Leadership Development will be an important initiative for us as we move forward this year.

One NHS Finance (ONF) Towards Excellence Accreditation

I am delighted to announce that KMPT's very own Finance team led by Nick Brown, has achieved their Level 3 Towards Excellence Accreditation from One NHS Finance. This is an excellent achievement by the team and I am sure you will all join me in extending sincere congratulations to them. KMPT are now one of 20 in the country to achieve the Level 3 status.

Board stories

Included in the appendix of this report is a table that summarises the Patient stories and Quality Improvement stories we have heard as a Board in the last year.

Summary and Conclusion

A lot has taken place and been achieved in the last four months. I have really enjoyed the engagement I have had with staff, patients and external stakeholders and have committed to continue this throughout the year.

The paper included in today's Board papers on year one of our strategy, is an honest reflection of our progress as a Trust. I look forward to year two of the strategy and delivering the milestones we have set, summarised as part of the six priorities. In May the Trust Board will have an opportunity to see the

excellent work that has been undertaken as part of the Equality, diversity and inclusion programme and the Board will be presented with the action plan on how we will be tackling racism across our organisation.

The Board will also be receiving the new Integrated Quality and Performance Report (IQPR) at the May Board.

Sheila Stenson
Chief Executive

APPENDIX

Executive Team Visits

Sheila Stenson

- Older Adults & Liaison Psychiatry services Margate
- Sevenscore and Woodchurch Wards, Margate
- The Grove Ramsgate
- The Beacon
- Bridge House and Pinewood Ward for a Come Dine with Me Experience
- Estates and Facilities team in Dartford
- Albion Place
- Ruby Ward staff induction afternoon
- Allington, Cherrywood and Pinewood Wards, Dartford
- Physical Health Team Meeting

Donna Hayward-Sussex

- Littlebrook Hospital
- The Beacon Centre
- Eureka Place
- Priority House

Nick Brown

- Older Adults & Liaison Psychiatry services Margate
- Sevenscore and Woodchurch Wards, Margate
- The Grove Ramsgate
- The Beacon
- Albion Place Maidstone
- Ruby Ward opening
- Mental Health Together team, Ashford & Canterbury

Andy Cruickshank

- Working with Thanet CMHT (AM) and Dover and Deal CMHT (PM)
- Violence and Aggression Staff Engagement Session
- Visit to Ruby Ward Induction Day

Kyndra Hyttner

- Bridge House
- Oakapple Lane

Sandra Goatley

- Highlands House
- Pembury Liaison team
- Ashford Liaison team

Dr Afifa Qazi

- Priority House, including Section 136 Suite
- Orchards Ward
- Amberwood, Pinewood and Cherrywood Wards
- Medway Teams: CMHT, CMHSOP, EIP and Medway Depot Clinic

Dr Adrian Richardson

- Britton House
- Ruby Ward tours to stakeholders

APPENDIX

Date	Personal Story	Quality Improvement
May	Peer support work in Criminal Justice Liaison and Diversion service	Improving outcomes for service users from prison to KMPT PICU
July	Rosewood Mother and Baby Unit	Using Digital Inclusion in Enhancing Service Responsiveness Neuropsychiatry team
September	Open Dialogue	Long term/work related sickness reduction project in Thanet OACMHT
November	Acute Directorate – Admission Experience	Zonal Observations as an alternative to Enhanced Observations for managing sexual risk in a Low Secure Learning Disability Service
January	Alan's Journey - Psychological Informed and Planned Environment service and the Intensive Intervention Risk Management service	Combined Personal Passport Project
March	Complex Emotional Difficulties Crisis Group	Electronic Observations

My First 100 days at a glance



A lot of great work has happened against my six priorities in the past 100 days. I have really enjoyed getting out and talking to you, and I am so proud of what we are achieving together. I'll be continuing my visits alongside my executive colleagues. Please stop us and say hello, or let us know if you'd like us to visit your team.



Hosted 3 virtual **Speak to Sheila** sessions reaching 150 staff



Over 500 staff spoken to as part of visits to sites



11 in person site visits



1 interview Health Service Journal (HSJ)



1,531 views Speak to Sheila i-connect page and KMPT website page



8 team meetings



1,000 managers supported through the new Managers' Monthly Memo

Progress against my 6 priorities

Mental Health Together

KMPT *Mental Health Together*
 took over responsibility to lead the Mental Health Together service.

January 2024
 Trailblazer launch in Thanet.



35
 opportunities for engagement across KMPT for teams to learn more about the transformation programme and begin to embed changes.



90
 events/workshops held to engage serviceusers and partners with our work to improve community mental health services.



209
 referrals received since Jan 2024, 77 of which have been through the new pathway.



Service User Network **SUN** (Service User Network)
 established in February 2024.

A safe haven

in Medway and Thanet located near our acute hospital sites.



1 new crisis house

to open in Medway in February 2024 providing quicker access to skilled mental health professionals.

26
 patients taken through DIALOG+



207
 staff trained in DIALOG+



Patient flow

Out of area beds (acute)
 minimum or no use of them.



Home treatment teams
 deployed into our wards to help improve our discharge process.

point-of care equipment

Introduction of new
 to help provide services in one appointment as opposed to multiple.



Reshaping our brand and identity



Cultural competency awareness training

completed by the Board and Executive Management team.

1,006

staff across KMPT completed the diversity and inclusion survey.



300

staff have participated in the Listening into Action sessions.



11

Cultural and Inclusion Ambassadors appointed.



Cultural Inclusion Ambassador

GPs

engaged from across Kent and Medway.



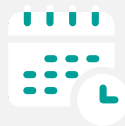
250

staff spoken to and over 50 hours spent listening to our people about our brand and identity.



16

Listening into Action session planned during February and March.



We're working with our research partner

Kent Medical School to speak to existing and past patients and partner organisations to understand how they feel about our brand and identity.

Access to dementia care

Nearly 1,000 patients

seen to clear the backlog in referrals following COVID-19.



We're working with the Integrated Care Board to improve

dementia care service.



10 GPs

trained to diagnose dementia in the community.



New model of dementia care

We're working to agree this and introduce it in April 2024.

Recruitment and retention

Recruitment open days

held across Kent.

300

potential candidates in our new talent pool.



52

nurses and 2 occupational therapists hired so far.



60

nurse degree apprentices, with an incredible 100% retention rate.



8

new consultant psychiatrists hired, including 3 replacing locums.

No current agency usage for SAS doctor posts.



23% SAS

doctor posts converted to non-medical clinician posts (one of the highest nationally).

Health and wellbeing

initiatives nominated for a Great British Workplace Wellbeing Award.



Reducing violence and aggression against our staff

1,006

people completed the diversity and inclusion survey.



CCTV

coming to our sites soon.



Kicked off Qi led approach

to the prevention of violence and aggression through compassion and care - less control.



3 wards

(Chartwell, Upnor and Bluebell ward) are piloting the safety bundle approach.



Over 122

people have attended 3 engagement sessions.



Safety bundles

will be rolled out across all acute and forensic and specialist wards from February 2024.

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	Thursday 28 th March 2024
Title of Paper:	Board Assurance Framework
Author:	Louisa Mace, Risk Manager
Executive Director:	Andy Cruickshank, Chief Nurse

Purpose of Paper

Purpose:	Approval
Submission to Board:	Regulatory Requirement

Overview of Paper

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

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

Issues to bring to the Board's attention

The BAF was last presented to the Board in January 2024.

- No risks have been added to the BAF since January.
- Two risks have changed their risk score since the BAF was last reported to the Board in January
 - Risk ID 00524 – Maintenance Services Funding Availability (Decreased to 8 (moderate) from 12 (High))
 - Risk ID 02241 - Compliance with food legislation - temperature control checks of food (Decreased to 6 (Moderate) from 16 (Extreme))
- Two risks are recommended for removal
 - Risk ID 00524 – Maintenance Services Funding Availability
 - Risk ID 00871 – Recruitment and Retention

Governance

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

Version Control: 01

The Board Assurance Framework

The BAF was last presented to the Board on 25th January 2024. It was updated for presentation to the Audit and Risk Committee on 4th March and has since been updated.

The Top Risks are

- Risk ID 07557 – Trust Agency Usage (Rating of 20 - Extreme)
- Risk ID 00410 - Increased level of Delayed Transfers of Care (DToC) (Rating of 16 – Extreme)
- Risk ID 00580 - Organisational inability to meet Memory Assessment Service Demand (Rating of 16 – Extreme)
- Risk ID 05075 – Community Psychological Services Therapy waiting times (Rating of 16 – Extreme)

Risk Movement

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

- **Risk ID 00524 – Maintenance Services Funding Availability (Decreased to 8 (moderate) from 12 (High))**
This risk is also recommended for removal from the BAF. The new contract is now fully funded and appropriate contract management and controls are in place. Therefore, the risk is considered mitigated as far as possible and the current level of risk has reached the target of 8. The risk will remain open at a service level with assurance through QPR processes
- **Risk ID 02241 - Compliance with food legislation - temperature control checks of food (Decreased to 6 (Moderate) from 16 (Extreme))**
This risk has reduced in risk score since the introduction of the new catering contract which includes a hostess role. The responsibility for completing HACCP forms now rests with the contractor as part of the contract. HACCP reporting will form part of the monthly reporting to the Catering Steering Group

Risks Recommended for Removal

2 risks are being recommended for removal at this time:

- **Risk ID 00524 – Maintenance Services Funding Availability**
This risk is recommended for removal from the BAF. The new contract is now fully funded and appropriate contract management and controls are in place. Therefore, the risk is considered mitigated as far as possible and the current level of risk has reached the target of 8. The risk will remain open at a service level with assurance through QPR processes.
- **Risk ID 00871 – Recruitment and Retention**
This risk is recommended for removal from the BAF and for closure. The Trust three year target has been achieved, and the current vacancy rate is 11%. Work continues to launch New Manager On-Boarding, which is a collaborative piece of work with the ICB

New Risks

No risks have been added since the BAF was presented to Board in January

Emerging Risks

One new emerging risk has been identified for the BAF at this time

- Organisational Management of Violence and Aggression**
 A new risk is being developed to reflect the impact of the increased level of incidents relating to violence and aggression being seen across KMPT services. This will capture the areas of work that are being undertaken to address this and tie into the Trust strategic objectives for violence and aggression to determine if this has been mitigated.

Other Notable Updates (As reported to ARC)

- Risk ID 05075 – Community Psychological Services Therapy Waiting Times**
 There has been good progress on the actions aligned to this risk.
 The waiting list is currently being worked through in line with the guidance from the psychological service plan document. Final agreements will be made to look at how the performance data is measured shortly and another update will be provided at that point.
 The psychological service plan was agreed in January's CEOG and is now a public document
 The recruitment of the 2 8a supervisory posts should go onto trac. There has been a short delay in aligning finance codes to ESR. We are currently working on this.
- Risk ID 04347 – Implementation of the Community Mental Health Framework across Kent and Medway**
 Progress is being made on the actions aligned to this risk.
 The CMHF dashboard is under construction
 Skill mix has been agreed, with demand and capacity modelling across all partner agencies.
 Funding delays have pushed back full implementation, although this is now planned for July 2024.
- Risk ID 00410 – Increased level of Delayed Transfers of Care**
 - Progress is being made on the actions aligned to this risk.
 CMO, COO and DCOO met with Local providers in December 2023 to explore potential of direct purchasing placements. The DCOO is to chair a task and finish group with providers and ICB colleagues to agree a proposal for funding.
 ICB external consultant is gathering data and intelligence on the reasons for delayed transfers, with the paper being due at the end of January
 Once the diagnostic work had been completed, a recruitment will be underway to directly employ social workers to undertake social work interventions and assessments for all inpatients- thus reducing the delays in discharge. Social worker and social work assistant model has been clinically agreed and financially planned. EMT paper in development for approval. Recruitment will commence when approval gained from EMT.
- Risk ID 07556 – Expiry of lease for Littlebrook (Rating of 9 (High))**
 This risk has moved to well controlled since it was last reported to Board. KMPT have engaged external consultants for support and advice; worked with NHSE to identify the processes for agreement; and are working to mitigate the financial exposure
- Risk ID 04682 – Organisational Risk – Industrial Action (Rating of 6 (Moderate))**
 There is little change to this risk at this time. There are currently further period of Industrial action planned, so this risk will remain on the BAF at this time.

Version Control: 01

- **Risk ID 00582 – Organisational Sickness Absence (Rating of 12 (High))**

There has been good progress on mitigating this risk, and sickness absence has been under target for some time. There remain some outliers, and workshops are planned with managers to support them managing absences. There is a good level of confidence that the trust will meet its sickness target in April 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	Risk / Lead / Risk Owner	Initial rating			Controls Description	Current rating				Trend	Planned Actions and Milestones	Action owner	Target rating			Target Date (end)		
			L	C	Rating		L	C	Rating	L				C	Rating				
1 - We deliver outstanding, person centred care that is safe, high quality and easy to access																			
1.1 - Improving Access to Quality Care																			
<div style="display: flex; justify-content: space-between; font-size: small;"> 12/02/2023 12/02/2023 12/02/2023 12/02/2023 12/02/2023 </div>																			
ID 00560	Jun 2023	Director of Partnerships and Transformation	4	5	20	<p>Organisational inability to meet Memory Assessment Service Demand</p> <p>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</p> <p>The demand for memory assessment services has been reflected on the care group risk register since October 2023. This has been escalated to the BMF due to the need for a whole system response, from the Kent and Medway system partners as agreed at Board in November 2023.</p> <p>The Dementia SIG have identified key actions for delivery by year end.</p> <p>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 .</p> <p>The Ageing Well Board from January 2024 now acts as the oversight group. It is developing a number of initiatives including DiADem in care homes and community based diagnostic provision that they anticipate will reduce demand to KMPT by circa 50%. KMPT will support the development of community based diagnostic provision and provide advice and guidance for DiADem.</p>	4	4	16	↔	<p>Actions to reduce risk</p> <p>MAS Recovery programme setup meeting twice a week</p> <p>Dementia Strategy Development</p> <p>Dementia Service Improvement Group to agree actions and deliver on actions to meet system demand for Memory Assessment</p>	<p>Chief Medical Officer</p> <p>Chair of K&M Dementia Service Improvement Group</p> <p>Chief Medical Officer</p>	<p>31/03/2024</p> <p>31/03/2024</p> <p>31/03/2024</p>	<p>A</p> <p>A</p> <p>A</p>	Director of Partnerships and Transformation	3	3	9	31/03/2026
ID 00075	Aug 2023	Chief Operating Officer	4	4	16	<p>Community Psychological Services Therapy Waiting Times</p> <p>IF the demand on psychological services outstrips the services capacity. THEN there will be an increase in the number of clients waiting for assessments and therapy. RESULTING in an increase in waiting times. While patients wait they may experience a deterioration in the mental health symptoms. Therefore there is a risk of harm to self, including suicide may increase, poor patient experience, possible increase in complaints, increased stress for staff, reputational damage to the Trust.</p> <p>1.Active Review is in place in each CMHT locality. This involves an understanding and review of risk on a regular basis for all patients who are waiting some form of intervention. 2.Implementation of Clinical Care Pathways specifically the 'Initial interventions' and 'CED Pathway'. While this is becoming established and common practice wait times could go up due to the diversion of specialist psychological therapy staff into training and supervision of the Clinical Care Pathways. Once established the numbers of patients requiring further specialist psychological therapy should reduce. 3. Psychological Services to maintain spreadsheet database to track patients in pathway. 4.Waiting list action plan is in place which serves to increase flow of patients by providing clear guidance on treatment lengths, group work and transitions 5.Psychological Practice Dashboard in place to monitor numbers waiting and waiting times in real time as drawn 'live' from RCO. 6. Hybrid working in place as requested by patients needs 7. Expansion of psychological practice workforce use of Mental Health Wellbeing Practitioners, Clinical Associate Psychologists, Recruit to Train staff and Assistant Psychologists continues to grow. 8. Ongoing group interventions to reduce waiting times and parity of offer at place.</p> <p>Assurances from dashboard data</p>	4	4	16	↔	<p>Actions to reduce risk</p> <p>Waiting list review for mental health together</p> <p>Psychological Practice Strategy</p> <p>Recruitment of new supervisory posts for Mental Health Together</p>	<p>Director of Psychological Therapies</p> <p>Director of Psychological Therapies</p> <p>Director of Psychological Therapies</p>	<p>31/08/2024</p> <p>Completed</p> <p>31/10/2024</p>	<p>A</p> <p>G</p> <p>A</p>	Chief Operating Officer	1	2	2	30/08/2024

ID	Opened	Risk 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		Target Date (end)																
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1.2 - Creating safer and better experiences on our wards																																			
ID 04232	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	15	The Control of Ligatures and Ligature Points on Trust Premises Policy [2a] Daily therapeutic programmes Health and Safety Risk Assessment HS20 [1f] Annual Ligature Audits [2d] Monitoring by Ligature Standards Group and the Prevention of Suicides and 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 [3f] Standard Operating Procedure for Ligature Cutters [2e] Bed replacement programme [1d] Door sensors in all new builds [1d] Ligature cutters available in all in-patient areas [1d] Refurbishment programme includes anti ligature fixtures and door top alarms [1d]	Ligature reduction programme Health and Safety and Ligature Risk Assessment Audits Therapeutic Observations Reduction in severe harm patient safety incidents related to anchor points and self strangulation National report on the prevention of homicide and suicides Internal validated audit tool CCG Quality visit Health and Safety Audits Ligature Audits Prescribed observations in place Quality Digest reporting to Quality Committee IQPR reporting to Board	3	4	12	↔	<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) and subsequent ligature removal/reduction actions Trustwide (via Trust Capital Programme) also monitored/actioned via Directorate action plans and risk registers.</td> <td>Deputy Director of Nursing</td> <td>28/01/2024</td> <td>A</td> </tr> <tr> <td>Capital Expenditure on Environmental Ligature risk areas</td> <td>Head of Capital Planning</td> <td>31/03/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Annual Ligature Audit (Undertaken in November) and subsequent ligature removal/reduction actions Trustwide (via Trust Capital Programme) also monitored/actioned via Directorate action plans and risk registers.	Deputy Director of Nursing	28/01/2024	A	Capital Expenditure on Environmental Ligature risk areas	Head of Capital Planning	31/03/2024	A	Chief Nurse	1	4	4	31/03/2024				
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ID 02241	Jan 2020	Chief Nurse		Compliance with food legislation - temperature control checks of food IF Food temperatures are not being consistently recorded at point of food service in food safety log books THEN the risk to the Trust is non compliance with food safety regulations. RESULTING IN possible inappropriate food temperatures, prosecution for non compliance via environmental health (EHO), possibility of food poisoning, burns, death, impact on food quality, reputation, criminal action against the Trust and individual staff (Server of food)	5	4	20	1/ HACCP - Safety log books on all wards - daily sign off by nurse in charge, weekly sign off ISS supervisors, monthly sign off KMPT Catering compliance mgr. 1d 2/ Modern matrons discussing with wards & ward managers non compliance 1a 3/ Acute wards as part on counting in out cutlery also confirm and sign that HACCP sheet has been completed. 1f 4/ Policies and procedures in place 1f 5/ Monthly catering contract review meetings with care groups 1h 6/ Risk being monitored via Nutritional steering group 1h 7/ Sending Deputy Director of Nursing regular e-mails with updates on compliance 1f	Food safety log books being checked by Catering compliance Manager monthly Facilities admin raise in phase for all non compliance for care groups to investigate Discussed at monthly catering meetings with care group representatives non compliance being discussed with Ward Managers Food safety books are being checked monthly by Facilities teams and issues reported to care groups/Directorates and monthly catering meeting Further training to be provided by...	2	3	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>New Catering Contract to include ward hostess role to take responsibility for completing food checks and completing the paperwork.</td> <td>Head of Facilities</td> <td>30/11/2023</td> <td>G</td> </tr> <tr> <td>Non compliance with food safety is escalated within KMPT</td> <td>Head of Facilities</td> <td>29/12/2023</td> <td>G</td> </tr> <tr> <td>New Hostess role to undertake HACCP duties as per contract KPI.</td> <td>Head of Facilities</td> <td>30/03/2024</td> <td>G</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	New Catering Contract to include ward hostess role to take responsibility for completing food checks and completing the paperwork.	Head of Facilities	30/11/2023	G	Non compliance with food safety is escalated within KMPT	Head of Facilities	29/12/2023	G	New Hostess role to undertake HACCP duties as per contract KPI.	Head of Facilities	30/03/2024	G	Chief Nurse	2	3	6	30/03/2024
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1.3 - Actively involving service users, carers and loved ones in shaping the services we provide.																																			
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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																																			
ID 04682	Jan 2016	Chief Nurse		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 and a backlog of delivery due to cancellations.	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. Strikes are planned and therefore...	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 to include update of SOP at the end of IA series.</td> <td>EPR Lead</td> <td>30/06/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Post BMA Industrial Action Debrief to include update of SOP at the end of IA series.	EPR Lead	30/06/2024	A	Chief People Officer	1	1	1	29/07/2024								
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<p>17/11/2021 - Risk Opened - 22/02/2022 - Sickness rates have increased over the months of December and January due to the impact of Omicron variant of Covid-19. Consideration is being given to health and wellbeing initiatives to support staff. 24/01/2022 - Sickness levels remain consistent. A Health and Wellbeing Strategy has been drafted and will be presented to SMF for sign off. The current key actions have been completed. New Actions will be agreed to key strategic objectives for the coming year.</p>																																			
ID 00582	Nov 2021	Chief People Officer	Organisational Sickness Absence	IF we fail to manage Covid-19 and Mental health Sickness Absence rate THEN we will be inadequately supporting the health and wellbeing of our staff and see sickness absence rates remain above the target of 5% RESULTING IN reliance on agency staff, increased staff turnover rate, reduced staff retention rates, increased cost and potentially lower quality service to patients.	5	4	20	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	↔	<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>Creating and promotion of more safe spaces for shared reflection (including Schwartz Rounds, Staff Council)</td> <td>Chief People Officer</td> <td>3/31/2024</td> <td>G</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Creating and promotion of more safe spaces for shared reflection (including Schwartz Rounds, Staff Council)	Chief People Officer	3/31/2024	G	Chief People Officer	3	3	9	31/03/2024								
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<p>2.2 - Building a sustainable workforce for the future</p>																																			
<p>12/11/2021 - Risk Opened - 24/02/2022 - Turnover rates are still poor. High level national staff survey results have been received. This has shown a good response rate and high level of engagement. More granular detail is expected in March and this will be used to inform planning. 22/09/2022 - Transfer detail from the National Staff Survey has been received and shared with SMF and the WFOD Committee. This detail is being used to inform the priorities for 2022/23. 26/11/2022 - This risk has been revised and updated to combine the turnover and retention risks and reduce them on the current trust priorities. 28/02/2023 - The target vacancy rate has been reviewed and amended to 15%. This has led to a reduction in the likelihood score, reducing the overall current risk score. 24/02/2023 - This risk has reduced in score to the target rating as the vacancy gap for January is 12.1%. There is a high degree of confidence that the vacancy rate target will be met by year end, but the data will not be available till year end.</p>																																			
ID 00871	Nov 2021	Chief People Officer	Recruitment and retention	IF we fail to manage the current labour market influences on turnover and our ability to recruit successfully THEN this will impact on our achievement of the vacancy rate target of 15.5% RESULTING IN reduced staff morale and productivity, increased absence, reliance on agency staff, increased cost, potentially lower quality service to patients, loss of reputation and business.	4	5	20	Onboarding Flexible working opportunities Health & Wellbeing Group [2a] Support through the Centre for Practice and Learning for career pathways and Grow our Own Supervision and Appraisals [1a] Engagement activities [1b] Health and Wellbeing Conversations [1a] Talent Conversations [2e] Application of the hybrid working policy International recruitment	Monitoring locally, reporting to IQPR Report to WF&OD Committee Annual Staff Survey [1c] NHS Staff Survey [2e]	3	4	12	↔	<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>Recruit to registered nursing degree apprenticeship places</td> <td>Deputy Director of Workforce and OD</td> <td>31/12/2023</td> <td>G</td> </tr> <tr> <td>Develop and promote career pathways and opportunities (including through development of online Careers Hub)</td> <td>Head of OD</td> <td>31/03/2024</td> <td>A</td> </tr> <tr> <td>Reducing time to hire to 45 days</td> <td>Head of Resourcing</td> <td>31/03/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Recruit to registered nursing degree apprenticeship places	Deputy Director of Workforce and OD	31/12/2023	G	Develop and promote career pathways and opportunities (including through development of online Careers Hub)	Head of OD	31/03/2024	A	Reducing time to hire to 45 days	Head of Resourcing	31/03/2024	A	Chief People Officer	3	3	9	31/03/2024
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<p>2.3 - Creating an empowered, capable and inclusive leadership team</p>																																			
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<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>15/02/2023 - Risk Opened</p>																																			
ID 04347	Feb 2023	Chief Operating Officer	Implementation of the Community Mental Health Framework across Kent and Medway	IF the Community Mental Health Framework is not piloted with the appropriate governance and data systems in place, THEN it may not be possible for agencies to work effectively together RESULTING IN poor data quality for reporting to IQPR, Staff dissatisfaction and engagement with the pilot, continued capacity issues, lack of improved waiting times, inability to achieve parity of access regardless of patient age, reputational damage	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 CMHF Programme Board dedicated communications lead 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	4	12	↔	<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>Digital Solution for Data Collection and Reporting to be identified and implemented</td> <td>Deputy Chief Operating Officer</td> <td>31/01/2024</td> <td>A</td> </tr> <tr> <td>Integration of provider workforce to aid skill mix and new ways of working</td> <td>Chief Operating Officer</td> <td>7/31/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Digital Solution for Data Collection and Reporting to be identified and implemented	Deputy Chief Operating Officer	31/01/2024	A	Integration of provider workforce to aid skill mix and new ways of working	Chief Operating Officer	7/31/2024	A	Chief Operating Officer	2	3	6	30/09/2024				
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<p>3.2 - Working together to deliver the right care in the right place at the right time</p>																																			
<p>06/06/2022 - Risk Opened - 10/09/2022 - Actions are progressing well with local authority. There is a good level of engagement with the local authority for incidents to strategically manage shortages. 24/02/2023 - This remains a high risk for the Trust. There is a better grip and understanding of our DTOCs, and things are improving, but there are daily fluctuations.</p>																																			
ID 00410	Jun 2022	Chief Operating Officer	Increased level of Delayed Transfers of Care (DToC)	IF there are not the care packages or placements available for patients who are assessed as medically fit for discharge, THEN KMPT will have a high number of Delayed Transfers of Care RESULTING IN increased length of stay including in the place of safety, mental health act delays, emergency department breaches, reduced bed availability on inpatient wards, financial cost to the Trust, poor patient outcomes, reputational damage.	4	5	20	All delayed discharges are discussed at the weekly escalation meeting with ICB and social care colleagues looking at how to reduce Delayed transfer Cohort.. Progress is monitored via this group with regular Multi Agency Discharge taking place regularly for super stranded cases. Daily reporting Weekly check and challenge with the Local Authority Senior oversight led by the deputy COO Super stranded Multi Agency Discharge Events ICB led meetings - focus on creating capacity across K&M for onward transfer.	Daily scrutiny of DToC data	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>ICB diagnostic analysis of reasons for DToC</td> <td>Deputy Chief Operating Officer</td> <td>30/01/2024</td> <td>A</td> </tr> <tr> <td>Recruitment of social workers for inpatients</td> <td>Deputy Chief Operating Officer</td> <td>29/04/2024</td> <td>A</td> </tr> <tr> <td>Exploring Step down options for DToC</td> <td>Chief Operating Officer</td> <td>4/30/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	ICB diagnostic analysis of reasons for DToC	Deputy Chief Operating Officer	30/01/2024	A	Recruitment of social workers for inpatients	Deputy Chief Operating Officer	29/04/2024	A	Exploring Step down options for DToC	Chief Operating Officer	4/30/2024	A	Chief Operating Officer	3	2	6	06/05/2024
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<p>3.3 - Playing our role to address key issues impacting our communities</p>																																			
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4 - We use technology, data and knowledge to transform patient care and our productivity																																										
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5 - We are efficient, sustainable, transformational and make the most of every resource																																										
5.1 Achieve financial sustainability																																										
<div style="display: flex; align-items: center; gap: 10px;"> 10/01/2021 ➔ 04/07/2021 ➔ 14/09/2023 </div> <p style="font-size: 8px; margin-top: 5px;"> Risk Opened As part of the long term sustainability programme, a 4% efficiency target has been set to start to tackle the underlying deficit. This risk has been reviewed and updated for the coming financial year. </p>																																										
ID 00256	Mar 2021	Executive Director of Finance	<p>Long Term Financial Sustainability</p> <p>IF the Trust does not focus on cost savings, productivity and efficiency initiatives to reduce the run rate THEN funds will not be available to support existing services</p> <p>RESULTING IN the Trust remaining in deficit, in an evolving finance regime as we move to an ICS, potentially leading to the Trust receiving increased scrutiny from NHSE/I and financial sanctions will be imposed</p>	4	5	20	<p>Reporting to Trust Board [3a]</p> <p>Reporting the NHSI [3b]</p> <p>Monthly Finance Report [1h]</p> <p>CIP Process [2a]</p> <p>QPR Meetings [2a]</p> <p>Care Group Management Meetings [2a]</p> <p>Finance and Performance Committee monitoring [2b]</p> <p>Finance position and CIP update [1h]</p> <p>Standing financial instructions [2e]</p> <p>Internal audit [3d]</p> <p>Agency recruitment restriction [1a]</p> <p>Monthly statements to budget holders [1a]</p> <p>Budget holder authorisation and authorised signatories</p>	<p>Long Term Sustainability Programme (LTSP) has been launched in the organisation and is being led by the deputies.</p> <p>Monthly reporting is taking place through QPRs and Finance report, and a full review of CIP governance commenced in July to ensure all programmes have PIDs and QIAs.</p> <p>Service Line reporting data has been utilised to identify loss making services and to focus discussions on opportunities. Papers reported to FPC and Trust Board. SLR data reviewed routinely to ensure Directorates clear on the position.</p>	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>Review activity and service data to identify any unwarranted variation within the loss making services</td> <td>Deputy Director of Finance</td> <td>1/9/2024</td> <td>G</td> </tr> <tr> <td>Review pricing and contracting for services prior to 2024/25 planning round</td> <td>Deputy Director of Finance</td> <td>1/9/2024</td> <td>G</td> </tr> <tr> <td>Identify CIP programme to meet 2024/25 savings target</td> <td>Deputy Director of Finance</td> <td>6/30/2024</td> <td>A</td> </tr> <tr> <td>Align SLR and Budgeting to give clearer service line on reporting</td> <td>Deputy Director of Finance</td> <td>9/30/2024</td> <td>A</td> </tr> <tr> <td>Implement 3 year planning Model</td> <td>Deputy Director of Finance</td> <td>9/30/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Review activity and service data to identify any unwarranted variation within the loss making services	Deputy Director of Finance	1/9/2024	G	Review pricing and contracting for services prior to 2024/25 planning round	Deputy Director of Finance	1/9/2024	G	Identify CIP programme to meet 2024/25 savings target	Deputy Director of Finance	6/30/2024	A	Align SLR and Budgeting to give clearer service line on reporting	Deputy Director of Finance	9/30/2024	A	Implement 3 year planning Model	Deputy Director of Finance	9/30/2024	A	Executive Director of Finance	3	3	9	31/03/2025
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				Align SLR and Budgeting to give clearer service line on reporting	Deputy Director of Finance	9/30/2024	A																																			
Implement 3 year planning Model	Deputy Director of Finance	9/30/2024	A																																							
<div style="display: flex; align-items: center; gap: 10px;"> 22/06/2023 ➔ Risk Opened </div>																																										
ID 07557	Aug 2023	Executive Director of Finance	<p>Trust agency usage</p> <p>IF the Trust fails to contain agency spend within the agency spend cap THEN this could impact on the long term financial sustainability agenda</p> <p>RESULTING IN an increased risk and impact on the Trust ability to deliver long term financial sustainability and a risk to the ICS system financial performance. There may be further sanctions from NHSE which have not yet been confirmed.</p>	4	5	20	<p>Reporting to Trust Board [3a]</p> <p>Reporting the NHSI [3b]</p> <p>Monthly Finance Report [1h]</p> <p>CIP Process [2a]</p> <p>QPR Meetings [2a]</p> <p>Care Group Management Meetings [2a]</p> <p>Finance and Performance Committee monitoring [2b]</p> <p>Finance position and CIP update [1h]</p> <p>Standing financial instructions [2e]</p> <p>Internal audit [3d]</p> <p>Agency recruitment restriction [1a]</p> <p>Monthly statements to budget holders [1a]</p> <p>Budget holder authorisation and authorised signatories</p> <p>Weekly monitoring of agency spend</p>	<p>Monitoring of agency usage and compliance with usage and rate limits is an NHSE expectation of all systems and providers with established governance processes in place to oversee agency staffing.</p>	4	5	20	↔	<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>Present agency establishment being review to identify the impact of removing the staff and opportunities for permanent recruitment.</td> <td>Deputy Director of Finance</td> <td>1/9/2024</td> <td>G</td> </tr> <tr> <td>Identify plan for address temporary staffing within Nursing</td> <td>Associate Director of Financial Management</td> <td>30/06/2024</td> <td>A</td> </tr> <tr> <td>Identify approach for Medical Staffing within East</td> <td>Chief Medical officer</td> <td>6/30/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Present agency establishment being review to identify the impact of removing the staff and opportunities for permanent recruitment.	Deputy Director of Finance	1/9/2024	G	Identify plan for address temporary staffing within Nursing	Associate Director of Financial Management	30/06/2024	A	Identify approach for Medical Staffing within East	Chief Medical officer	6/30/2024	A	Executive Director of Finance	3	3	9	31/03/2025								
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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																																										
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6 - We create environments that benefit our service users and people																																										
6.1 - Maximise our use of office spaces and clinical estate																																										
				No Risks Identified against this Strategic Objective																																						

