AGENDA

Kent and Medway NHS and Social Care Partnership Trust

Title of Meeting Trust Board Meeting (Public)
Date 24th November 2022
Time 9.30 to 12.30
Venue Lifesize

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/22-23/85	1.	Welcome, Introductions & Apologies		Verbal	Chair	9.30
TB/22-23/86	2.	Declaration of Interests		Verbal	Chair	
BOARD REFLECTION ITEMS						
TB/22-23/87	3.	Personal Story – Open Dialogue Services		Verbal	DHS	9.35
TB/22-23/88	4.	Quality Improvement – Improving Diabetes Care		Verbal	AQ	9.45
STANDING ITEMS						
TB/22-23/89	5.	Minutes of the previous meeting	FA	Paper	Chair	9.55
TB/22-23/90	6.	Action Log & Matters Arising	FN	Paper	Chair	
TB/22-23/91	7.	Chair's Report • Board self-assessment	FN	Paper	JC	10.00
TB/22-23/92	8.	Chief Executive's Report	FN	Paper	HG	10.10
TB/22-23/93	9.	Board Assurance Framework	FA	Paper	AC	10.20
STRATEGY, DEVELOPMENT AND PARTNERSHIP						
TB/22-23/94	10.	Strategic delivery plan priorities update	FD	Paper	HG	10.30
TB/22-23/95	11.	Anchor Institutions and Health Inequalities	FD	Paper	HG	10.45
TB/22-23/96	12.	KMPT-KCHFT Memorandum of Understanding	FD	Paper	HG	10.55
OPERATIONAL ASSURANCE						
TB/22-23/97	13.	Integrated Quality and Performance Report – Month 7	FD	Paper	HG	11.05
TB/22-23/98	14.	Finance Report: Month 7	FD	Paper	SS	11.20
TB/22-23/99	15.	Workforce Deep Dive – Recruitment & Retention	FD	Paper	SG	11.30
TB/22-23/100	16.	Freedom to Speak Up Report	FD	Paper	SD	11.40
TB/22-23/101	17.	Medical Revalidation Report	FD	Paper	AQ	11.50
TB/22-23/102	18.	Review of governance documents: Standing Orders and Standing Financial Instructions	FA	Paper	TS	12.00
TB/22-23/103	19.	Board Register of Interests	FN	Paper	TS	12.10
CONSENT ITEMS						
TB/22-23/104	20.	Quality Committee Chair Report (incl mortality report Q2)	FN	Paper	CW	12.15
TB/22-23/105	21.	Workforce and Organisational Development Committee Chair Report	FN	Paper	VB	
TB/22-23/106	22.	Mental Health Act Committee Chair Report	FN	Paper	KL	
TB/22-23/107	23.	Audit and Risk Committee Chair Report	FN	Paper	PC	
TB/22-23/108	24.	Charitable Funds Committee Chair Report	FN	Paper	PC	
TB/22-23/109	25.	Finance and Performance Committee Chair Report	FN	Paper	MW	
CLOSING ITEMS						

TB/22-23/110	26.	Any Other Business			Chair	12.25
TB/22-23/111	27.	Questions from Public			Chair	
	Date of Next Meeting: 26th January 2023					

Members:		
Dr Jackie Craissati	JC	Trust Chair
Venu Branch	VB	Deputy Trust Chair
Sean Bone-Knell	SB-K	Non-Executive Director
Kim Lowe	KL	Non-Executive Director
Peter Conway	PC	Non-Executive Director
Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
Mickola Wilson	MW	Non-Executive Director
Asif Bachlani	AB	Associate Non-Executive Director
Martin Carpenter	MC	NExT Director Scheme
Helen Greatorex	CE	Chief Executive
Dr Afifa Qazi	AQ	Chief Medical Officer
Andy Cruickshank	AC	Chief Nurse
Donna Hayward-Sussex	DHS	Chief Operating Officer
Sheila Stenson	SS	Chief Finance and Resources Officer/ Deputy Chief Executive
Sandra Goatley	SG	Chief People Officer
In attendance:		
Tony Saroy	TS	Trust Secretary
Hannah Puttock	HP	Deputy 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 Extraordinary Board Meeting held at 10.10 to 12.40hrs on Thursday 29th September 2022
Via Videoconferencing

Members:			
	Dr Jackie Craissati	JC	Trust Chair
	Venu Branch	VB	Deputy Trust Chair
	Catherine Walker	CW	Non-Executive Director (Senior Independent Director)
	Peter Conway	PC	Non-Executive Director
	Kim Lowe	KL	Non-Executive Director (from mid-point of meeting)
	Mickola Wilson	MW	Non-Executive Director
	Sean Bone-Knell	SBK	Non-Executive Director
	Martin Carpenter	MC	NExT Director Scheme
	Vincent Badu	VB2	Executive Director Partnerships & Strategy/Deputy CE
	Dr Afifa Qazi	AQ	Chief Medical Officer
	Andy Cruickshank	AC	Chief Nurse
	Donna Hayward-Sussex	DHS	Chief Operating Officer
	Sandra Goatley	SG	Director of Workforce and Organisational Development
	Sheila Stenson	SS	Executive Director of Finance and Performance
Attendees:			
	Tony Saroy	TS	Trust Secretary (Minutes)
	Hannah Puttock	HP	Deputy Trust Secretary
	Kindra Hyttner	KH	Director of Communications and Engagement
	Madelaine Lambie	ML	Care Group Allied Health Professional Lead
	Adina Parkes	AP	Consultant Psychiatrist, Maidstone CMHT
Apologies:			
	Fiona Carragher	FC	Non-Executive Director
	Helen Greatorex	HG	Chief Executive
Observers:			
	Members of the public		To be appended to the minutes

Item	Subject	Action
TB/22-23/59	**Welcome, Introduction and Apologies** The Chair welcomed all to the meeting, noting the apologies as above.	
TB/22-23/60	**Declarations of Interest** There were no declarations of interest.	
TB/22-23/61	**Personal Story – Older Adults** The Board welcomed ML to the meeting for the presentation on the various therapeutic interventions that are available on the older adult wards. Such	

Item	Subject	Action
	interventions were evidence based and included talking therapies, art, occupational therapy and sensory stimulation. The Board was informed that patient profiles are created so that staff members have an easily accessible report on the patient's therapeutic needs and wishes. Analysis of Patient Reported Experience Measure (PREM) data has shown such therapeutic interventions to be successful. Further, the Care Quality Commission's inspection report for KMPT highlighted the interventions as outstanding practice. It was confirmed to the Board that such interventions are available across the Trust, and over weekends and some evenings. Patients are encouraged to also some of the therapeutic equipment available for patients as and when they needed it. The Board thanked ML for the presentation and **noted** the Personal Story – Older Adults.	
TB/22-23/62	**Quality Improvement – Maidstone CMHT** The Board welcomed AP to the Board who presented a recent quality improvement project that was carried out at the Maidstone Community Mental Health Team. Prior to the quality improvement project, the team had noted that a number of patients were being inappropriately offered initial appointments to be with consultant psychiatrists. This was leading to a backlog in waiting lists for initial appointments. The psychiatrists found that they were also using those initial appointments for the purposes of signposting patients to other services rather than providing therapeutic interventions. Therefore, the team adjusted the pathways for patients and created a new triage system, whereby appropriate signposting was offered at an earlier stage. This meant that patients received appropriate treatment sooner and created additional capacity for consultant psychiatrists. This ultimately released efficiencies and the Trust is attempting to understand the cost-saving value. The Board reflected on the presentation and confirmed with AP that learning from the project was being cascaded to other CMHTs. The Board **noted** the Quality Improvement – Maidstone CMHT.	
TB/22-23/63	**Minutes of the previous meetings** The Board **approved** the minutes of the meeting held on 28th July 2022.	
TB/22-23/64	**Action Log & Matters Arising** The Board **approved** the Action Log.	
TB/22-23/65	**Chair's Report** The Board received the Chair's Report.	

Item	Subject	Action
	Noting that this was VB2's last public Board meeting, JC thanked VB2 for his work at the Trust over the years. VB2 has been involved in a number of large transformation projects within the Trust which have been instrumental in the Trust delivering improved care to patients. The Board discussed the issue of patient food, which was a matter that was frequently raised with Non-Executive Directors whilst they visiting services. There was a degree of variation in patient experience of food, with notable differences across KMPT sites. The Executive Management Team (EMT) is working to improve patient experience of food, with AC and SS leading that work. The Board will be updated from time-to-time on the issue. The Board **noted** the Chair's Report.	
TB/22-23/66	**Chief Executive's Report** The Board received the Chief Executive's Report. VB2 highlighted the following matters to the Board: • The executive team is working on ways to mitigate the current cost of living crisis and its potential impact on KMPT staff by working with organisations such as the Trust's charity, the Cavell Nurses' Trust, and the third sector, • There is likely to be an increased demand on mental health services over the winter months, and • The third of the new staff rest spaces is due to go live this month. The Board noted that bed capacity remains a concern, with delayed transfers of care (DTOC) being a particular issue. The Trust is engaging with its partners to ensure that patients are in the right care setting at the correct time. The Board was informed that the Integrated Care System is working to ensure that this year's winter pressures are managed to their optimum. Partnership working with the voluntary sector can be achieved almost immediately, but to support the voluntary sector there will need to be a swifter finance transfer system in order to ensure that voluntary organisations are paid in a timely way. The Trust is working to ensure that we support our acute trust colleagues by ensuring that our acute and crisis pathways of care flow well. This includes patients receive timely and appropriate interventions by way of effective signposting; and working with high intensity users in a different way and using safe haven cafés to deliver some therapeutic input. In terms of workforce, the Trust is assessing the likely impact of any strikes by nursing staff and/or junior doctors. Whilst that work is ongoing, the Trust is reviewing its long-term sickness data in order to reduce absences due to work-related stress or elective surgery. The Board **noted** the Chief Executive's Report.	
TB/22-23/67	**Board Assurance Framework**	

Item	Subject	Action
	The Board received the Board Assurance Framework (BAF) for approval. The Board was updated regarding the two new risks, the four risks that changed their score, and the two risks that were recommended for removal. The Board was informed that the Audit and Risk Committee had received limited assurance on risk management and the BAF. The Trust is refreshing the BAF, with there being a healthy debate at committee regarding risks and risk appetite. The Board **approved** the BAF.	
TB/22-23/68	**MHLDA Provider Collaborative Update** The Board received the MHLDA Provider Collaborative Update. The Provider Collaborative went live in May 2022 and reports directly to the Integrated Care Board. There is an ambition to reshape the model of mental health services through the Community Mental Health Transformation work, for which there is a £10.1 million budget. The governance model for the Provider Collaborative was reviewed and it was agreed that there are three options, to be used variably according to the needs of different workstreams within the collaborative. The CMH Transformation work will be managed via a shared leadership model. Work will occur with the new Director of Partnerships and Transformation and the Chief Operating Officer to operationalise that leadership model. The Board reflected on the update and asked for a more detailed report on high level outcomes and timescales for the Provider Collaborative's seven workstreams at the next report. **Action: SS to provide an update paper on the MHDLA Provider Collaborative workstreams and their outcomes. Update to be provided at November Board meeting.** The Board **noted** the MHLDA Provider Collaborative Update.	
TB/22-23/69	**Risk Management Strategy** The Board received the Risk Management Strategy for approval. The Board questioned whether it was appropriate or necessary for the Trust to seek to achieve a gold standard within the strategy, given more pressing matters such as the Trust's vacancy rate and winter pressures. PC confirmed that the Trust needs to be good at risk management but it is not necessary to achieve 'Enabled' status in terms of Risk Maturity, as this would be affected by constraints in the Trust's resources. The Board **approved** the Risk Management Strategy.	
TB/22-23/70	**Integrated Quality and Performance Report (IQPR) – Month 5**	