ID	Opened Period 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	Target rating			Target Date (end)																	
			L	C	Rating			L	C	Rating				L	C	Rating																		
6.2 - Invest in a fit for purpose, safe clinical estate																																		
<p>20/04/2023 Risk Opened → 24/06/2023 → 26/09/2023 → 17/02/2024 → 16/03/2024 → 22/01/2024 Risk recommended for removal from the BAF</p> <p>Actions to reduce risk development and top assurances need to be identified. 2023 Capital programme has been agreed. Currently £5.5m of high priority schemes commences due to a limited control total.</p> <p>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</p> <p>The draft Capital Plan will be taken to the Trust Capital Group at the end of January 2024.</p> <p>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>																																		
ID 00119	Apr 2020	Executive Director of Finance	Capital Projects - Availability of Capital	5	5	23	<p>1. EFM now have a Head of Capital Development in post who has been tasked with leading on the development of a Trust risk assessed capital development plan, ready for commencement from April 2024. The plan will be agreed through TCG, CWG and Operational Estates to ensure that the higher risk issues (per the 7 facet survey etc.) are addressed as early as possible, taking into account any lifecycle replacement requirements. Once agreed the plan will feature on the EFM QPR/Estates dashboard for regular review, monitoring and executive oversight. CWG have already begun the supporting process of reviewing wider capital project demand and allocating funding for the plan, according to risk.</p> <p>2. In addition, the Capital Development Team are working with key stakeholders such as Procurement and Finance colleagues to establish standardised processes, frameworks and design/material specifications to provide a common path for capital projects for efficient, timely and effective delivery against specifications ("build it right first time").</p> <p>3. To assist with design management, ensuring that specifications are fit for purpose, it has now been agreed through Trust Capital Working Group that key stakeholder sign-off will be required for all capital projects, prior to commencement (e.g. ICT, IM & T, Finance, Risk, IG).</p> <p>Trust Capital group managing programme. Procurement delivery reported to TCG.</p>	<p>ICPR dashboard and reporting, Board, FPC and Trust Capital Group Oversight Board, FPC and Trust Business case review group Capital Group Oversight Business case review group EFM Senior Management Team Dashboard and reporting</p>	3	4	12	↔	<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>Maintain monitoring of capital scheme to ensure work can be reprioritised if more significant issues present</td> <td>Director of Estates and Facilities</td> <td>31/03/2023</td> <td>G</td> </tr> <tr> <td>Robust capital plan to be in place for 2024/25 (timings)</td> <td>Director of Estates and Facilities</td> <td>30/05/2024</td> <td>A</td> </tr> <tr> <td>Quarterly, In Year Review of Capital Programme and Priorities (half yearly review)</td> <td>Director of Estates and Facilities</td> <td>30/09/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Maintain monitoring of capital scheme to ensure work can be reprioritised if more significant issues present	Director of Estates and Facilities	31/03/2023	G	Robust capital plan to be in place for 2024/25 (timings)	Director of Estates and Facilities	30/05/2024	A	Quarterly, In Year Review of Capital Programme and Priorities (half yearly review)	Director of Estates and Facilities	30/09/2024	A	Executive Director of Finance	2	3	6	31/03/2025
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ID 00524	Nov 2021	Executive Director of Finance	Maintenance Services Funding Availability	5	4	20	<p>Ongoing/Current: New Estates maintenance contract commenced 1 Oct 23 with the Mears Group plc (Mears). The new contract makes provision for upskilling the maintenance workforce to provide a more effective and cost efficient 'in-house' service with a 'fix it first time' approach. A new digital FM maintenance system, via the new maintenance contract, will provide more timely job allocation via mobile technology for the engineers, as well as live monitoring through a cloud based portal by the Trust and Mears management teams. The new contract will utilise an experienced helpdesk function and through direct liaison with Estates Managers will provide a more effective triage service.</p>	<p>Reporting to FPC Estates & QPR performance dashboard, updated monthly Contract performance review meetings (monthly) Live monitoring of maintenance tasks by Estates Managers Daily management huddles between Estates and Mears to review performance challenges and priorities</p>	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>Complete full competitive compliant procurement process</td> <td>Director of Estates</td> <td>31/07/2023</td> <td>G</td> </tr> <tr> <td>Planned and effective mobilisation of new contract</td> <td>Director of Estates</td> <td>01/10/2023</td> <td>G</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	Complete full competitive compliant procurement process	Director of Estates	31/07/2023	G	Planned and effective mobilisation of new contract	Director of Estates	01/10/2023	G	Executive Director of Finance	2	4	8	29/02/2024				
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ID 07556	Aug 2023	Executive Director of Finance	Expiry of lease for Littlebrook	4	3	12	<p>Reporting to Trust Board [3a] Finance and Performance Committee monitoring [2b]</p>	<p>Reporting to FPC</p>	3	3	9	↔	<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>External legal advisers have been appointed to advise the Trust on options</td> <td>Executive Director of Finance</td> <td>31/10/2023</td> <td>G</td> </tr> <tr> <td>Negotiations will be required with the investors to reach a suitable way forward</td> <td>Executive Director of Finance</td> <td>31/03/2024</td> <td>A</td> </tr> <tr> <td>Discussions have commenced with NHSE and the ICB to secure capital funding (noting whichever option we pursue will require capital funding.)</td> <td>Executive Director of Finance</td> <td>30/06/2024</td> <td>A</td> </tr> </tbody> </table>	Actions to reduce risk	Owner	Target Completion (end)	Status	External legal advisers have been appointed to advise the Trust on options	Executive Director of Finance	31/10/2023	G	Negotiations will be required with the investors to reach a suitable way forward	Executive Director of Finance	31/03/2024	A	Discussions have commenced with NHSE and the ICB to secure capital funding (noting whichever option we pursue will require capital funding.)	Executive Director of Finance	30/06/2024	A	Executive Director of Finance	2	3	6	31/12/2024
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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	28 th March 2024
Title of Paper:	Strategy Delivery Year 1 Update
Author:	Adrian Richardson, Director of Transformation and Partnerships
Executive Director:	Sheila Stenson, Chief Executive

Purpose of Paper

Purpose:	Noting
Submission to Board:	Board requested

Overview of Paper

This paper provides a year one update on the delivery of the KMPT Trust Strategy and the plans for year two.

Issues to bring to the Board's attention

At March 2023 the Trust Board agreed the 2023-26 Trust Strategy which set out the direction for the organisation, with a clear vision, three strategic ambitions – known as the 3 P's – and three strategic enablers, all with specific outcomes.

In November 2023, Sheila Stenson took over as chief executive and set out which of the organisational objectives in the strategy would be her priorities for the remainder of year 1 of the strategy as agreed with the executive management team. These are patient flow, Mental Health Together, dementia, reducing violence and aggression, and recruitment and retention. Culture and identity were added as the 6th priority, following feedback and engagement from our three Ps and recognition that to achieve our strategy we need to focus on creating the right internal culture and behaviours within KMPT, and do more to help our patients, carers, partners and the public know who we are and what we do.

Detailed delivery plans have been developed for each of the six priorities and progress has been made on a number of the outcomes that are associated with each. Where the outcome is off track, delivery plans are in place to adjust the processes and necessary resourcing to deliver the outcomes by March 2026. Preparation for outcomes that will be worked on outside of the six priorities in subsequent phases are also underway.

This paper provides a detailed explanation of the trust's delivery against year one of its ambitious strategy. It reflects openly the scale of the challenges the strategy aims to address and the current position of the trust in building insight, capability and resilience to face these challenges and improve our services. We do not underestimate the difficulty in addressing some of these challenges and are confident we have robust plans to progress forward in year two.

Governance

Implications/Impact:	KMPT Trust Strategy
Assurance:	Reasonable
Oversight:	Strategy Deployment Group and Board Sub-Committees

Introduction

This paper provides an update and assurance to the Trust Board on progress against year one of the Trust three-year strategy.

KMPT agreed the 2023-26 Trust Strategy which sets out the direction for the organisation with specific outcomes that will need to be delivered by the organisation. Appendix A formed part of the paper presented to Trust Board in March 2023 outlining the delivery of the strategy and the relevant timelines and this paper has been developed against this.

The strategy is based on three strategic ambitions and three strategic enablers. Each ambition and enabler have a number of outcomes associated with it and as such require transformative change support to successfully implement.

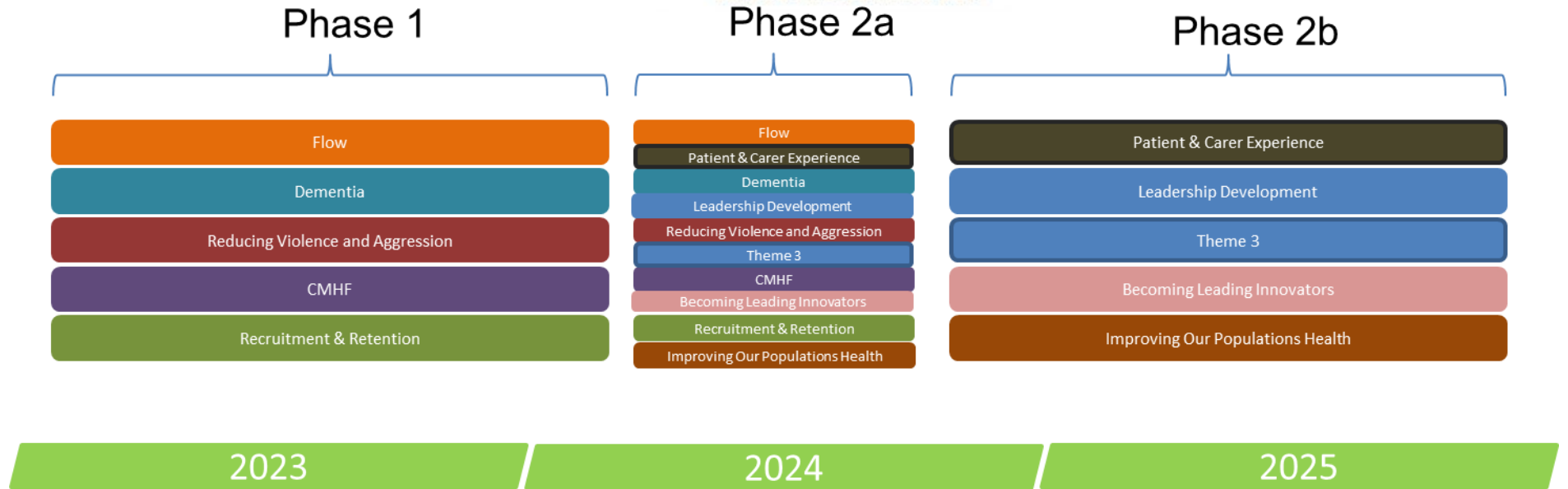
Strategic Ambition	Number of Outcome Objectives
We deliver outstanding, person centred care that is safe, high quality and easy to access	14
We are a great place to work and have engaged and capable staff living our values	16 (originally 17)
We lead in partnership to deliver the right care and to reduce health inequalities in our communities	12 (originally reported as 10 due to two additional outcomes as part of Community Mental Health Framework transformation)

Strategic Enabler	Number of Outcome Objectives
We use technology, data and knowledge to transform patient care and staff productivity	10
We are efficient, sustainable, transformational and make the most of every resource	14 (originally 12 with two additional added)
We create environments that benefit our service users and people	7

Strategy Deployment Year 1

Priority Areas

It was acknowledged after quarter two 2023/24 that 72 outcomes and a drive to improve all of these simultaneously would risk workforce overload. Working with our senior leadership teams it was proposed to deploy the outcome objectives as a small set of priorities in phases. This was presented to Board in September 2023 as set out below:



In November 2023, Sheila Stenson took over as chief executive and set out which of the organisational objectives in the strategy would be her priorities for the remainder of year 1 of the strategy as agreed with the executive management team. These are:

- Patient flow
- Mental Health Together
- Dementia
- Reducing violence and aggression
- Recruitment and retention (which also covers reducing agency spend as outlined in the chart above).

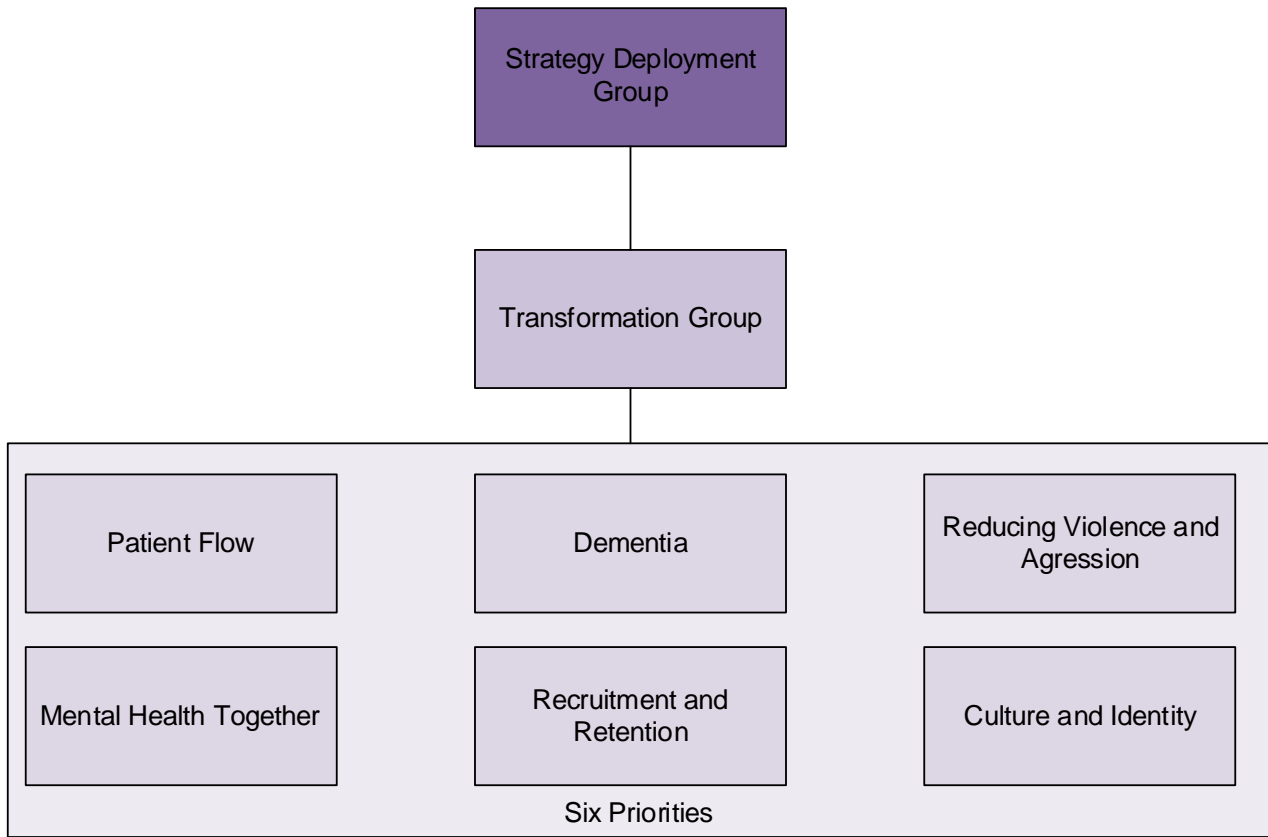
Culture and identity were added as the 6th priority, following feedback and engagement from our three Ps and recognition that to achieve our strategy we need to focus on creating the right internal culture and behaviours within KMPT, and do more to help our patients, carers, partners and the public know who we are and what we do.

Each of the six priorities encapsulates a number of the outcomes within year one of the Trust strategy as detailed below:

Priority Programme	Strategic Ambition Outcomes	Strategic Enabler Outcomes
Flow	6	
Dementia	1	
Reducing Violence and Aggression	2	
Community Mental Health Framework	6	1
Recruitment and Retention/Reducing Agency Spend	2	
Culture and Identity	4 (linked to people ambition), additional outcomes will be included as culture component of programme comes on-line.	

Governance

Each of the six priority programmes has an Executive Sponsor and Senior Responsible Officer. Governance structures for each of the programmes has been established and regular performance management is overseen by the Transformation Group and assurance of progress is provided to the Strategy Deployment Group. See diagram below. A reporting mechanism has been established and the latest scorecard is attached as appendix B.



The Executive Sponsors provide a monthly operational update to the rest of the Executive Management Team (EMT) to ensure clarity on progress, challenges and identify support where needed. Each programme also undergoes a deep dive with EMT and the SRO quarterly.

The latest plan for each of the programmes are attached in appendix C.

Underpinning the three-year delivery of the strategy is an operational plan that details the work needed to deliver the strategy quarterly. This is a live document and as such evolves quarterly as greater understanding of the risks associated with each outcome is achieved and then mitigations against these risks are planned.

Executive sponsors update the Chief Executive on the operational plan quarterly during EMT and is marked as on or off track against the planned activities as well as highlighting if the outcome measure is delivering against plan. Activity for the forthcoming quarter is reviewed and updated to reflect anticipated work.

Year 1 Operational Delivery Update

Overview against operational plan

In March 2023 the trust strategy signed off by Board set out the objectives and 2026 outcomes. Progress to date is summarised for these outcomes in the following pages.

We deliver outstanding, person centre care that is safe, high quality and easy to access

Objectives	2026 outcome measure	2024 outcome measure	Exec	Phase	Status	Comments
1.1 Improve access to quality car	95% of people Presenting to Emergency Departments (EDs) with a mental health crisis will be triaged within 1 hour	Trajectory to be set by April 24	DHS	1	Red	Some achievements although we lack a consistent model, data yet to be available and more to do with partners to provide the right level of triage and assessment space within acute trusts.
	95% of mental health patients in EDs will be admitted to a psychiatric bed or discharged within 12 hours	Trajectory to be set by April 24	DHS	1	Red	Some achievements although we lack a consistent model, data yet to be available and more to do with partners to provide the right level of triage and assessment space within acute trusts.
	95% of people referred for a dementia assessment will be seen and diagnosed within 6 weeks.	Trajectory to be set by April 24	AR	1	Red	Demand and capacity modelling is being completed during Q4 23/24 and has informed a new model of delivery that will be phased in over 24/25 in line with Mental Health Together.
	Eliminate all inappropriate specialist out of area placements	30	SS	1	Green	Currently below 2024 expectation.
	Reduce OOA placements for patients requiring (acute and PICU care)	70% reduction	AQ	1	Green	Ongoing monitoring of the process in place re PICU beds. Sub group set up to look at OOA PICU beds and how we can bring them back into KMPT within the existing bed stock as part of the patient flow programme.
1.2 Create safer and better experiences on our ward	Increase service user's experience of receiving care	Trajectory to be set by April 24	AC	2a	N/A	For 2024/25 work
	Improve patient outcome measures	Trajectory to be set by April 24	DHS	2a	Green	Outcomes yet to be reportable but plan for Dialogue + brought forward and being rolled out as part of the CMHF work

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Kent and Medway

	Increase satisfaction for in-patient experience by 10%	Trajectory to be set by April 24	AC	2a	N/A	For 2024/25 work
	Decrease violence and aggression on our wards by 15%	0% reduction	AC	1	Green	Currently as of February 2024 there has been a 5.1% reduction reported. Violence and aggression programme established and working with QI team across in-patient wards. Initial work with 3 wards is being scaled up through Spring 24 to all wards by end of May. Measuring for effect will continue – it is anticipated that each ward will take at least 3-4 months to determine improvement, at the current rate of incident. Good engagement across sites which will need to be maintained.
	Reduce inpatient harms relating to medicine incidents, self-harm, falls and sexual safety by 10%	Trajectory to be set by April 24	AC	2a	Green	Outcomes yet to be reportable but plan for safety cascade drafted and working with support services to ensure embedded in future CQI methodology.
	All staff are trained on autism awareness and service users report friendlier wards	70%	AQ	2a	Green	90% of staff have completed Part 1 training. Seeking providers to deliver part 2 of both tiers 1&2, an alternative solution has also been drafted if due to national demands, a suitable provider cannot be found.
1.3 Actively involve service users, carers and loved ones in shaping the services	90% of all transformation and Qi projects involve service users, carers or loved ones	Trajectory to be set by April 24	AR	2b	Green	Transition of QI and Transformation team into one Improvement team to be complete April 24 and with agreed tracking by Q2 24/25 with a plan developed during Q2 to increase where needed.
	Increase service user and public participation in local-led research projects	Trajectory to be set by April 24	AQ	2b	Green	Established our Research Community, which ensure we have a wider and more diverse pool of service users and the public to participate in the research we develop. We have our Lived Expertise Research Lead in post (Dec 23) who will work to upskill and work alongside service users and the public to develop the skills to develop their own research ideas and

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						support studies to be as accessible and meaningful for our services users and public. We have gained funding to develop engagement in local underserved populations.
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We are a great place to work and have engaged and capable staff living our values

Objectives	2026 outcome measure	2024 outcome measure	Exec	Phase	Status	Comments
Create a culture where our people feel safe, equal, and can thrive	Increase our raising concerns sub-scores from 6.6 to 6.9	6.6	SG	2b	Green	Work has started on early reconciliation process. 13 mediators are now trained. Freedom to Speak Up self-assessment completed and actions defined.
	Increase our burnout sub-score from 5.2 to 5.5	5.2	SG	2b	Green	New OH procured. We continue to work on health and wellbeing of staff. Staff survey this year was 5.3.
	Reduce racist violence and aggression incidents to 15%, in line with the national average	0%	AC	1	Green	5.1% reduction in reported incidence noted in 2023/24. Violence and aggression programme established including QI work being undertaken across all in-patient wards. CCTV role out continues against plan and is anticipated to be complete by end of March for acute, forensic will be 2024/25,
	The number of minority ethnic staff involved in conduct and capability cases so that there is 0% variation against the numbers of white staff affected	1%	SG	1	Green	Currently Variance is less than 0.5% and has been since December.
	Reduce sickness rates to 3.5%	5%	SG	2b	N/A	We continue to review our health and wellbeing offer and supporting our staff. We have procured a new occupational health offer which focuses on prevention as well as support when staff are sick.

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	Our people feel KMPT is a supportive and compassionate employer (from 6.9 to 7.1)	6.9	SG	2b	Green	This is in line with what we predicted. The work on brand, identity and culture is in train and we expect to see improvements in the next year. The staff survey score for 2023 stayed the same at 6.9.
	Increase our work-life balance sub-score from 6.7 to 6.9	Removed in year as formed part of business as usual and other outcomes.				
	Increase engagement score from 6.9 to 7.1	6.9	SG	2b	Green	The Brand, identity, and culture work is in train and we expect to see improvements during the next year. The staff survey score for 2023 stayed the same at 6.9.
Build a sustainable workforce for the future	Drive down our vacancy rate to 14%	Trajectory to be set by April 24	SG	1	Green	February 2024 vacancy rate 11.88%.
	Reduce our agency spend to 3.7% of the trust total pay bill	Trajectory to be set by April 24	AQ	1	Red	Trust Cumulative cap position 4.29% to Month 11. Root cause analysis has identified this is being driven by the number of medical vacancies. Medical agency has been reviewed and this work has delivered a reduction in run rate in year (3.41% in February). The target for 2024/25 is 3.2% so further work is required to deliver this position. Initial analysis is being done on Nursing agency cohort to deliver the further improvement required.
	Reduce voluntary turnover to 14% or below	14.7%	SG	2a	N/A	For 2024/25 work
	We will be ready to apply for formal teaching status	Trajectory to be set by April 24	AQ	2b	Green	In Q4 we expect to be up to full staffing establishment for the Research Development Team and should start to see its impact on KMPT led research in 24/25.
	Our joint working with Kent Medical School and University of Kent will be formalised	Trajectory to be set by April 24	AQ	2b	Green	3 of our new starters to R&I department will be spending 0.2 WTE working from the University to enable us to better co-develop research. Formal agreement with CCCU to work together to develop a Clinical Research

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						provision between us, to include use of the scanner.
Create an empowered, capable and inclusive leadership team	95% of all staff receive 6-weekly supervisions and annual appraisals with their line manager	95%	SG	2a	N/A	For 2024/25 work
	Increase percentage of minority ethnic staff in roles at band 7 and above by 2%	17.5%	SG	1	Green	We continue to improve our recruitment process ensuring we have a diverse panel for all recruitment and currently recruiting our Cultural Inclusion Ambassadors March 2023 17.6% BAME staff Band 7 and above, March 2024 22.2% BAMR staff Band 7 and above
	90% of leaders at Band 7 to have attended KMPT leadership and management development	36 attendees	SG	2b	N/A	For 2024/25 work and part of the wider leadership programme work currently being developed.
	Increase staff satisfaction with their line managers from 7.6 to 7.9 in our staff survey	7.7	SG	1	Green	On track. Launch of new programmes planned for May. This was slightly down in 2023 staff survey to 7.5

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

Objectives	2026 outcome measure	2024 outcome measure	Exec	Phase	Status	Comments
Bring together partners to deliver location based care through community mental health framework transformation	See 85% of urgent referrals in 24 hours	Trajectory to be set by April 24	DHS	1	Red	On track with pathway development, definitions and progress being made to report. Unable to establish potential gap in meeting target until data is available.
	See 85% of routine referrals within 4 weeks	Trajectory to be set by April 24	DHS	1	Red	On track with pathway development, definitions and progress being made to report. Unable to establish potential gap in meeting target until data is available.

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Work together to deliver the right care, in the right place at the right time	Increase the number of women with severe perinatal mental health needs who have access to specialist care to 10%	Trajectory to be set by April 24	DHS	2b	Green	Phase 2B Priority. Business case has been developed as BAU.
	Reduce the length of stay for patients waiting onward transfer by 75%	Trajectory to be set by April 24	AQ	1	Red	Awaiting independent review of delayed transfers of care undertaken by ICB, plans will then be developed.
	Decrease our bed occupancy to 85% by year 3	92%	AQ	1	Red	February 2024 96.9%. It is positive to note that when the bed occupancy is analysed and CRFDs removed there is an 8% reduction in bed occupancy across acute beds when comparing the three months of March – May 2023 to the latest three months of December 2023 – February 2024. This reduction is 8.3% for YA acute and 7.5% for OP acute. This is reflective of the work of the Flow programme to date. Plans will now be drawn up to address the CRFD cohort of patients.
	Work with our partners to assess 95% of people in a crisis within 4 hours	Trajectory to be set by April 24	DHS	1	Red	Rapid Response A3 project in operation to understand breaches and improve response rate. Some impact on performance is related to vacancies with anecdotal evidence of patient choice playing a key role within the 4hr response time. For example, patients preferring to book in advance to be seen. This therefore needs further analysis to understand if the referral truly warranted a crisis response. Work with partners (including GP's) continues to ensure the most appropriate pathway for patient need is optimised.
	Introduce agreed outcome measures to monitor patient care and experience		DHS		Green	Outcomes yet to be reportable but plan for Dialogue+ brought forward. This outcome has been added in line with CMHF transformation to reflect the impact of the transformation programme.

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	(Added as reflective outcome for CMHF Transformation)					
	Increase the number of patients accessing care in the Mental Health Together service (Added as reflective outcome for CMHF Transformation)		DHS		Red	Outcome measure needs to change to address inequalities in those assessing Mental Health Together. Work with partners to establish access targets related to the local population. For example, those underrepresented and overrepresentation in others. This should include but not exclusively those from a Black Asian Minority Ethnic Background. This outcome has been added in line with CMHF transformation to reflect the impact of the transformation programme.
Play our role to address key issues impacting our communities	Fulfil our role to deliver joint initiatives to reduce suicide and self-harm	Trajectory and plan to be set by Q3 24	AC	2b	N/A	
	85% of people with a severe mental health illness presenting through Mental Health Together will have a physical health check	Trajectory to be set by April 24	DHS	1	Red	CMHF Work to be scoped utilising A3, updating during Q4.
	85% of people in our care with learning, disability and autism are referred for an annual physical health check	0%	AQ	2a	Green	The Learning disability annual health check is provided by primary care who are funded to offer this intervention for people 14 years and upwards who have a learning disability. The focus currently remains on the trust flagging this group so that it can staff to sign post and support to access this primary care offer. During 2024 the reasonable adjustments flag is likely to come online improving the flagging of people.
	Improve social mobility and inequality through our commitment to	Trajectory to be set by April 24	AR/KH	2b	Green	Purpose Coalition assessment undertaken and report published. A number of recommendations have already been actioned and others will be taken forward in 24/25.

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	deliver against the 14 levelling up goals				
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We use technology, data and knowledge to transform patient care and staff productivity

Objectives	2026 outcome measure	2024 outcome measure	Exec	Phase	Status	Comments
Have consistent, accurate and available data to inform decision making and manage issues	Reduction in time spent capturing and revalidating non-value adding data by 25%		SS	N/A	Green	Speech Recognition - Training and Deployment of product. Project should have completed in Q4 but will now complete Q1 24/25. Rio Mobilisation - deployment of connected mobile devices to enable mobile working. Project should have completed Q4 but will now complete Q1 24/25. Electronic Document Management System Business Case in draft - on tract to receive in Q4. HR Digitisation Business Case overdue and will not be receive until Q1 25/25. Once projects are complete we will be able to measure reduction of time spent.
	Our leaders and managers have increased access to reliable data and knowledge to help decision making		AC	N/A	Green	BI Reports - continual deployment of dashboards enabling easy drill down. Management and Supervision Tool - agreement at Digital Strategy Group (DSG) to move to Business Case.
	Sharing information and data internally is smoother and quicker and we have one version of the truth		SS	N/A	Red	Head of Business Applications has been recruited (joins June 24). Applications plan will then be created to identify opportunities for rationalisation, integration and automation.
Enhance our use of IT and digital systems to free up staff time	All digital solutions are co-designed by clinical and digital staff		SS	N/A	Green	Digital Champions - soft launch underway, expressions of interest have been received. Chief Nursing/AHP Information Officer recruited (joins April 24) and will lead Digital Champion Network. Delayed due to recruitment delays into CNIO post but now on-track to complete Q1 24/25 and move to BAU.

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	Clinical staff report that our Electronic Patient Records System is quicker and easier to use.		SS	N/A	Red	Rio Steering Group established and priorities agreed by CMO, CCO and CNO. Discussions with other Mental Health Trusts to inform a Rio redesign so it is easier to use. Need reliable benchmark to determine starting point.
	Electronic solutions have been deployed for medicines, ordering investigations, patient safety alerts and bed management.		SS	N/A	Red	eMeds - Cloud Migration has been delayed and will have a knock-on effect onto the software upgrade that will provide access to new capabilities. FLOW - Project in start up to manage the deployment of Rio FLOW for bed management.
Effective digital tools are in place to support joined-up, personalised care	Electronic solutions have been delivered for referrals and consultations		DHS	N/A	Green	Virtual consultations - product migration from Lifesize to MS Teams completed on 13/3 rationalising products used within the Trust. eReferrals planned to start next financial year.
	A service user portal has enabled access to personalised information and freedom to control their own care		AR	N/A	Red	Service Portal not planned to start until next financial year although scoping has started regarding product options. Project Manager starting June.
	Reduce the number of serious incidents, complaints and investigations associated with information sharing across the system and wider NHS		AC	N/A	Red	Information sharing agreements in place with several partners, including access to clinical records, where appropriate. Further work underway with Kent Police, to ensure shared learning from serious crimes is developed and shared when involving our patients.
	Increase the digital literacy of our workforce		AR	N/A	Green	Chief Nursing/AHP Information Officer has been appointed and will start in post in April. Work to define a Digital and Data Literacy Framework for KMPT planned for next financial year.

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

Objectives	2026 outcome measure	2024 outcome measure	Exec	Phase	Status	Comments
Achieve financial sustainability	Achieve recurrent annual break-even financial position		NB		Green	Trust forecast to deliver a breakeven position in year
	Eliminate our underlying deficit		NB		Green	The Trust eliminated its underlying deficit in 2023/24. Each year the Trust is faced with an efficiency ask and unfunded cost pressures. These require the trust to make an efficiency saving each year of 4%.
	Reduce unwarranted variation in services		DHS		Red	Getting the basics right programme is currently being scoped and will be completed by the end of May. This will run alongside the digital work required to re-engineer our paper processes with a digital solution.
	Forecast mental health capacity and meet demand		NB		Red	Demand and capacity (D&C) modelling undertaken for CMHF, EIP, dementia and in-patient bed stock. Resourcing discussion and engagement will need to be addressed with system. D&C modelling needs to be embedded into BAU at KMPT to enable robust management of community services.
	Process Re-Engineering of corporate support systems (Incorporated in year)		AR		Red	Getting the basics right programme is currently being scoped and will be completed by the end of May. This will run alongside the digital work required to re-engineer our paper processes with a digital solution.
	Process Re-Engineering of operational support systems (Incorporated in year)		DHS		Red	Getting the basics right programme is currently being scoped and will be completed by the end of May. This will run alongside the digital work required to re-engineer our paper processes with a digital solution.
Exceed the ambitions of the	Reduce carbon emissions from energy		NB		Green	During 2023/24 a survey and assessment of Trust's buildings was undertaken and a heat decarbonisation programme (HDP)

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NHS Greener programme	consumption by 80% by 2035					completed. The HDP identifies investment opportunities to improve building energy performance and further reduce carbon emissions. A programme for capital investment opportunities to improve building energy performance is currently being compiled from the HDP survey data and will be submitted for inclusion in the Trust capital programme planning during 2023/24. In year reduction 10%. Total reduction 69%.
	Cut emissions associated with transport by 25% by 2025		NB		Green	Reporting 26% reduction 2022/23, noted % per year reduction being reported as -11%
	Reduce our overall waste volume by 5% every year		NB		Green	Reporting 10% total, but with variable values for 2022/23. A new waste management contract has been signed.
	Reduce water consumption by 5% every year		NB		Green	15% reduction in 2022/23 and total 12% reduction since 2020/2. Partnering with Aquafund.
	Increase the environmental quality of our green spaces by 2025		NB		Green	340 trees planted up to 2023/24.
Transform the way we work	Devise new model for transformation	N/A	AR	N/A	Green	New model of transformation currently being utilised within six priority programmes. Merger of QI and Transformation into one Improvement Team from April 24 will allow for further alignment and measurement of maturity with baselining against other organisations. Finalised model to be rolled out in 2024/25.
	Overhaul organisational governance	N/A	SS		Green	This work will be completed now the Well-Led draft report has been received. The Trust secretary has been reviewing the Trust governance structure and all meetings Terms of Reference (TOR). Proposed governance structure will be taken to Audit Committee in May.

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	Embed hybrid working model		NB		Red	Magnitude being developed as template for Hybrid office. Hybrid model and policy to be reviewed in 24/25.
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We create environments that benefit our service users and people

Objectives	2026 outcome measure	2024 outcome measure	Exec	Phase	Status	Comments
Maximise our use of office spaces and clinical estate	Release office space footprint and increase clinical space through hybrid working and new ways of delivering integrated models of care by 10%		NB		Green	St Michaels closed and staff moved to Magnitude/ Sittingbourne 1.7% released, plans being developed for a further 5.7%.
	Secure shared clinical spaces with our partners		NB		Red	Work started with KCHFT, Opportunity to do differently being considered. Work is now complete and a Safe Haven has been established at QEQM.
	Increased staff satisfaction with estates maintenance of office and clinical spaces		NB		Green	The narrative around accommodation and the support services are feeling from Estates is becoming more positive. With the directorate developing its focus on customer service. A staff satisfaction survey will be sent out in the next quarter and compared with
	Improve the efficiency of our estate and invest in more maintenance		NB		Green	Contract in Place and operationalised, implementation phase of work. Initial review to be undertaken
Invest in a fit for purpose, safe clinical estate	Prioritise patient safety and backlog maintenance		NB		Green	With a focus on patient safety and backlog maintenance we have focused our capital investment priorities on reducing identified risk within the Trust. This includes prioritising reducing ligature risk within our buildings and upgrading to doors with ligature alarms in identified risk areas. Seven facet surveys of our buildings together with intelligence from our maintenance activity informs where

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Kent and Medway

						investment is a priority for ensuring safety further informing and ensuring our capital programme is targeting the highest priority areas.
	We repurpose our estate to recycle back into our existing buildings		NB		Green	Strategic estates group established. Opportunities being assessed
	Completion of Ruby Ward build		NB		Green	Ruby Ward handover complete, officially opened 8 th March 2024 and welcomed patients on 12 th March.

Wider progress and issues

Data and Reporting

The availability and quality of data has been a recurring theme across the strategic programmes. Much of the issue is due to the culture around data within the organisation and workforce understanding the importance of this and why it must be collected and then how it can be used to improve the services we provide. A data workshop will take place in May led by the Director of Digital and Performance and our Non-Executive Director for Digital. This will be the first of many workshops in the organisation.

National and regional driven priorities

During the first year there were a number of national and regional priorities cascaded to providers which meant these needed to be addressed and progressed. While capacity is built into the organisation and support services for these there has been significant pull on the workforce at both system and national level.

Our approach to operational excellence and strategy delivery

We have never reported against a strategy in this way before and year one has been a learning curve for the organisation. This is a new, operational excellence way of developing and delivering a strategy which has required a lot more investment in getting our leaders to forward plan, focus on outcomes and deliverables. A significant amount of time has been spent setting up new ways of working this includes:

- An upskilling of the Transformation team and SROs for each of the six priorities. In August we gained University of Cardiff accreditation for the upskilling which places KMPT as one of only two mental health trusts accredited.
- A strategy deployment model has been introduced and is under refinement to allow for board to ward alignment.
- A revised, inclusive, programme management process designed to allow front line teams to cooperate and lead on improvement and change.

Continuous quality improvement

A review of the improvement methodologies and capacity within the organisation was undertaken as part of year one of the strategy. With an acknowledgement that both QI and Transformation utilise similar methodologies but have until now been separated, and that we need to simplify our approach to improvement for our people.

Following a restructure of portfolios at executive level the QI team and Transformation will merge in April 2024. This will allow a blending of methodologies and plans using the previous QI IHI methodology and Operational Excellence methodologies of Transformation into a synchronised Continuous Quality Improvement (CQI) approach using one method to bring around change and improvement for the organisation. The CQI approach will be the Trust's one improvement approach moving forward. The next step is to introduce this into the organisation from April 2024.

Appendix D demonstrates the alignment and relationships with Clinical Audit and Research and Innovation.

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Conclusion and year two



We set out in March 2023 an ambitious strategy to transform KMPT. One that sets out key deliverables to improve what we do for our patients, our people and our partners.

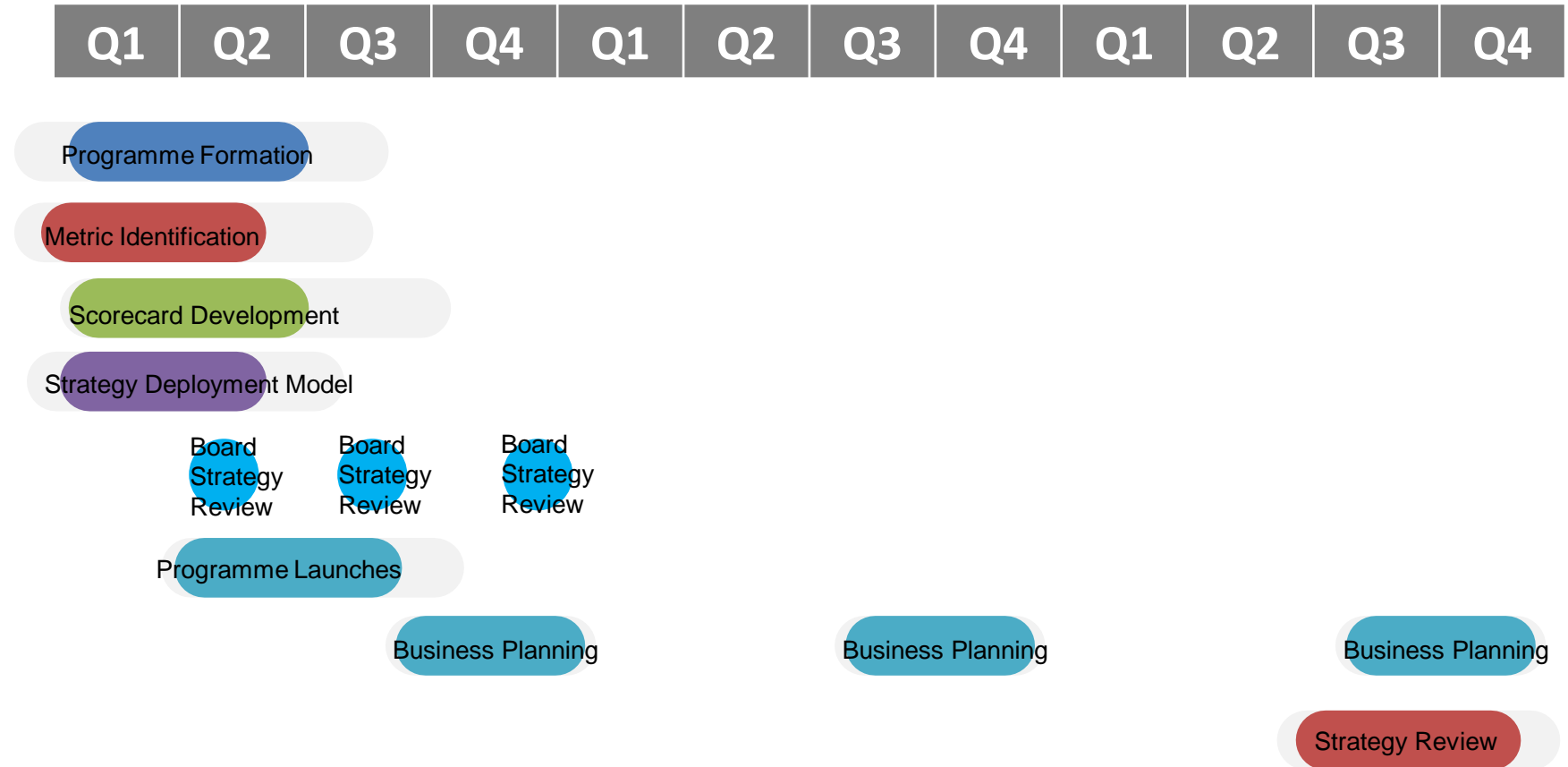
The first year of our strategy has been focused on building the foundations which will enable us to deliver the year 2 outcomes we set ourselves. We have overhauled our approach to how we operationalise and deliver a strategy, with the support of operational excellence, and are becoming more experienced in delivering the improvements we are aiming to achieve over the next two years. We have spent time deepening our understanding of using data to inform our approach, and benchmarking our current position. With the leadership of a new CEO, and a new communications and engagement plan to support the delivery of our strategy, we have also significantly increased our stakeholder engagement – notably with our people - which will help us secure buy in on our journey to achieve our strategy. We have also recognised an important need to develop our senior leaders and their teams to successfully take forward our priorities in year two.

As we enter year two of the strategy there are learnings from year one that will be built into both the delivery plan and how the organisation functions especially in terms of culture and leadership.

Q4 has seen a positive shift in activity and puts us in a good position to move into Y2. We are confident the six priorities set out in Y1 are the right ones for Y2 and they will remain our focus. We will continue to drive forward these priorities at pace, alongside balancing work across our other outcomes, with our people, partners and patients.

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Setting Us Up For Success



Brilliant care through brilliant people



KMPT 2023/24 Strategy Scorecard

Position as of 19/03/2024



KMPT Strategy Oversight Dashboard: Change Log



Section	Published in Strategy	Proposed Change	Implemented	SDG Sign off
1.1	95% of people referred for a dementia assessment will be seen within 6 weeks	95% of people referred for a dementia assessment will be diagnosed within 6 weeks	Y	21/11/2023 (retrospective)
2.2	Drive down our vacancy rate to 15.5%	Drive down our vacancy rate to 14%	Y	21/11/2023 (retrospective)
1.2	Decrease violence and aggression on our wards by 15%	Targets confirmed as 0% in year one, -7.5% in Y2 and a further -7.5% in Y3. Baseline, Q1 & Q2 data retrospectively changed due to expanded definition	Y	21/11/2023
1.1	95% of people Presenting to EDs with a mental health crisis will be triaged within 1 hour	Title change: People presenting to Liaison Services will be triaged within 1 hour	Y	Proposed 22/02/24
1.1	95% of mental health patients in EDs will be admitted to a psychiatric bed or discharged within 12 hours	Title change: People presenting to Liaison Services will be admitted to a psychiatric bed within 12 hours where required	Y	Proposed 22/02/24
1.1	95% of people referred for a dementia assessment will be diagnosed within 6 weeks	Title change: People receiving a dementia diagnosis will do so within 6 weeks	Y	Proposed 22/02/24
3.1	See 85% of routine referrals within 4 weeks	Title change: Referrals to MHT commence treatment within 4 weeks (National measure)	Y	Proposed 22/02/24
3.2	Reduce the length of stay for patients waiting onward transfer by 75% (CRFD)	Title change: Ave LoS for Clinically Ready for Discharge (at discharge) Target adjusted to an actual reflecting -75% of baseline	Y	Proposed 22/02/24

KMPT Strategy Oversight Dashboard



Strategic Theme: Purposeful Admission																	
Outcome Measure	Phase	Baseline	2023/24 Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	24/25 Target	25/26 Target
People presenting to Liaison Services will be triaged within 1 hour	1	-		In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	RiO Change	Training	Data due		95%
People presenting to Liaison Services will be admitted to a psychiatric bed within 12 hours where	1	-		In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	RiO Change	Training	Data due		95%
Reduce Out of Area placements for patients requiring acute and PICU care	1	2,076	-	2604	2340	1988	1677	1701.6	1896	1783	1763	1677	1644	1696			
Eliminate all inappropriate specialist out of area placements (including dementia)	1	34	30	33	32	31	30	30	29	27	28	28	28	27		25	0
Ave LoS for Clinically Ready for Discharge (at discharge)	1	69.0		24.7	49.4	49.7	54.1	52.6	54.1	59.5	61.1	63.1	63.9	63.5		44	15.3
Decrease our bed occupancy to 85%	1	95.9%		95.5%	97.0%	95.8%	95.0%	95.2%	94.1%	92.1%	92.4%	93.4%	95.2%	96.9%		92%	85%

Notes

95% of people Presenting to EDs with a mental health crisis will be triaged within 1 hour & 95% of mental health patients in EDs will be admitted to a psychiatric bed or discharged within 12 hours: Changes required to RiO have been proposed and consulted on, to be agreed at RiO steering group in January 2024 and timescale for deployment assigned. As a result no baseline is available and will need to be established and targets agreed for 24/25 accordingly

Reduce Out of Area placements for patients requiring acute and PICU care: Figure reflects end of year forecast using a straight-line projection of the cumulative position for the year to date.

Ave LoS for Clinically Ready for Discharge (at discharge): Figure reflects cumulative position for the year to date. 2024/25 target reflects the reduction of NHS attributable delays which are within KMPT's control, these delays contribute 5.1% to the overall position and have a shorter length of CRFD of 49.6 days for the 2023/24 year to date. In additional further reductions are expected as a result of implementing recommendations from the diagnostic work completed by the ICB and planned social work appointments on the wards.

KMPT Strategy Oversight Dashboard



Strategic Theme: Culture and Identity																	
Outcome Measure	Phase	Baseline	2023/24 Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	24/25 Target	25/26 Target
The number of minority ethnic staff involved in conduct and capability cases so that there is 0.5% variation against the numbers of white staff affected.	1	1.1%	1.0%	1.08%	1.58%	1.72%	1.50%	1.19%	0.27%	0.53%	0.53%	0.40%	0.14%	0.06%		0.75%	0.50%
Increase percentage of BAME staff in roles at band 7 and above	1	17%	17.5%	17.1%	17.1%	17.1%	15.1%	15.1%	16.5%	18.1%	18.1%	17.8%	17.8%	18.0%		18.5%	20%

Notes
No additional information in period

KMPT Strategy Oversight Dashboard



Strategic Theme: Reduce Violence, Aggression and Racism																	
Outcome Measure	Phase	Baseline	2023/24 Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	24/25 Target	25/26 Target
Decrease violence and aggression on our wards	1	1863	0.0%	-33.7%	-19.5%	-15.2%	-10.8%	-7.5%	-9.3%	-7.7%	-9.5%	-9.3%	-7.2%	-5.1%		-7.5%	-15.0%
Reduce racist violence and aggression incidents to 15%, in line with the national average.	1	17.1%	17.1%	17.1%	17.1%	17.1%	17.1%	17.1%	17.1%	17.1%	17.1%	17.1%	17.1%	17.1%			15.0%

Notes

Decrease violence and aggression on our wards by 15%: Figure reflects end of year forecast using a straight-line projection of the cumulative position for the year to date, % variance reflects annual forecast against baseline, not in month variance.

KMPT Strategy Oversight Dashboard



Strategic Theme: Dementia																	
Outcome Measure	Phase	Baseline	2023/24 Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	24/25 Target	25/26 Target
People receiving a dementia diagnosis will do so within 6 weeks	1	-	-	Prep Work	Prep Work	Prep Work	Prep Work	Prep Work	Prep Work	Prep Work	Prep Work	Prep Work	Prep Work	Data due	6.2%		95%

Notes

95% of people referred for a dementia assessment will be diagnosed within 6 weeks: Work continues to agree the new model and subsequent recording procedures to allow the collection of this measure.

KMPT Strategy Oversight Dashboard



Strategic Theme: Recruitment and Retention																	
Outcome Measure	Phase	Baseline	2023/24 Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	24/25 Target	25/26 Target
Drive down our vacancy rate to 14%	1	14.3%	14.0%	14.00%	14.05%	13.75%	13.63%	12.92%	12.89%	11.83%	11.80%	11.79%	11.85%	11.88%			
Reduce our agency spend as a % of the trust total pay bill	1	4.1%	3.7%	4.6%	4.43%	4.49%	4.8%	4.72%	4.47%	4.14%	3.95%	4.24%	3.96%	3.41%		3.2%	

Notes

Reduce our agency spend as a % of the trust total pay bill: National target for 24/25 set at 3.2%

KMPT Strategy Oversight Dashboard



Strategic Theme: Community Mental Health Framework																	
Outcome Measure	Phase	Baseline	2023/24 Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	24/25 Target	25/26 Target
See 85% of urgent referrals in 24 hours	1												Service Go Live	Under review			85%
Referrals to MHT commence treatment within 4 weeks (National measure)	1			In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	In Dev	Service Go Live	75.0%			85%
Increase the number of patients accessing care in the Mental Health Together service	1												Service Go Live	Under review			
Work with our partners to assess 95% of people in a crisis within 4 hours	1	-		62.8%	62.7%	62.0%	70.8%	67.8%	53.0%	63.7%	55.8%	61.8%	53.5%	54.0%			95%
85% of people with a severe mental health illness presenting through Mental Health Together will have a physical health check	1	-											Service Go Live				85%

Notes

MHT went live on 16th January in Thanet which will be the first service under CMHF against which the new measures will be reported.

Referrals to MHT commence treatment within 4 weeks (National measure): February data relates to 4 clock stops in period.

See 85% of urgent referrals in 24 hours: February SDG identified need to pause indicator whilst learning from initial trailblazer if captured.

Increase the number of patients accessing care in the Mental Health Together service: February SDG identified need to pause indicator whilst learning from initial trailblazer if captured.

85% of people with a severe mental health illness presenting through Mental Health Together will have a physical health check: No data recorded on RiO to date for MHT physical health checks



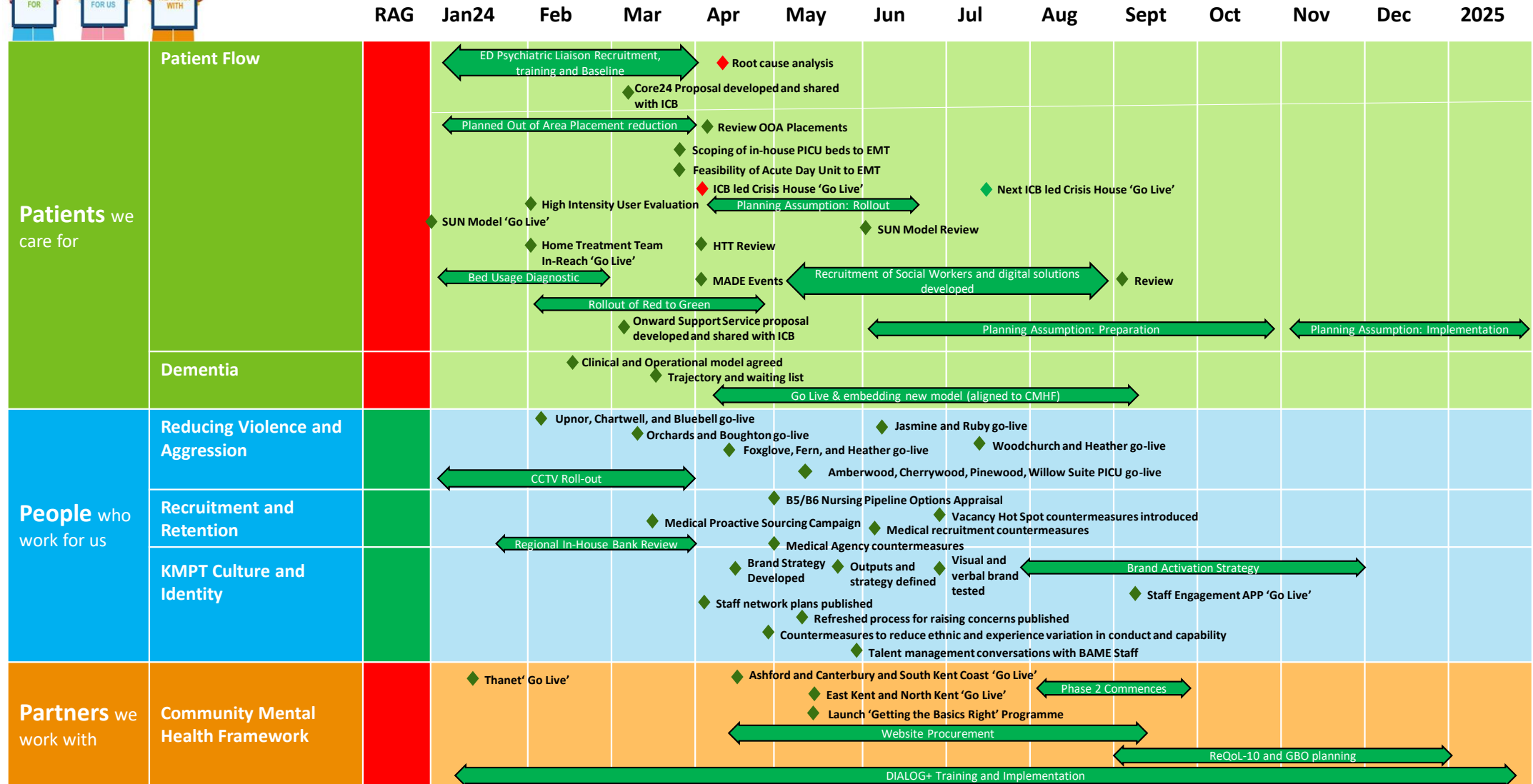
Trust Strategy Deployment

High Level Plans



Strategy Deployment Timeline

Date: March 2024





Patient Flow Programme

Date	19 March 2024	Written By	Transformation Team	Programme Risk Rating	
Exec Sponsor(s)	Afifa Qazi	SRO	Victoria Stevens	Previous Risk Rating	
Programme Objective	This programme supports our strategic ambition to deliver outstanding, person-centred care that is safe, high-quality, and easy to access. It focuses on providing care close to people’s homes in the least restrictive settings and the programme has been built around two key themes – ‘prevent’ (avoidable admission) and ‘promote’ (timely discharge). The programme is developing a seamless pathway for people in acute crisis by ensuring alternatives to admission are used effectively and every single admission is purposeful.				

	R A G	Current Stage	Jan24	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	2025
ED Psychiatric Liaison			<ul style="list-style-type: none"> - SOP approved - RIO updated 	<ul style="list-style-type: none"> - Engage staff - Training on recording metrics - Core24 funding proposal 	<ul style="list-style-type: none"> - Baseline data and root cause analysis (Apr24) 	<ul style="list-style-type: none"> - Safe haven data to be monitored via ICB ICB to review Core24 proposal 	<i>Next steps informed by root cause analysis and ICB funding decisions</i>								
Out of Area Placements (Specialist)			Monitor annual spend reduction - Contracts				- Review	Planning assumption: Monitor. Alternatively, return to the problem statement to identify countermeasures							
Out of Area Placements (Acute and PICU)				PICU sub group est.	Scoping of in-house PICU beds										
Purposeful Admission: Acute Day Unit			Feasibility assessment for ADU pilot			Feasibility to be discussed at EMT									
Purposeful Admission: Crisis Houses and Safe Havens			Tender process 1 x 5 bed house			Joint SOP in development	Medway Go Live (delayed from Feb24)			Next 5-bed house Go Live					
Purposeful Admission: Service User Networks			Go Live KMPT staff			Go Live with lived experience staff		Review – performance and impact							
Purposeful Admission: HTT Clinical Model / Enhanced Home Treatment			Workforce modelling/SOP	Go Live	HTT performance data analysis	Review									
Purposeful Admission: High Intensity User Pathway				Evaluation	- Review	- Planning to scale up	Planning assumption: Roll out. Alternatively, return to the problem statement to identify countermeasures								



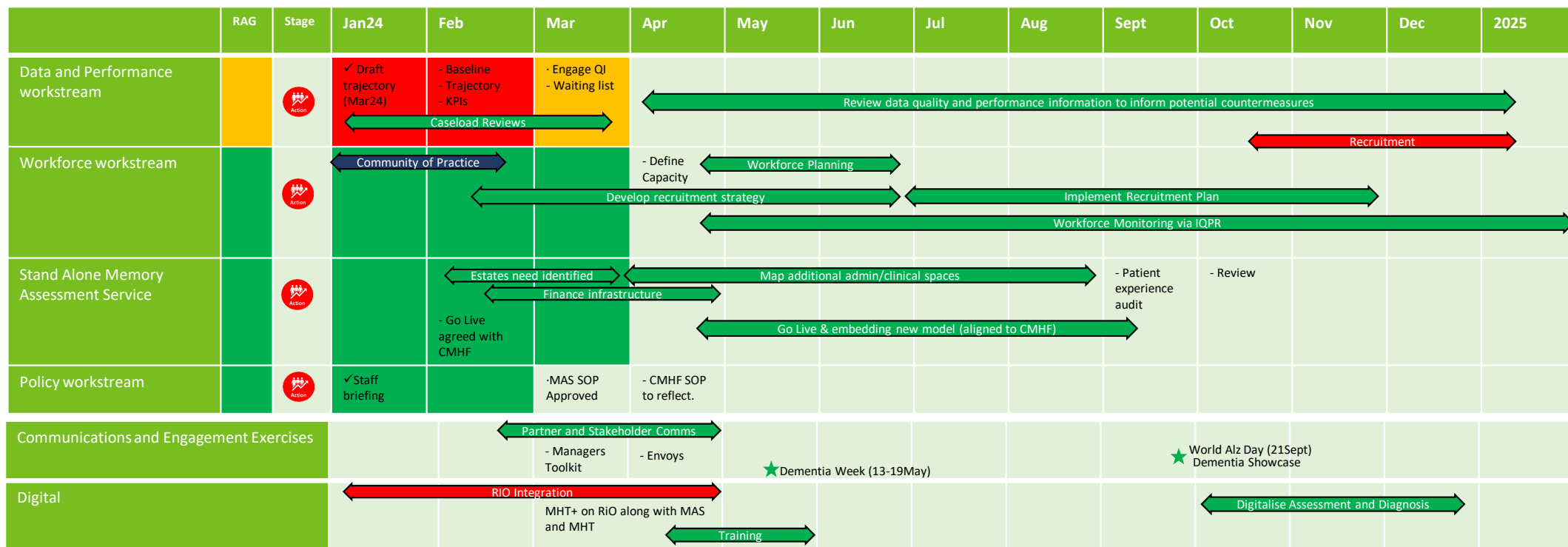
Patient Flow Programme

Date	19Mar24	Written By	Transformation Team	Programme Risk Rating	
Exec Sponsor(s)	Afifa Qazi	SRO	Victoria Stevens	Previous Risk Rating	
Programme Objective	This programme supports our strategic ambition to deliver outstanding, person-centred care that is safe, high-quality, and easy to access. It focuses on providing care close to people's homes in the least restrictive settings and the programme has been built around two key themes – 'prevent' (avoidable admission) and 'promote' (timely discharge). The programme is developing a seamless pathway for people in acute crisis by ensuring alternatives to admission are used effectively and every single admission is purposeful.				

	RAG	Current Stage	Jan24	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	2025
Purposeful Admission: Bed Management		Analyse & Options	Bed usage diagnostic assessment		Bed management group established MADE Planning Social worker JDs evaluated	MADE events in East, West and North Kent				Pilot digital solution	Rollout digital solution Social worker review Porchlight Evaluation	Resource review			
Purposeful Admission: Bed Management System (Flow/Red to Green)		Action		Fully implemented in EK wards NK wards begin roll out WK wards start roll out	Red/Green software										
Purposeful Admission: Onward Support Service		Define		Proposal developed with ICB	ICB to review benefits proposal					Planning Assumption: Preparation			Planning Assumption: Implementation		
Purposeful Admission: Medication and anti-psychotic optimisation		Action	Ashford and Dover CMHT equipment in place Recruitment 0.5WTE Pharmacy in Crisis Team			Watch									
Purposeful Admission: Health based place of safety		Action	Project Plan Staff Consultations				Clinical Model			Construction Design		Engagement and Consultation		Construction	
Purposeful Admission: Segmented beds		Define													Current State Analyse & Options



Dementia					
Date	19Mar24	Written By	Transformation Team	Status This Report	
Exec Sponsor	Adrian Richardson	SRO	John Lavelle	Previous Risk Rating	
Theme Objective	95% of patients with a dementia referral being diagnosed within 6 weeks is a strategic objective for the Trust. At present, we are not meeting this target. This is impacting access timely and effective care, the experience of their carers, and the experience of staff. There is an effect on the clinical outcomes for the Trust and a significant reputational risk for the Trust at the local and national level.				