Item	Subject	Action
	The Board received the IQPR for Month 5. The Board thanked KMPT staff members for their hard work given the current vacancy rates. The Board noted that staff turnover and the vacancy gap remain a challenge, particularly for younger adult inpatient and older adult inpatient settings due to delayed transfers of care. The Board raised its concerns regarding performance in some parts of the Trust. Locally set targets have been adjusted to make them appropriate and achievable. The performance in some teams is declining and there is a concern that they will worsen over the winter period. The Trust however continues to review waiting lists and patient safety data in order to keep patients safe. The Board discussed the fact that the Executive Management Team remain sighted on the issues and are implementing solutions but needs to focus on key priorities, with the support of the Board. The Board noted that although DTOC data appear to be static, the length of stay for DTOC patients has reduced. The Board heard that DTOC data can be skewed by just one or two patients, and there has been progress on DTOC data due to improved joint working with the local authority. The Board noted the positive performance in terms of recruitment to substantive posts, with the Board informed that there had been successful open days. The Trust is working on reducing unwarranted variances between the different CMHTs in terms of DTOC, with a focus on teamwork and the effectiveness of systems that are operationalised locally. The Board was informed that the vacancy gap was 18% as opposed to 15.8% as recorded in the well-led dashboard. 90% of vacant posts currently have someone being onboarded. In terms of sickness rates, the Trust is one of the best performers in the system. The Board **noted** the IQPR – Month 5.	
TB/22-23/71	**Finance Report: Month 5** The Board received the Finance Report: Month 5. • **Income and Expenditure**: KMPT is continuing to use temporary staffing due to vacancies and staff absence and agency spend remains below plan. Agency spend remains below the level seen in 2021/22, with a £0.25m reduction in the year to date position compared to Month 5 last year. Agency caps are being reintroduced so this position will attract an increase in external scrutiny over the coming months. Executive led meetings are in place to review agency spend. The Trust is forecasted to break-even. • **Capital Programme**: In August, the Trust spent £0.7m against the plan of £1.7m. The year to date position is underspent by £2.8m. The underspend relates to the delayed start and completion dates for Estates schemes, £1.5m, delays in recruitment to new digital staffing posts,	

Item	Subject	Action
	£0.4m, and slippage in the Improving Mental Health Services Programme due to issues found during groundworks, £0.9m. A design team has been commissioned by the Estates team to support developing the scope of the schemes and the tender documents. • **Cash**: The cash position remains strong with a slight decrease of £0.1m in month to £25.6m. The actual cash position is £5.3m higher than the original plan, the main factor is lower payments for both trade and capital creditors, £6.7m. The year-end forecast remains at £13.1m. • **Agency:** Agency spend remains below plan in month 5. There was a decrease in month compared to trend predominantly due to spend being aligned to Capital projects. Agency spend within Care Groups was stable with no material movement. The agency cap will be £6.6m for this financial year. • **Cost improvement programme:** The Long Term Sustainability Programme (CIPs) for 22/23 continues to make progress with a focus on the identified plans delivering as per plan. Further work has continued in order to identify further CIP schemes in order to close the gap and achieve the annual target and support the eradication of the underlying deficit by March 2023. The Board noted the work to tackle the current annual deficit. The Trust's underlying deficit now stands at £3.75m. The Trust is reviewing staff rosters for efficiencies, with planned savings of £2m per annum. There is a remaining £1m saving that can be achieved through the Learning Disabilities and Autism service. The Board thanked staff for the work done on the underlying deficit and **noted** the Finance Report: Month 5.	
TB/22-23/72	**Workforce Deep Dive – Leadership Development Strategy** The Trust received the Workforce Deep Dive Paper, which was complimented by the Board. The Board reflected on the progress that has been made to date, with there being pockets of good leadership within the Trust. There is however a need to help staff transition into being a leader, and it was raised as to whether leadership training should therefore be mandatory for staff moving into leadership roles. The Board was informed that there are opportunities for staff in terms of shadowing, mentoring, and formal leadership training. These opportunities extend into clinical leadership. **Action: In January 2023, SG to update the Board if the Trust is able to develop a formal in-house leadership development programme.** The Board **noted** the Workforce Deep Dive – Leadership Development Strategy item.	
TB/22-23/73	**Community Mental Health Framework Transformation** The Board received the quarterly update on the Community Mental Health Framework.	

Item	Subject	Action
	The Trust is rolling out the ambitious programme in light of the pressures within the Community Mental Health Framework. As a result of the programme, there will be greater integration with primary care. The Trust's partners will not only be primary care, but also social care, Shaw Trust, and Porchlight. The Board noted progress but wished to see the implementation timeline of the programme as well as financial milestones. **Action: DHS to include implementation timeline and financial milestones in the next Community Mental Health Framework, which is due in January 2023.** The Board **noted** the Community Mental Health Framework item.	
TB/22-23/74	**Closed cultures and professional boundaries** The Board received a verbal update from AC regarding closed cultures and professional boundaries. The Board was informed that junior members of staff and those in secure settings were more likely to receive an allegation against them. The Trust is reviewing the areas where there is a potential for closed cultures and the Board will receive an update on the work. **Action: AC to provide an update on closed cultures and professional boundaries in March 2023.** The Board **noted** the updated on closed cultures and professional boundaries.	
TB/22-23/75	**EPRR Annual Report** The Board received and **approved** the EPRR Annual Report.	
TB/22-23/76	**Register of interests** The Board received the Register of Interests. Having identified that it was not reflective of recent declarations, TS requested the Board's permission to defer the item to November. **Action: TS to present the Board with the up-to-date Register of Interests at the November Board meeting.**	
TB/22-23/77	**Review of Standing Orders** The Board received the paper on the Review of Standing Orders and **approved** the amendments to the Standing Orders. The Board also **approved** an additional change: reference to 'Executive Director of Finance and Performance' will be 'Chief Finance and Resources Officer'.	

Item	Subject	Action
TB/22-23/78	**Quality Committee Chair Report** The Board received and **noted** the Quality Committee Chair's Report.	
TB/22-23/79	**Workforce and Organisational Development Committee Chair Report** The Board received and **noted** the Workforce and Organisational Development Committee Chair's Report.	
TB/22-23/80	**Finance and Performance Committee Chair's Report** The Board received and **noted** the Finance and Performance Committee Chair's Report.	
TB/22-23/81	**Audit and Risk Committee Chair's Report** The Board received and **noted** the Audit and Risk Committee Chair's Report.	
TB/22-23/82	**Use of Trust Seal** The Board received and **noted** the Use of Trust Seal report.	
TB/22-23/83	**Any Other Business** The Board commended the Trust's clinical teams for their work in reducing waiting lists for dementia services. The success has been consistent and gathering pace across the Trust.	
TB/22-23/84	**Questions from Public** The Board received questions on: • The implementation, and benefits, of the community mental health framework in the Medway area • The support the Board will be giving to the Executive Management Team to identify the key priorities for this financial year.	
	Date of Next Meeting The next meeting of the Board would be held on Thursday 29th September 2022	

Signed …….. (Chair)

Date ……..

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 10/11/2022

Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
ACTIONS DUE IN NOVEMBER 2022								
29.09.2022	TB/22-23/74	Register of interests	TS to present the Board with the up-to-date Register of Interests at the November Board meeting.	TS	November 2022		On the agenda for discussion.	**COMPLETE**
ACTIONS NOT DUE OR IN PROGRESS								
29.09.2022	TB/22-23/68	MHLDA Provider Collaborative Update	SS to provide an update paper on the MHDLA Provider Collaborative workstreams and their outcomes. Update to be provided at November Board meeting.	SS	November 2022	January 2023	To be received in January 2023	**NOT DUE**
29.07.2022	TB/22-23/46	Operation Cavell Annual Progress Report	VB2 to provide an Operation Cavell update report to the Board in January 2023.	VB2	January 2023			**NOT DUE**
29.09.2022	TB/22-23/72	Workforce Deep Dive – Leadership Development Strategy	In January 2023, SG to update the Board if the Trust is able to develop a formal in-house leadership development programme.	SS	January 2023			**NOT DUE**
29.09.2022	TB/22-22/73	Community Mental Health Framework Transformation	DHS to include implementation timeline and financial milestones in the next Community Mental Health Framework, which is due in January 2023.	DHS	January 2023			**NOT DUE**
29.09.2022	TB/22-23/74	Closed cultures and professional boundaries	AC to provide an update on closed cultures and professional boundaries in March 2023.	AC	March 2023			**NOT DUE**
CLOSED AT LAST MEETING OR COMPLETED BETWEEN MEETINGS								
26.05.2022	TB/22-23/13	IQPR	Results of Waiting times work to be brought back to Board in September	DH-S/AC	September 2022		September IQPR includes commentary on waiting times	**COMPLETE**
26.05.2022	TB/22-23/15	Workforce Deep Dive into Equality, Diversity and Inclusion	The WFODC was asked to consider what should be monitored to create an EDI Dashboard.	SG	September 2022		The dashboard was reviewed and discussed at the September WFODC meeting. This action can now be closed.	**COMPLETE**

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**Thursday 24th November 2022**
Title	**Chair's Report**
Author	**Dr Jackie Craissati, Trust Chair**
Presenter	**Dr Jackie Craissati, Trust Chair**
Purpose	**For Noting**

1. Introduction

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

- Kent & Medway System
- Changes to Non-Executive Directors
- Changes at Board
- Board self-assessment
- Trust Chair and Non-Executive Director visits
- Congratulations

2. Kent & Medway system

This has been a busy two months for mental health and the Kent & Medway system. In addition to a large county-wide gathering to re-establish commitment to partnership working, we also held a productive Mental Health, Learning Disability & Autism Provider Collaborative Board, met as Chairs of Health & Care Partnership boards, and set the work plan for the Dartford, Gravesham & Swanley H&C Partnership Board.

3. Changes to Non-Executive Directors

The Board is pleased to welcome Dr Asif Bachlani as an Associate Non-Executive Director. Asif brings with him experience of data quality and digital work. Asif currently work at Priory Acute and Psychiatric Intensive Care hospitals and until recently was their National Clinical Director and Clinical Lead for Informatics.

4. Changes at Board

In September, the Board agreed changes to the Trust's Standing Orders to reflect a change in Board composition, which came into effect on 1st November. The agreed changes are that Sheila Stenson is now the Deputy Chief Executive as well as the Chief Finance and Resources Officer, and Sandra Goatley is Chief People Officer and is now a voting member of the Board.

5. Board Self-Assessment

In late summer/early autumn, the Board undertook a self-assessment of its performance against the Care Quality Commission's Key Line of Enquiries. Appended to my Chair's report is a paper setting out the results of the self-assessment and the proposed action plan. The action plan will need the Board's approval.

6. Trust Chair and NED visits

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

Where	Who
August 2022	
Heather Ward	Kim Lowe
September 2022	
Legal Services Team	Catherine Walker
October 2022	
Darent House, Sevenoaks	Mickola Wilson
Trevor Gibbons Unit	Mickola Wilson
Jasmine Ward	Jackie Craissati
Dartford psychiatric liaison service	Jackie Craissati
November 2022	
Poppy House, Oakapple Lane	Venu Branch
St Martins, Eastern and Coastal Area Building, Canterbury	Venu Branch

Kim Lowe – Heather Ward

A warm welcome; building is newly refurbished, clean, and bright. Lots of staff were long-serving and were proud and happy to work for KMPT and in this ward. Patients were engaged in an Abba singsong when I arrived and the atmosphere was happy and lively. A lovely visit. The staff commented on how things had improved since having a local maintenance officer who could react quickly to minor defects

Areas where staff felt the Trust could do better include the amount of paperwork needed to be done and the impact it can have on the time available to spend with patients. Another area of focus was potential changes to care plan documentation to make it more person-specific.

Food and menu options for patients remain an area of discussion on visits, with meal choice being limited, especially for those who have ethnic tastes. Staff highlighted the benefits of eating with patients as it built trust. However, this has now stopped and a request is for the Trust to reconsider this.

Catherine Walker – Legal Services Team

I visited the Legal team on 21.9.22, attending their weekly meeting. This team provide a wide range of internal and external facing services. We discussed the pros and cons of hybrid working. Among other things, the issue of getting access to the right size and location of meeting rooms, especially for MHA Tribunals with appropriative video conferencing kit was discussed as were the challenges of effective team working and supervision of junior staff in our new agile world.

Mickola Wilson – Trevor Gibbons Unit and Darent House

I visited the Trevor Gibbons Unit. 7th October 2022. I was shown around by Sojan Joseph who told me the history of the unit and described how the unit works for the patients and their families. It is a medium secure unit for offenders with mental health conditions. Although the unit has higher security requirements than a standard ward, it did not feel oppressive and both staff and patients gave me a warm welcome. The buildings are 20years old and do not meet the requirements of modern standards, and as a result are not used to full capacity. The two most pressing issues raised by both staff and patients were food and

lack of well-equipped activity space. I also met Catherine Mearns -Ward Manager for the Groombridge Ward. Staff highlighted that they felt there is no proper staff room and that it would make a real difference to staff if they had somewhere to relax between duties.

I visited Darent House Sevenoaks to see the CMHSOP unit, their lead Ellen Gould, showed me round the building and we discussed the pressure on meeting rooms and space for group therapy. The patients of this unit are mostly older adults who are not comfortable using technology, so face to face group sessions are beneficial and the lack of suitable space reduces the team's ability to work with in groups, which is the most efficient way to provide support. The most pressing problem the team has at present is the shortage of staff and the difficulty in recruitment which is exacerbated by the proximity of London, which has higher pay scales, and therefore staff are recruited from other parts of Kent but have to travel great distances to attend patients in their homes.

Venu Branch - Visit to Poppy House, Oakapple Lane

As Chair of the WFOD Committee I have become interested in the role of the Social Workers in the Mental Health System. As we develop our capacity in this field, I wanted to understand more about the service and the specialist contribution they make. In early November I met Priti Joshi, a team lead with a fascinating background and tremendous leadership ability. She briefed me on the role of the Social Worker as it differs from Social Workers outside the service, particularly the strength of their legal knowledge. She shared case studies and the challenges of developing a new service. She was sensitive and insightful as she talked about a range of things, from the rewarding individual victories to the potential for research. I will watch with interest as this service grows.

Venu Branch - Visit to Canterbury, St Martins, Eastern and Coastal Area Building

I visited the staff on 6 November and attended the opening of their new well-being space. Thanks must go to the WFOD team who arrived an hour before the opening and transformed the well-being room for the opening ceremony. Tea and cakes, a raffle, useful literature, botanicals, stress relieving lights and gadgets, testimony recorded and a red ribbon cutting – quite an event. The room was light and airy with a lovely garden space, even in the rain. Every member of staff that I spoke to, including a student nurse in her final year, talked about how it would make a considerable difference to their working day, to get away from their desks and other work spaces to have their lunch. There was a clear call for a vending machine with hearty ready meals, for they now had somewhere to eat when the café was closed. This was the third space, to add to Dartford and Maidstone, it is good to see this project being implemented after being on the blocks for some time.

Jackie Craissati, Chair visits to Jasmine Ward and Dartford Psychiatric Liaison

Jasmine ward is for older adults and has been very busy this year, stretching the staff team who have been depleted at times. I was very impressed with the welcome and the environment which is light and airy. There are issues with the quality of food, but I received assurance that this is under review and in hand.

The psychiatric liaison team were very welcoming; it is clear they are under pressure at the moment, and I was dismayed to learn that our patients were filling six acute hospital beds

whilst we sought mental health beds in our Trust – despite the very best efforts of our staff. I had not realised the proportion of patients seen by psychiatric liaison who are older and frail; there seem to be opportunities here in terms of integrated community/crisis teams that might avoid presentation at A&E departments.

I am delighted to be part of the programme for Aspiring Clinical Leaders in KMPT, and wish the ten participants well in terms of their development over the next six months.

7 Congratulations

The Board congratulates Dr Afifa Qazi, Chief Medical Officer, for winning the award for 'Psychiatrist of the Year' from the Royal College of Psychiatrists.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Board Self-Assessment Results Report 2021/22

1. Introduction

The NHS Well-Led guidance, issued by the healthcare regulator NHS Improvement, recommends that an annual self-assessment exercise is carried out by Boards of Directors of NHS Organisations. In line with this guidance, the Trust Board has completed its review and the results are enclosed for Board discussion.

The well-led framework is structured around eight key lines of enquiry (KLOEs) and Board members have been asked to undertake a self-assessment around these KLOE. A separate section has also been included that focuses on the Board's response to the Covid-19 pandemic. As Board members will see, recommendations have been made to continue to improve the Board's effectiveness and performance.

2. Summary of Board Responses

Board members were asked to provide a rating between strongly disagree to strongly agree for each question (1 = strongly disagree, 5 = strongly agree). The results have been analysed by averaging the scores for each KLOE and cross referenced with the NHSI well led rating framework. Overall, the rating and comments received from Board members demonstrated a positive response to the Board's function and performance. Compared to the 2020/21 Board Self-Assessment all but two areas have seen improvements.

Regarding the operation of the Board, members agreed that the frequency and length of Board meetings has improved since the last self-assessment with enough dedicated time being given to relevant agenda items however, two comments were made regarding the re-introduction of in-person meetings as the Covid-19 risk reduces. The Trust Board also felt it is better sighted on the work of the Board Committees following the new Board Committee Report template being put in place following an action from the previous self-assessment. There was widespread agreement that Board members, both individually and collectively understand what is expected of them and all Board members agreed that the Board continues to work well as a cohesive group. Board members felt that the current Board composition has suitable and skilled representatives however, one area where the Board lacks experience is digital. Regarding Board seminars and Board development days, members agreed that the new set up of bi-monthly Board meetings, with a Board seminar or development session taking place between each Board meeting was working well.

One of the highest scoring areas of the Board Self-Assessment was the agreement amongst Board members that there is a culture of high-quality and sustainable care across the Trust. This is also reflected in the Trust's most recent CQC Well Led inspection, where the Trust received an outstanding rating in the 'Caring' domain. Board members recognised that there has been a lot of work and improvements made regarding the Trust's equality and diversity position, with the Board receiving a seminar focused on Equality and Diversity however, Board members recognised more work still needed to be done here. With regards to Risk and Performance Management, the Board acknowledged that there is a sound risk-based approach underpinning most of the work of the Trust. The Board recognised that high level risks that could impact the Trust are monitored well via the Board Assurance Framework (BAF) however, Board members commented that the BAF could sometimes contain out of date information, and some items remained on the BAF for a long period of time.

Regarding the quality of information received by the Board, board members recognised the significant improvement in papers following the introduction of the new front sheets and the video produced for staff on reporting writing, following an action from last year's self-assessment. However, comments were made that there is still work to be done to ensure that the Board received the appropriate level of scrutiny around assurance for performance. There was agreement from Board members that the existing range of performance measures, although broad enough to monitor operational performance, these need to be reviewed to ensure that these are relevant, useful and also achievable.

Board members agreed that the Trust has robust and effective governance systems in place and the Board is made aware and kept up to date with this. The good work already done within transformation and quality improvement was highlighted by members, but it was also recognised that a culture of quality improvement needs to be embedded across the Trust and the confidence and time given to staff to focus on quality improvement.

Regarding having an established strategy for the Trust, Board members recognised that more focus has been given to this at Board meetings following last year's self-assessment. However, as the current Trust Strategy will be coming to an end in March 2023, comments were made that more thought needs to be given to how staff are engaged with when developing the document. Board members agreed that the current Trust Strategy is clearly aligned with, and updated to reflect changes to, local and national NHS Policy. However, although the vision for the Trust is clear, the NHS landscape is changing due to the introduction of the Integrated Care Board and impending legislation and the strategy and ambitions of the Trust may need to be reviewed as these develop.

In summary, the Board rated itself well against the Well-Led Framework. A further summary has been provided rating the Board's responses against each of KLOEs and an action plan has been produced against the feedback provided for the Trust Board to review and agree.

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3. Average Scores

The table below shows a summary of the Trust's view against the Well-Led Framework based on the self-assessment conducted.

Key Line of Enquiry (KLOE)		**Board's View 20/21 (Average scoring)**	**Board's View 21/22 (Average scoring)**	**Risk Rating**
KLOE 1	Is there the leadership capacity and capability to deliver high quality, sustainable care?	4.0	4.2	
KLOE 2	Is there a clear vision and a credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	3.8	4.4	
KLOE 3	Is there a culture of high quality, sustainable care?	4.1	4.5	
KLOE 4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?	4.1	4.6	
KLOE 5	Are there clear and effective processes for managing risks, issues and performance	3.8	4.1	
KLOE 6	Is appropriate and accurate information being effectively processed, challenged and acted on?	3.9	4.2	
KLOE 7	Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	3.9	4.4	
KLOE 8	Are there robust systems and processes for learning, continuous improvement and innovation:	3.9	4.1	
Additional question	Board operation/administration/governance	3.8	4.4	

Key:

4 score – Green

3-4 score - Amber Green

2-3 score - Amber Red

1-2 score - Red

Risk rating	Definition	Evidence
Green	Meets or exceeds expectations	Many elements of good practice and no major omissions.
Amber-green	Partially meets expectations, but confident in management's capacity to deliver green performance within a reasonable timeframe	Some elements of good practice, some minor omissions and robust action plans to address perceived gaps with proven track record of delivery.
Amber-red	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable timeframe	Some elements of good practice, has no major omissions. Action plans to address perceived gaps are in early stage of development with limited evidence of track record of delivery.
Red	Does not meet expectations	Major omission in governance identified. Significant volume of action plans required with concerns regarding management's capacity to deliver.

Additional question	Covid-19 Response	4.4	4.6	

4. Outcomes from last Action Plan

From this year's self-assessment, there has been improved scoring across KLOEs. This reflects the different way that the Board works, with there being more focussed Board papers and more frequent Board seminar days. There have also been the following key achievements:

- The Trust has recruited a Board member with digital experience, expanding the skill set found at Board level,
- More regular updates on Freedom to Speak Up are provided at Board. More recently the Board received a Board seminar on Freedom to Speak Up,
- Board meets with the Engagement Council twice a year, and
- The Board receives regular updates on Quality Improvement projects.

5. Proposed Action Plan

Given the improvements in the board effectiveness scores, it is important to maintain the way the Board works. With this in mind, a more holistic approach across the KLOEs will be pursued, in consultation with Board members. Key to this would be the revision of the Trust's strategy as the current strategy will expire in March 2023. The Board shall be meeting for a Board Development Day in December with a focus on the Trust's strategy.

Chief Executive's Board Report

Date of Meeting: 24 November 2022

Introduction

The NHS has continued to feature in national news coverage with significant concern about mounting pressures on services as we enter Winter. In KMPT we retain our focus on ensuring that our service users are safe, and that anyone who needs a bed, is admitted as quickly as possible. Key to this is the work of our Patient Flow Team who manage the totality of the trust's beds, always with emphasis on the needs of the individual. In addition to managing pressures in KMPT, we have a significant role to play in the wider system and work closely with our acute trust partners in ensuring that patients who need our care after an admission to an acute hospital are transferred to us as quickly as possible. We know that the whole of the NHS is focused on ensuring that people get the care they need, in the right place at the right time. The challenge is now to ensure that once that care has been delivered and patients are ready to be discharged, we can move them as speedily out of the NHS bed they no longer need. The board will hear today from our Chief Operating Officer, about the reinforcing of that work in KMPT especially at this time of year.

Royal College of Psychiatrists, Psychiatrist of the Year Award

On November 9th our Chief Medical Officer Dr Afifa Qazi was announced as the winner of the Royal College of Psychiatrists, Psychiatrist of the Year. This prestigious title was awarded to Dr Qazi because of the improvement work she has led across our system as well as in KMPT. We formally record our warmest congratulations to Afifa who on accepting the ward, said that she accepted it as an award for all those who use our services, their loved ones and our three and a half thousand staff.

Health Service Journal Finalists

We were thrilled that our Review and Resettlement Team were finalists in this year's Health Service Journal Patient Safety Awards. The work of this team has been shared with the board previously and is designed to focus on supporting people who have been placed by commissioners, in long term placements far from friends and family, often for many years. The team's life changing work was highly commended by the judges at the awards event which this year was held in person, in Manchester. We warmly congratulate them on both their work and being finalists in such high-profile awards. A celebration event will be held in December.