Reducing Violence and Aggression Programme

Date	20-03-24	Written By	Transformation Team	Status This Report	
Exec Sponsor	Andy Cruickshank	SRO	Portia Aveling	Previous Risk Rating	
Theme Objective	KMPT's 2023-26 strategy commits to decreasing violence and aggression on our wards by 15% as part of its objective to create safer and better experiences. Violence and aggression on our wards is negatively impacting the experience and safety of our patients and staff – further effecting workforce retention and resulting in increased sickness absences. The programme focuses on enabling staff to talk about violence and aggression, improving our baseline information to monitor change, and implementing effectiveness initiatives to address violence and aggression				

	RAG	Stage	Jan24	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	2025
Decrease violence and aggression on our wards by 15%		 	<ul style="list-style-type: none"> ✓ Acute QI project designed. ✓ Upnor, Chartwell, and Bluebell away day and ward pre-meet. ✓ Determine Trust Security strategy's founding principles: inform and involve, prevent and deter, and hold to account. ✓ CCTV rollout. 	<ul style="list-style-type: none"> ✓ Upnor, Chartwell, and Bluebell go live. ✓ Orchards and Boughton away day and ward pre-meet. ✓ Telephone verbal aggression SOP created. InPhase reporting set up to capture telephone incidents. 	<ul style="list-style-type: none"> ✓ Orchards and Boughton go live. • Foxglove, Fern, and Heather away day and ward pre-meet. • FSD gap analysis on safe culture bundles. • Use data to identify ward to test body-worn cameras pilot. • CCTV all installed. Currently digitising cameras. • 200-300 responses received to each question on V&A in diversity survey. To be analysed and inform root cause analysis. • QI project on improving safe searching at TGU. 	<ul style="list-style-type: none"> • Foxglove, Fern, and Heather go live. • Amberwood, Cherrywood, Pinewood, and Willow Suite PICU away day and pre-meet. 	<ul style="list-style-type: none"> • Amberwood, Cherrywood, Pinewood, and Willow Suite PICU go live. • Jasmine and Ruby away day. 	<ul style="list-style-type: none"> • Jasmine and Ruby pre-meet and go-live. • Woodchurch and Heather away day. 	<ul style="list-style-type: none"> • Woodchurch and Heather ward pre-meet and go-live. • Exercise infant abduction plan. 						
Continue security risk assessments Trustwide & daily review of security incidents raised on InPhase															
Reduce racist violence and aggression incidents to 15%, in line with the national average		 	<ul style="list-style-type: none"> ✓ Workstreams established and leads agreed. 	<ul style="list-style-type: none"> ✓ Workstreams initiated – meetings held and PDSAs on prioritises commenced. 	<ul style="list-style-type: none"> • Review PDSA cycles within workstreams. 										
Lets Reduce Violence & Aggression engagement monthly events with staff															
Communication and Engagement Exercises Comms package developed: Programme branding, email signatures, virtual backgrounds, branded safety crosses, intranet pages, postcards with survey QR, screensavers, patient/visitor posters.			<ul style="list-style-type: none"> ✓ 31st January, Priority House 	<ul style="list-style-type: none"> ✓ 23rd February, Archery House 		<ul style="list-style-type: none"> 4th April, ECAO 	<ul style="list-style-type: none"> 10th May, Priority House 	<ul style="list-style-type: none"> 28th June, Elizabeth Raybould Centre 	<ul style="list-style-type: none"> 24th July, ECAO 	<ul style="list-style-type: none"> 13th August Priority House 					



Recruitment and Retention

Date	19Mar24	Written By	Transformation Team	Status This Report	
Exec Sponsor	Afifa Qazi	SRO	Rebecca Stroud Matthews	Previous Risk Rating	
Theme Objective	Vacancies are an issue for the whole NHS, and we have heard loud and clear that our KMPT colleagues are really worried about this issue. The senior leadership team are absolutely committed to being innovative and introducing new approaches to recruiting committed, skilled staff and then making sure KMPT is a rewarding place to work. From creating new, easier to fill posts, to growing our own talent and introducing new ways of working to make KMPT a rewarding place to work we are determined to be innovative in how we tackle this.				

Top Level Messages	Target Audience and Stakeholders
1) The vacancy rate objective for 2023/24 has been met. Medical staffing remains an area for focus.	Board

	RAG	Stage	Jan24	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	2025
Vacancy Rate: Measure			← The vacancy rate has been achieved for 6 successive months. This will be monitored to ensure it remains ambitious and achieved. In the interim, the nursing pipeline and vacancy hotspots will be addressed →												
Vacancy Rate: Nursing Pipeline			Model Band 5 & 6 nursing pipeline over 3 years	← Analysis and Options Appraisal →											
Vacancy Rate: Hot Spots			Three areas identified	← Current state analysis →		← Root cause analysis →		Implement counter measures							
Agency Spend: Medical Recruitment				Recruitment to Business Partner post	Medical proactive sourcing campaign to begin	Current state and root cause analysis	Implement counter measures								
Agency Spend: Medical Agency Management			Current state and root cause analysis	Identify countermeasures	← Planning →		Implement counter measures								
Agency Spend: In-House Bank				← Regional In-House Bank Review →											



KMPT Culture and Identity Programme

Date	19Mar24	Written By	Communications and People Teams	Status This Report	
Exec Sponsor	Sandra Goatley and Kindra Hyttner	SRO	Rebecca Stroud Matthews	Previous Risk Rating	
Theme Objective	We want KMPT to be a place that everyone feels proud to work for – an organisation that is inclusive, anti-discriminatory and anti-racist. We have already started work on this. Our three-year strategy sets out our vision and we are currently engaging colleagues and our external partners on our strategic brand, which and help us set a new mission, purpose and values – shaped by our people. We have also committed to making KMPT a place where our people feel safe, equal, and can thrive. A really important part of this is a new, bold approach to improving how staff and service users from different cultures and backgrounds work together. This is being led by an external, independent expert called Sylvia Stevenson, who looking at how it currently feels to work at KMPT through a series of workshops, surveys and listening into action sessions.				

	RAG	Stage	Jan24	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	2025
KMPT Brand Diagnostic		Analyse & Options	Research and discovery (Brand and EDI)			Stakeholder interviews	-Outputs brand strategy defined -Private Board	-Board seminar - visual and verbal brand tested	Brand activation strategy						
			Research outputs to be available (brand, EDI, staff survey) -Agency engaged to analyse findings	- 3 x staff workshops - 1 x service user workshop -Brand, EDI, staff survey findings assessed -Plan to Trust Board	-Brand strategy developed -VOICE workshop -Brand, EDI, staff survey findings available. - Board Development Day										
KMPT Intranet		Deliver	Business case complete, contract awarded	Delivery roadmap confirmed with supplier Naming consultation begins	Determine integrations, confirm user admin structure and governance	<ul style="list-style-type: none"> Begin content / policy & procedure migration Security & IT integration ongoing Naming consultation ends 	<ul style="list-style-type: none"> Content / policy & procedure migration continued Security & IT integrations complete 	<ul style="list-style-type: none"> Content / policy & procedure migration complete Training & consultation begins 	<ul style="list-style-type: none"> Consultation continued Product refined Training & onboarding begins 	<ul style="list-style-type: none"> Training & onboarding complete Beta launch 	GO LIVE: staff engagement app (phase 1)				



KMPT Culture and Identity Programme

Date	19Mar24	Written By	Communications and People Teams	Status This Report	
Exec Sponsor	Sandra Goatley and Kindra Hyttner	SRO	Rebecca Stroud Matthews	Previous Risk Rating	

	RAG	Stage	Jan24	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	2025
Empowered Workforce: Addressing staff concerns			Re-elections to DAWN and BME staff network chairs EMT and Service Directors development re Staff Council			Staff Network plans for 24-25 to be published	Publish refreshed process for addressing concerns								
Empowered Workforce: Reducing ethnic and experience variation in conduct and capability cases.			- Review triage and investigation process design			- Identify counter measures									
Talent Management: BAME B7+ objective			Review and amend Recruitment and Selection Policy to eliminate off-TRAC processes	Put in place guidance and process to ensure diversity of interview panels	Continue recruiting inclusion ambassadors	-Implement talent conversations with BAME staff -Deliver refreshed recruitment and selection training	Implement talent conversations with BAME staff								
Capability: Increase staff satisfaction with their line managers from 7.6 to 7.9 in our staff survey			Evaluate Fit for the Future Leader's Programme		Programme for all new line managers and for existing staff. 36 delegates in 2023/24										



Community Mental Health Framework Programme

Date	20/03/2024	Written By	CMHF Team	Status This Report	
Exec SRO	Donna Hayward-Sussex	SRO	Victoria Stevens	Previous Status	
Theme Objective	Mental Health Together is a once in a generation opportunity to transform community mental health services in Kent and Medway for the better. Mental Health Together draws together support from a wide range of services to provide needs-led care that will help with all aspects of a person’s life. This is because mental health and wellbeing can be impacted by a number of things so needs a joined up response.				

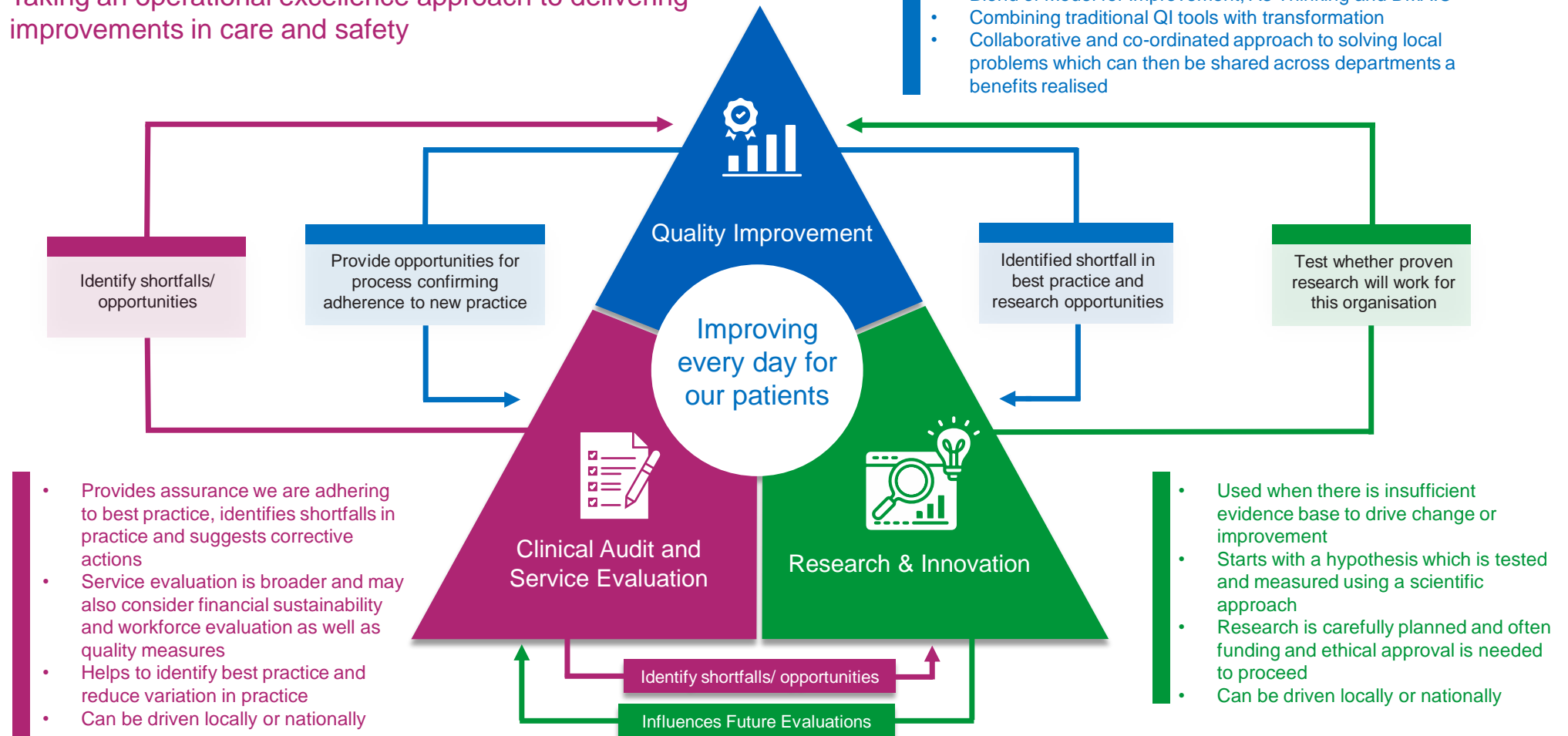
Top Level Messages	Target Audience and Stakeholders
1) Thanet Go Live 15 January 2024. All other localities to Go Live April and May 2024	CMH Service Users
2) Contracting underway with anticipated award to Strategic Partners end of March 2024.	CMH Service Users
3) MHT continues to work with partners to bring them together to embed with a ‘One’ MHT Team approach	KMPT, K&M ICB, Invicta, Porchlight, Shaw Trust and EK360

	RAG	Stage	Jan24	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	2025	
Mental Health Together			Thanet go live – 15 Jan - SUN Model launch for KMPT delivery.	Test and Learn	Anticipated to award Strategic Partner contracts	A&C and SKC Go Live - SUN Model recruitment for Lived Experience roles.	West Kent and North Kent Go Live			← Phase 2 commences →						
Community SMI PH Checks			KMPT Current state (data) review KMPT Review Physical Health Policy KMPT & CMHF joint meetings established			Partner meetings for CMHF aspect of physical health work commence	Current data analysis and start of root cause analysis for system-wide issues			← Roll out of Improvement Plan →						
95% of assessments						Root cause analysis Workshop re breaches	Root cause action plan									
Secure shared clinical spaces with our partners			Estates gap analysis for all areas	Secure additional	NK phase1 project complete	WK phase1 project complete HCP estates strategy and engagement	← EK phase1 project underway →									
Improve patient outcomes			← DIALOG+ Training and implementation →													
Communications and Engagement Exercise			← Patient and referrer engagement. →				← Website procurement →									
Digital			SNOMED codes gone live	CMHF performance outcomes dashboard				Launch of Getting Basics Right Programme								
Process Redesign			Workshops with stakeholders and mapping current													

Continuous Quality Improvement

Taking an operational excellence approach to delivering improvements in care and safety

- Small, medium and large scale improvement strategically aligned
- Data driven with measurement for improvement
- Blend of Model for Improvement, A3 Thinking and DMAIC
- Combining traditional QI tools with transformation
- Collaborative and co-ordinated approach to solving local problems which can then be shared across departments a benefits realised



- Provides assurance we are adhering to best practice, identifies shortfalls in practice and suggests corrective actions
- Service evaluation is broader and may also consider financial sustainability and workforce evaluation as well as quality measures
- Helps to identify best practice and reduce variation in practice
- Can be driven locally or nationally

- Used when there is insufficient evidence base to drive change or improvement
- Starts with a hypothesis which is tested and measured using a scientific approach
- Research is carefully planned and often funding and ethical approval is needed to proceed
- Can be driven locally or nationally

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	28 th March 2024
Title of Paper:	Mental Health Learning Disability and Autism Provider Collaborative (MHLDA) Update
Author:	Adrian Richardson, Director of Partnerships & Transformation
Executive Director:	Adrian Richardson, Director of Partnerships & Transformation

Purpose of Paper

Purpose:	Noting
Submission to Board:	Board requested

Overview of Paper

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

Issues to bring to the Board's attention

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

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

Governance

Implications/Impact:	KMPT Trust Strategy
Assurance:	Reasonable
Oversight:	Integrated Care Board

Provider Collaborative Board Development 2024 Background

From January 2024 the wider Provider Collaborative work across Kent and Medway is undergoing an expansion and refresh. A Provider Collaborative (PC) Board has been formed which is attended by the Provider CEOs, Provider Trust Chairs and going forward the Chief Strategy Officer for the system. The PC Board reports to the ICB Board. Reporting into the PC Board will be three Provider Collaboratives:

- MHLDA Provider Collaborative
- Community, Social and Primary Care Provider Collaborative
- Acute Provider Collaborative
- And Diagnostic and Imaging networks

The programmes (workstreams) of transformation the PC will be overseeing have been refreshed:

- Community Mental Health Transformation Programme
- LDA, including out of area placements Project
- Children and Young Person neurodiversity, transitions and out of area placements project
- Dementia – with a view of transferring to Ageing Well Programme, with an oversight by the MHLDA PC
- Mental health urgent and emergency care (UEC)

The PC will also be exploring the following workstreams with an aim of including these in its transformation portfolio:

- Suicide Prevention Project
- Mental health frequent attenders project (to be part of the UEC programme)
- Delivery of the Mental Health Digital Strategy

MHLDA Provider Collaborative Update

- The PC chaired by the KMPT Chief Executive met in January and agreed the importance of ensuring the PC oversees the strategic level MHLDA transformation across Kent and Medway.
- Membership and terms of reference of the PC are being reviewed throughout February and March.
- Membership in January was expanded to include Kent Police.
- It was agreed that Mental Health Frequent Attenders does not need to be a separate workstream and will form part of the ongoing Urgent and Emergency Care (UEC) workstream.

Charters articulating the aims, objectives, achievements and timeframes for delivery for each workstream are being drafted. The PC and it’s Operational Delivery Group (ODG) have continued to work with workstream SRO and programme teams to define scope for the work within the PC and details of progress is detailed below:

Workstream	Programme Team/Structure	Workstream Charter	Key Deliverables	Key Measures
Community Mental Health Transformation Programme	Established	In Drafting – for sign off by PC April 24	Established and Agreed	Identified and under development
LDA Out of Area Placements	Established	For sign-off PC April 24	Established and Agreed	Identified and measured

Children and Young People – Transitioning	Established	In Drafting – for sign off by PC April 24	To be established	To be identified
Dementia	Established	Agreed with PC and Ageing Well Board	Established and Agreed	Identified and measured
Mental Health UEC	Established	In Drafting – for sign off by PC April 24	Established for agreement	To be identified
Suicide Prevention	In Progress		To be established	
Mental Health Frequent Attenders	Incorporated into UEC Workstream			
Delivery of Mental Health Digital Strategy	In Progress		To be established	

Next steps

- Over the next two months the ODG and PC are working with the workstream SROs and programme teams to ensure deliverables are mapped to timeframes and can articulate the advantage to the citizens of Kent and Medway including measurable outcomes where appropriate.
- A review of terms of references of the PC and structures under the PC will be undertaken to ensure clarity of the groups and to avoid duplication.

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	28th March 2024
Title of Paper:	Integrated Quality and Performance Report (IQPR)
Author:	All Executive Directors
Executive Director:	Sheila Stenson, Chief Executive

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Standing Order

Overview of Paper

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

Issues to bring to the Board's attention

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

The following represents a strategic overview on the key areas of greatest focus for the trust at present, which are in our strategy and six priorities:

1. **Patient flow:** Days lost to those **Clinically Ready for Discharge** continues to impact the trusts performance negatively. Verbal feedback has been provided from the diagnostic work undertaken by the ICB, the formal report has not been received as yet. A series of events are planned to consider the findings alongside system partners including social care and housing colleagues, which are particularly pivotal given high percentage of those CRFD which have housing needs. Executive responsibility is the Chief Medical Officer.
2. **Dementia diagnosis:** CMHSOPs are not meeting the **6 weeks to initial assessment and 18 weeks to second appointment performance target for dementia**. This has resulted in 2,200 (reduced from 2,700 in November) patients waiting for an initial assessment with a further 1,000

awaiting a second appointment. Now that we have cleared the diagnosis backlog created by Covid, and had the opportunity to learn from the pilot we launched in 2022 to offer an enhanced memory assessment and intervention service, we will be creating a new service model to ensure we can meet the growing demand in referrals and have a service fit for the future. A proposed model was presented to the Executive Management team last month and amendments are being drafted. Baseline modelling has been completed and this month performance data will be reported within the transformation programme to the Strategy Deployment Group, currently 6.2% of patients referred for memory assessment are diagnosed within six weeks. Additional discussions are now being scoped with the ICB looking at additional routes for diagnosis for cohorts of patients. Executive responsibility is the Director of Partnerships and Transformation.

3. **Recruitment and retention:** It is positive to note that all eight workforce metrics that have a target set are currently being met, **Vacancy Rates** and **Turnover** are stable for the last three months in a much-improved position compared the same period last year. This means that the Trust continues through winter with a more stabilised workforce supported by initiatives including the roll out of the flu vaccination for staff.

Governance

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

Chief Executive Overview

The board is presented with the Trust’s Integrated Performance and Quality Report (IQPR) which is supported by a range of reports across board committees and within the supporting Performance Management Framework across directorates. The content of the report is regularly reviewed with consideration of evolving national metrics and local intelligence of the need for new metrics to address areas of concern as well as identifying and sharing good practice.

Looking at all measures addressed within this report, as at the end of February 2024 there are:

- 6 measures of concern due to their trend of performance, a reduction compared to 10 at the end of December 2023.
- 6 measures of an improving nature, an increase of 4 compared to the end of December 2023.
- 36 common cause or movement which is not significant at this stage

The underlying cause of these trends are reviewed with a focus on supporting the Directorates, teams or wards which are subject to the greatest variation to drive improvements.

The following table summarises the metrics where targets are currently consistently falling below the given target levels using a statistical process control (SPC) approach. In all cases these measures are against locally defined targets, no measures from the Single Oversight Framework are currently showing as consistently not being delivered.

Section	Measure Name	Area Level	Area Name	Month	Target	Actual	V	A	LCL	Mean	UCL
Caring	002.C: Mental Health Scores From Friends And Family Test – % Positive	Trust Wide	TrustTOTAL	Feb-24	93.0%	86.5%	🟡	🟡	80.3%	85.8%	91.3%
Caring	006.C: Complaints responded to within 25 days	Trust Wide	TrustTOTAL	Feb-24	100.0%	91.0%	🟡	🟡	80.4%	89.9%	99.3%
Effective	006.E: Clinically Ready for Discharge	Trust Wide	TrustTOTAL	Feb-24	7.5%	17.1%	🟡	🟡	10.4%	12.7%	15.0%
Effective	015.E: %Patients with a CPA Care Plan	Trust Wide	TrustTOTAL	Feb-24	95.0%	83.4%	🟡	🟡	83.2%	86.2%	89.2%
Effective	017.E: Non CPA Care Plans & PSP	Trust Wide	TrustTOTAL	Feb-24	80.0%	69.9%	🟡	🟡	67.1%	69.9%	72.7%
Responsive	016b.R: Care spell start to Assessment within 6 weeks (MAS only)	Trust Wide	TrustTOTAL	Feb-24	75.0%	37.9%	🟡	🟡	27.4%	42.3%	57.1%
Responsive	017.R: Care spell start to Treatment within 18 weeks	Trust Wide	TrustTOTAL	Feb-24	95.0%	75.5%	🟡	🟡	69.9%	74.5%	79.1%
Well Led (Finance)	010.W-F: Agency Spend Against Cap YTD (%)	Trust Wide	TrustTOTAL	Feb-24	0.0%	2.0%	🟡	🟡	7.2%	17.2%	27.2%

Community Teams

Performance in CMHTs and CMHSOPs is not where we would want it to be. There are capacity issues and a high degree of variability between teams. The Board will be aware that it has been the trusts practice to go beyond that which is recommended by the National Confidential Inquiry into Suicide and Safety in Mental Health (2022) for 72hr follow.

The practice adopted by the Trust placed significant demand on our Community Mental Health Teams and we want to ensure that we absolutely meet the needs and requirements for those patients being

discharged from hospital and that in addition to this that we can treat patients waiting to be seen by a community team in a timely manner. As of the 11th March 2024, the Trust adopted the guidance and ceased the practice of following up all patient transfers within 72hrs. This change has been welcomed by community services. The impact of the change is being closely monitored and a review will be undertaken in three months' time to ascertain if the change has supported a reduction in wait lists and times. This will need to be balanced with a potential increase in activity expected in light of the Right Care, Right Person changes that come into place from April 2024.

Learning from the Thanet 'test and learn' community transformation continues and is helping to shape the implementation for Ashford and Canterbury which is planned to go live next month. The Board will be kept sighted on the roll out through the CMHF update report provided by the Chief Operating Officer. The long-term ambition is this will support the community team's overall performance as the new models of care are implemented including memory services.

Bed occupancy

Patient flow for acute services remain significantly challenged with the Trust frequently reporting OPEL 4 which means that patients are waiting longer than they should do for an acute admission. The largest contributor preventing good patient flow remains the Clinically Ready for Discharge cohort of patients. The ICB led report, which will outline recommendations for easing the numbers of delayed patients is critical. In the meantime, Multi Agency Discharge Events are planned. These events will be led by an external facilitator who has experience of working with several London mental health trusts with similar challenges.

Conclusion

The demand for an acute admission has been extremely high in the last few months, this is putting significant pressure on our younger adult bed base. We are eagerly awaiting the ICB Clinically Ready for Discharge report that will enable us to formulate a plan as part of our patient flow priority working with the wider system to support a timely discharge. In addition to this internally we are focussed on reducing our older adult length of stay.

As CEO I have an important role on the ICB Board and one of their Board sub-committees, this enables me to influence the wider system to ensure we have support for the six priorities I have set out. For example ensuring we have the right dementia model and pathways for our patients, that is a system model focussed on improving the system dementia diagnosis rate and therefore enabling us to meet our ambitious 6 week target.

I remain confident that the priorities set out in my first 100 days are the right ones for us as a trust and will continue to be mine, the executives and the wider organisations focus in this coming year.

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.

Restrictive Practice

Restraints:

- 77 reported incidents of restraint needing to be used in February 2024, a slight increase of 10 from the previous month of January. Acute Directorate reported 73 with the Forensic & Specialist Directorate reporting four.
- One incident reported moderate harm in February, this occurred whereby a patient was restrained to prevent self-harm.
- There were five reported Prone restraints in February 2024 in respect of five different patients.

Seclusions:

- There were 22 reported episodes of seclusion in February, the same number reported in January 2024.
- There were three instances of Long-Term Segregation during February 2024. One is a continuation from November involving a patient on Willow Suite.
- Although work around the use of segregation is on-going, areas of increased focus include documentation, specifically, the termination of Long Term Segregation and seclusion records.

IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
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		-	-	69	66	73	82	94	120	77	105	44	58	67	78
020.S	Unplanned Readmissions within 30 days		8.8%	L	8.2%	3.6%	3.8%	7.6%	9.4%	7.0%	4.3%	2.0%	5.1%	5.5%	1.6%	2.7%

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

Bed pressures

The trust retains a strong focus to enable the management of beds within capacity to minimise the impact on patients and carers by reducing inappropriate out of area patients. Our LOS for Younger Adults is below the national average. There is more work to do with regards to our Older Adults LOS. Further work is required for Clinically Ready for Discharge patients with the local system. Actions being taken are set out in this paper. Our Patient Flow priority clearly sets out our ambition to reduce bed occupancy to 92% by the end of March. This year to date position stands at 94.7% across acute beds, this has consistently been in excess of 95% for the last 12 months, however reduced to 92% in Quarter 3. As highlighted below, bed days lost to those clinically ready for discharge (CRFD) remain a significant and increasing challenge. It is positive to note that when the bed occupancy is analysed and CRFDs removed there is an 8% reduction in bed occupancy across acute beds when comparing the three months of March – May 2023 to the latest three months of December 2023 – February 2024. This reduction is 8.3% for YA acute and 7.5% for OP acute. This is reflective of the work of the FLOW programme to date.

There is a continued need to use external PICU beds due to the local provision being insufficient to meet the needs of the population with Willow Suite being a male only 12 bed unit. These beds achieve a Length of Stay below the national mean. The Trust is forecasting to use 6-8 beds with external providers (5 ideally within area) for the foreseeable future until a long-term solution is found for a female unit locally.

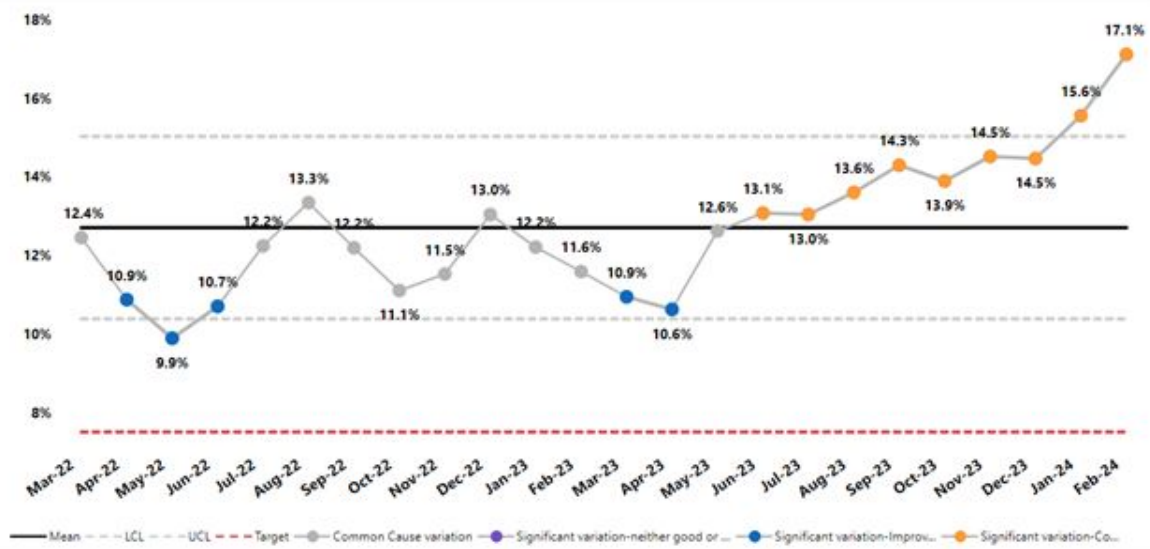
Executive Commentary

Clinically Ready for Discharge (006.E)

- Days lost to those Clinically Ready for Discharge increased to 17.1% in February, the highest position of the last 24 months and 4.9% higher than the same period last year. The overall position is driven by the days lost in YA acute beds (24.3%) and Older Adult Acute (34.1%), this relates to an average of 37 and 28 beds lost per day in February respectively. Of current patients identified as CFRD 39% are identified as requiring housing, 21% awaiting public funding and a further 16% awaiting residential placements.

006.E: Clinically Ready for Discharge
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
7.5%	17.1%	15.0%	12.7%	10.4%	🟡	🟢



- Verbal feedback has been provided from the diagnostic work undertaken by the ICB, the formal report has not been received as yet. The plan is for the Trust to hold an internal Multi Agency Discharge Event (MADE) event on 21st March, followed by 3 external MADE events next in April (one in each, East, West & North). These events will be attended by system partners including social care and housing colleagues which are particularly pivotal given high percentage of those CRFD which have housing needs.
- Porchlight are supporting patients in both North and East Kent with step down beds. These will be Functional younger adults whose needs are often housing support either through tenancy about to be lost or homeless. Plans are in place to support 4 patients on the East Kent wards with plans for a further 4 patients in the coming weeks.
- Kent and Medway ICB are leading on the development of a mental health and housing strategy for the county to support the system to manage CRFD patients with housing needs, the initial meeting is scheduled for 5th April.

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	🟡	🟡	29.0	0.0	-11.9	74.8	31.5
2	OPMH	🟢	🟢	0.0	0.0	0.0	0.0	0.0
3	PICU	🟡	🟡	156.0	0.0	-4.5	260.6	128.1
4	Trust Total	🟡	🟡	185.0	0.0	-1.8	320.9	159.5

Interpretation of results (Trust wide)

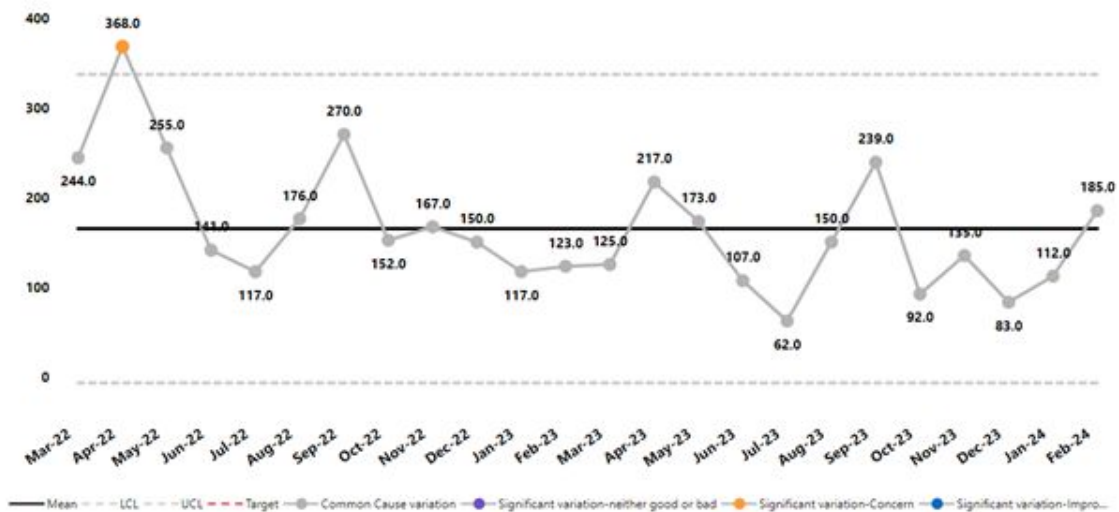
Variation	Common Cause - no significant change
Assurance	Variation indicates consistently failing short of target

Narrative

- 185 bed days were used in February (29 YA Acute and 156 PICU), compared to 112 bed days used in January (13 YA Acute and 99 PICU).
- The acute placement, the first since September 2023, was unavoidable due to the patient circumstances and not as a result of lack of capacity.

005.E: Out-Of-Area Placements (bed days)
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
185.0	337.0	165.0	(7.0)	🟡	🟡	



- The chart highlights continued common cause variation over the last 24 months in the use of external beds across Acute and PICU in excess of the 5 pre-contracted female PICU beds. The process for monitoring external placements remains in place to ensure external placements are constantly reviewed.