Leadership Event and Big Conversation

In October and November, two of our largest virtual gatherings of KMPT staff took place. Both events were well attended and offered opportunities for staff to hear from both the Chief Executive and Chair about the board's role in supporting the work of the trust and creating the environment for excellence to thrive.

A theme of individual and collective responsibility ran throughout the events and both were positively evaluated.

Financial Position – Regional and National

Whilst KMPT is forecasting a year end position of break even, we work in a system that is facing significant and long-standing financial challenges. We are rightly required to operate and think as a system and KMPT takes its role and responsibility very seriously, working alongside the other five NHS trusts in Kent and Medway. As one of the worst performing Integrated Care Systems in relation to finance, it is likely that Kent and Medway as a system will be subject to intense scrutiny in the remaining months of the financial year. The Chief Finance Officers of all six trusts continue to work closely together with the Integrated Care Board's Chief Finance Officer in order to ensure that every effort is made to reduce the year end system deficit.

Integrated Care Board (ICB) Update

The Board last met on 1st November with KMPT's Chief Executive attending as the partner representative for mental health and community. A significant piece of work now underway and expected to be delivered by the end of the calendar year, is the ICB's strategy. This is the document that should provide the road map to real and sustained long term improvements in health and social care across the county. A further update will be provided as the work progresses. In the meantime, KMPT has ensured strong and senior representation at development events including the recent Symposium where the strategy is being developed.

NHS Providers – Liverpool

Both the Chair and Chief Executive along with the Deputy Chief Executive attended the annual NHS Providers conference in Liverpool. The theme of the conference was resilience and a summary of the presentations will be made available to board members.

Housekeepers and Porters Celebration Thank You Events

The Chief Executive and Deputy Chief Executive were delighted to host three thank you events in October to mark the board and the wider organisation's appreciation of the work that they do. The events each had a slightly different feel but all three were truly celebratory and included a thank you afternoon tea box for everyone. We hope that this will now become an annual celebration.

Staff Chill Out Spaces Open

The last of our three, main site staff chill out spaces have opened since the last board meeting with Maidstone and Canterbury now being used by staff on those sites. The next step in this programme of work is to map the staff rest spaces across the trust and agree priorities for the programme. It is our intention that everyone, wherever they work should have easy access to a high-quality rest space in order to rest and relax during breaks.

Kent Police meeting

Our established programme of annual meetings between the Chief Constable and the Chief Executive remains a useful touch point and in October we considered a number of issues including shared training opportunities, the significant reduction by Kent Police in the use of Section 136 of The Mental Health Act and the creation of Safe Havens as an alternative to admission.

Allied Health Professionals Day

The annual Allied Health Professionals (AHPs) Day brought together many KMPT AHPs for celebration and discussion. The Chief Executive was very pleased to join part of the event during which ideas about

retention, recruitment, working differently and the breadth of contribution made to service user care and recovery were considered.

Changes in the Executive

I am pleased to confirm that from November 1st, Sheila Stenson, Chief Finance and Resources Officer, took up the additional role of Deputy Chief Executive. I know that members of the board will join me in congratulating Sheila and welcoming her to her new, extended role.

Since the last board meeting, I am pleased to update members of the board that we have appointed Dr Adrian Richardson to the role of Director of Partnerships and Transformation. Adrian will be joining us on 23rd January. Currently Adrian is the Director of Continuous Improvement for Frimley Health NHS Foundation Trust. Adrian brings with him significant experience in programme management and quality improvement as well as a passion for creating partnerships. We look forward to welcoming him.

Helen Greatorex
Chief Executive

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	24 November 2022
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 September 2022. It has since been presented to the Audit and Risk Committee on 14th November.

- No new risks have been added to the BAF since September
- 2 risks have changed their risk score since September
  - Risk ID 6485 – Clinical engagement for the strategy (Increased from 2 (Low) to 9 (High))
  - Risk ID 7038 – IT Infrastructure Refresh Funding (Decreased from 16 (Extreme) to 6 (Moderate))
- 2 risks are recommended for removal
  - Risk ID 6849 – Retention of Employees
  - Risk ID 7038 – IT Infrastructure Refresh Funding

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)

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The Board Assurance Framework

The BAF was last presented to the Board on 29th September 2022, and subsequently to the Audit and Risk Committee on 14th November 2022.

The Top Risks are

- Risk ID 6848 – Staff Turnover (Rating of 20 – Extreme)
- Risk ID 6849 – Retention of Employees (Rating of 20 – Extreme)
- Risk ID 3164 – Capital Projects – Availability of Capital (Rating of 16 – Extreme)
- Risk ID 6847 – Organisational Sickness Absence (Rating of 16 – Extreme)
- Risk ID 6881 - Organisational inability to meet Memory Assessment Service Demand (Rating of 16 – Extreme)

Risk Movement

2 risks have changed their risk score since the Board Assurance Framework presented to Board on 29 September

- **Risk ID 6485 – Clinical engagement for the strategy (Increased from 2 (Low) to 9 (High))**
  This risk has increased in risk score as the level of clinical engagement for the clinical technology strategy is lower than needed. Each digital project needs strong clinical leadership with a clinical lead and clinical representation on project boards. Currently this is not at the level that is required due to competing priorities for these clinical staff. Further recruitment of Change Leads is underway and a new non-executive director with a lead for digital is due to join the Trust. It is hoped that these appointments will support an improved level of clinical engagement
- **Risk ID 7038 – IT Infrastructure Refresh Funding (Decreased from 16 (Extreme) to 6 (Moderate))**
  This risk has reduced in risk score as funding to meet the original business case has been identified. The Specification has been out to tender, and these are currently being evaluated. There is a high level of confidence that this risk will reach its target rating by its target date. This risk is recommended for removal from the BAF, but will continue to be monitored at a service level until the infrastructure refresh is completed.

Risks Recommended for Removal

Two risks are recommended for removal

- **Risk ID 6849 – Retention of Employees (Rating of 20 (Extreme))**
  This risk is being recommended for removal to the Board following a review of the workforce and OD risks. It is considered that this risk is very similar to Risk ID 6848 – Staff turnover, so these risks have been reviewed and combined into one under risk ID 6848. It is recommended that this risk is closed.

- **Risk ID 7038 – IT Infrastructure Refresh Funding (Decreased from 16 (Extreme) to 6 (Moderate))**

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This risk is recommended for removal from the BAF, due to the reduction in risk score and the confidence that this risk will be mitigated by the target date. It will remain on the service risk register until the infrastructure refresh is completed.

New Risks

No new risks have been added to the BAF this time.

Emerging Risks

The Audit and Risk Committee received a paper about the potential for disruption to energy supplies over the winter period. In addition to the Trust risk regarding an unplanned failure of the electrical supply as part of the emergency planning risks, a new risk has been added regarding the potential for planned electricity supply rota cuts to ensure the Trust has considered and mitigated the risk to service delivery. The Trust has also participated in the national winter planning exercise which included planned rota cuts as part of the scenario to test the Trust contingency plans. This risk will remain under review but is considered well controlled at this time.

Other Notable Updates

- Consideration is being given as to how to ensure the Board Assurance Framework is used to ensure focus on the dynamic risks impacting on the Trust and delivery of the strategic objectives. ARC have challenged some of the longstanding BAF risks which are considered well controlled and have achieved a degree of stability, but still pose a significant risk to the Trust and where oversight of these should be. Consideration is being given to the use of the Board Assurance Framework and Trust Risk Register to ensure the right risks are presented to Board and executive level oversight continues on the more stable significant risks.

- **Risk ID 6881 – Organisational inability to meet Memory Assessment Service Demand**
  Work is progressing well within the Trust in regards to the internal actions we can take to address memory assessment service demand. There is a plan in place to address the backlog, but it is too early to see this have an effect on the risk score.
  From a system wide perspective there is some concern over the recent dissolution of the dementia clinical lead role within the ICB. This has left the Dementia SIG without a chair and there is concern about the deliverability of the identified system wide actions marked against this risk. Discussions are ongoing with the ICB about how to regain focus on this work and the importance of the system leadership role.

- **Risk ID 6052 – Improving and Sustaining Quality and Safety (Rating of 12 – High)**
  This risk remains under review and consideration is being given to reframe this risk and refocus on the areas of greatest risk for the Trust.

- **Risk ID 5991 – Organisational Risk – Industrial Action (Rating of 6 (Moderate))**
  This risk remains under review, and will be updated when the outcome of the RCN Ballot is known. The Industrial action SOP Has been reviewed, and ratified by the Trust EPRR Working Group.

- **Risk ID 6847 – Sickness (Rating of 16 – Extreme)**
  This risk has been reviewed and updated. Sickness absence remains a challenge across the organisation. The KPI's are currently not showing that sickness absence rates have met the

Trust target of 4%, and seem to be moving in the wrong direction. The highest proportion of staff sickness absence seems to relate to staff mental health and absence related to covid 19. Targeted support for these areas is being developed. Data suggests that there is also an emerging increase in sickness absence amongst community teams, so a deep dive is being undertaken to investigate this further.

- **Risk ID 6848 – Staff Turnover (Rating of 20 – Extreme)**
  This risk has been updated to combine the previously separate turnover and retention risks and has been refocussed to look at reducing the current vacancy rate. The trust turnover rate is largely stable and in line with other trusts, and the actions being taken within the Workforce and Organisational Development teams are focussed around successful recruitment into posts.
  The confidence assessment for this risk is marked as red as it is considered unlikely that the vacancy rate target of 10% will be met. Further discussions are ongoing regarding the vacancy rate target and this will be updated if anything changes. The risk score remains unchanged at this time as the identified actions are at an early stage of implementation. This will be reviewed on an ongoing basis.

- **Risk ID 7084 – New Landscape (New Operating Model) (Rating of 9 – High)**
  Work continues to progress with the engagement and consultation period fort he new landscape. Engagement levels with staff have been high and some useful feedback has been received, which will lead to some amendments to the proposed plan. Following this, at the beginning of December, the implementation process for transition to the new landscape will begin.

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.

Version Control: 01

Updated: 16 November 2022

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Board Assurance Framework

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

Definitions:
Initial Rating = The risk rating at the time of identification

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

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

Action status key:

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

1 - Consistently deliver an outstanding quality of care

06/06/2022 — Risk Opened — 15/09/2022 — Actions are progressing well with tackling DToCs. There is a good level of engagement with the local authority for escalations to strategically manage blockages.