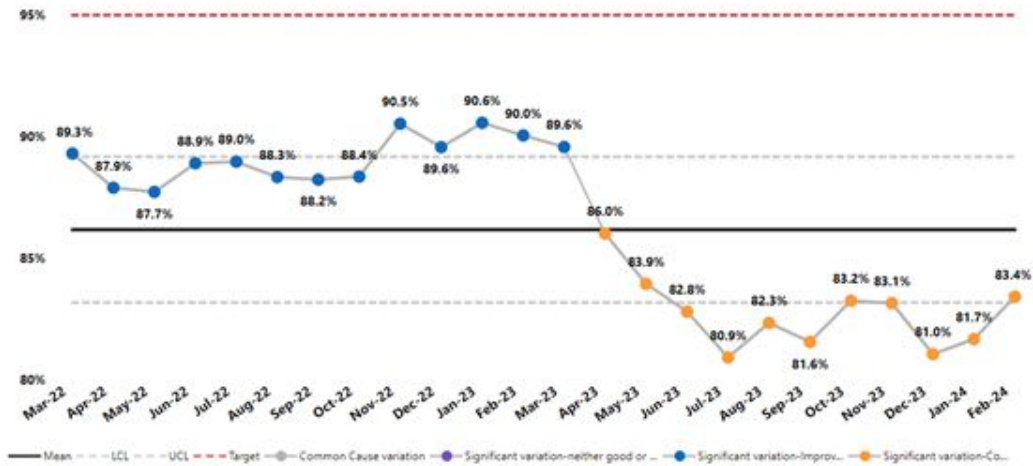
015.E: % Of Patients on CPA With Valid Care Plan		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			100.0%	95.0%	77.2%	98.3%	87.8%
2	Forensic and Specialist			86.0%	95.0%	87.1%	96.5%	91.8%
3	East Kent			87.3%	95.0%	86.4%	94.2%	90.3%
4	North Kent			81.6%	95.0%	75.9%	88.4%	82.2%
5	West Kent			76.9%	95.0%	77.0%	86.5%	81.7%
6	Trust Total			83.4%	95.0%	83.2%	89.2%	86.2%

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			82.0%	80.0%	65.0%	81.4%	73.2%
3	East Kent			74.1%	80.0%	73.3%	80.8%	77.1%
4	North Kent			59.6%	80.0%	59.9%	69.8%	64.9%
5	West Kent			69.9%	80.0%	54.3%	65.2%	59.8%
6	Trust Total			69.9%	80.0%	67.1%	72.7%	69.9%

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	
<p>CPA Care Planning</p> <ul style="list-style-type: none"> Across the locality Directorates CMHTs, CMHSOPs and EIP teams contribute to over 80% of this indicator. The trust wide position represents an increase of 1.7% in period, remaining 9% lower than 12 months previous. A targeted piece of work took place in February to review the patients subject to this measure and demonstrate improvements across all CMHTs. This work resulted in an increase from 72.6% at the end of January to 79% as at the end of February for CMHT's. Work is ongoing to achieve further improvements in this measure. 	

015.E: %Patients with a CPA Care Plan
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
95.0%	83.4%	89.2%	86.2%	83.2%	☹️	☺️



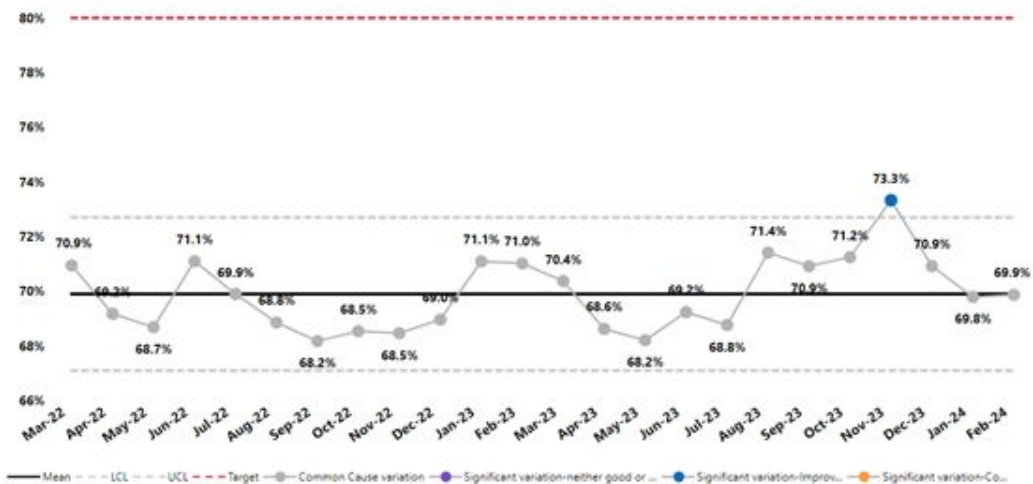
- Community services are currently rolling out DIALOG+ training across the county which will support the formation of the care plan, pulling across from the assessment, therefore supporting long-term improved compliance. To date 266 staff have attended Dialog+ training with a further 105 booked.
- FSS and East Kent Directorates continue to exceed 85%, the Acute Care Directorate figure reflects a low number of patients (14).

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

- Trust wide performance remains subject to minor variations over the last 24.
- The West and North Kent Directorates are outliers having achieved 70% & 59.6% respectively at the end of February.
- As highlighted above the role of Dialog+ will help inform enhanced care planning as part of the implementation of Mental Health Together.

015.F: %Patients with Non CPA Care Plans & PSP
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
80.0%	69.9%	72.7%	69.9%	67.1%	☹️	☺️



IQPR Dashboard: Effective

Ref	Measure	SoF	Target	Local / National Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
001b.E	CPA patients receiving follow-up within 72hours of discharge				84.5%	85.0%	76.8%	79.5%	78.6%	73.0%	80.6%	80.5%	75.9%	80.7%	77.7%	82.2%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓	95%	-	95.3%	95.5%	95.3%	95.4%	95.4%	95.5%	95.6%	95.3%	95.5%	95.3%	95.3%	95.3%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓	-	-	125	217	173	107	62	150	239	92	135	83	112	185
006.E	Clinically Ready for Discharge		7.5%	L	10.9%	10.6%	12.6%	13.1%	13.0%	13.6%	14.3%	13.9%	14.5%	14.5%	15.6%	17.1%
012.E	Average Length Of Stay(Younger Adults)		34	L	36.24	30.31	28.11	34.81	35.61	36.38	29.90	33.36	32.18	27.28	44.91	37.31
013a.E	Average Length Of Stay(Older Adults - Acute)		77	L	106.36	70.80	97.59	121.03	109.81	83.58	60.17	94.81	110.27	80.70	94.92	80.81
015.E	%Patients with a CPA Care Plan		95%	L	89.6%	86.0%	83.9%	82.8%	80.9%	82.3%	81.6%	83.2%	83.1%	81.0%	81.7%	83.4%
016.E	% Patients with a CPA Care Plan which is Distributed to Client		75%	L	72.3%	69.9%	68.9%	72.7%	73.8%	75.6%	77.6%	79.1%	79.2%	77.4%	77.2%	77.4%
017.E	%Patients with Non CPA Care Plans or Personal Support Plans		80%	L	70.4%	68.6%	68.2%	69.2%	68.8%	71.4%	70.9%	71.2%	73.3%	70.9%	69.8%	69.9%
018.E	Bed Occupancy (Net)				94.4%	95.5%	97.0%	95.8%	95.0%	95.2%	94.1%	92.1%	92.4%	93.4%	95.2%	96.9%
019.E	Ave LoS for Clinically Ready for Discharge (at discharge)				70.7	24.7	63.7	50.0	65.1	46.6	63.6	84.9	71.0	89.3	69.0	61.0
020.E	% of Acute (YA & OPMH) discharges at weekends				4.8%	18.1%	23.2%	8.2%	15.0%	11.1%	9.0%	9.7%	14.6%	10.6%	10.0%	8.6%

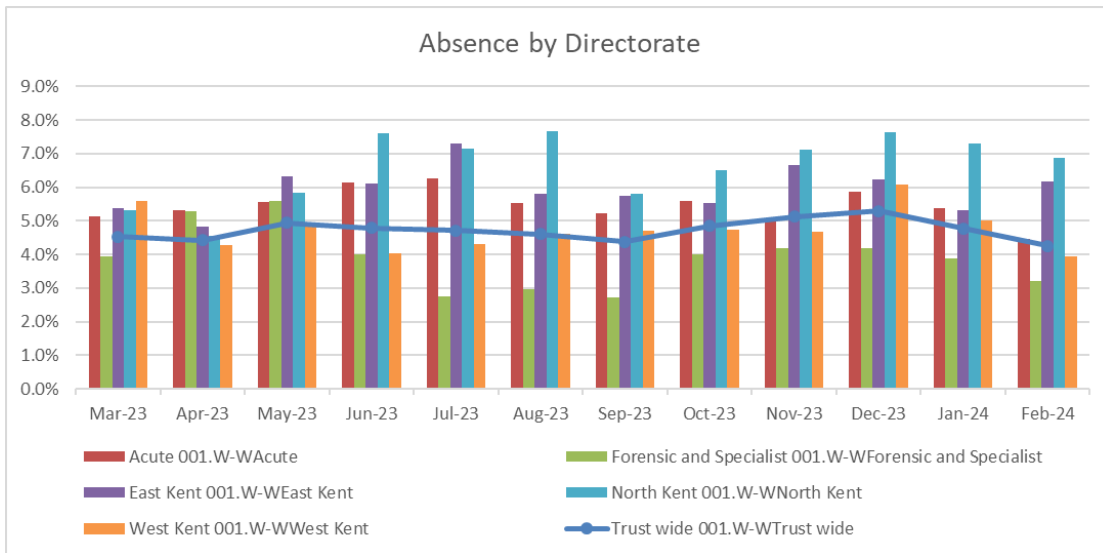
CQC Domain	Well led – Workforce
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Building a resilient, healthy and happy workforce • Evolving our culture and leadership

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

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

Executive Commentary

- Targets were achieved for all key performance indicators in February.
- Sickness absence has improved significantly since the winter peak and is now at a year low of 4.2%. There are however two directorates that are showing as outliers (North and East) and the team are working with operational managers to address this.



- Turnover, vacancy rates, safer staffing fill rates and essential training compliance all remain stable.

IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Target	Local / National Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
020.W-W	Establishment (Overall)					4088.5	4088.5	4088.5	4088.5	4088.5	4088.5	4088.5	4088.5	4088.5	4088.5	4088.5
001.W-W	Staff Sickness - Overall	✓	5.30%	L	4.5%	4.4%	4.9%	4.8%	4.7%	4.6%	4.4%	4.9%	5.1%	5.3%	4.8%	4.2%
005.W-W	Appraisals And Personal Development Plans		95%	L	95.8%					17.1%	42.2%	86.6%	95.4%	96.3%	96.8%	96.8%
006.W-W	Vacancy Gap - Overall		15.50%	L	14.3%	14.0%	14.0%	13.7%	13.6%	12.9%	12.9%	11.8%	11.8%	11.8%	11.8%	11.9%
012.W-W	Essential Training For Role		90%	L	93.9%	93.6%	92.8%	92.9%	93.6%	93.8%	93.4%	93.4%	93.7%	94.1%	94.0%	94.3%
015.W-W	Staff Stability (Overall)		85%	L	85.0%	84.5%	86.0%	85.3%	85.3%	85.3%	86.2%	85.4%	85.4%	85.4%	85.5%	86.7%
019.W-W	Staff Turnover (Overall)		16.50%	L		16.9%	16.9%	16.4%	15.9%	15.8%	15.7%	15.2%	15.7%	15.7%	15.0%	15.2%
019a.W-W	Staff Voluntary Turnover (Overall)		15.00%	L	14.3%	14.2%	14.2%	13.8%	13.1%	13.0%	13.4%	11.4%	11.3%	11.8%	10.8%	10.7%
023.W-W	Safer staffing fill rates		80.00%	L	100.5%	102.3%	103.7%	105.8%	108.7%	108.7%	105.5%	108.8%	109.3%	106.1%	108.1%	112.5%

- *New targets were introduced April 2023; historic data RAG rated against the new targets however may have previously been compliant against old targets.*

CQC Domain	Well led – Finance
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • 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
<p>The Trust is delivering breakeven position against its recurrent plan.</p> <p>Trust agency spend is above plan, with pressures within medical staffing and nursing. Spend over the last quarter has reduced and the in month position equates to 3.4% of the total pay bill.</p>

Executive Commentary

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

IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
004.W-F	In Month Budget (£000)		0.0	N	(12,571)	(13,296)	(13,279)	(14,931)	(13,739)	(13,651)	(14,390)	(13,607)	(13,941)	(13,756)	(13,746)	(13,746)
005.W-F	In Month Actual (£000)		-	-	(13,873)	(13,391)	(12,909)	(14,708)	(13,669)	(14,063)	(14,108)	(13,362)	(13,702)	(13,581)	(14,226)	(14,201)
006.W-F	In Month Variance (£000)		-	-	(1,302)	(95)	370	224	71	(411)	283	245	239	175	(480)	(456)
006a.W-F	Distance From Financial Plan YTD (%)	✓	0.0%	N	10.36%	0.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
007.W-F	Agency - In Month Budget (£000)		-	N	565	549	545	566	633	559	645	612	630	594	613	567
008.W-F	Agency - In Month Actual (£000)		-	-	930	740	748	717	684	726	638	648	652	699	666	578
009.W-F	Agency - In Month Variance from budget (£000)		-	-	365	191	172	186	131	181	95	71	31	111	53	11
010.W-F	Agency Spend Against Cap YTD (%)	✓	0.0%	N	18.44%	34.77%	33.20%	33.06%	29.64%	30.16%	27.30%	24.96%	22.30%	21.90%	20.54%	2.00%

- 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

- **Complaints responded to within 25 days (or agreed timeframe) (006.C):** There continues to be an improvement in the timescales for responsiveness from 87% to 91%. This has been improving since October 2023 where the performance had dipped. During this time period, there has been further development of the collaborative approach between the Complaints Team and Directorates. There has been a focus on how staff are supported so that they respond in a timeliness manner. This has involved enlisting senior leadership support to identify barriers to completing the work in a timely way. Expectations have been revisited as the importance of this work and changes to the elements of process to support this.
- **Complaints acknowledged within 3 days (or agreed timeframe):** This has now reached 100% in terms of complaints being acknowledged within 3 days. It was last at 100%, in November 2022 so this is a welcome achievement. This is most likely attributable to improvement working collaboration between Complaints Team and Directorates, revisiting of expectations and clear lines of escalation to ensure that responses are timely.
- The West Kent Directorate have been undertaking a pilot, testing out a renewed approach to the work. This has involved daily screening and early resolution, reducing down the number of complaints that have required a full investigation. The summary of the impact will be available on April 2024. However, this change of approach has allowed the teams to engage with the complainants at a much earlier stage and has allowed an early discussion as opposed to the engagement sitting behind a formal process. This allows for deeper understanding of the issues and better potential to resolve the issues quickly. Staff experience has been positive and it is hoped that this approach can be rolled out across the Trust.

IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
002.C	Mental Health Scores From Friends And Family Test – % Positive	✓	93%	N	87.5%	87.5%	84.2%	85.8%	86.4%	83.4%	88.3%	87.1%	89.2%	87.4%	85.9%	86.5%
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	98.0%		82.0%	83.0%	86.0%	96.0%	96.0%	98.0%	95.0%	97.0%	98.0%	100.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	97.0%		87.0%	84.0%	84.0%	87.0%	73.0%	65.0%	79.0%	78.0%	87.0%	91.0%
007.C	Compliments - actuals		-	-	106	78	114	97	115	112	117	106	131	115	112	82
008.C	Compliments - per 10,000 contacts		-	-	29.36	24.03	31.07	26.71	36.04	34.62	35.67	30.87	38.45	41.19	30.65	24.85
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	553	375	685	709	675	512	460	510	631	532	417	452
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	3.8	2.7	4.8	4.9	4.7	3.6	3.2	3.4	4.2	4.0	3.0	3.1
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %		-	-	8.3	8.1	8.3	8.3	8.3	8.4	8.4	8.1	8.6	8.5	8.3	8.1

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

Community Services

There is recognition of continued challenges in meeting performance targets consistently across CMHTs and CMHSOPs with a high degree of variability between teams. Caseload reviews have now been completed in all localities to support 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. Implementation of Mental Health Together has commenced with the ambition to have services live across the county by the summer of 2024. It is anticipated that contract award will take place by the end of March, to allow partner agencies to commence recruitment.

Waiting Lists

Demand for KMPT services remains high, resulting in continued challenges to meet waiting lists for assessment and treatment. For context CMHTs and CMHSOP on average receive 2,000 and 1,200 referrals per month respectively.

CMHSOPs are not meeting the 6 weeks to initial assessment and 18 weeks to diagnosis performance target for dementia. This is largely driven by the previous backlog, increasing demand (over the last 2 years when compared to pre-pandemic levels), variation in clinical practice, difficulty in recruiting to roles within CMHSOPs, and a mixed caseload of both older adults who require support for an organic need and those who have a functional mental health need.

The Memory Services Improvement Programme continues to work towards a new service model needed to achieve the 6 weeks to diagnosis target with agreed timelines monitored via transformation programme and via the monthly Quality Performance Reviews. The first iteration of capacity planning has been completed with an initial trajectory discussed at the MAS Implementation project group in March with operational and clinical leads.

Executive Commentary

Liaison Psychiatry

Our liaison teams play a key role in supporting the local acute trusts on a daily basis to manage patients safely in emergency departments. KMPT liaison teams receive approximately 900 urgent referrals a month. Work is ongoing to better understand factors impacting all those that present at an emergency department who are open to KMPT, this requires enhanced data sharing across organisations.

Current KMPT measures focus on those that present at an emergency department who have an onward referral to KMPT liaison services. Historically there was a mix of response times measured dependant on historic funding. For example, those services funded at CORE level are expected to respond within 2 hours and those funded at CORE24 level within 1 hour.

Data collection is currently being implemented to allow a measure of the following metrics that it is proposed will form part of the IQPR in 2024/25.

- People presenting to Liaison Services will be triaged within 1 hour
- People presenting to Liaison Services will be assessed within 4 hours
- People presenting to Liaison Services will be admitted to a psychiatric bed within 12 hours where required

Changes to RiO to allow the measurement of the metrics were completed in January, teams are being trained against the new operating procedures after which initial baselines can be established.

Currently breaches of 12 hours are managed within operational teams with escalations as required, there is no data set available that summarises the totality of waits and any breaches. The measure using new RiO functionality highlighted above will allow enhance reporting in 2024/25. It is important that live data is made available to relevant services and to aid executive oversight. This is becoming increasingly the case as breaches appear to be increasing both in terms of numbers and length of stay in the community and Emergency Departments.

Referrals to Rapid response assessed within 4 hours (O22.R)

The current performance of Rapid Response is 53.5% against a target of 95%. The service is working with the Business Intelligence team to finalise processes and a supporting dashboard to demonstrate to understand the current position and breaches in further detail. The service will then perform a root cause analysis of the breaches to improve the position. An initial audit of breaches in North Kent identified breaches were clinically safe and appropriate, due to factors such as patient choice.

016.R: Routine Referral To Assessment Within 4 Weeks		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	East Kent			78.5%	75.0%	60.9%	95.2%	78.1%
2	North Kent			61.9%	75.0%	31.8%	86.5%	59.2%
3	West Kent			74.0%	75.0%	51.6%	86.5%	69.1%
4	Trust Total			72.5%	75.0%	52.6%	85.5%	69.0%

Interpretation of results (Trust wide)

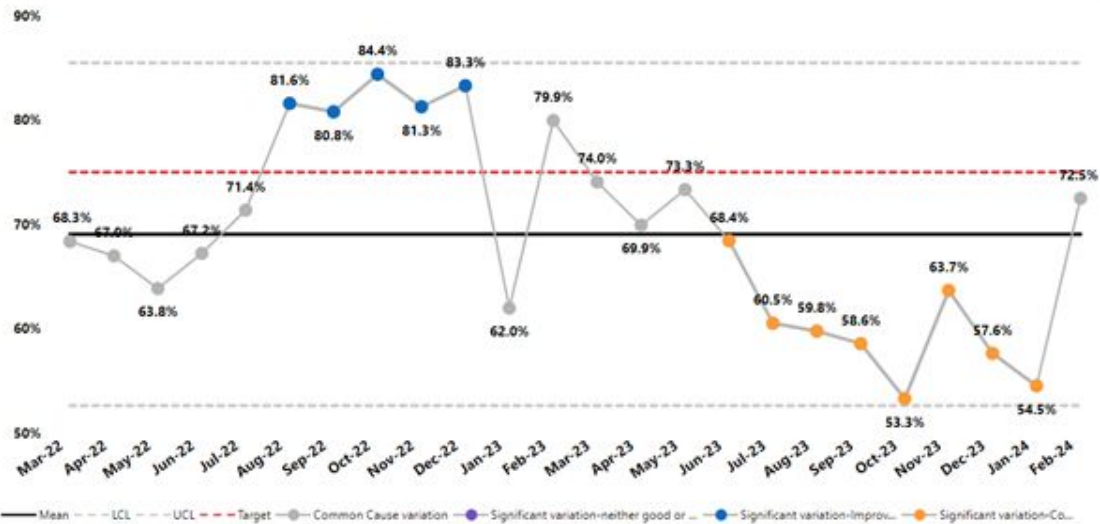
Variation	Common Cause - no significant change in month
Assurance	Variation indicates inconsistently hitting or failing target

Narrative

- Following a period where overall trust performance decreased in seven of the previous eight months there was an improvement in February of 18% as a result of improvements in both CMHT and CMHSOP.






016a.R: Care spell start to Assessment within 4 weeks (Excl. MAS)
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
75.0%	72.5%	85.5%	69.0%	52.6%		



- Performance has increased 18% in month, improvements in some teams have been identified as a result of backlogs having been cleared by the use of additional clinics allowing a timelier response to new referrals. Future month's performance will establish if this is sustained improvement.
- Numbers on the waiting list remains static at approx. 1,100-1,200. The percentage of which who had already breached has reduced to the lowest position of the last 12 months, 33.1% compared to 45.5% in May 2023.
- Stepping up the full Mental Health Together (MHT) model is crucial as evidenced by the review of cases reported in the previous Board report.

- The Mental Health Together model, as part of the Community Mental Health Framework, commenced in East Kent on the 15th January 2024. Whilst this will not demonstrate a sudden impact on the 4 week wait, the new model of care will provide a streamlined pathway and allow people to be allocated directly into either a clinical or social intervention.
- Work is ongoing to transition to a system wide target in line with previously highlighted national waiting time metrics for this patient group over the next 6- 9 months.

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			34.9%	75.0%	31.2%	62.7%	47.0%
2	North Kent			49.6%	75.0%	16.5%	50.8%	33.7%
3	West Kent			25.7%	75.0%	24.4%	63.2%	43.8%
4	Trust Total			37.9%	75.0%	27.4%	57.1%	42.3%

Interpretation of results (Trust wide)

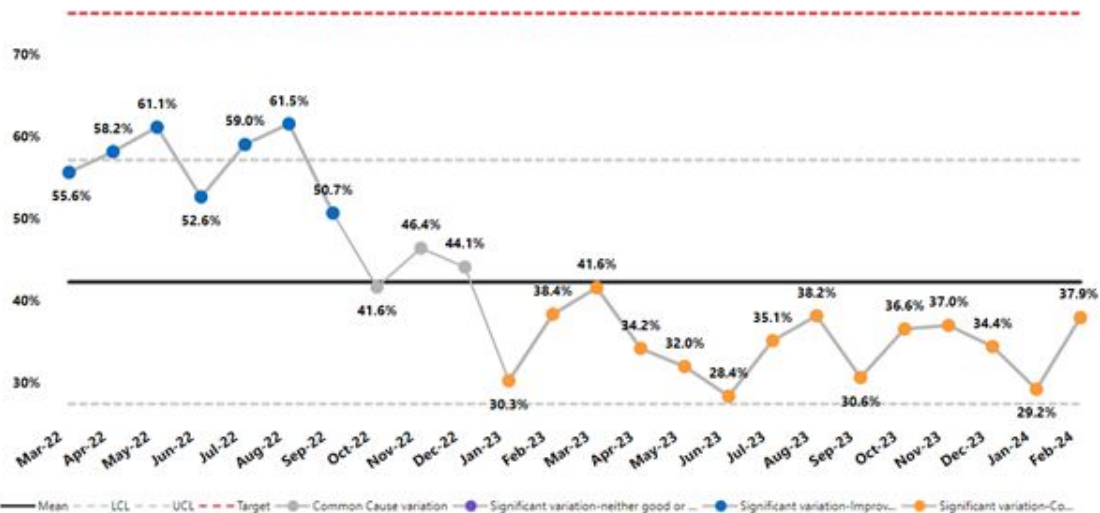
Variation	Special Cause Variation of a Concerning nature
Assurance	Variation indicates consistently failing short of target

Narrative

- CMHSOPs are addressing three waiting lists: 4 weeks wait for functional presentations; 6 weeks wait to assessment & diagnosis for organic presentations and 18 weeks to treatment for all referrals. The vast majority of the activity sits within organic presentations.
- Performance against the 6 weeks target for Memory Assessment continues to be a challenge against known issues of demand. Performance remains relatively consistent but remains a long distance from target.

016b.R: Care spell start to Assessment within 6 weeks (MAS only)
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
75.0%	37.9%	57.1%	42.3%	27.4%		



- A Standard Operating Procedure has been developed to improve data quality and clarification of waits. Caseload reviews continue in line with the move to MHT and MHT+. The reviews will also support the number of people waiting. Actions are overseen by the Director of Partnerships and Transformation.
- A longer-term plan to address the delivery of the memory assessment and diagnosis service provision has been formulated and is broken down into six key task and finish groups.
- There remains a large variance across teams in performance. It is recognised that Sevenoaks and Tunbridge Wells have significant workforce challenges, there is an improved position with regards to recruitment to nursing posts with more work to be done. Plans to co-locate the team to a single site are underway to increase the support available to all staff and further support recruitment.
- The service has negotiated an increase in GPwERs time, the team is exploring the development of evening and weekend clinics to support the assessment and diagnosis process. The ICB have confirmed that KMPT can continue to use current GPwER clinics with a new community model expected in summer 2024.
- Work continues to move to a measure of time to diagnosis for 2024/25.

IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	60%	N	52.4%	68.8%	88.2%	60.7%	52.2%	88.2%	65.2%	76.9%	64.7%	94.1%	71.4%	61.5%
007.R	DNAs - 1st Appointments		-	-	11.8%	12.0%	11.9%	11.1%	11.8%	10.5%	10.7%	11.5%	11.2%	12.4%	10.7%	11.2%
008.R	DNAs - Follow Up Appointments		-	-	7.9%	8.9%	8.5%	8.7%	8.9%	8.7%	8.8%	9.0%	8.6%	9.1%	9.0%	9.1%
009.R	Patient cancellations- 1st Appointments		-	-	2.6%	2.3%	2.3%	3.1%	2.6%	2.6%	1.8%	2.0%	3.0%	2.3%	2.6%	2.7%
010.R	Patient cancellations- Follow Up Appointments		-	-	6.1%	5.5%	5.5%	6.2%	6.7%	6.5%	5.2%	5.2%	7.0%	6.1%	6.0%	6.2%
011.R	Trust cancellations- 1st Appointments		-	-	4.4%	4.4%	3.6%	3.9%	4.7%	3.8%	1.9%	2.2%	5.5%	4.2%	3.8%	4.7%
012.R	Trust cancellations- Follow Up Appointments		-	-	9.8%	8.9%	9.0%	8.6%	10.0%	10.4%	9.1%	9.3%	10.9%	10.6%	10.5%	10.6%
016a.R	Care spell start to Assessment within 4 weeks (Excl. MAS)		75%	L	74.0%	69.9%	73.3%	68.4%	60.5%	59.8%	58.6%	53.3%	63.7%	57.6%	54.5%	72.5%
016b.R	Care spell start to Assessment within 6 weeks (MAS only)		75%	L	41.6%	34.2%	32.0%	28.4%	35.1%	38.2%	30.6%	36.6%	37.0%	34.4%	29.2%	37.9%
017.R	Care spell start to Treatment within 18 weeks		95%	L	69.0%	69.0%	68.4%	74.0%	76.6%	75.4%	71.9%	73.5%	75.2%	74.4%	73.2%	75.5%
018.R	% Patients waiting over 28 days from referral (Excl. MAS)		-	-	33.8%	34.9%	45.5%	35.0%	38.7%	44.6%	42.2%	36.5%	40.4%	43.0%	36.7%	33.1%
022.R	Referrals to Rapid response assessed within 4 hours		-	-	50.0%	62.8%	62.7%	62.0%	70.8%	67.8%	53.0%	63.7%	55.8%	61.8%	53.5%	54.0%
023.R	Open Access Crisis Line: Calls received		-	-	3,984	5,172	5,016	5,433	5,245	4,910	5,248	5,249	5,473	5,380	5,842	4,737
024.R	Open Access Crisis Line: Abandonment Rate (%)		-	-	35.1%	37.1%	31.7%	38.1%	35.2%	38.6%	45.4%	41.4%	44.9%	43.7%	42.3%	39.5%
025.R	Open Access Crisis Line: Ave time to answer		-	-	00:09:39	00:07:29	00:06:01	00:09:52	00:07:12	00:07:31	00:09:58	00:07:46	00:08:57	00:09:52	00:09:54	00:10:06
026.R	Open Access Crisis Line: Ave call length		-	-	00:11:57	00:12:24	00:12:39	00:12:23	00:10:48	00:12:02	00:12:53	00:12:00	00:11:44	00:11:23	00:11:03	00:12:08

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.








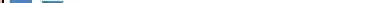
The Framework aims to help NHSI to identify NHS providers' support needs across six themes:

- 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	Jan-24	Feb-24	Trend <i>(Last 12 months where available, left to right)</i>
001b.E	CPA patients receiving follow-up within 72hours of discharge		77.7%	82.2%	
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		112	185	
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60%	71.4%	61.5%	
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	95%	95.3%	95.3%	
001.S	Occurrence Of Any Never Event	0	0	0	
001.W-W	Staff Sickness - Overall	5.3%	4.8%	4.2%	
002.C	Mental Health Scores From Friends And Family Test – % Positive	93.0%	85.9%	86.5%	
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:	Thursday 28 th March 2024
Title of Paper:	Finance Report for Month 11 (February 2024)
Author:	Nicola George, Deputy Director of Finance
Executive Director:	Nick Brown, Chief Finance and Resources Officer

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Regulatory Requirement

Overview of Paper

The attached report provides an overview of the financial position for month 11 (February 2024).

Items of focus

For the period ending 29 February 24, the Trust has reported a break-even position which is in line with the annual plan.

Points to note:

1. The Trust will receive a share of the risk share benefit from the Forensic Provider Collaborative and therefore is expecting to deliver a £1.0m surplus outturn position.
2. The Trust has an agency cap of £7.02m (c3.7% of its total pay bill). At Month 11, the Trust is expecting to exceed this cap by £1.38m. The main driver to this position is vacancies within medical staffing and nursing.
3. At month 11, the capital programme spend is £0.62m under plan, this is predominantly due to slippage in Estate scheme and VAT reclaims but the annual capital allocation is expected to be fully utilised.
4. The cash position remains strong at £16.49m at the end of February 2024.

Governance

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

Finance Report February 2024

Trust Board

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Executive Summary

Key Messages

For the period ending 29 February 24, the Trust has reported a break even position which is in line with the annual plan.

The Trust will receive a share of the risk share benefit from the Forensic Provider Collaborative and therefore is expecting to deliver a £1.0m surplus in year.

The key financial challenges for the Trust are:

- High Agency use, with a pressure in the Medical Staff group, and the continued use of Nursing agency. This area is subject to external scrutiny through the use of an agency cap.
- There is a continued usage of external beds, in particular usage of female PICU beds above contracted levels.
- The capital programme is £0.62m behind plan, this is due to phasing and the Trust has plans in place to utilise its allocation in year.
- The Trust is presently forecasting to deliver its £4.76 efficiency programme in full; with non recurrent savings supporting recurrent full year delivery in the later part of the year. The full year effect of these plans is being reviewed as part of planning but is anticipated to offset the non-recurrent impact in year.
- NHS England have now issued an interim planning guidance and Trust plans are due to be submitted to NHS England on 21st March. Operational planning continues at both a Trust and system level. Due to the financial pressures in the system, the Trusts have been asked to plan for efficiencies of up to 4%.

Income and Expenditure

Key pressures for February included the following:

- Agency spend reduced by £0.10m in month (when compared to January). Whilst some of this reflects on February being a shorter month, there was a reduced run rate within medical run rate due to successful recruitment. Nursing agency spend remains unchanged.
- The Trust is forecasting to exceed the annual agency cap by £1.38m (£8.40m Forecast vs £7.02m cap). This represents an improvement on the position previously reported.
- Bank spend increased compared to that seen in previous months. The run rate remains high and the Trust utilised 531 bank wte in month, 95 wte (22%) higher than usage in quarter 1.
- In February, the Trust used 9.7 female external female PICU beds, 4.7 above contracted levels. In addition the Trust utilised 1.4 external male PICU beds and 1 external female acute beds utilised.

On or above target ●

Below target, between 0 and 10% ●

More than 10% below target ●

At a Glance - Year to Date

Income and Expenditure ●

Efficiency Programme ●

Agency Spend ●

Underlying deficit ●

Capital Programme ●

Cash ●

Underlying Deficit

The Trust delivered a balance financial position in 2022/23, however to ensure the trust remains financially sustainable the Trust is focusing on the sustainability of individual services; with a review of loss making services and unwarranted variation being undertaken as part of the Trust wider CIP programme.

Capital Programme

As at 29 February the overall capital position is £0.62m underspent, with a forecast capital spend position of £12.79m, which is as per plan.

In month the Ruby Ward scheme overspent in month by £0.13m, bringing year to date overspend to £0.29m which is due to landscaping on the Ruby Ward site. to plan; further spend is expected and therefore is forecast to overspend overall by £0.29m.

Additional Estates schemes and the overspend on the Ruby Ward scheme will mitigate known slippages and ensure the annual capital allocation is utilised in year.

Cash

The cash position at the end of February was £16.49m; £0.18m below plan. The main drivers were a ICB block payment at a lower level than that received in January due to some adjustments to the block contract.

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Income and Expenditure

Statement of Comprehensive Income

	Annual		Current Month		Year to date		
	Budget £000	Budget £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Income	(256,580)	(21,685)	(22,873)	(1,188)	(237,200)	(239,751)	(2,551)
Employee Expenses	196,719	16,658	16,927	269	182,361	182,047	(314)
Operating Expenses	54,314	4,565	5,630	1,065	49,753	52,803	3,050
Operating (Surplus) / Deficit	(5,548)	(462)	(316)	146	(5,085)	(4,900)	185
Finance Costs	5,548	462	78	(384)	5,085	4,663	(423)
(Surplus) / Deficit	0	0	(238)	(238)	0	(238)	(238)
Of which: Technical adjustment	0	0	(238)	(238)	0	(238)	(238)
System (Surplus) / Deficit	0	0	0	0	0	0	0

Commentary

To month 11, there is an favourable pay variance to budget of £0.31m. This includes a significant underspend on substantive pay of £20.10m (due to the level of vacancies) being partly offset by agenge and bank usage.

Agency spend reduced in month, being driven by a reduction in medical pay, mostly due to the recent successful substantive recruitment. The highest levels of medical agency spend remains in East Kent which accounts for 55% of the medical agency spend. Nursing agency equates to 59% of total agency spend with the highest spend seen in West Kent – driven by Community and Crisis services. If current spend levels continue the Trust will exceed the annual agency cap (of £7.02m) by £1.38m.

Bank spend in month was higher when compared to levels reported in recent months. The run rate remains high Trust wide, however, this will be partially due to vacancy and absence cover from annual leave and sickness.

The Trust utilised 531 bank wte in month, 95 wte (22%) higher than usage at the start of the financial year.– this is partly due to the acuity of patients seen on inpatient wards and Extra packages of Care (EPCs) within the Forensic wards.

Other non pay includes a higher level of spend on External placements compared to budget, with additional Female PICU beds utilised. In month the external bed usage was above contracted levels with female PICU beds being utilised; 4.7 over contracted levels. Of which 2 beds related to an extended package of care for a patient with complex needs.

Long Term Sustainability Programme

Pillar	CIP scheme Risk Rating				
	Plan £000	Identified £000	Red £000	Amber £000	Green £000
Back Office	1,567	1,309	-	-	1,309
Commercial Development	1,804	-	-	-	-
Procurement and Purchasing	400	75	75	-	-
Productivity	437	2,829	108	600	2,121
Workforce	550	550	550	-	-
Unidentified	6	-	-	-	-
Trust CIP	4,764	4,763	733	600	3,430
		100%	15%	13%	72%

Commentary

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

As at the end of February, schemes have been identified to meet the full £4.76m CIP target; £4.25m, (94.8%) of the year to date plan has been achieved with some slippage in Estates and Human Resources Schemes.

Planning has now launched and part of which work will commence to identify future efficiency opportunities.

Due to the financial pressures in the system, the trust has been asked to plan for efficiencies of up to 4% which will be built into planning internally.

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Exception report

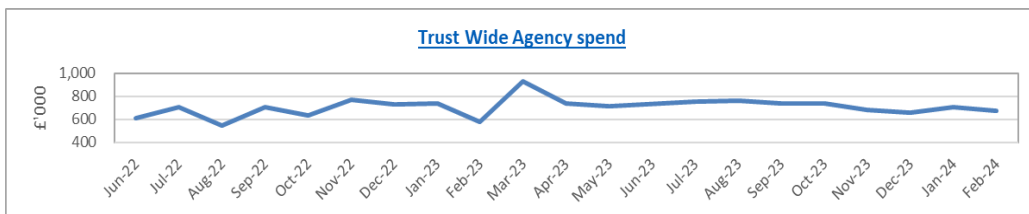
Temporary Staffing Spend

As at the end of February, the Trust reported a year to date underspend on pay of £0.35m. This consists of an underspend on substantive pay of £20.14m, offset by overspends on temporary staffing which total £19.79m; £12.04m on bank staff and £7.75m of agency spend.

Agency

Agency spend to month 11 totalled £7.75m and this is forecast to continue due to both vacancies and operational pressures. Medical agency spend reduced in month by £0.01m. The highest level of spend remains within the East Kent Directorate. Nursing agency spend continues at levels seen in previous months.

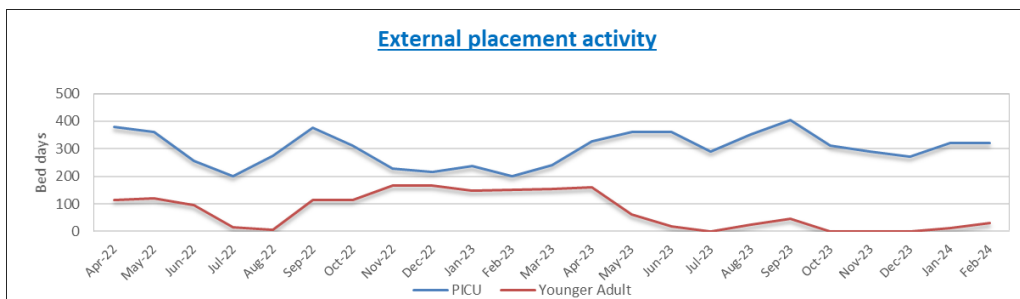
There continues to be focus and scrutiny on all agency spend as the financial year progresses to ensure spend is minimalised. The agency position is being closely monitored at an Executive Level.



External placements

In February, the Trust used 9.7 female external female PICU beds, 4.7 above contracted levels, of which 2 beds related to an extended package of care for a patient with complex needs.

There was also 1.4 external male PICU beds and 1 external female acute bed utilised.



Bank

The Trust holds a 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 utilised than planned.

Trust Wide Bank spend (£'000)

	Actual						
	22/23 Qtr 3	22/23 Qtr 4	23/24 Qtr 1	23/24 Qtr 2	23/24 Qtr 3	23/24 Jan	23/24 Feb
Nursing	1,766	2,097	1,885	2,159	2,151	758	796
HcAs	2,685	2,768	2,760	3,342	3,086	1,060	1,137
Other	416	450	383	433	390	130	111
Total	4,867	5,316	5,028	5,934	5,627	1,948	2,044

Trust Wide Bank Usage (WTEs)

	Average					
	22/23 Qtr 3	22/23 Qtr 4	23/24 Qtr 1	23/24 Qtr 2	23/24 Qtr 3	23/24 Jan
Nursing	125.23	153.46	125.31	145.17	143.72	154.68
HcAs	280.23	309.42	277.30	321.18	298.84	309.90
Other	40.00	42.87	34.08	38.21	35.44	35.15
Total	445.46	505.75	436.69	504.55	478.00	499.73

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 patient.

It is reported by the Directorates that there is a high level of observations required due to the acuity of patients with particular pressure seen within the Acute wards.

Acute Inpatient HCA Bank Usage (WTEs)

	Qtr 1 23/24	Qtr 2 23/24	Qtr 3 23/24	23/24 Jan 24	23/24 Feb 24
Inpatient area					
Older Adult Wards	40.40	42.46	41.09	46.08	45.14
Willow Suite	27.96	35.75	30.64	25.50	30.49
Younger Adult Wards	83.10	85.80	72.08	82.89	92.38
Total	151.46	164.01	143.81	154.47	168.01

Forensics Inpatient HCA Bank Usage (WTEs)

	Qtr 1 23/24	Qtr 2 23/24	Qtr 3 23/24	23/24 Jan 24	23/24 Feb 24
Inpatient area					
Low Secure Services	62.34	68.26	63.08	58.72	58.78
Medium Secure Services	23.01	31.53	37.19	40.47	47.74
Total	85.36	99.79	100.27	99.19	106.52

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Appendices

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Balance Sheet

Statement of Financial Position

	Opening 31st March 2023 <i>Actual</i> £000	Prior Month 31st January 2024 <i>Actual</i> £000	Current Month 29th February 2024 <i>Actual</i> £000
Non-current assets	172,052	173,242	173,410
Current assets	31,132	22,369	23,503
Current liabilities	(37,727)	(32,015)	(33,890)
Non current liabilities	(35,945)	(34,084)	(39,992)
Net Assets Employed	129,512	129,512	123,030
Total Taxpayers Equity	129,512	129,512	123,030

Commentary

Non-current assets

Non current assets have increased by £0.17m in month, consisting of capital expenditure of £1.09m being offset by depreciation and amortisation £0.92m and £0.01m decrease in non current receivables.

Current Assets

Within current assets the cash position remains strong at £16.49m.

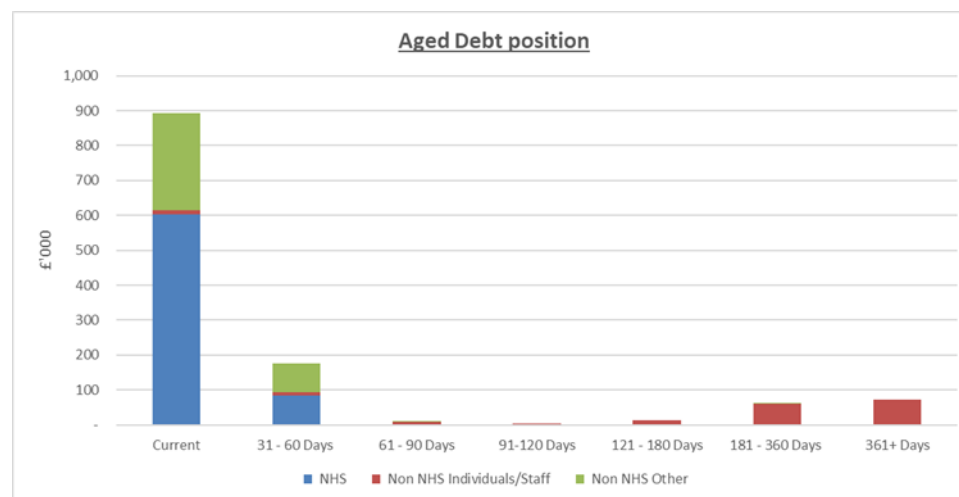
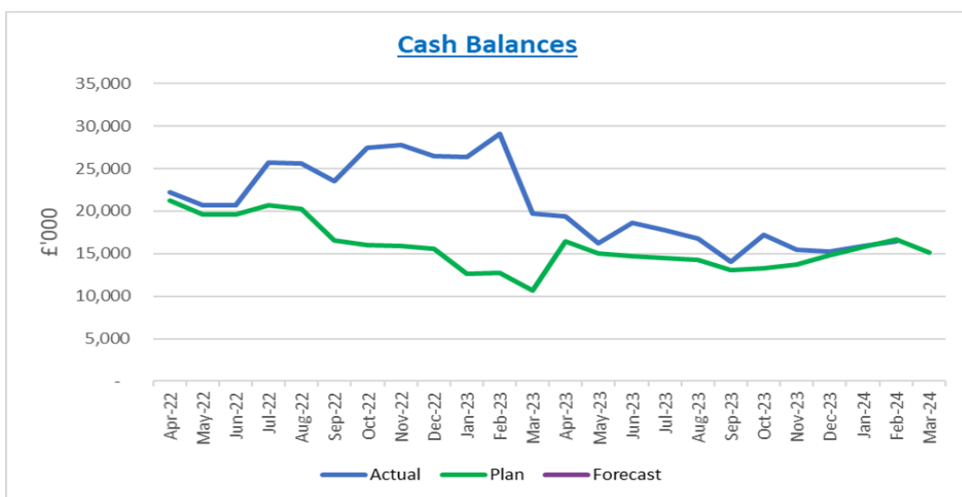
Trade and other receivables increased by £0.55m. Accounted by vat receivable, contract receivables and offset by prepayments and other receivable.

Current Liabilities

Overall Trade and other payables increased by £1.33m. Key drivers of this movement were rises in trade payables, monthly PDC charge, capital payables, deferred income and other payables.

Aged Debt

Our total invoiced debt balance is £1.23m, of which £0.89m is due within 30 days



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Capital Position

Commentary

As at 29 February the overall capital position is £0.62m underspent, with a forecast capital spend position of £12.79m, which is as per plan.

In month the Ruby Ward scheme overspent in month by £0.13m, bringing year to date overspend to £0.29m which is due to landscaping on the Ruby Ward site. to plan; further spend is expected and therefore is forecast to overspend overall by £0.29m.

VAT reclaims of £0.69m and Estates schemes and delays on the Section 136 scheme are the main contributors to the year to date underspend. Additional Estates schemes and the overspend on the

Ruby Ward scheme will mitigate known slippages and ensure the annual capital allocation is utilised as much as possible.

The following estates schemes which are underspent due to delays in commencement are: -

TGU Access Control and Pinpoint,	£0.09m
Coleman House Windows,	£0.27m
Emmetts and Walmer Anti Ligature,	£0.18m

These schemes will therefore be a call on the 24/25 capital allocation.

Capital Resource Limit summary

Capital Resource Limit (CRL)	£000
Initial capital allocation	8,349
Confirmed Adjustments	
Section 136 Development	1,077
Total Confirmed Adjustments and Allocations	9,426
Anticipated Adjustments	
CRL required for PFI	49
Frontline Digitisation Programme	1,890
Cash reserves	1,427
Forecast CRL To Be Confirmed	12,792

Year to date and forecast performance against Plan

	Full Year			Current Month			Year to Date		
	Plan	Forecast	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Information Management and Technology	584	(119)	(702)	42	0	(42)	467	(119)	(585)
Capital Maintenance and Minor Schemes	1,806	3,002	1,196	100	500	400	1,706	1,831	125
Ruby Ward and Improving Mental Health Services Infrastructure	7,386	7,702	316	0	125	125	7,386	7,678	292
Section 136 development	1,077	129	(948)	309	68	(241)	618	109	(509)
Frontline Digitisation Programme	1,890	1,940	50	250	381	131	1,590	1,632	42
PFI 2023/24	49	62	13	4	16	12	45	57	12
Mental Health Response Vehicle	0	75	75	0	0	0	0	0	0
Total Capital Expenditure	12,792	12,792	(0)	706	1,090	384	11,812	11,189	(623)

Forecast

As at Month 11, the Trust is forecasting to spend the full capital budget of £12.79m by the end of the financial year; with a prioritisation process having been undertaken to allocate the underspend reported previously.

Additional schemes include

- Ruby Ward – The project is presently forecasting to overspend by £0.29m due to landscaping costs. Work is on-going to assure this position
- TGU Access Control and Pinpoint,
- Coleman House Windows
- Allington and Tarentfort Windows,
- Trust Wide Anti Ligature

Work is on-going with our estates leads to ensure that schemes complete in March as planned.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	Thursday 28 th March 2024
Title of Paper:	Financial Plan 2024/25
Author:	Nicola George, Deputy Director of Finance
Executive Director:	Nick Brown, Chief Finance and Resources Officer

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Regulatory Requirement

Overview of Paper

The attached paper provides details to the Trust's 2024/25 financial plan.

Items of focus

The Trust is submitting a breakeven position for 2024/25. This is based on the delivery of a £10.74m Cost Improvement Programme.

In addition, the Trust has a capital programme in year of £13.20m

The detailed planning position was discussed with the Finance and Performance Committee on 26th March 2024.

The Trust has submitted a draft plan to NHS England on 21st March 2024.

Planning Guidance is expected to be published this month, with a final plan submission due 4th May 2024.

Governance

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

Financial Annual Plan and Budgets

2024/25

28th March 2024
Trust Board

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Overview

- For the Financial Year 2024/25 the Trust is planning to deliver a breakeven position against income of £267.35m, which assumes delivery of a £10.74m Cost Improvement Plan (4%).
- The Trust has submitted a draft financial plan reflecting this to NHS England on 21st March 2024; with an updated submission due 4th May 2024.
- Final planning guidance is still outstanding, although no material changes are anticipated from the interim guidance.
- The Trust's financial plan assumes;
 - Delivery of a 4% Cost Improvement Plan (CIP), this is in-line with system expectation and equates to £10.74m. Plans to deliver 93% of this figure have presently been identified
 - Delivery of the agency cap in year of £6.58m. This equates to 3.2% of the pay budget. Following work around medical recruitment, the Trust's present annualised agency run rate is £7.04m.
 - The Trust is holding a 2% pay reserve for the notional impact of the expect pay award.
 - The Trust has a system capital allocation of £7.15m for 2024/25 with further funding available for digital and centralised s136.
- The main outstanding issues are;
 - The Trust contracts with its commissioners are in the process of being finalised, the present plan is based on the most recent conversations with our commissioners.
 - Agreement on how we use Mental Health Investment Standard (MHIS) is on-going. The MHIS growth is 4.4% for 2024/25.

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Financial Plan summary

Financial position		FOT 23/24	Plan 24/25	Year on year movement	Key headlines
		£000	£000	£000	
Income	Income from Activities	(242,933)	(256,125)	(13,192)	£5.7m increase in funding in relation to CMHF, inflationary uplift
	Other Operating Income	(19,542)	(11,745)	7,797	
Total Income		(262,475)	(267,870)	(5,395)	
Expenditure					
	Substantive	168,175	182,530	14,355	2% Pay Award, cost improvement impact, reduction in high cost patient staffing (offset by income) Substantive staffing anticipated to reduce temporary staffing spend
	Bank	22,325	16,394	(5,931)	
	Agency	8,401	6,576	(1,825)	
Total Employee Expenses		198,902	205,500	6,598	
	Clinical supplies	2,070	3,746	1,676	Reduction in external placement costs, impact of Catering & Maintenance contract changes Non recurrent spend Based on Trust Asset base, impact of IFRS 16 (incl PFI change)
	Drugs	3,761	3,295	(466)	
	Other non pay	40,721	39,298	(1,423)	
	Non Exec Director	179	181	2	
	Redundancy Costs - staff costs	59	0	(59)	
	Depreciation	10,468	11,028	560	
Total Non Pay		57,257	57,548	290	
Total Expenditure		256,159	263,048	6,888	
Operating (Surplus) / Deficit		(6,315)	(4,822)	1,493	
Finance Costs		5,077	5,150	73	
(Surplus) / Deficit		(1,238)	328	1,566	
Of which: Technical adjustment		(238)	(328)	(90)	
(Surplus) / Deficit		(1,000)	0	1,000	

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Cost Improvement Plan

Efficiency savings have been assumed at 4% as per system expectation which gives a target of £10.74m for 2024/25. Schemes have been identified which total 93% of this target.

An initial risk assessment has plans being progressed in 50% of cases (Amber), with 33% of schemes in delivery mode (Green).

Pillar	£'000s	Red	Amber	Green
Commercial Development	2,100		1,000	1,100
Productivity Review	4,300	1,000	2,600	700
Back Office Review	3,568		1,784	1,784
Unidentified	772	772		
Total	10,740	1,772	5,384	3,584

The Trust is adopting the approach used in year to review its loss making services, and taking a service review approach to its Cost Improvement programme with a focus on ensuring the productivity of its services.

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Capital Plan

- The Trust is anticipating access to £13.20m of capital funding next year. £7.15m system capital, £6.04m for specific schemes.
- The Trust has undertaken a prioritisation process in relation to its system capital funding work with its directorates to finalised a prioritised list for investment. This attracted capital requests totalling £9.28m, so agreement was made only on those schemes that were a high priority.
- In addition, the Trust is anticipating funding for
 - Centralised Place of Safety (£2.81m)
 - Front Line Digitalisation (£1.74m)
 - IFRS16 Funding (£1.60m)
- These schemes all have expenditure commitments against them in 2024/25 and are anticipated to be committed in full.

System Capital Schemes	£'000s
2023/24 Work In Progress	148
Operational Priorities (Estates)	5,006
Operational Priorities (it)	2,000
Total System Capital	7,154
Funded Schemes	
Centralised Place of Safety	2,708
Frontline Digitalisation	1,736
IFRS16 Impact	1,600
Total Funded Schemes	6,044
Total Capital Spend	13,198

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Risks

The Trust managed a number of financial risks in delivering its breakeven position

Risks for 2024/25 that have been identified so far;

- **Cost Improvement Plan** – The Trust has a CIP programme (excluding staffing structures) of £10.74m. Any slippage to the position will represent a challenge to the Trust delivering its control total.
- **Capital Spend** – The Trust has committed its capital programme in full. If other priorities present in year, a re-prioritisation process may be needed which will mean some present schemes need to be paused.
- **System Financial Challenges** – The system has submitted a deficit plan. It is likely that this position will attract further scrutiny from NHS England.
- **Agency Spend** – The Trust has an agency cap target of £6.58m (3.2%), with a present run rate of £7.04m. Plans are being developed to address the outstanding gap.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	28 th March 2024
Title of Paper:	Staff experience, culture, and the National Staff Survey
Author:	Xanthe Whittaker, Head of Organisational Development
Executive Director:	Sandra Goatley, Chief People Officer

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Board requested

Overview of Paper

This paper sets out the overall results of the National Staff Survey for 2023 at an organisational level. This includes participation, employee engagement, areas for noting success and concerns. The paper also describes the areas for focus in relation to KMPT's 2023-2026 People Plan, drawing on findings from the National Staff Survey.

Issues to bring to the Board's attention

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

Key areas for improvement are considered to be:

- Responding to concerns (deteriorated and poorer than average).
- Satisfaction with levels of pay (improved from 2022, but poorer than average).
- Satisfaction with staffing levels (improved from 2022, but poorer than average).
- Mitigating against and supporting staff who experience violence, aggression, and discrimination from patients (improved from 2022, but poorer than average).

Key strengths are considered to be:

- Satisfaction with line management (consistent with last year, and stronger than average in a number of areas).
- Access to learning and development opportunities (consistent with last year and stronger than average).

- Satisfaction with level of pay, having realistic time pressures and having enough staff in the organisation to do my job properly have also seen significant improvement (although stronger than average, the national average is low).

The People Plan (supporting KMPT's 2023-2026 strategy) addresses each of these areas. Local teams are also being supported to develop local commitments.

Governance

Implications/Impact:	Recruitment and retention; quality and safety and absence
Assurance:	Reasonable
Oversight:	Oversight by People Committee

1. INTRODUCTION AND CONTEXT

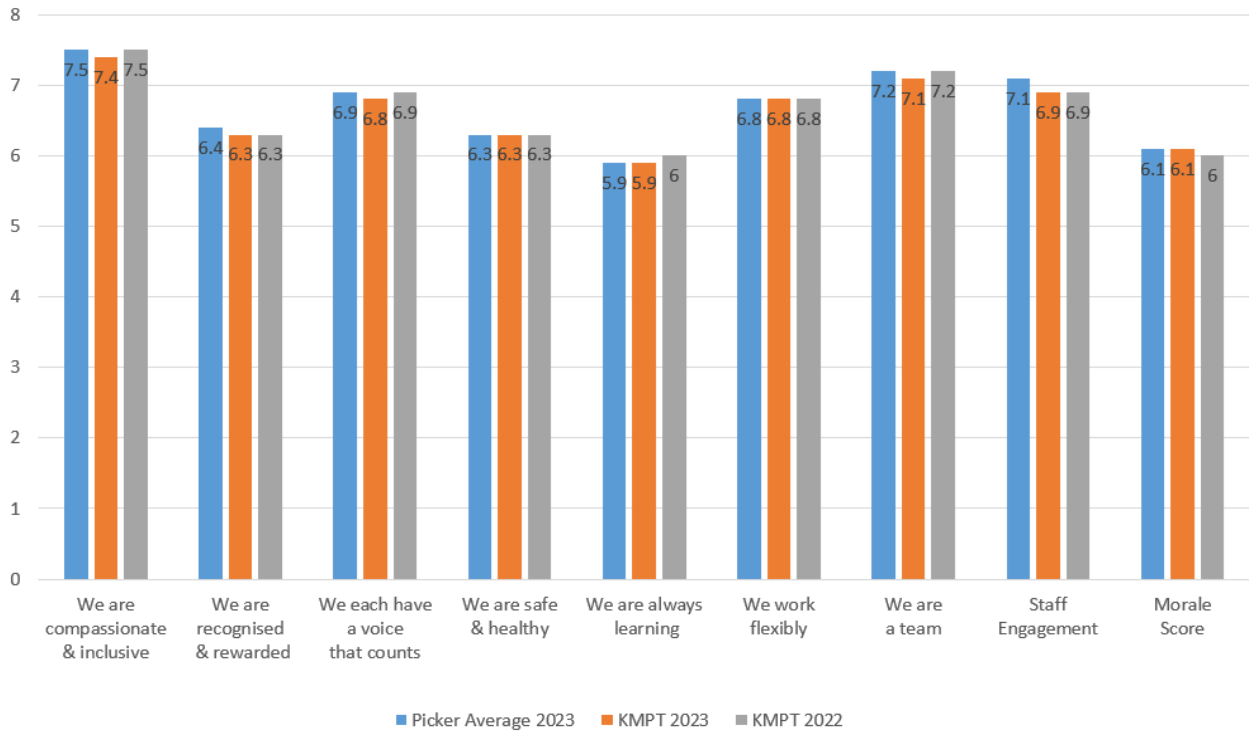
- 1.1 Recognising that people are its most critical asset, Kent and Medway NHS and Social Care Partnership Trust (KMPT) continues to pay close attention to the experience that its people have in the workplace, and to the culture that exists in the organisation.
- 1.2 There is a wealth of evidence reminding NHS organisations to address systemic cultural features which facilitate or impede the provision of safe, high-quality care for patients. Bringing together this evidence, the national People Plan, through the People Promise, concluded that NHS organisations should aspire to a culture where:
 - We are compassionate and inclusive
 - We are recognised and rewarded
 - We each have a voice that counts
 - We are safe and healthy
 - We are learning
 - We work flexible
 - We are a team.
- 1.3 The National Staff Survey was responded to this year by 51.7% of KMPT staff, level with the median response rate however 313 less people took the survey than in 2022. The survey serves, alongside other indicators, as a helpful barometer for organisational culture. It is a means of staff communicating, from their experience, where there are strengths and weaknesses in the culture and in the system which impact on the provision of care. The Staff Survey results at KMPT have remained fairly stable over the past 5 years and have tended to be broadly in line with the average results for mental health Trusts. The same is true of the results for 2023.
- 1.4 KMPT has taken many positive steps over the past few years to make improvements in relation to staff experience and culture. A small number of recent examples include investing in the health and wellbeing offer; 3 new chillout spaces for staff to rest and recharge have been created in Canterbury, Maidstone, and Dartford with positive feedback from all those who have accessed these. The creation of a staff hardship fund, a response to the cost-of-living crisis – our 2023 incentive to fill in staff survey was a donation for each response to this fund.
- 1.5 KMPT seeks to build on these foundations to gain momentum towards its ambitions of being a truly great place to work and of fostering a culture where its people thrive.
- 1.6 We recognise there is much more work to be done and, for some of our 2023 results, this is not where we would want to be. We currently rank 6th from bottom on recommending KMPT as a place to work. There is a significant amount of work happening across KMPT to address this, including work on Equality, Diversity and inclusion with an intention to make KMPT an anti-racist organisation. There is also work on improving KMPT's brand identity and culture. These are both written about in more detail later on in this paper.

1.7 This paper sets out the overall results of the National Staff Survey, areas where KMPT’s results have improved and deteriorated, and comparisons with external mental health trust benchmarks. The paper also describes the areas for focus in KMPT’s 2023-2026 People Plan, drawing on findings from the National Staff Survey.

2. STAFF SURVEY RESULTS

2.1 Staff Survey results: Overview against People Promise

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



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

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

2.2.1 Across all the 100 individual questions in this year’s survey, responses had improved in response to 4 questions and deteriorated in response to 6 questions since the 2022 National Staff Survey. It should be noted that for statistical purposes, only variations of more than 3% are recognised as variations.

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

Most improved scores	Trust 2023	Trust 2022	Picker Avg 2023
q3i. Enough staff at organisation to do my job properly	34%	28%	34%
q4c. Satisfied with level of pay	31%	27%	35%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	75%	70%	75%
q5a. Have realistic time pressures	31%	28%	29%
q4d. Satisfied with opportunities for flexible working patterns	68%	65%	68%

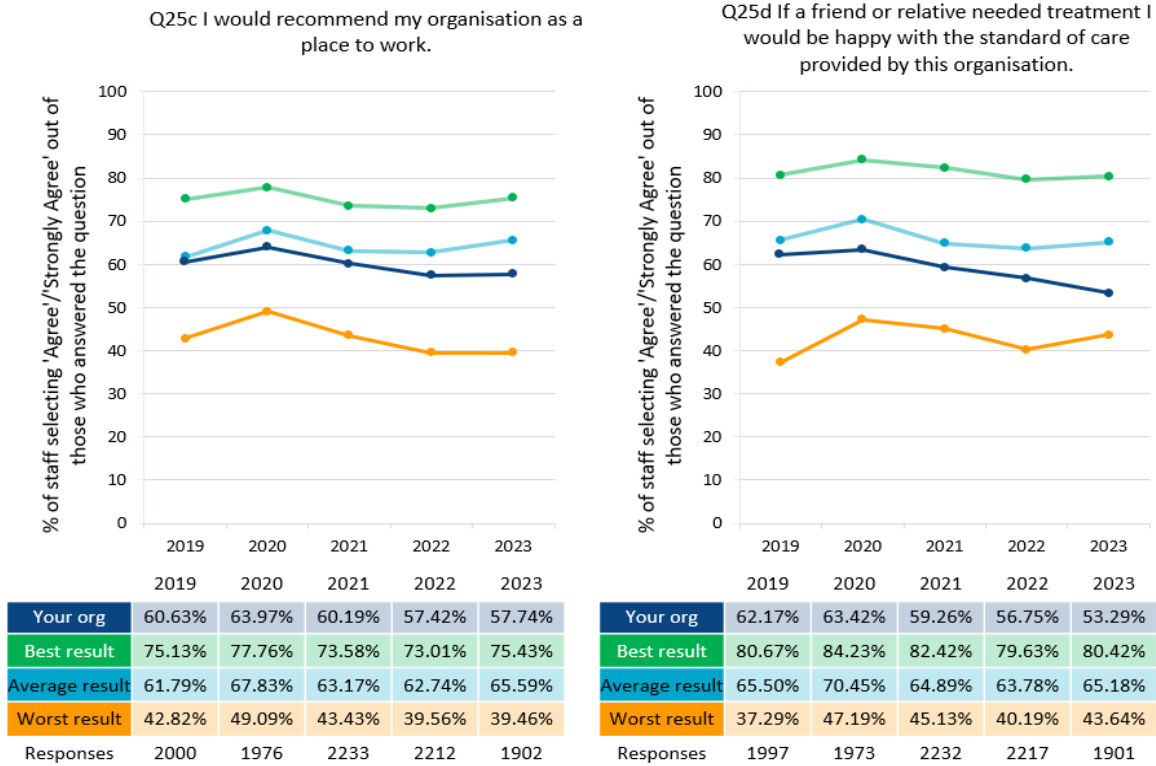
Most declined scores	Trust 2023	Trust 2022	Picker Avg 2023
q19d. Feedback given on changes made following errors/near misses/incidents	64%	67%	63%
q23a. Received appraisal in the past 12 months	88%	91%	85%
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	53%	57%	62%
q14d. Last experience of harassment/bullying/abuse reported	64%	67%	62%
q11a. Organisation takes positive action on health and well-being	58%	62%	62%

2.2.3 The full set of question scores since the 2019 National Staff Survey can be found in Appendix 1.

2.3 There is an area of deterioration which seems to be more specific to KMPT relating to staff being happy with standard of care provided by organisation. This has fallen 4% from 2022 and 10.4% since 2020.