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
7050	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	Daily reporting Weekly DToC check and challenge with the Local Authority Senior oversight led by the deputy COO Super stranded Multi Agency Discharge Events Social worker seconded into Patient Flow team Weekly meeting between dedicated KCC Assistant Director and service manager, and KMPT Deputy COO and Senior patient flow manager to plan future initiatives and support individual patient escalations Discharge Assessment form revised to explicitly detail any potential DToC issues.	Daily scrutiny of DToC data	3	4	12	⟺	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Development of step down beds in progress with ICB. Funding agreed for the equivalent of 7 step-down beds — Deputy Chief Operating Officer — 01/08/2023 — A Working with the Local Authority to develop escalation pathways and funding options. Senior Local Authority Manager oversight of DToC in place and terms of reference under development. — Deputy Chief Operating Officer — 19/12/2022 — A Consideration with ICB and Local Autority on potential for dedicated local authority commissioner to solely work on DToC reduction by intensive placements support — Deputy Chief Operating Officer — 05/12/2022 — A	Chief OperatingOfficer		3	2	6	01/09/2023

17/11/2020 — Risk Opened — 04/06/2021 — The top 5 assurances need to be identified for this risk — 13/11/2021 — Skill mix of CMHSOPs workforce continues, and a workforce plan is in place with immediate, mid and long term actions. Target date for this action has been extended to allow for all clinical care pathway interventions to be being offered. — 14/01/2022 — Risk score has reduced slightly. Demand and capacity reamins an issue for the CMHTs, but this risk feels like it is at a steady state. Actions continue to reduce the risk, but there is good oversight at QPR and there does not seem to be any increase in SI's or complaints. — 22/02/2022 — A review is needed as this relates to Covid. MAS which was one of the highest areas of risk now has its own system risk in BAF and delivery of the CMHF is a 3 year programme due to fully deliver at the end of 2024. Therefore the risk for demand and capacity has mitigations for CMHTs and Older Adult CMHT which will take another two years

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
6573	Nov 2020	Chief Operating Officer	**Demand and Capacity for Adult and Older Adult CMHTs compared to pre pandemic levels** IF Community teams cannot meet system demand for mental health assessment and treatment THEN there will be delays and failures to provide care and treatment at the right time RESULTING IN clinical care not being provided, poor patient experience, patient safety issues, staff stress and welfare and potential reputational damage as a result of not delivering commissioned services.	4	4	16	Digital working in place. Team level demand and capacity oversight in place. Care pathways programme streamlining clinical offer. MHIS funding invested. Standard Operating Procedures in place with a single operating model for assessment.	Reduction in referral to assessment and referral to treatment targets through IQPR. Recruitment and retention in line with Trust target moitored through IQPR. Improved Clinical outcomes	4	3	12	⟺	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Refocussed Community Transformation Programme (led by KMPT) — Chief Operating Officer — 30/04/2023 — A Integration of provider workforce to aid skill mix and new ways of working — Chief Operating Officer — 30/04/2023 — A Workforce Demand and Capacity review by external agency — Chief Operating Officer — 30/12/2022 — A Improved governance with defined workstreams to be established. — Chief Operating Officer — 15/12/2022 — A	Chief Operating Officer		3	3	9	30/04/2024

12/01/2022 — BAF Risk Opened — 10/03/2022 — The demand for memory assessment services has been reflected on the care group risk register since October 2020. This has been escalated to the BAF due to the need for a whole system response, from the Kent and Medway system partners as agreed at Board in November 2021. — 21/04/2022 — The Dementia SIG have identified key actions for delivery by year end. — 31/10/2022 — Since the last report, part year funding has been agreed for extra clinics for demetia diagnosis. GPs with Special Interests are due to start in May, under supervision, with the plan for them to be independent from 1st September. — Since the introduction of the ICB, the clinical lead role for Dementia across K&M has been dissolved. This has created a gap in system leadership that casts doubt on the whether the Dementia workstreams in progress thorgh the SIG will be delivered on target.

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
6881	Jan 2022	Chief Medical Officer	**Organisational inability to meet Memory Assessment Service Demand** IF KMPT continue to be the sole provider of Memory Assessment services for the Kent and Medway system it cannot meet service demand THEN people may not have a timely dementia diagnosis or timely treatment RESULTING IN poor life experience, reduced quality of life for patients and carers and increased system impact both financially and reputationally	4	5	20	Waiting List Initiative Capacity Planning Productivity Initiatives - Service flow, Job Planning – minimum expectations for assessment and diagnostic capacity set, Hybrid Model working to release medic capacity (using QI Methodology), Advanced Clinical Practitioners – skill mix to release medic capacity, Diagnostic Imaging Protocol, Psychology reporting, enhanced screening tool, updated GP referral form. EMAIS roll out for one step diagnosis as opposed to previously used two step model. Kent and Medway Dementia SIG acts as the oversight group Dementia is one of the MHLDA IB strategic priorities. Target is to achieve the DDR of 66.7% by March 2023. Local care initiatives include: GP with Enhanced Roles, DiADem in Care Homes, Pathway Development - Diagnosis by Community Geriatricians, Diagnostic Imaging Recovery Programme, Dementia Care Navigators System Partners via MHLDA IB and KM Dementia SIG.	KPI/Targets - 6 week to diagnosis system metric with internal exception reports for 4 week and 18 week targets. NHSE Regional monitoring Kent and Medway system plans and achievement of Dementia Diagnosis Rate via MHLDA IB assurance sessions. NHSE National monitoring via quarterly returns .	4	4	16	⟺	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** MAS waiting list separated from CMHSOP. Dedicated team addressing backlog and implementation of new strategy — Chief Operating Officer — Completed — G Dementia Service Improvement Group to agree actions and deliver on actions to meet system demand for Memory Assessment — Chief Medical Officer — 31/12/2022 — R Dementia Strategy Development — Chair of K&M Dementia Service Improvement Group — 30/06/2023 — R Task and Finish group in place meeting every two weeks to drive the roll out of the Enhanced Memory Assessment and Intervention Service (EMAIS) and backlog work. — Chief Medical Officer — 26/03/2023 — A	Chief Medical Officer		3	3	9	01/08/2023

				Initial rating				Current rating						Target rating			
ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	L	C	Rating	Target Date (end)
6052	Mar 2019	Chief Nurse	**Improving and sustaining quality and safety** IF KMPT are unable to have effective means for continuously assessing, improving and monitoring quality of care to ensure a systematic and sustainable approach THEN KMPT will not be able to evidence compliance with regulatory fundamental standards RESULTING IN an inconsistent quality of care across the organisation and potential impact on patient experience, safety and clinical outcomes and not being a provider of choice.	4	4	16	CMHT 'day in the life of' guidance CQC Insight Report Implementation of care pathways Environmental improvements to estate Regular quality safety peer reviews Cliq-Checks Membership of quality networks and national accreditation schemes Quality Improvement projects Internal and External Audits Thematic deep dives Clinical audit programme Quality Performance Reviews CQC Mental Health Act Reviews System wide Quality Surveillance Reports Feedback from Healthwatch and Mental Health Action group Monitoring of complaints and compliments Freedom to speak up process	Capital Programme oversight of environmental improvements and new projects Quality Performance Meetings Cliq Checks CQC Engagement meeting feedback CQC MHA Reviews CQC focused inspections Learning from each other (mock inspections) Serious Incident reports and data	3	4	12	⇔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Cliq checks and Deep dives / Chief Nurse / Ongoing / A Quality Summits / Chief Nurse / Ongoing / A Learning from each other - Peer reviews / Chief Nurse / Ongoing / A Implementation of the National Patient Safety Framework (Quality Account Priority) / Chief Nurse / 26/03/2023 / A	Chief Nurse		2	3	6	31/03/2023
5991	Jan 2019	Director of Workforce and Organisational Development	**Organisational Risk - Industrial Action** IF industrial action is called (i.e. junior doctors strike) THEN there may be an impact on staffing attendance, especially if other unions initiate industrial action in support RESULTING IN the potential of inadequate staffing levels within units, both clinical and admin, impacting on KMPT's ability to deliver services	3	3	9	Industrial Action SOP [2e] Business Continuity Action Plans [2e] 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	Little impact from previous industrial action (Junior Drs Strike).	3	2	6	⇔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Finalise and communicate Financial Wellbeing offer / Deputy Director or Workforce and Organisational Development / 21/10/2022 / G Review of Industrial Action SOP / Emergency Preparedness Lead / 03/11/2022 / G	Director of Workforce and Organisational Development		1	1	1	29/07/2024
4083	Dec 2014	Chief Nurse	**Management of Environmental Ligatures** IF we do not have effective means for measuring,monitoring and assessing the risks associated with anchor points THEN we will be exposing patients to patient safety risks RESULTING IN self harm and suicide from ligature points and may mean patient safety, financial penalty, reputational damage and prosecution.	3	5	15	The Control of Ligatures and Ligature Points on Trust Premises Policy [2e] Daily therapeutic programmes Health and Safety Risk Assessment HS20 [1f] Annual Ligature Audits [2d] Monitoring by Ligature Standards Group and the Prevention of Suicides and Homcides 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	2	4	8	⇔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Refreshed Ligature Reduction Programme, including new ligatures awareness training and refresher training, therapeutic observations competencies, and development of new ligature assessment tool. / Deputy Director of Nursing / 01/11/2022 / A Annual Ligature Audit (Undertaken in November) / Deputy Director of Nursing / 28/01/2022 / G Review of Ligature Risk Assessment Process / Deputy Director of Nursing / 31/10/2022 / A	Chief Nurse		1	4	4	31/03/2023

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ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
2 - Recruit, retain and develop the best staff making KMPT a great place to work																			
17/11/2021 Risk Opened 22/02/2022: Sickness rates have increased over the months of December and January due to the impact of Omicron variant of Covid-19. Consideration is being given to Health and wellbeing initiatives to support staff. 21/03/2022: Sickness levels remain consistent. A Health and Wellbeing Strategy has been drafted and will be presented to EMT for sign off. The current Key actions have been completed. New Actions will be aligned to key strategy deliverables for the coming year.																			
6847	Nov 2021	Director of Workforce and Organisational Development	**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 reamin above the target of 4% RESULTING IN reliance on agency staff, increased staff turnover rate, reduced staff retention rates, increased cost and potentially lower quality service to patients.	5	4	20	Health & Wellbeing Group [2a] Range of targeted support and leadership Mental wellbeing and stress support Winter wellbeing messaging Health and Wellbeing Conversations [1a] Promotion of Flu and Covid vaccinations	Monitoring locally, reporting to IQPR Report to WF&OD Committee	4	4	16	⟷	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Opening of restorative space / Director of Finance / 07/11/2022 / G Deep Dive into sickness absence for community teams / Director of Workforce and OD / 18/11/2022 / A Schedule of wellbeing activities and targeted support offer (including development of Occupational Health service, and financial wellbeing offer) / Director of Workforce and OD / 31/03/2023 / A Creating and promotion of more safe spaces for shared reflection (including Schwartz Rounds, Staff Council) / Director of Workforce and OD / 31/03/2023 / A	Director of Workforce and Organisational Development		3	3	9	31/03/2023
17/11/2021 Risk Opened 22/02/2022: Turnover rates are still poor. High level national staff survey results have been received. This has shown a good response rate and high level of engagement. More granular detail is expected in March and this will be used to inform planning. 21/03/2022: Granular detail from the National Staff Survey has been received and shared with EMT and the WFOD Committee. This detail is being used to inform the priorities for 2022/23 03/11/2022: This risk has been revised and updated to combine the turnover and retention risks and refocus them on the current trust priorities.																			
6848	Nov 2021	Director of Workforce and Organisational Development	**Staff Turnover** IF we fail to manage the current labour market influences on turnover and our ability to recruit successfully THEN this will impact on our achievement of the vacancy rate target of 10% RESULTING IN reduced staff morale and productivity, increased absence, reliance on agency staff, increased cost, potentially lower quality service to patients, loss of reputation and business.	4	5	20	Onboarding Flexible working opportunities Health & Wellbeing Group [2a] Career paths [2e] Early exit interviews with HRBP's for business critical posts i.e. nurses and Director of Workforce and OD with Consultants [1f] Supervision and Appraisals [1a] Engagement activities [1b] Health and Wellbeing Conversations [1a] Talent Conversations [2e] Application of the hybrid working policy Support through the Centre for Practice and Learning for career pathways International recruitment	Monitoring locally, reporting to IQPR Report to WF&OD Committee Annual Staff Survey [1c] NHS Staff Survey [2e]	4	5	20	⟷	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Develop and promote career pathways and opportunities (including through development of online Careers Hub) / OD Specialist / 31/03/2023 / A Introduce HRBP-led pre-exit interviews for leavers from high turnover groups / HR Business Partners / 30/09/2022 / G Recruitment and Retention group to deliver on identified workstreams to support retention / HR Business Partners / 31/03/2023 / A Scoping of New workforce model as a pilot in Priority House / Deputy Director of Workforce and OD / 31/03/2023 / A Increasing registered nursing degree apprenticeship places / Deputy Director of Workforce and OD / 31/03/2023 / A Reducing time to hire / Head of Resourcing / 31/03/2023 / A	Director of Workforce and Organisational Development		3	4	12	31/03/2023
17/11/2021 Risk Opened 22/02/2022: Retention rates are still poor. High level national staff survey results have been received. This has shown a good response rate and high level of engagement. More granular detail is expected in March and this will be used to inform planning. 21/03/2022: Granular detail from the National Staff Survey has been received and shared with EMT and the WFOD Committee. This detail is being used to inform the priorities for 2022/23 03/11/2022: It is recommended that this risk is removed from the BAF and Closed. This risk will be combined with risk ID 6848 and revised to refocus on the current trust priorities.																			
6849	Nov 2021	Director of Workforce and Organisational Development	**Retention of Employees** IF we do not retain our employees in additional professional scientific and technical group and allied health professionals group THEN this would impact on staff morale, recruitment, turnover, absence and productivity and have a potential impact on patient experience RESULTING IN loss of reputation and business.	4	5	20	Onboarding Flexible working opportunities Quarterly People Pulse [1c] NHS Staff Survey [2e] Health & Wellbeing Group [2a] Career paths [2e] Exit interviews with HRBP's for business critical posts i.e. nurses and Director of Workforce and OD with Consultants [1e] Supervision and Appraisals [1a] Engagement activities [1b] Health and Wellbeing Conversations [1a] Talent Conversations [2e]	Monitoring locally, reporting to IQPR Report to WF&OD Committee Annual Staff Survey [1c]	4	5	20	⟷	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Develop and promote career pathways and opportunities (including through development of online Careers Hub) / OD Specialist / 31/03/2023 / A Focus on onboarding for new starters in high turnover groups / HR Business Partners / 31/03/2023 / A Introduce HRBP-led pre-exit interviews for leavers from high turnover groups / HR Business Partners / 30/09/2022 / A Recruitment and Retention group to deliver on identified workstreams to support retention / HR Business Partners / 31/03/2023 / A	Director of Workforce and Organisational Development	To be confirmed	3	4	12	31/03/2023