2.4 In addition, we have also seen a drop since 2020 of over 6% in the question 'I would recommend my organisation as a place to work'. These 2 areas are associated to staff

engagement score relating to Advocacy which maintained overall the 2022 result of 6.5 but remains poor against the Picker average. The benchmarking (against 51 Mental Health Trusts) is shown below. Also shown is a comparison across the Directorates relating to these 2 areas.

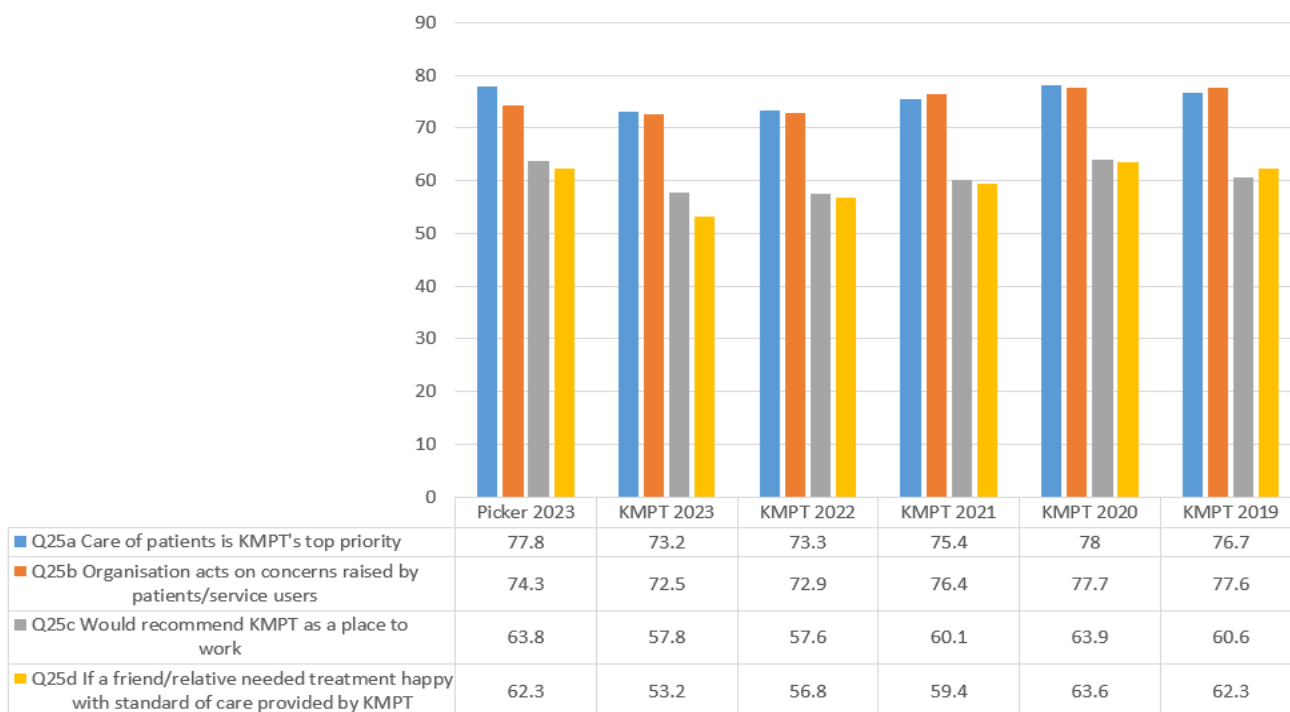


Picker Kent and Medway NHS and Social Care Partnership Trust
 NSS23 RAG report - RAG Table Report
 Breakdown: Locality 1
 Suppression Threshold: 10
 Set RAG % point difference: 3

		Key:							
		100.0%	>3 ppt above	<3 ppt below	In between				
Section	Q	Description	Comparator (Organisation Overall)	380 Acute Directorate	380 East Kent Directorate	380 Forensics and Specialist Services Directorate	380 North Kent Directorate	380 Support Services	380 West Kent Directorate
			n = 1916	n = 287	n = 300	n = 355	n = 188	n = 518	n = 268
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	57.8%	57.9%	52.3%	63.7%	47.3%	61.3%	56.6%
	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	53.2%	57.2%	47.0%	59.9%	47.8%	52.6%	52.1%

2.5 In 2023 we started our work on reshaping our KMPT brand identity. Perceptions of standard of care in conjunction with other measures assessed through the staff survey

are specifically related to this area. These are highlighted in the table below and show the trajectory since 2019, along with the Picker average for comparison.



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

2.6.1 Across the 100 questions in this year's survey, responses to 13 questions were better than the average for mental health Trusts, and responses to 12 questions were worse than the average for mental health Trusts.

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

Top 5 scores vs Picker Average	KMPT 2023	KMPT 2022	Picker Avg 2023
q13d. Last experience of physical violence reported	93%	92%	88%
q9b. Immediate manager gives clear feedback on my work	78%	78%	74%
q3h. Have adequate materials, supplies and equipment to do my work	67%	67%	63%

q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	80%	78%	77%
q23c. Appraisal helped me agree clear objectives for my work	40%	39%	37%

Bottom 5 scores vs Picker Average	KMPT 2023	KMPT 2022	Picker Avg 2023
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	53%	57%	62%
q25c. Would recommend organisation as place to work	58%	58%	64%
q19a. Staff involved in an error/near miss/incident treated fairly	54%	55%	59%
q25a. Care of patients/service users is organisation's top priority	73%	73%	78%
q24a. Organisation offers me challenging work	72%	73%	76%

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

2.6.4 These results indicate relative strengths particularly around line management and feedback, which are critical foundations for future change and improvement. It should of course be noted that even scores which are positive compared to the national average may leave scope for improvement, such as, for example, scores around appraisal and giving quality feedback. We are hearing from our staff, through varying mechanisms, that communication around change particularly is poor and that staff do not feel they are adequately communicated to or involved in changes that affect them.

2.6.5 One of the six priorities is to reduce experiences of violence, aggression and discrimination perpetrated against staff by patients, we have seen improvement from our 2022 survey although they still remain lower than the national average. Reporting of physical violence has improved and is now almost 5% higher than the national average. This remains a sensitive area requiring ongoing attention and priority and is being addressed through an ongoing series of work in this area.

2.6.6 The final area which is indicated for focus based on relativities with national Mental Health Trust average (as well as the deterioration beyond national trend since last year) is the way in which concerns are addressed when raised. Specifically, as well as a deterioration in confidence that concerns are addressed, fewer staff than the national

average also report a lack of confidence that they will be treated fairly having raised them.

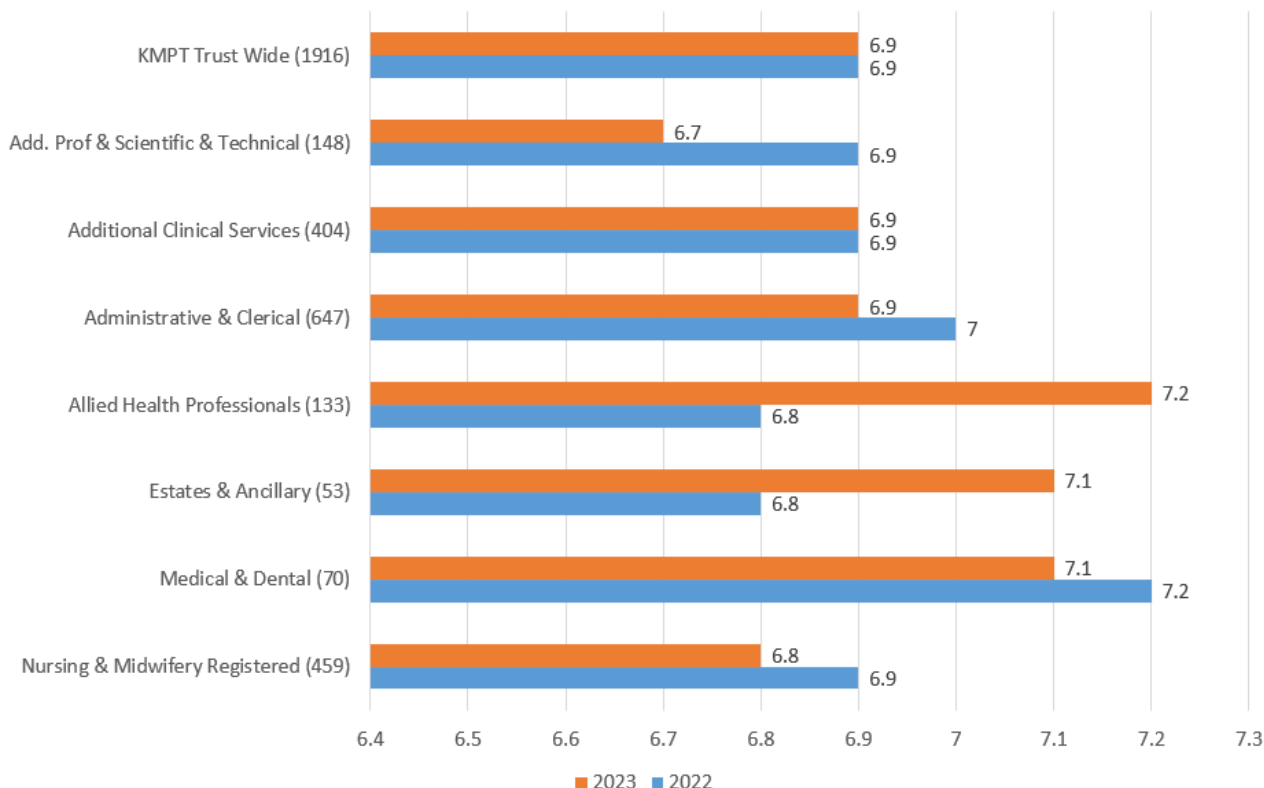
2.6.7 We are also hearing of this lack of confidence in addressing concerns through other methods such as through our Freedom To Speak Up Guardian service, Sheila Stenson, CEO, listening into action sessions and through our Executive Teams engagement and conversations with staff during their visits. We have plans to address this through various initiatives, improvements and changes for example:

- Introduction of a staff council – plans to launch a new council are in place for late in 2024. Work through the council intends to improve the employee voice and communication.
- Anti-racism programme – work has commenced with development undertaken for board, senior leadership, and HR. A wider reaching diagnostic was actioned to support the understanding of KMPTs current state. Analysis is now underway and there are plans to put a roadmap in place in April 2024.
- Management Training – Management and Leadership development programmes are being introduced. Support and training for managers to empower them to be able to inform and support teams through change, manage complex interpersonal relationships within teams and engage in difficult conversations. These are essential leadership skills which will support development of a positive workplace culture. Consistency within formal processes – Central investigations team has now been recruited and trained. We have also trained a team of mediators across KMPT.

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

2.7.1 Trust wide the overall engagement score has maintained at 6.9 against the 2022 result. All professional groups with the exception of additional Clinical Services have seen a shift in engagement scores since the 2022 Survey.

2.7.2 Two staff groups have seen a significant improvement in their engagement scores versus 2022: AHP’s and Estates & Ancillary. Estates have seen changes in leadership structure which have enabled them to review and make changes to their ways of working. The changes experienced have been proactive and had a positive impact. 4 groups have a backward shift from 2022, as can be seen below (numbers in brackets = number of staff in each group):



2.8 Staff Survey results: Summary of key themes

2.8.1 Following the 2022 staff survey key findings were considered and reflected, alongside other pertinent challenges identified through different sources, in KMPT’s emerging People Plan for 2023-26. As such, it is important to crystallise the key issues highlighted by staff through the Staff Survey.

2.8.2 These areas for improvement are considered to be:

- Satisfaction with levels of pay (improved by 4.8% however poorer than average).
- Satisfaction with staffing levels (improved 5.4% and around average).
- Responding to concerns (deteriorated and poorer than average).

- Mitigating against and supporting staff who experience violence, aggression, and discrimination from patients (all areas improved since 2022, but poorer than average).

2.8.3 The table below sets out our key target areas for improvement based on the 2022 survey results in comparison to our 2023 results. The survey reflects a positive increase in all areas targeted with the exception of responding to concerns which has seen a year-on-year decline.

Area of Focus	Q	Survey Question	Picker 2023	KMPT 2023	KMPT 2022	Yr./Yr.
Satisfaction with levels of pay	4c	Satisfied with level of pay	35.2%	31.4%	26.6%	4.8%
Satisfaction with staffing levels	3i	Enough staff at organisation to do my job properly	34.5%	33.6%	28.2%	5.4%
Responding to concerns	19c	Organisation ensure errors/near misses/incidents do not repeat	69.3%	67.6%	70.4%	(2.8%)
	20b	Would feel confident that organisation would address concerns about unsafe clinical practice	60.2%	56.8%	59%	(2.2%)
	25b	Organisation acts on concerns raised by patients/service users	74.3%	72.5%	72.9%	(0.4%)
	25f	Feel organisation would address any concerns I raised	54.2%	50.8%	51.8%	(1%)
Mitigating against and supporting staff who experience violence, aggression and discrimination from patients	13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	86%	83.7%	82.1%	1.6%
	14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	74.9%	72.5%	70.5%	2.5%
	16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.2%	89.5%	88.3%	1.2%
	17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	90%	89.4%	No data	

2.8.4 Raising and addressing concerns has seen continuous drops over the last 3 years. Whilst this has been an area of focus for KMPT this result indicates there is significant work to do in this area and will benefit from a refreshed approach to addressing these issues. Some examples of this are laid out in 2.6.7.

2.8.5 Similarly, the People Plan is aimed to build on the strengths highlighted through the Staff Survey.

2.8.6 These areas to build on are considered to be:

- Satisfaction with line management (consistent with last year, and stronger than average in a number of areas).
- Access to learning and development opportunities (consistent with last year and stronger than average).

3. PLAN: PEOPLE PLAN STAFF EXPERIENCE AND CULTURE PRIORITIES

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

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

i) To build a sustainable workforce for the future.

This workstream focuses on delivering a more manageable vacancy gap through a balance of a 'grow our own' approach delivered in partnership with local colleges and universities, and a more competitive external recruitment strategy. The latter involves making pay and benefits more attractive, but the flexible working advantages that could be offered through different temporary staffing approaches are also currently being explored.

Some specific interventions are:

- Design and implement our lifetime employer value proposition
- Establish a KMPT Academy to support our 'grow our own' schemes, maintaining our Registered Nurse Degree Apprentices and Nurse Associate programmes, but with a focus this year on AHPs and Psychologies, and on acute to community transition.
- Deliver talent and succession planning for Black and Minority Ethnic (BAME) staff, Occupational Therapists and Healthcare Support Workers using new model.

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

ii) To nurture a confident, capable and well-led KMPT team.

This workstream aims to build on existing strengths highlighted through the Staff Survey around both learning and development and management. The focus of the workstream is on ensuring staff have access to the right learning and development opportunities at the right time and feel confident and capable in their roles. It also aims to develop leaders and managers who provide effective direction, feedback, coaching and support and operate in line with KMPT values.

Some specific interventions are:

- Roll out leadership and management foundations programme, complimented by the online leadership learning zone. This programme is due to launch late spring 2024. We also have plans to launch the Mary Seacole Programme in Summer 2024 with the addition of 4 newly qualified Mary Seacole Trainers.
- Mapping of leadership and management competencies and behaviours. Mapping is almost complete, and the new framework will be rolled out in complement with our refreshed KMPT values as part of the brand work project.
- Establish a coaching and mentoring framework to improve quality and widen access. The coaching and mentoring framework was made available in September 2023 through the new Leadership Learning Zone, available to all through i-Learn. Coach to Lead programme supports the process through developing coaching skills and building our portfolio of internal coaches available throughout KMPT.
- Refresh appraisal and supervision processes to support cascade of the new Trust strategy and improved goal setting, as well as improving opportunity for self-assessment and feedback. The new supervision process (1-2-1's) is due to go live in April 2024.

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

iii) To foster a culture where people thrive.

This workstream focuses on enhancing three key aspects of KMPT's organisational culture, namely care and kindness, equality and inclusion, and voice and empowerment.

Some specific interventions are:

- Deliver anti-discrimination strategy to address the suite of EDI focused outcomes in the Trust strategy. Phase 1 of the programme has been focusing on data collection and staff voice. Through the diversity survey, individual and small group discussions, we have gathered valuable insights into the experiences of KMPT staff. In March and April, we are focusing on analysing the data collated and agreeing the approach for the Roadmap Action Planning session in April 2024.
- Establish Staff Council and Directorate Staff Forums to embrace employee voice. Consultation is planned to start in April 2024, working collaboratively to identify what the KMPT forum will look like for us.
- Refresh organisational values by inviting staff to identify what matters to them. This work is linked with reshaping and building our strategic brand, including our mission, vision and purpose and core values. Research is currently being assessed and helping to inform us on what our new purpose-led organisational values will look like.
- Design and implement our lifetime employer value proposition. This element is joined to our work on employer brand as part of our brand identity project.

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

4. PLAN: TEAM-LED CHANGE

- 4.1 Alongside the Staff Survey feedback, learning from our staff about their experience is considered to be a valuable opportunity to build engagement. One of our key priorities, driven from the KMPT 3-year strategy, is in reshaping KMPT's identity and making it a more inclusive place to work.

This work is made up of a few parts including:

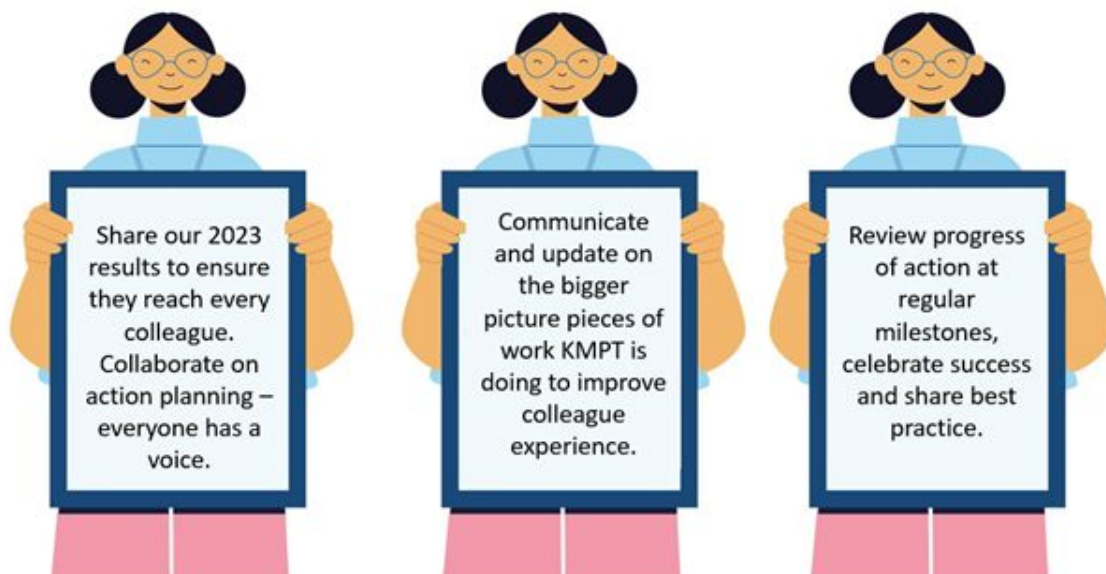
- **Making KMPT a more diverse, inclusive, and equitable place to work and be cared for.** Phase 1 of the Equality, Diversity, and Inclusion (EDI) programme has been focusing on data collection and staff voice. Through the diversity survey, individual and small group discussions, we are gathering valuable insights into the experiences of KMPT staff. We have heard from over 1,500 staff through this work and are in the process of analysing the data gathered. Phase 2 will focus on creating a roadmap action plan, expected to be completed in April 2024.
- **Reshaping and building our strategic brand, including our mission, vision and purpose and core values.** We have spent time understanding our wider teams' perceptions and started to engage patients and stakeholders – engaging

in over 50 hours of listening, surveying over 1000 staff, holding listening groups for over 150 staff over 13 KMPT sites and engaging with GPs across the region.

- **Empowering and developing our leaders and managers to achieve our strategy.** A new management and leadership framework is being built to underpin this. This area is closely aligned to the EDI and brand work, encompassing a competency and behavioural framework that will complement the revitalized KMPT values. This work also includes introducing new development programmes to support all levels of managers and leaders across KMPT. Delving deeper into this initiative, we are challenging ourselves to enhance communication channels throughout KMPT and empower individuals to assume accountability and spearhead transformative change. This includes refining the execution of events such as Leader events as exemplary instances of our commitment to this approach.

- 4.2 The insights garnered from the above initiatives serve to enrich and supplement the intelligence gleaned from the National Staff Survey. To harness this wealth of information effectively, we have established pertinent working and steering groups. These groups work collaboratively to synthesise the data, identify prominent themes, and ensure our actions, communications, and subsequent initiatives are in harmony with our overarching vision. Our goal is to cultivate KMPT into a place where our patients and families feel reassured by the care we provide. And a place our partners and communities can continue to trust and believe in.
- 4.3 To capitalise on this opportunity, a toolkit has been made available for managers to support them with holding conversations with their teams about their experiences working with KMPT, using the Staff Survey results for those teams as a prompt. The toolkit includes activities managers can facilitate with their teams to ensure the process is collaborative.
- 4.4 Between now and June, each team will together identify three commitments that will improve experiences within that team in order that the team can deliver these collectively.
- 4.5 Dedicated support has been offered to teams where the Staff Survey or other intelligence highlights particular challenges.
- 4.6 With the introduction of the 5 new Directorates and Support Services in 2023 we also have an additional opportunity to work closely with Service Directors and their teams in sharing best practice, good ideas and supporting teams across KMPT to improve staff experience.
- 4.7 In addition to the work identified above our KMPT Deputies group will also be reviewing organisational themes and developing a plan that aligns with the current strategy work.

3 things we aim to do better in 2024



5. CONCLUSION

- 5.1 The organisation's three-year strategy and associated People Plan continues to be an opportunity to increase momentum towards KMPT's goal of being an employer of choice, and to fulfil its potential as an anchor institution.
- 5.2 The National Staff Survey serves as a helpful barometer of organisational culture, allowing KMPT to intelligently adapt existing and emerging plans to take advantage of strengths and to address areas of weakness.
- 5.3 The Board is asked to consider the findings of the National Staff Survey and the approach set out in this paper to fostering the right culture for KMPT. We invite the board to have a full discussion about the themes we have identified in this paper, the actions outlined and any potential next steps we may take to support us in making every day a better day for our patients and staff.

Appendix 1: full set of question scores since the 2019 National Staff Survey

Q	Description	2023	2022	2021	2020	2019
q25a	Care of patients/service users is organisation's top priority	73%	73%	75%	78%	77%
q25b	Organisation acts on concerns raised by patients/service users	72%	73%	76%	78%	78%
q25c	Would recommend organisation as place to work	58%	58%	60%	64%	61%
q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	53%	57%	59%	64%	62%
q6a	Feel my role makes a difference to patients/service users	84%	85%	86%	87%	88%
q9f	Immediate manager works with me to understand problems	78%	78%	78%	*	*
q9g	Immediate manager listens to challenges I face	79%	80%	81%	*	*
q9h	Immediate manager cares about my concerns	78%	79%	79%	*	*
q9i	Immediate manager helps me with problems I face	76%	76%	75%	*	*
q15	Organisation acts fairly: career progression	58%	60%	60%	60%	59%
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	90%	88%	89%	88%	88%
q16b	Not experienced discrimination from manager/team leader or other colleagues	91%	93%	92%	92%	93%
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	89%	*	*	*	*
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	97%	*	*	*	*
q21	Feel organisation respects individual differences	71%	72%	71%	*	*
q7h	Feel valued by my team	74%	75%	74%	*	*
q7i	Feel a strong personal attachment to my team	66%	67%	67%	*	*
q8b	Colleagues are understanding and kind to one another	75%	77%	78%	*	*
q8c	Colleagues are polite and treat each other with respect	77%	79%	79%	*	*

q4a	Satisfied with recognition for good work	62%	62%	62%	65%	66%
q4b	Satisfied with extent organisation values my work	48%	48%	49%	53%	52%
q4c	Satisfied with level of pay	31%	27%	31%	34%	33%
q8d	Colleagues show appreciation to one another	73%	75%	75%	*	*
q9e	Immediate manager values my work	81%	81%	81%	82%	82%
q3a	Always know what work responsibilities are	84%	87%	86%	86%	86%
q3b	Feel trusted to do my job	90%	92%	91%	91%	91%
q3c	Opportunities to show initiative frequently in my role	77%	79%	76%	75%	74%
q3d	Able to make suggestions to improve the work of my team/dept	78%	77%	78%	79%	78%
q3e	Involved in deciding changes that affect work	51%	52%	53%	55%	53%
q3f	Able to make improvements happen in my area of work	60%	61%	61%	64%	62%
Q20a	Would feel secure raising concerns about unsafe clinical practice	73%	75%	78%	76%	75%
Q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	57%	59%	63%	66%	63%
q25e	Feel safe to speak up about anything that concerns me in this organisation	63%	64%	66%	67%	*
q25f	Feel organisation would address any concerns I raised	51%	52%	55%	*	*
q11a	Organisation takes positive action on health and well-being	58%	62%	62%	*	*
q13d	Last experience of physical violence reported	93%	92%	94%	94%	96%
q3g	Able to meet conflicting demands on my time at work	49%	48%	49%	51%	50%
q3h	Have adequate materials, supplies and equipment to do my work	67%	67%	66%	68%	61%
q3i	Enough staff at organisation to do my job properly	34%	28%	32%	42%	35%
q5a	Have realistic time pressures	31%	28%	29%	28%	28%
q12a	Never/rarely find work emotionally exhausting	23%	22%	20%	*	*
q12b	Never/rarely feel burnt out because of work	34%	33%	34%	*	*

q12c	Never/rarely frustrated by work	24%	23%	24%	*	*
q12d	Never/rarely exhausted by the thought of another day/shift at work	42%	42%	42%	*	*
q12e	Never/rarely worn out at the end of work	21%	20%	21%	*	*
q12f	Never/rarely feel every working hour is tiring	56%	56%	57%	*	*
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	80%	78%	76%	77%	80%
q11c	In last 12 months, have not felt unwell due to work related stress	61%	59%	58%	59%	62%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	49%	47%	50%	54%	46%
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84%	82%	82%	80%	79%
q13b	Not experienced physical violence from managers	99%	99%	99%	99%	99%
q13c	Not experienced physical violence from other colleagues	99%	98%	99%	99%	98%
q22	I can eat nutritious and affordable food at work	54%	*	*	*	*
q24a	Organisation offers me challenging work	72%	73%	72%	*	*
q24b	There are opportunities for me to develop my career in this organisation	56%	57%	56%	*	*
q24c	Have opportunities to improve my knowledge and skills	75%	75%	75%	*	*
q24d	Feel supported to develop my potential	63%	64%	63%	*	*
q24e	Able to access the right learning and development opportunities when I need to	66%	67%	65%	*	*
q23b	Appraisal helped me improve how I do my job	27%	26%	26%	*	28%
q23c	Appraisal helped me agree clear objectives for my work	40%	39%	39%	*	42%
q23d	Appraisal left me feeling organisation values my work	37%	37%	36%	*	36%
q6b	Organisation is committed to helping balance work and home life	56%	55%	55%	*	*
q6c	Achieve a good balance between work and home life	60%	59%	58%	*	*
q6d	Can approach immediate manager to talk openly about flexible working	81%	80%	79%	*	*

q4d	Satisfied with opportunities for flexible working patterns	68%	65%	66%	68%	64%
q7a	Team members have a set of shared objectives	77%	77%	78%	76%	76%
q7b	Team members often meet to discuss the team's effectiveness	69%	71%	73%	72%	74%
q7c	Receive the respect I deserve from my colleagues at work	75%	76%	77%	76%	76%
q7d	Team members understand each other's roles	71%	72%	72%	*	*
q7e	Enjoy working with colleagues in team	84%	85%	85%	*	*
q7f	Team has enough freedom in how to do its work	61%	60%	59%	*	*
q9a	Immediate manager encourages me at work	81%	82%	82%	81%	82%
q9b	Immediate manager gives clear feedback on my work	78%	78%	78%	77%	78%
q9c	Immediate manager asks for my opinion before making decisions that affect my work	68%	69%	68%	66%	67%
q9d	Immediate manager takes a positive interest in my health & well-being	80%	81%	80%	82%	81%
q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	75%	70%	70%	73%	72%
q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	41%	39%	39%	41%	41%
q11e	Not felt pressure from manager to come to work when not feeling well enough	85%	84%	81%	78%	84%
q12g	Never/rarely lack energy for family and friends	38%	38%	38%	*	*
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	73%	70%	71%	68%	65%
q14b	Not experienced harassment, bullying or abuse from managers	91%	92%	92%	90%	89%
q14c	Not experienced harassment, bullying or abuse from other colleagues	85%	87%	86%	84%	84%
q14d	Last experience of harassment/bullying/abuse reported	64%	67%	66%	63%	63%
q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	72%	70%	*	*	*
q19a	Staff involved in an error/near miss/incident treated fairly	54%	55%	*	*	*

q19b	Encouraged to report errors/near misses/incidents	89%	88%	*	*	*
q19c	Organisation ensure errors/near misses/incidents do not repeat	68%	70%	*	*	*
q19d	Feedback given on changes made following errors/near misses/incidents	64%	67%	*	*	*
q23a	Received appraisal in the past 12 months	88%	91%	91%	*	94%
q26a	I don't often think about leaving this organisation	43%	41%	43%	47%	46%
q26b	I am unlikely to look for a job at a new organisation in the next 12 months	50%	48%	50%	53%	53%
q26c	I am not planning on leaving this organisation	57%	56%	58%	60%	60%
q2a	Often/always look forward to going to work	55%	55%	58%	62%	62%
q2b	Often/always enthusiastic about my job	69%	68%	70%	74%	75%
q2c	Time often/always passes quickly when I am working	73%	72%	74%	76%	76%
q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	78%	78%	79%	85%	*
q5b	Have a choice in deciding how to do my work	60%	60%	59%	60%	61%
q5c	Relationships at work are unstrained	54%	54%	52%	54%	55%
q7g	Team deals with disagreements constructively	61%	62%	63%	*	*
q8a	Teams within the organisation work well together to achieve objectives	50%	51%	53%	*	*

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

Q	Description	KMPT 2023	Picker Avg 2023
q25a	Care of patients/service users is organisation's top priority	73%	78%
q25b	Organisation acts on concerns raised by patients/service users	72%	74%
q25c	Would recommend organisation as place to work	58%	64%
q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	53%	62%
q6a	Feel my role makes a difference to patients/service users	84%	87%
q9f	Immediate manager works with me to understand problems	78%	77%
q9g	Immediate manager listens to challenges I face	79%	79%
q9h	Immediate manager cares about my concerns	78%	78%
q9i	Immediate manager helps me with problems I face	76%	74%
q15	Organisation acts fairly: career progression	58%	58%
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	90%	91%
q16b	Not experienced discrimination from manager/team leader or other colleagues	91%	92%
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	89%	90%
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	97%	97%
q21	Feel organisation respects individual differences	71%	74%
q7h	Feel valued by my team	74%	75%
q7i	Feel a strong personal attachment to my team	66%	67%
q8b	Colleagues are understanding and kind to one another	75%	77%
q8c	Colleagues are polite and treat each other with respect	77%	79%
q4a	Satisfied with recognition for good work	62%	63%

q4b	Satisfied with extent organisation values my work	48%	52%
q4c	Satisfied with level of pay	31%	35%
q8d	Colleagues show appreciation to one another	73%	75%
q9e	Immediate manager values my work	81%	80%
q3a	Always know what work responsibilities are	84%	84%
q3b	Feel trusted to do my job	90%	90%
q3c	Opportunities to show initiative frequently in my role	77%	78%
q3d	Able to make suggestions to improve the work of my team/dept	78%	77%
q3e	Involved in deciding changes that affect work	51%	55%
q3f	Able to make improvements happen in my area of work	60%	61%
Q20a	Would feel secure raising concerns about unsafe clinical practice	73%	75%
Q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	57%	60%
q25e	Feel safe to speak up about anything that concerns me in this organisation	63%	66%
q25f	Feel organisation would address any concerns I raised	51%	54%
q11a	Organisation takes positive action on health and well-being	58%	62%
q13d	Last experience of physical violence reported	93%	88%
q3g	Able to meet conflicting demands on my time at work	49%	47%
q3h	Have adequate materials, supplies and equipment to do my work	67%	63%
q3i	Enough staff at organisation to do my job properly	34%	35%
q5a	Have realistic time pressures	31%	29%
q12a	Never/rarely find work emotionally exhausting	23%	20%
q12b	Never/rarely feel burnt out because of work	34%	34%
q12c	Never/rarely frustrated by work	24%	23%

q12d	Never/rarely exhausted by the thought of another day/shift at work	42%	42%
q12e	Never/rarely worn out at the end of work	21%	21%
q12f	Never/rarely feel every working hour is tiring	56%	58%
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	80%	77%
q11c	In last 12 months, have not felt unwell due to work related stress	61%	60%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	49%	47%
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84%	86%
q13b	Not experienced physical violence from managers	99%	99%
q13c	Not experienced physical violence from other colleagues	99%	99%
q22	I can eat nutritious and affordable food at work	54%	57%
q24a	Organisation offers me challenging work	72%	76%
q24b	There are opportunities for me to develop my career in this organisation	56%	57%
q24c	Have opportunities to improve my knowledge and skills	75%	75%
q24d	Feel supported to develop my potential	63%	63%
q24e	Able to access the right learning and development opportunities when I need to	66%	64%
q23b	Appraisal helped me improve how I do my job	27%	26%
q23c	Appraisal helped me agree clear objectives for my work	40%	37%
q23d	Appraisal left me feeling organisation values my work	37%	37%
q6b	Organisation is committed to helping balance work and home life	56%	58%
q6c	Achieve a good balance between work and home life	60%	61%
q6d	Can approach immediate manager to talk openly about flexible working	81%	79%
q4d	Satisfied with opportunities for flexible working patterns	68%	68%
q7a	Team members have a set of shared objectives	77%	77%

q7b	Team members often meet to discuss the team's effectiveness	69%	72%
q7c	Receive the respect I deserve from my colleagues at work	75%	77%
q7d	Team members understand each other's roles	71%	71%
q7e	Enjoy working with colleagues in team	84%	85%
q7f	Team has enough freedom in how to do its work	61%	63%
q9a	Immediate manager encourages me at work	81%	80%
q9b	Immediate manager gives clear feedback on my work	78%	74%
q9c	Immediate manager asks for my opinion before making decisions that affect my work	68%	68%
q9d	Immediate manager takes a positive interest in my health & well-being	80%	79%
q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	75%	75%
q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	41%	41%
q11e	Not felt pressure from manager to come to work when not feeling well enough	85%	85%
q12g	Never/rarely lack energy for family and friends	38%	38%
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	73%	75%
q14b	Not experienced harassment, bullying or abuse from managers	91%	91%
q14c	Not experienced harassment, bullying or abuse from other colleagues	85%	85%
q14d	Last experience of harassment/bullying/abuse reported	64%	62%
q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	72%	73%
q19a	Staff involved in an error/near miss/incident treated fairly	54%	60%
q19b	Encouraged to report errors/near misses/incidents	89%	80%
q19c	Organisation ensure errors/near misses/incidents do not repeat	68%	69%
q19d	Feedback given on changes made following errors/near misses/incidents	64%	63%

q23a	Received appraisal in the past 12 months	88%	85%
q26a	I don't often think about leaving this organisation	43%	47%
q26b	I am unlikely to look for a job at a new organisation in the next 12 months	50%	52%
q26c	I am not planning on leaving this organisation	57%	60%
q2a	Often/always look forward to going to work	55%	58%
q2b	Often/always enthusiastic about my job	69%	72%
q2c	Time often/always passes quickly when I am working	73%	75%
q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	78%	80%
q5b	Have a choice in deciding how to do my work	60%	63%
q5c	Relationships at work are unstrained	54%	56%
q7g	Team deals with disagreements constructively	61%	62%
q8a	Teams within the organisation work well together to achieve objectives	50%	54%

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	Thursday 28 th March 2024
Title of Paper:	Digital, Data and Technology Plan Update
Author:	Claire Hursell, Director of Digital and Performance
Executive Director:	Sheila Stenson, Chief Executive

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Board requested

Overview of Paper

This paper sets out the current digital priorities for KMPT, the three-year digital road map and an update on five areas of focus:

- Rio
- Digital portfolio
- Business Intelligence (BI) Reporting
- Inphase
Digital transformation team

Issues to bring to the Board's attention

It is recognised that progress has been slower than we would have liked regarding the digital transformation agenda. This paper is drafted to update the Trust Board on the three-year digital roadmap and to provide assurance on progress and an update on what next for year 2.

Year one of the roadmap (23/24) had 14 priorities, the good news is 8 of these priorities have been delivered. We have had positive interest in the digital champions network, 23 staff have signed up so far. Mobile RIO is being piloted and will be ready to roll out shortly. The Rio Team have visited a number of other Trusts to see how the system is configured elsewhere and what best practice may look like.

Community Mental Health Framework (CMHF) has been a significant piece of work for Digital, utilising most of the Rio development and training resources.

We have made good progress with recruiting to the digital team to ensure we have the level of engagement required in the organisation to drive the digital transformation required. We have a Clinical Nursing Information Officer (CNIO) starting in April and they will lead the digital champions networks to help us with co-production and work towards improving digital literacy. Business Analysts are now in post (and being trained) to work specifically on business process reengineering to improve productivity through the use of applications (including Rio). These postholders will be fundamental to supporting and working alongside the Chief Operating Officer to deliver the new "Getting the Basics Right programme".

Version Control: 01

Governance

Implications/Impact:	N/A
Assurance:	Reasonable
Oversight:	Oversight by Digital Strategy Group

Digital, Data and Technology Plan Update

28/03/24

Delivered by Sheila Stenson on
behalf of Claire Hursell

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Priorities



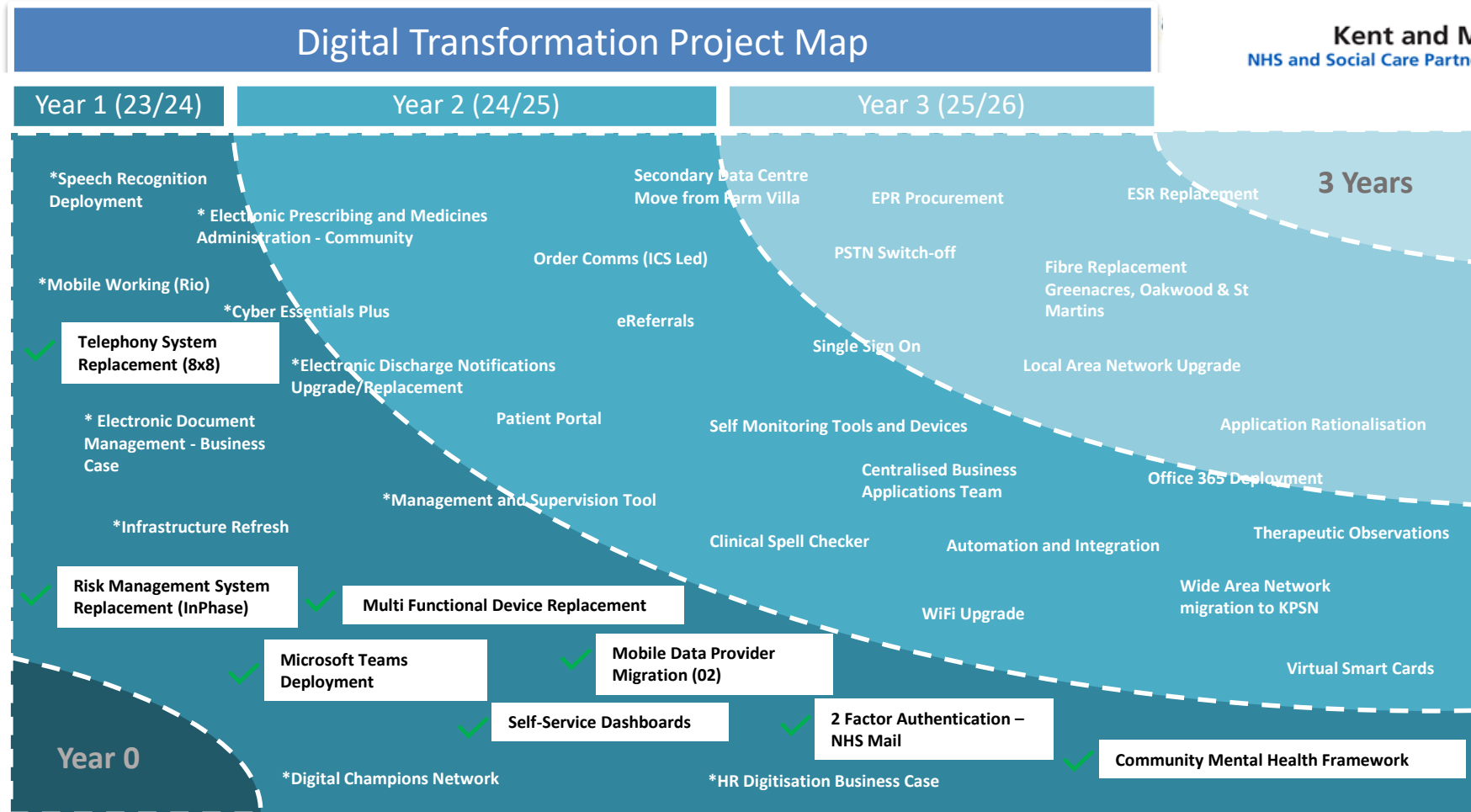
- Improve Rio
- Deliver Strategic Digital Enablers
- Achieve Minimal Digital Foundations
- Improve Productivity
- Increase Digital Maturity
- Increase Data Availability
- Integrate Business Applications
- Support Community Mental Health Framework
- Co-production of digital solutions
- Reduce costs and improve user experience through rationalisation

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Kent and Medway
NHS and Social Care Partnership Trust



* In-flight Projects

✓ Complete

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Update on Rio

Delivered

- Community Mental Health Framework
 - DIALOG+ and Charts
 - Appointment Activities
 - Letters
 - Interventions for MHTs
 - VCSE Training
- Protected Characteristics
- CRHT Medication Form & Letter
- FLOW Bed Charts Display
- Improve ECT Forms
- Improve Information Sharing & Consent Form
- COVID test form

In-Progress

- Investigating redesign of Rio into tabs that is structured around clinicians service area, informed by other Trusts using Rio.
- Investigate Care, Safety and Risk Form Alignment to reduce duplication.
- Red to Green (March)
- EMAIS Interventions (March)
- Forensic wards onto Electronic Discharge Notification (April)
- Section 17 Leave (June)
- FLOW - Bed Management (July)
- Physical Health (July)

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Update on Digital Portfolio

Delivered

- Migration of Datix to InPhase
- Multi-Functional Device Replacement
- Mobile data migration
- 8x8
- eMeds InPatients
- Rio changes to accommodate Community Mental Health Framework Trailblazer.
- SIP
- E-mail Multi-Factor Authentication
- Migration from Lifeasize to Teams

In-Flight

- Digital Champions Network – Expressions of Interest received.
- Rio Mobilisation
- Infrastructure Refresh
- Digital Staff Induction
- Speech recognition
- Wide Area Network migration to KPSN
- Electronic Discharge Notifications Upgrade
- eMeds Community
- Electronic Document Management - Business Case Development
- Human Resources Digitisation – Business Case Development
- Investigate Management and Supervision Tool (MaST) – Business Case Development

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Update on BI Reports

Delivered

- Modernised data platform and moved 30 reports to interactive dashboards including HR and InPhase data. Easily accessible to all via iConnect.

In-Progress

- IQPR Development
- Interactive dashboards for training, deaths, data quality, caseloads, CMHF, contacts, DNAs and cancellations.



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Update on InPhase

Delivered

- LFPSE Compliance (Mandated by NHSE)
- Data migration
- InPhase Staff Survey
- Reports
- Training

Planned

- Move InPhase System Management into Clinical Systems Team (April 24)
- Review BAF Processes
- Integration with ESR and Rio to reduce data duplication.

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Update on Staffing

Key Digital Clinical Appointments

- Digital Clinical Safety Officer
- Chief Nursing & AHP Information Officer

Key Digital Appointments

- Head of Digital Transformation
- Head of Business Applications
- Appointment of Business Analysts
 - Business process engineering to digitise process and improve efficiency.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	Thursday 28 th March 2024
Title of Paper:	Community Mental Health Framework – Quarterly Update
Author:	Victoria Stevens, Deputy Chief Operating Office
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 of the new models of care within the Community Mental Health Framework Programme.

Issues to bring to the Board’s attention

The Thanet locality continues to implement the phased ‘test and learn’ for the new model of community care, utilising existing resource from all current providers. The full model implementation will follow once contracts have been awarded to strategic partners and recruitment is in place.

Governance

Implications/Impact:	The Trust is close to finalising the contract with Invicta Health CIC (current providers in West Kent for the Primary Care Mental Health Services). Negotiations continue with the key stakeholders operating under the Live Well Kent Contract which includes Porchlight and Shaw Trust. The specification and associated recruitment ambitions have been finalised, with all parties working swiftly to allow the transfer of funding to take place and thereafter the mobilisation of recruitment plans.
Assurance:	Reasonable
Oversight:	Executive Management Team

Mental Health
Together



Community Mental Health Framework

Quarterly Update – March 2024





High Level Plan Delivery Plan

Mental Health Together Go Live ★

Locality	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Thanet	MHT Go Live (phase 1)	★ Crisis Line phase-1	- Test and learn - Sign-off SOP			MAS Go Live (phase1)	Phase-2			Phase-3
A&C			Identify workforce	08 April - MHT Go Live (phase 1) ★	★ Crisis Line phase-1	MAS Go Live (phase1)	Phase-2			Phase-3
SKC			Identify workforce	29 April - MHT Go Live phase 1)	★ Crisis Line phase-1	MAS Go Live (phase1)	Phase-2			Phase-3
Maidstone			Identify workforce		07 May - MHT/MAS Go Live	★ Crisis Line phase-1	★ Phase-2			Phase-3
SWK			Identify workforce		07 May - MHT/MAS Go Live (phase 1)	★ Crisis Line phase-1	★ Phase-2			Phase-3
DGS			Identify workforce		20 May - MHT/MAS Go Live (phase1)	Crisis Line phase-1	Phase-2	★		Phase-3
M&S			Identify workforce		13 May - MHT/MAS Go Live (phase1)	★ Crisis Line phase-1	Phase-2	★		Phase-3





Progress across Workstreams



Model of Care & Outcomes

- **SUN Model:** Timeline to commence full service remains in place for May 2024
- **Outcome Measures:** DIALOG+ training continues at pace. (Total number of Dialog+ training attendees recorded on ilearn = 266)
- **Community Rehab:** Recruitment underway with interviews completed by end of March 2024. VCSE contracting continues. Go live date mid April 2024

Workforce

- **Band 7 Mapping :** Consultation continues and allocation of roles completed.
- **Service Managers:** Agreement has been reached for Invicta to recruit and manage Mental Health Together workforce.

Data and Digital

- **Recording data:** 4 WW process to start and stop clock agreed. Business Intelligence supporting data reporting.

Finance & Contracting

- **Finance:** The ICB has signed off the allocation of £2.64million for the remainder of 23/24 and £8.38million for 24/25
- **Contracting:** Award of contracts anticipated end of March 2024. Recruitment to additional posts anticipated from March/ April 2024.

Comms & Engagement

- **Staff engagement:** MAS and Crisis Line dependencies timelines mapped to ensure alignment with MHT Go Live dates. Workshop held to agree comms messages for impacted stakeholders focusing initially on staff and patients.
- Local events planned across county to support go live dates

Estates

- **Estate Planning:** Planning meetings with HCPs to jointly plan future of shared estate footprint in each locality continues throughout March 2024
- **Workstream Mobilisation:** Mobilisation projects continue with North Kent completed by March 2024, West Kent completed by March 2024, and East Kent to be completed by March 2025. Phase-2 in planning.



Community Rehabilitation High Level Plan



West Kent is the ‘Proof of Concept’ Service .

Timeline West Kent Directorate	
Release of Funds	December 2023
Recruitment Commenced	January 2024
Communications engagement planning / execution	January – April 24
Contracting with voluntary sector partners	February – April 24
Training Programme Development	March – April 24
Commence training	End of April 24
Commence service	April / May 24 <i>(dependant of recruitment)</i>

Analysis and Outcome Measures

Analysis of Impact:

Following the West Kent Community Rehabilitation Service ‘go live’ and within a defined period of time, a cohort analysis will be undertaken. This will identify a sample of cases that were open pre-service go live and have received the new service, it will then compare usage pre and post of the cohort group based on the following metrics:

- % reduction in acute inpatient admissions pre- and post- West Kent Community Rehabilitation Service intervention.
- % reduction in Home Treatment referrals pre- and post- West Kent Community Rehabilitation Service intervention.
- % reduction in liaison psychiatry referrals pre- and post- West Kent Community Rehabilitation Service intervention.
- % reduction in Section 136 referrals pre- and post- West Kent Community Rehabilitation Service intervention.

Patient Related Outcome Measures:

- DIALOG+ and ReQoL-10





Key Risks



Work planned for March/April 2024 to undergo review of all key risks pending implementation of the revised governance framework.

Risk Description	Consequence	Rating Initial	Current Rating	Rating Target	Controls/ Mitigation
IF we cannot establish the right contracting mechanism THEN we will not be able to subcontract with partners.	RESULTING IN delays to phase-2 of the trailblazer.	20	12	4	<ul style="list-style-type: none"> Scope of KMPT's Lead Provider responsibilities has been clarified Director of Contracting is working closely with ICB New governance structure for contracting being established Anticipated award contract to Strategic Partners March 2024
IF the D&D Workstream does not move with pace THEN there will be delays in the Go Live date for the trailblazers.	RESULTING IN Inability to effectively monitor and evaluate the trailblazer	15	12	4	<ul style="list-style-type: none"> Business Analyst lead has agreed Rio processing Stocktake workshop planned for 15/02/24 to agree future reporting A detailed programme plan has been developed along with a critical pathway SoP outlining 4 week wait process for data capture and recording is complete
IF the framework does not transform the culture of patient centred directed care using the new PROMs THEN the uptake will be low.	RESULTING IN there not being enough paired clinical outcome measures to evaluate the trailblazer.	16	12	9	<ul style="list-style-type: none"> DIALOG+ training has commenced with excellent feedback and good uptake The SoP has clear instructions on recording DIALOG+ A simple PROM sequencing implementation plan has been developed, which outlines DIALOG+ for go live and ReQoL-10 and GBO to commence September 2024 A comms strategy to support the culture shift and a clear training model has been developed

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	28 th March 2024
Title of Paper:	Register of Board Members Interests – March 2024
Author:	Tony Saroy, Trust Secretary
Executive Director:	Sheila Stenson, Chief Executive

Purpose of Paper

Purpose:	Noting
Submission to Board:	Regulatory Requirement

Overview of Paper

This paper sets out the updated Trust's Register of Board members' interests, which will be published on the Trust website.

Issues to bring to the Board's attention

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

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

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

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

Governance

Implications/Impact:	Compliance with regulatory requirements
Assurance:	Reasonable
Oversight:	Audit and Risk Committee/Remuneration and Terms of Service Committee

Register of Board Members Interests – March 2024

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

Interests fall into the following categories:

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

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

REGISTER OF BOARD MEMBERS INTERESTS March 2024

Director	Position	Interest declared
Dr Jackie Craissati	Trust Chair	<p>Jackie is Director of Psychological Approaches CIC, which is on the NHS England framework for Independent Serious Incident Investigations. However, the company does not undertake investigations relating to KMPT.</p> <p>Jackie is chair of Crohn's & Colitis UK. The charity works closely with the NHS but is not commissioned to deliver services.</p> <p>Jackie is Independent Governor on the Board of the University of East London. She is also the independent non-executive member of the Audit & Risk Committee for the Office of the Public Guardian. There is the unlikely possibility that a particular serious safeguarding incident in relation to Lasting Power of Attorney has links to Kent & Medway.</p> <p>Jackie is Chair at Dartford and Gravesham NHS Trust</p>
Catherine Walker	Non-Executive Director (Deputy Chair & Senior Independent Director)	<p>Lay Chair of the Advisory Appointments Committee at Kings College Hospital NHS Foundation Trust, London</p> <p>Catherine is Chair of an advisory and scrutiny Panel of the National Employment Savings Trust ('NEST') Corporation. NEST is the pension auto enrolment</p>

		<p>vehicle used by KMPT for workers who are not members of the NHS pension scheme.</p> <p>Catherine is holds judicial appointments with the Social Entitlement Chamber and the Health Service Products (Pricing Cost Control and Information) Appeals Tribunal.</p>
Kim Lowe	Non-Executive Director	<p>Kim is also a Non-Executive Director at Kent Community Health Foundation Trust.</p> <p>Lay member – University of Kent</p> <p>Chair of the Board of Trustees University of Kent Academies Trust start Nov 2020</p>
Mickola Wilson	Non-Executive Director	<p>Director of Seven Dials Fund Management and advisor to private investors in Real Estate and former CEO of Teesland plc and MD of Guardian Properties. Non-Executive director of Mailbox REIT.</p> <p>Member of the Property Committee of the Mercers Livery Company.</p> <p>Member of the Chartered Surveyors Livery Company</p>
Sean Bone-Knell	Non-Executive Director	None declared
Peter Conway	Non-Executive Director	Non-Executive Director – Kent Community Health NHS Foundation Trust
Stephen Waring	Non-Executive Director	<p>Board Trustee and Vice-Chair of Trustee Board (unremunerated) of The Disabilities Trust (a charity offering specialist community-based and residential support for adults with acquired brain injury and complex physical disabilities).</p> <p>Employed (on an interim basis) at Greater London Authority, Health and Wellbeing Team.</p>
Dr MaryAnn Ferreux	Non-Executive Director	<p>Trustee - Royal College of Physicians Edinburgh</p> <p>Doctoral Researcher – London School of Hygiene and Tropical Medicine</p> <p>Medical Director at Kent, Surrey & Sussex Academic Health Science Network</p>
Dr Asif Bachlani	Associate Non-Executive Director	<p>Director of Company – AMB Psychiatry Limited that provides ADHD/ASD assessments for patients at Priory Woking hospital.</p> <p>Consultant Psychiatrist for Priory Woking Hospital providing care for private mental health patients</p>
Sheila Stenson	Chief Executive Officer	Sheila is the Chair HFMA Kent, Surrey and Sussex
Donna Hayward-Sussex	Chief Operating Officer & Deputy CEO	None declared
Dr Afifa Qazi	Chief Medical Officer	None declared

Andrew Cruickshank	Chief Nurse	None declared
Nick Brown	Chief Finance and Resources Officer	None declared
Sandra Goatley	Chief People Officer	None declared
Dr Adrian Richardson	Director of Partnerships and Transformation	Spouse is an employee of Frimley ICS

Title of Meeting	Board of Directors (Public)
Meeting Date	28th March 2024
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 Quality Committee met on 20th February and also held a workshop on 19th March to review the progress against its priorities and set priorities for the coming year.

At the February Quality Committee, the following issues were discussed:

- The Committee noted the improvements to the Quality Risk Register that are listed by Directorates and are divided into three categories to show the primary clinical quality impact; Clinical Effectiveness, Patient Experience and Patient Safety.
- The Committee approved the Annual Ligature Audit report for November 2023 which provides assurance that the Trust is compliant with the statutory requirements to complete an annual ligature audit in all inpatient units, community inpatient rehabilitation units and places of safety.
- The Committee received an update on the learning from the Community Mental Health Transformation, locally known as Mental Health Together that went live in Thanet on 15 January 2024. This place-based model is a multi-agency approach sets out to improve the mental wellbeing for people with complex and severe mental health problems by providing an integrated mental, physical and social care support that is designed with and for people in their local community. The Committee noted that the trailblazer is set to go live in the East Kent Directorate in April/May, the West Kent Directorate in June/July and the North Kent Directorate in August 2024.
- The Committee acknowledged the innovative developments underway within the Annual Medicines Management report such as the use of Consultant Connect in Medway and Swale which is a web-based platform that facilitates direct, real-time connections between KMPT clinicians and national experts, eliminating the need for referrals as well as bypassing GP and hospital switchboards, allowing clinicians to promptly access specialist advice for patients.

Additionally, in response to the new Community Mental Health Framework (CMHF) and NHS Long Term Plan, KMPT has recruited a professionally trained pharmacist into each CMHT to lead on medicines optimisation with the support of a pharmacy technician ensuring all patients open to KMPT have the optimal management of their medicines to maintain their mental health as well as their physical well-being.

At the March workshop, the Committee received reports on progress against the existing three priority areas:

- Physical Health
- Suicide Prevention
- Reducing Violence and Aggression

The Committee received reasonable assurance in all three areas that progress had been made and that plans were in place for further work. The Committee agreed that these remained important areas of focus, where further progress needed to be made. There was significant interest from the Committee on improving the use of appropriate technology for physical health checks, and a specific discussion on the work underway to understand the reduce racially motivated violence and aggression. The Committee agreed, however, that these three priorities would now be treated as 'business as usual', with regular reports back to the Committee on progress. For the coming year the Committee decided to focus its priorities in two areas:

1. **Implementation of the Patient Safety Incident Response Framework (PSIRF)** – this is a risk on the Trust Risk Register and this major change in approach will help with the quality and safety risks too.
2. **Mental Health, Learning Disability and Autism Inpatient Quality Transformation** – a new national imperative established in the wake of the care scandal at the Edenfield Centre in Manchester, to develop a positive, and guard against 'closed' cultures of care.

Both will be major areas of work for KMPT and will draw together some existing strands of work, with renewed focus. The Committee will report back to the Board on these areas in due course.

Items referred to other Committees (incl. reasons why)

No items were referred to other Committees.

The Quality Committee was held on 20th February 2024. The following items were discussed and scrutinised as part of the meeting:

1. Quality Risk Register
2. CQC Report
3. Directorate Presentation: CMHF – Learning from Mental Health Together Trailblazer
4. Quality Digest – Exception Report
5. Annual Ligature Audit Report
6. Annual Medicines Management Report

The Board is asked to:

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

Title of Meeting	Trust Board (Public)
Meeting Date	28 th March 2024
Title	People Committee Chair's Report
Author	Kim Lowe, Chair of People Committee
Presenter	Kim Lowe, Chair of People Committee
Executive Director Sponsor	Sandra Goatley, Chief People Officer
Purpose	Noting

Matters to be brought to the Board's attention

BAME

The PC have asked to hear from our Networks at each meeting. Sirina Blankson, BAME chair presented to the Committee.

Key points to note:

- There had been a decline in attendance. Work has been undertaken by the network to establish why this was and what could be done to regain support.
- Staff reported that they did not feel psychologically safe, they felt that they were not being heard and feedback was always forthcoming.
- Request to look at the ethnicity membership of the group to ensure that we are promoting this group for everyone.

Violence & Aggression

The Committee received an update on the quality improvement work that is in train to address violence and aggression on inpatient wards.

- Staff engagement is ongoing but not reaching everyone as this is a cultural change.
- The outcomes and improvements are yet to be seen but it is being approached through a QI methodology.
- Body worn cameras are being piloted; CCTV is being rolled out on inpatient wards and community areas. A review will be brought back to assess outcomes.

Leadership Programme

The committee was updated on the new mandatory management development pathway programme.

- This is for newly appointed managers within KMPT and also those joining the Trust at a management level. It will also take a retrospective view to those that have missed this important programme
- It is aligned to the cultural, behavioural and value work and is consistent with our branding project. This will not be a 'one off' training session, and the manager will continue to be developed throughout their career through a step-up programme.

Gender pay gap

It is a legal requirement for us to submit on or before 30th May.

- Our gender pay gap had improved by 1%.
- Bonus levels for women doctors will be looked into.
- The Committee approved the submission

Job Plans – Internal Audit Report (referred by Audit & Risk Committee)

- The Committee received reasonable assurance in relation to this. TIAA had conducted a re-audit for appraisal and revalidation for the doctors. A further re-audit is due in a few months in relation to supervision due to aligning with the digital management of these. A number of changes have been made to improve managerial and clinical supervision

Items referred to other Committees (incl. reasons why)
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- | |
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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:

- People Committee Main Report
- HR Risk Register
- Employee Relations Update Report
- HR Policies and Procedures
- New Risks Report

Note to: KMPT Board

From: Peter Conway

Date: 4.03.2024

Subject: Audit & Risk Committee (ARC) meeting 4 March 2024

Risk Management, BAF and CRR

BAF

Reasonable assurance. The BAF could be improved further through more focussed detail, fewer risks (maybe automatic removal of current rated risks of 12 and below) and richer information for "Planned Actions and Milestones". A number of thoughts and suggestions offered:

1. *Compliance with Food Legislation* - risk to be rephrased and kept on the BAF until evidence available that the new contract is working
2. *Process mitigations vs behavioural change/embedding* - risk mitigations tend to focus on process improvements rather than changes in behaviour. Board sub-committees to be alive to this and add-value to risk assessments through top-down evaluation/discussion
3. *Technology/IT risks* - none on the BAF. Exec and FP&C to give this some further challenge
4. *Sickness/recruitment/retention* - these metrics are within or close to in-year targets. People Committee to consider appropriateness of their inclusion on the BAF
5. *Realism of target Risk Ratings* - Exec and Board Committees to give greater challenge on prevalence of the prevalence of very low target scores
6. *Agency usage* - risk to be redrafted and reflect the distinction between in-year overspend and improved controls and medical recruitment (recent assurance provided to Board)
7. *Productivity* - key area for NHS as a whole. Mental Health indicators being developed by NHSI. FP&C to consider further. May be a strategic risk once quantified

Risk Management Processes

Limited assurance for:

1. *Risk Consolidation Effectiveness* - reporting, documentation and tracking not facilitated by In-Phase so alternative solutions being considered. Communication also suboptimal as no unified reporting and notifications to risk owners
2. *Risk Maturity Indicators* - untested at organisation or individual level
3. *Training* - in place but low uptake

CRR

Two new risks:

1. *West Kent CMHTs ability to complete 72 hour follow-ups (RR16)* - mitigation by the end of March planned
2. *CMHSOP high demand and resulting wait lists (RR15)*

There are 7 risks with RR>15 which are on the CRR but not the BAF

Internal Controls - 3rd party

TIAA Progress Report:

Reasonable assurance. Audit Plan on track

Anti-Crime Progress Report:

Substantial assurance

External Audit Plan

Audit Plan for year-ending 31.3.2024 agreed (broadly the same as last year with similar risks, focus, sampling, materiality etc). Fees increased to £95k (£74k) as part of a 2 year extension and pan-ICS co-ordination

TIAA Work Plan for 2024-25

Agreed. One-off audits will include:

- Recording and Monitoring of In-patient observations
- Project Planning Processes
- Estates and Facilities
- Quality and Safety Framework
- Cyber Security
- Recruitment Processes

Anti-Crime Work Plan 2024-25

Agreed. Replacement ACS Champion required. Exec could consider someone with prime Operational responsibilities

Internal Controls - Trust

Cyber and Cloud Security

Reasonable assurance. Cloud services are important for cyber resilience so Trust spend and speed of migration of in-house systems to such services are key priorities going forwards

Health and Safety Annual Report

Reasonable assurance. Limited assurance for 3 individual items

- Mandatory Patient Handling Training (subject to renewed Exec scrutiny and will take 3-4 months to get back to 90% target)
- Regulated activity reporting by Estates operational contractors
- Occupational Health reporting

Fire Safety Annual Report

Reasonable assurance. Adverse items

- increasing unwanted alarm activations (vaping)
- one reportable fire (Chartwell)
- two near misses with microwaves

Financial Reporting and Controls

Single Tender Waivers

Substantial assurance

Accounting Policies Review

No significant changes from previous year

Annual Report and Accounts - Timetable

Agreed subject to ensuring draft Annual Report is shared with Board Members giving them sufficient time to comment

Governance

Trust Policy Process

Reasonable assurance

Committee Terms of Reference

Agreed with some minor changes that will come forward to Board in due course

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	Thursday 28 th March 2024
Title of Paper:	Trust Sealing Report
Author:	Nicola Legge, Legal Services Manager
Executive Director:	Sheila Stenson, Chief Executive

Purpose of Paper

Purpose:	Noting
Submission to Board:	Standing Order

Overview of Paper

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

Issues to bring to the Board's attention

Three documents have been signed and sealed as a deed during from Q3 23/24. This process has been undertaken by Legal Services as per the Trust Standing Orders.

Governance

Implications/Impact:	Compliance with Standing Orders
Assurance:	Significant
Oversight:	Oversight by Board

Version Control: 01

Number	Date of Sealing	Description	Signatures	Comments
152	23.10.2023	Lease Renewal of Chris Ellis Centre	Helen Greatorex Jackie Craissati	The existing lease expired in June 2023. The renewal lease is for five years with a two-year break clause.
153	19.02.2024	Lease Renewal of St Michaels House	Sheila Stenson Jackie Craissati	Extension to lease until 19 April to allow for the vacation of the property.