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Owner	Target Completion (end)	Status	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
3 - Put continuous improvement at the heart of what we do																						
20/09/2022 → Risk Opened																						
7084	Sep 2022	Chief Operating Officer	**New Landscape (New Operating Model)** IF KMPT move to a new operating model with revised leadership structure without proper planning and formal consultation THEN there will be high levels of disruption to service delivery and concern amongst staff RESULTING IN disconnected systems and reporting structures, reduced staff retention, disruption to service delivery, poor patient experience and outcomes, reputational damage, potential litigation	4	4	16	Portfolio Plan Executive Director Oversight Support services involved in the programme Detailed Project plan outlining milestones and required steps to ensure smooth transition HR engagement with consultation and support to the workforce Regular communication strategy in place	Project oversight group minutes Learning and action logs Executive oversight	3	3	9	⟷	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Chief Operating Officer		3	2	6	14/04/2023
													Revised job descriptions for new operating model to go to job evaluation panel	Chief Operating Officer	07/10/2022	G						
													Project oversight group members to ensure project delivery plan dates are achievable	Chief Operating Officer	15/10/2022	G						
													Delivery of Communications Plan	Chief Operating Officer	31/10/2022	G						
													Ammendment of proposed plan following staff feedback	Chief Operating Officer	30/11/2022	A						
													Align support services and systems with proposed change	Chief Operating Officer	15/03/2023	A						
02/03/2021 → Risk Opened																						
6961	Nov 2021	Executive Director of Finance	**Estates and Facilities Resources** IF adequate resources are not available to deliver the required services THEN non-delivery of all or some contracted services would occur RESULTING in backlogs, complaints, reputational damage, statutory non-compliances including CDM Regulations, potential harm to life and property, inability to respond to or avoid emergencies	5	4	20	Adequate staffing levels to carry out critical tasks to ensure compliance. Regular updates from Contractors regarding availability of staff / resources. Possible restructure of Estates and Facilities. Interim appointments of staff where required use of external specialist advisors	Project management support and reporting Interim recruitment to posts Vacancy reporting and recruitment	3	4	12	⟷	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Executive Director of Finance		3	3	9	01/04/2023
													Recruitment of interim Head of Capital Development and substantive staff to key management roles within the approved Structure	Strategic Director of Estates and Facilities	31/12/2022	A						
													Monitor staff workloads	Acting Lead for Estates	20/06/2022	G						
													New structure being drafted and approved at EMT w/c 21st March	Strategic Director of Estates and Facilities	31/03/2022	G						
													Full review of JDs and Person Specifications underway to draft develoment programmes where required for staff	Strategic Director of Estates and Facilities	20/06/2022	G						
4 - Develop and extend our research and innovation work																						
			No Risks Identified against this Strategic Objective																			

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
5 - Maximise the use of digital technology																			
6485	Jul 2020	Executive Director of Finance	**Clinical Engagement for the Strategy** IF there is insufficient clinical engagement in the projects required to deliver the Clinical Technology Strategy, THEN decisions will be made without suitable consultation with the clinical users of the IT, RESULTING IN a failure to realise the full benefits of the individual project and a restriction on the ability to deliver cumulative benefits from the whole strategy	5	3	15	Trust board commitment and approval (3a) Reviewed at risks and issues (1a) Recruitment of digital Transformation Change Leads (2a) Digital Transformation Group (3a) Dedicated change management team (1g)	Current User Acceptance processes in place in the RAID log Digital Transformation Team Established Digital Transformation Group and Digital Strategy Board Minutes of meetings detailing attendance	3	3	9	↑	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Recruitment of Change Leads — Head of ICT — 31/01/2023 — A Embedding Digital change leads and specialists within services — Head of Digital Transformation — 31/01/2023 — A Working closely with QI where QI and Digital required to deliver quality improvements. — Head of Digital Transformation — 31/01/2023 — A	Executive Director of Finance		1	1	1	31/03/2023
7038	Jul 2022	Executive Director of Finance	**IT Infrastructure Refresh Funding** IF the capital funding is not allocated for the Infrastructure Refresh Project THEN critical infrastructure hardware could fail due to age or be vulnerable for cyber attack as not in support and updated RESULTING IN potential failure of Hardware supporting critical clinical and non clinical systems. Also failure to realise the full benefits of the Clinical Technology Strategy and the ability to deliver cumulative benefits of the whole strategy as some new technologies will not run on old hardware.	2	4	8	Network and System Monitoring System Alerting DSST & Risks and Issues Meetings DSPT Submission Tactical Procurement of kit with limited funding	ISO Accreditation 9001 & 27001	2	3	6	↓	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Secure Capital Funding — Director of IT — 31/03/2023 — G Specifications with Procurement for market testing — Director of IT — 31/10/2022 — G Revisit options appraisal: Revenue v Capital. Cloud v Private Cloud v On Prem. — Director of IT — 31/10/2022 — G	Executive Director of Finance		2	2	4	31/03/2023
6 - Meet or exceed requirements set out in the Five Year Forward View																			
			No Risks Identified against this Strategic Objective																
7 - Deliver financial balance and organisational sustainability																			
3164	Apr 2020	Executive Director of Finance	**Capital Projects - Availability of Capital** IF the capital programme is not delivered as planned and we continue to see restricted capital allocations THEN the Estates Strategy will not be executed in the agreed timescales RESULTING IN clinical and workplace environments which may not be fully fit for purpose and a potential for an increasing backlog.	5	5	25	Prioritise capital plan, review regularly with services and against backlog maintenance. [2e] Robust design and specification processes and capital programme management. [1g/2a] Trust Capital group managing programme. Programme delivery reported to SEG.	Board, FPC and Trust Capital Group Oversight (3a/2b) Business care review group	4	4	16	↔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Provide comprehesive report to Trust Capital Group. — Director of Estates and Facilities — 30/08/2022 — A Develop pipeline of schemes to bring forward that can be delivered in-year should Capital be available — Director of Estates and Facilities — 30/10/2022 — A	Executive Director of Finance		2	3	6	31/03/2024
6628	Mar 2021	Executive Director of Finance	**Long Term Financial Sustainability** 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 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.	4	5	20	Reporting to Trust Board [3a] Reporting the NHSI [3b] Monthly Finance Report [1h] CIP Process [2a] QPR Meetings [2a] Care Group Management Meetings [2a] Finance and Performance Committee monitoring [2b] Finance position and CIP update [1h] Standing financial instructions [2e] Internal audit [3d] Agency recruitment restriction [1a] Monthly statements to budget holders [1a] Budget holder authorisation and authorised signatories	Long Term Sustainability Programme (LTSP) (CIP delivery) has been launched in the organisation and is being led by the deputies. A 4 % efficiency target has been set to start to tackle the underlying deficit. Monthly reporting is taking place through QPRs and Finance Reports, and a full review of CIP governance commenced in July to ensure all programmes have PIDs and QIAs	3	4	12	↔	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** Delivery of multiyear efficiency programme — Deputy Director of Finance — 31/03/2023 — A Address issues identified through Deep Dives — Deputy Director of Finance — 31/12/2022 — A Review pricing and contracting for services — Deputy Director of Finance — 30/09/2022 — A Mental Health Optimal Staffing Tool (MHOST) and rota review — Deputy Director of Finance — 30/09/2022 — A	Executive Director of Finance		3	3	9	31/03/2023

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	Initial rating C	Initial rating Rating	Controls Description	Top Five Assurances	Current rating L	Current rating C	Current rating Rating	Trend	Planned Actions and Milestones	Owner	Target Completion (end)	Status	Action owner	Confidence Assessment	Target rating L	Target rating C	Target rating Rating	Target Date (end)
17/11/2021 Risk Opened → 19/01/2022 All actions have been completed and this is being managed as business as usual.																						
6857	Nov 2021	Executive Director of Finance	**Maintenance Services Funding Availability** IF sufficient resources are not allocated for reactive, cyclical and planned maintenance of buildings, building services, grounds, gardens, trees in leased and owned properties THEN the ratio of planned to reactive maintenance spend would not be in accordance with industry best practice and in favour of reactive maintenance RESULTING in the planned maintenance backlog increasing year on year, maintenance overspends and in-patient facilities not fit for purpose for lengthy periods	5	4	20	Existing approved and in date contracts in place with external maintenance contractor Maintenance process in place for reporting required maintenance Maintenance KPIs in place Issue reactive maintenance Procedures to services.	Reporting to FPC TiAA Audit and follow up Audit due to limited Assurance	3	4	12	⇔	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Executive Director of Finance	To be confirmed	3	4	12	**26/09/2022**
													Implement 5-year Planned Maintenance Programme	Acting Lead for Estates	20/06/2022	G						
													Issue Reactive Maintenance Procedures to Services	Acting Lead for Estates	20/06/2022	G						
													Invest in SFG 20 for statutory Planned Preventative Maintence	Acting Lead for Estates	20/06/2022	G						
22/03/2022 Risk Opened																						
6966	Mar 2022	Executive Director of Finance	**2022/23 Financial Planning** IF the Trust fails to deliver on the 2022/23 financial Plan THEN this could impact on the long term financial sustainability agenda RESULTING IN an increased risk and impact on the Trust ability to deliver long term financial sustainability and a risk to the ICS system financial performance	3	4	12	Reporting to Trust Board [3a] Reporting the NHSI [3b] Monthly Finance Report [1h] CIP Process [2a] QPR Meetings [2a] Care Group Management Meetings [2a] Finance and Performance Committee monitoring [2b] Finance position and CIP update [1h] Standing financial instructions [2e] Internal audit [3d] Agency recruitment restriction [1a] Monthly statements to budget holders [1a] Budget holder authorisation and authorised signatories	Monthly Finance Report [1h] Finance position and CIP update [1h] Forecast papers for FPC Agreed contracts with commissioners	3	3	9	⇔	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Executive Director of Finance		2	3	6	**31/03/2023**
													Deliver efficiency programme - fully identified 29th April 2022 (as per CIP delivery plan led by the deputies)	Deputy Director of Finance	31/10/2022	A						
													Ensure appropriate cost controls are in place, with particular focus on agency	Deputy Director of Finance	22/10/2022	A						
													Full Review of Vacancies	Deputy Director of Finance	29/10/2022	A						
													Signed Commissioner Contracts	Deputy Director of Finance	30/04/2022	A						
8 - Develop our core business and enter new markets through increased partnership working																						
			No Risks Identified against this Strategic Objective																			
9 - Ensure success of our system wide sustainability plans through active participation, partnership and leadership																						
10/03/2021 Risk Opened → 04/06/2021 Actions to reduce risk need development and top 5 assurances need to be identified. → 06/09/2021 Robust reporting is in place to proide assurance and ensure that the strategy delivery plan priorities are taken forward. The MHLDA Improvement Board is in place and fucitoning effectively to ensure system wide suppport for the delivery of identified priorities. → 17/01/2022 Quarter 3 review is currently underway to inform the Q4 delivery. A further review will be undertaken in March and this BAF risk will be reviewed.																						
6630	Mar 2021	Executive Director Partnerships and Strategy	**Implementation of Trust Strategy 2020-2023** IF the Trust does not meet the objectives set in the Annual Strategy Delivery Plan THEN the Trust Strategy for 2020-2023 may not be fully implemented RESULTING IN decline in service quality, non-delivery of transformation priorities, and the mental health investment standard.	3	3	9	Quarterly reporting on delivery of Annual Plan objectives to Executive Assurance Committee and Board Sub Committees (Quality, Workforce and OD and Finance and Performance).	Perfomance outlined in the delivery plan. EAC oversight through exception reporting	3	2	6	⇔	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Executive Director Partnerships and Strategy	To be confirmed	2	2	4	**25/04/2022**
													Board Sub Committees to incorporate performance priorities from strategy delivery plan into Committee Workplans	Lead Executive Director and Trust Secretariate	Completed	G						
													Half Yearly Executive Assurance Committee and Board Assurance report to the end of September 2021	Executive Director Partnerships and Strategy	Completed	G						
													Review of strategy delivery plan trajectories to final quarter 2021/22	Executive Director Partnerships and Strategy	March 2022	A						

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 24th November 2022

Title of Paper: KMPT Strategic Objectives Update

Author: All Executive Directors

Executive Director: Helen Greatorex, Chief Executive

Purpose of Paper

Purpose: Discussion

Submission to Board: Standing Order

Overview of Paper

A paper setting out the Trust's performance against those 2022/23 Strategic Priorities at the end of Q2.

Issues to bring to the Board's attention

At the end of quarter 2 the Trust has made good progress with the overarching strategic objectives. 19 out of 27 measurable items that underpin the trusts strategic objectives are on track.

The items to flag for escalation are as follows:

Red Rated:
1. Trust vacancy rate – further detail is included in the IQPR. New targets have been agreed via the workforce committee and will be implemented next month as part of the Trust wide reporting.

Amber Rated:

A further five items are off track, detailed narrative has been included in this report under the relevant section. These include:
1. Recruitment to the Quality Improvement Team (QI)
2. Improving sharing of patient information between providers
3. Launch of psychological safety strategy in the organisation
4. Eliminating our underlying financial deficit
5. Reducing the use to temporary staffing
6. Establish new partnerships to improve Dementia Diagnosis rates
7. Meeting new national improvement targets

Governance

Implications/Impact: Regulatory oversight by CQC and NHSE/I

Assurance: Reasonable

Oversight: Oversight by Trust Board and all Committees

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KMPT 2022/23 Strategic Priorities Overview
Quarter 2 Update

Trust Board
November 2022

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Executive Summary

Position at end of Quarter 2

	On Track / Achieved	Off trajectory with recovery plan in place	Off trajectory
Accelerating an empowered culture to improve the quality of services	8	2	0
Improving employee recruitment, retention and wellbeing	9	3	1
Building partnerships with a purpose to improve key pathways of care	2	2	0
Total	19	7	1

At the end of quarter 2 the Trust has made good progress with the overarching strategic objectives. Nineteen out of Twenty seven measurable items that underpin the trusts strategic objectives are on track.

The items to flag for escalation are as follows:

Red Rated:
1.Trust vacancy rate – further detail is included in the IQPR. New targets have been agreed via the workforce committee and will be implemented next month as part of the Trust wide reporting.

Amber Rated:
A further five items are off track, detailed narrative has been included in this report under the relevant section. These include:
1.Recruitment to the Quality Improvement Team (QI)
2.Improving sharing of patient information between providers
3.Launch of psychological safety strategy in the organisation
4.Eliminating our underlying financial deficit
5.Reducing the use to temporary staffing
6.Establish new partnerships to improve Dementia Diagnosis rates
7.Meeting new national improvement targets

Report Key

On Track / Achieved
Off trajectory with recovery plan in place
Off trajectory

Targets

Where quantifiable targets exist the original target for each quarter is shown above the RAG rated position as per example below

	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Target	*2*	*6*	*10*	*15*
Actuals	**2**	**5**	**11**	

Accelerating an empowered culture to improve the quality of services

Objective	Monitoring Committee	Measure(s)	Actuals		Forecast	
			2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Increase the QI team to 14 full time posts	**QC**	Count of WTE in QI team		6	10	14
			On track	**4**		
Deliver 20 QI projects	**QC**	Number of projects completed in 2022/23	*2*	*5*	*11*	*20*
			2	**5**		
Establish a formal QI partnership with an expert organisation	**QC**		**Creation of a formal QI partnership with East London Foundation Trust**	**Peer to peer learning taking place**	To accelerate learning of best practice in QI.	Adopting a culture associated with 'outstanding' in terms of quality of care.
Start every public board meeting with an example of QI in practice	**Board**		**Achieved**	**Achieved**		
Streamlining clinical work by making our systems more efficient	**FPC**	Production of a clinically led RiO streamlining and improvement plan by end of Q2	**Complete 123 staff from 34 services across all care groups, including some corporate teams, were involved in providing extensive feedback**	**Final Report and presented to DSB 43 Recommendations**	Workshop planned (13th Dec) with representation across the whole organisation being led by Chief Medical Officer: •What recommendations we want to take forward with your help •The priority and order of this work •How will we measure the success? •Who will lead the areas of work? Action plan to be defined following above priority matrix discussions. •Produce PID •Resource Plan •Initiate Plan	
	FPC	Clinically led implementation of changes identified, and approved of RiO	**On track**	**Final Report and presented to DSB**		
	FPC	Improved sharing of patient information between providers and digital systems (EMIS/RIO)	**Underway**	**Understanding the Digital need. •Engagement with SLAM re: EMIS / understand use case / taken on board lessons learnt /EMIS DQ issues/ decision to remove EMIS •Engaged with EMIS to understand functionality and cost model**	Meeting with Services to define problem statement / produce PID Investigate Options for Pilot / implement options Investigate long term solution	Final costed solution identified Funding Identified

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

Commentary

Increase the QI team to 14 full time posts:
Despite having recruited below target for QI team posts by the end of Q2 the service is confident it will deliver subsequent recruitment targets by year end.

Streamlining clinical work by making our systems more efficient:
Final RIO report reviewed and approved at Trust Digital Strategy Board meeting.
Report includes, 43 recommendations grouped into 6 main areas:
(Restructuring the case record / Form design and performance / Progress notes and patient specific documentation / Caseload management / Logging and resolving issues /Training and communication)
Digital Strategy Board agreed the Chief Medical Officer will be the SRO for this piece of work.
High level plan / recommendations defined covering – Immediate actions, High Priorities, Important and essential supporting work.
Immediate actions were: improve communication / standardise Rio forms / increase Rio 'time out ' / Reduce the number of covid notices appearing within Rio.
It should be noted that the extensive review that has been undertaken has flagged that a fundamental review will need to be completed aligned to the RIO work to standardise team processes and procedures, to remove the manual procedures in place and ensure that we maximise the use of the electronic patient record.

Improving employee recruitment, retention and wellbeing

Objective	Monitoring Committee	Measure	Actuals		Forecast	
			2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Launch a new, confidential and independent 24/7 Freedom to Speak Up Service for all to safely speak up	**WF&OD**	Launched achieved in Q1. Monthly reporting in place. Improvement in Raising Concerns question in National Staff Survey to 7.0	**Achieved**	**Monthly reporting in place. Themes and trends being reviewed.**	6 month review	Year end review against agreed parameters
Reduce our vacancy gap from 14% to 10% through improved recruitment and	**WF&OD**	IQPR measure: 006.W-W, Vacancy Gap - Overall	**15.3%**	**18.0%**	18.0%	10% (subject to review)
Open a new staff restorative space in the three main sites; Dartford, Canterbury and Maidstone	**WF&OD**	Canterbury space by end of Q2	**On track**	**Achieved**	**Achieved**	**Achieved**
		Dartford space by end of Q2	**Achieved**	**Achieved**	**Achieved**	**Achieved**
		Maidstone space by end of Q2	**On track**	**Achieved**	**Achieved**	**Achieved**
Develop a KMPT strategy for psychological safety in the workplace	**WF&OD**	Increase in the National Staff Survey Autonomy and Control score to 7.5 and in the Raising Concerns score to 7.0.	**On track**	**Workshop launch event**	Strategy Development and launch	Increase in NSS scores to 7.5.
		Strategy in place and commencement of work in Q3	**On track**	**On track**		Evaluation of first few months of roll out of plan.
Eliminating our underlying financial deficit	**FPC**	Reduce from 2022/23 opening deficit of £7.6m	***£4m***	*£3m*	*£2m*	*£0*
			£4m	**£3.75m**	£3m	£0
Reducing our use of temporary staff	**FPC**	To reduce to agency ceiling of £6.6m	***£1.87m***	*£3.53m*	*£5.04m*	*£6.62m*
			£1.87m	**£3.66m**	£5.52m	£7.33m
Creating a better work-life balance	**WF&OD**	Improvement in NSS Burn Out score to 5.5	**5.2**	**N/A**	N/A	6
Creating new roles and new opportunities	**WF&OD**	Review of workforce model at Priority House.	**Project scoped.**	**Project launched.**	N/A	Output from Priority House review
Ensuring all staff feel safe to speak up and responding to what they share	**WF&OD**	Improvement of NSS Raising Concerns theme to 7.0	**6.7**	**N/A**	N/A	7.0
Building our employer brand	**WF&OD**	NSS recommendation score to increase to 61.5%.	**60.20%**	**N/A**	N/A	61.5%

Commentary

Reduce our vacancy gap from 14% to 10% through improved recruitment and retention:
Please see IQPR for further details regarding performance against vacancy target.

Develop a KMPT strategy for psychological safety in the workplace :
The trusts working group agreed a delay to the launch event to support the until Q3 The campaign is due to begin this month as planned.

Eliminating the underlying financial deficit:
We have updated the phasing based on current achievement and progress of plans, therefore at Q2 we have reduced the deficit to £3.75m and at Q3 this will be £3m. The Trust continues to undertake work to resolve its financial deficit with two key pieces of work around rota review and Mental health LD services to be completed during Quarter 4. This position is considered in more detail in the finance report.

Reducing our use of temporary staff:
Due to operational pressures, the Trust is forecasting to exceed its agency cap in year, with a forecast spend of £7.3m. This would represent a slight reduction on last year's position, in line with other local providers. Conversations are on-going on the implication of this. From a trust perspective, this level of spend is built in to the present forecast. Further details are set out in the Trust's finance report

Building partnerships with a purpose to improve key pathways of care

Objective	Monitoring Committee	Measure	Actuals		Forecast	
			2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Actively support and promote the development of the KMPT Engagement Council	**TWPEG**	Clear and visible impact from Councils work	**Produce engagement plan**	**Board updated on programme**	Comms delivered to support recruitment of staff to the Engagement Council	Co-produced priorities for the Engagement Council set for 2023/2024
Establish new partnerships to improve Dementia Diagnosis rates (GPs/Alzheimer's Society or another organisation of equal standing)	**Board**	National dementia target met	**New model of working**	**9 specialist GPs with Extended roles in post, completing dementia a diagnosis assessments under consultant supervision**	60.0%	64.0%
Build on our partnership with KCHFT to identify and drive delivery of existing three areas and consider others	**Board**	Improvements delivered in each of the three original projects	**On track**	**Please refer to Nov board paper for details**	TBC	TBC
Meeting new national improvement targets (TBC, agency caps)	**Board**		**On track**	**Deliver targets when set nationally**	Deliver targets when set nationally	Deliver targets when set nationally

Commentary

Establish new partnerships to improve Dementia Diagnosis rates:

Despite nine specialist GPs being appoints, which exceeds the target of eight, the target improvement in **Dementia Diagnosis rates** remains challenging. The Dementia Diagnosis Rate improvement trajectory was met in Quarter 1 but the trajectory of 59.15% was not met in Quarter 2. It is unlikely that the system will reach targets set for March 2023. Work continues to roll out the Enhanced Memory Assessment and Intervention Service (EMAIS) which aims to further increase diagnosis rates but further work is required to ensure all diagnosis is captured in a format that can provide assurance that it is contributing to the overall DDR target, currently diagnosis is sent to GP's within a letter in the majority of cases.

Meeting new national improvement targets:

Measurement against national improvement targets is currently only measured against the agency cap, as previously reported within the empowered culture section challenges exist in the delivery of this target and is monitored via FPC.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	24 November 2022
Title of Paper:	KMPT as an Anchor Institution
Author:	Helen Greatorex, Chief Executive
Executive Director:	N/A

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Board requested

Overview of Paper

A paper setting out the Trust's potential position as an Anchor Institution.

Issues to bring to the Board's attention

The Board took as its theme for its Spring development session, Kent and Medway Partnership and Social Care NHS Trust's place in the community, and our opportunity to contribute more fully.

This paper sets out what it means to be an NHS anchor institution, describes some of the thinking and action that has taken place since the Spring development day and seeks the board's endorsement to make this theme of contribution to the community we serve, more present and apparent in our approach.

KMPT has been recognised by the Integrated Care Board as an organisation that is outward looking and keen to develop partnerships. Our Memorandum of Understanding with Kent Community Health Foundation Trust is one example of our work to improve services through partnerships, our lead role in establishing the Mental Health Learning Disability and Autism Provider Collaborative is another.

With a significant workforce, and substantial estate, KMPT could make a significant and more explicit contribution as an anchor organisation, taking our system leadership a stage further.

Governance

Implications/Impact:	Partnership working
Assurance:	Reasonable
Oversight:	Oversight by Trust Board

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Background and Introduction

The Health Foundation set out the following description of Anchor Institutions in 2019

'The term anchor institution was first developed in the United States and refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities;'

Helpfully, the Foundation went on to show in the infographic, (attached as appendix 1), the key features of an NHS Anchor organisation.

KMPT has always recognised its role in supporting and engaging local communities, and there are examples over decades of the organisation doing this in an informal way. One of the most recent of these was the extension of an offer of help and employment to the large number of P & O workers in the county who had suddenly and unexpectedly been made redundant.

Building on the organisation's natural alliance with local communities, the board's Spring development day started to bring together our thinking about the importance of formalising our commitment to and recognition of the role of KMPT as an anchor institution.

Action Arising from the Spring Development Day

One of the key themes that the board considered as part of the discussions that day were the significant health inequalities that have been present over decades for the residents of Thanet. Consultant in Public Health, Dr Jess Mockerjee's presentation about the opportunities to change things for the better in Thanet resulted in KMPT working with local GPs, third sector organisations and other partners to start thinking about the contribution that could be made individually and collectively.

An initial evening event, a dinner held in Thanet in October jointly hosted by local GP Dr Ash Peshan and KMPT Chief Executive Helen Greatorex was the start of creating some new relationships and partnerships, and thinking differently about how together, in partnership with the residents of Thanet, we could change things. A follow up event is now being planned with the aim of agreeing a small number of items that together we could change. Colleagues were unanimous in committing to work differently together, in partnership with local residents, and conversations continue about the items that should be prioritised.

Next Steps for KMPT

The Health Foundation has created a Health Anchors Learning Network specifically to support organisations to self-assess and plan next steps. The Chief Executive and her team are working through their directorates to test KMPT's position against each of the items in the Health Foundation checklist and an extended Executive Management Team meeting in the New Year has been

Areas for consideration are described by the Health Foundation;

- **Widening access to quality work:** Being a good inclusive employer, paying people the real living wage and creating opportunities for local communities to develop skills and access jobs in health and care especially those experiencing inequalities

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- **Purchasing for social benefit:** Purchasing supplies and services from organisations that embed social value to make positive environmental, social and economic impacts
- **Using building and spaces to support communities:** Widening access to community spaces, working with partners to support high-quality, affordable housing and supporting the local economy and regeneration
- **Reducing our environmental impact:** Taking action to reduce carbon emissions and consumption, reduce waste and protect and enhance the natural environment
- **Working closely with communities and local partners:** Collaborating with communities to help address local priorities, build on their energy and skills; and work with other anchors and partners to increase and scale impact.

An example of the work to date is Jo Newton-Smith, Associate Director of Procurement's work on KMPT's approach to procurement.

Priorities for the Next 12 Months

In light of the current legislative context, there are several areas of focus over the next 12 months within the procurement team. These areas will address the challenges posed by incorporating social value obligations into every day commercial practice at KMPT.

a. Update Policies and Procedures (March 2023)
- Update the Spending the Trusts Money policy to incorporate details on how to include social value, sustainability and ethical procurement in all our tender processes effectively.
- Develop a sustainable procurement policy / social value charter for the Trust setting out for the supply chain what our key priority areas are.
    - Recommend and seek approval on the Trust's social value priorities – this will ensure we target our approach and send a clear message to our supply chain e.g. help reduce health inequalities, supporting local businesses, volunteering, reduction in carbon emissions etc.
- Develop a more thorough approach to modern slavery – this includes enhancing due diligence checks during procurement processes and identifying high risk contracts and putting controls in place.
- Develop a more thorough approach to contract management across the Trust ensuring the social value outcomes are monitored and delivered.

b. Increase external engagement (ongoing)
- Work across the ICB and anchor institutions to put in place a standardised approach to social value and modern slavery
- Continue to build external stakeholder network, learn from best practice and ensure that social value, sustainable and ethical procurement are embedded across the Trust and ICB.

c. Strengthen Training and Development (Autumn 2023)
- Develop and implement effective contract management approach to ensure delivery of social value outcomes – provide training to support this
- Provide training for internal stakeholders on social value and modern slavery to embed policy and practice
- Upskilling procurement staff through development sessions, external courses and training plans

d. Improvements internally to KMPT (ongoing)
- Support the organisation to consider alternatives and undertake whole life costing
- Support the organisation in reducing carbon emissions with a focus on Scope 3 emissions – this will involve introducing data capture and monitoring for suppliers

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- Identify quick wins for product switching to more sustainable alternatives

Summary and Conclusion

KMPT as an organisation has over decades, shown a desire to link closely to the communities it serves and find ways to create opportunities for better services of all sorts, not just health. The NHS Long Term Plan described its expectation that the NHS would recognise and take up its responsibility as an anchor institution and has supported and encouraged organisations to do this explicitly. As a county-wide organisation, employing over three and a half thousand staff, with a turnover in excess of £200m and significant estate, there has never been a better time for KMPT to formally commit to being an Anchor Institution and realise the benefits of so doing, for its service users, their loved ones, our staff and partners as well as the wider population of the county.

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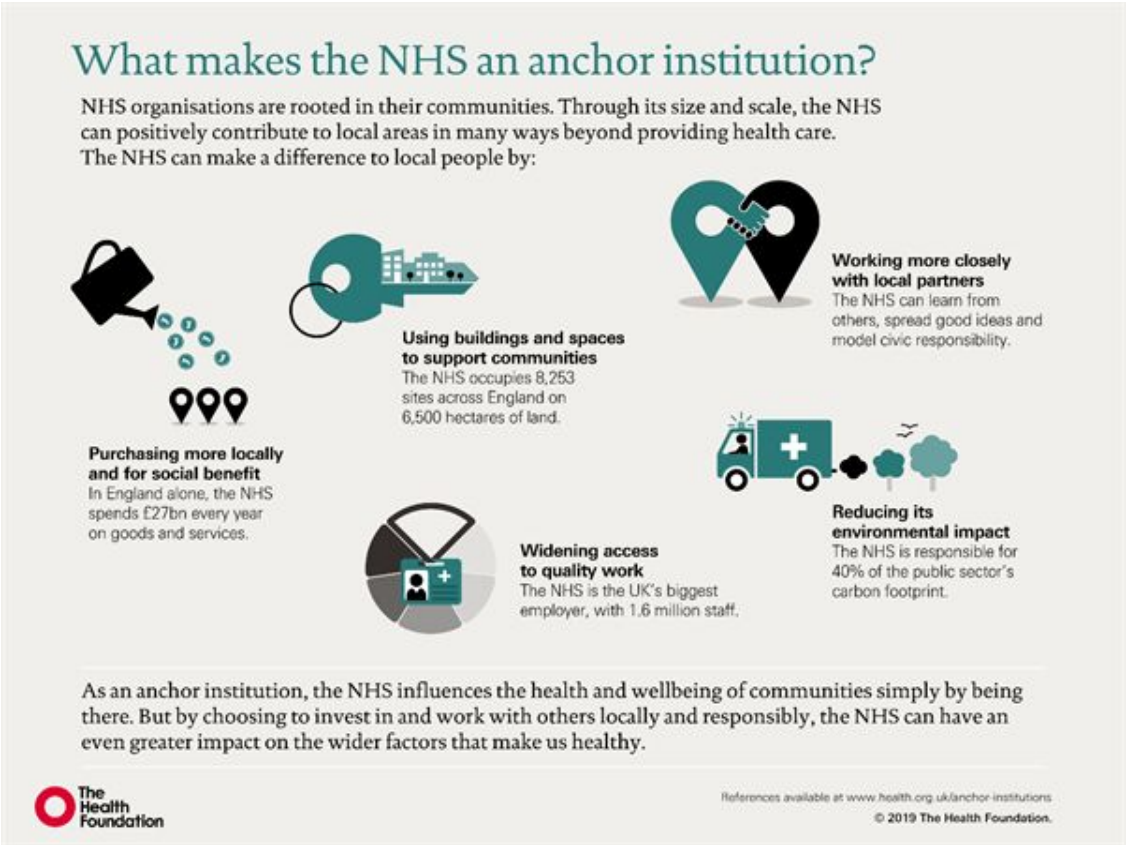
Appendix 1


What makes the NHS an anchor institution?
NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:
Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.
Using buildings and spaces to support communities
The NHS occupies 8,253 sites across England on 6,500 hectares of land.
Purchasing more locally and for social benefit
In England alone, the NHS spends £27bn every year on goods and services.
Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.
Widening access to quality work
The NHS is the UK's biggest employer, with 1.6 million staff.
As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.
The Health Foundation
References available at www.health.org.uk/anchor-institutions
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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	24 November 2022
Title of Paper:	Memorandum of Understanding Update
Author:	Helen Greatorex, Chief Executive
Executive Director:	N/A

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Board requested

Overview of Paper

A paper providing an update on the Trust's memorandum of understanding with Kent Community Health Foundation Trust.

Issues to bring to the Board's attention

Following a board-to-board development session in June 2022 the Chief Executives from Kent and Medway Partnership and Social Care NHS Trust (KMPT) and Kent Community Health Foundation Trust (KCHFT) agreed to explore further opportunities created by the Memorandum of Understanding (MoU) signed by the two trusts in 2020 and provide an update to both boards. The paper attached has been jointly written by the two Chief Executives provides an update on current work in relation to clinical pathways and estates and notes the opportunities in relation to workforce and leadership

Much has changed in the local health and social care landscape in the last twelve months. The Memorandum of Understanding was signed by the two trusts well in advance of the formation of the Integrated Care Board (ICB) and it is anticipated that as the Health and Care Partnerships start to work effectively, the need for the MoU may reduce.

Governance

Implications/Impact:	Partnership working
Assurance:	Reasonable
Oversight:	Oversight by Trust Board

1. **Background and Introduction**

In October 2020 the boards of Kent and Medway NHS and Social Care Partnership Trust (KMPT) and Kent Community Health Foundation Trust (KCHFT) agreed a Memorandum of Understanding. The driver for such a document was a desire on the part of both boards to improve the quality of care and treatment offered.

Over subsequent months, the Medical Directors from each organisation worked together to identify the areas where they felt the greatest benefit could be delivered to patients through a new, more collaborative approach. The areas identified were:

- Dementia pathway – specifically crisis
- Learning disabilities
- Adult (then all age) neurodevelopmental pathway

In October 2021 the first KMPT KCHFT board to board meeting was held and an update presented on progress. The boards agreed that the initial work was helpful and that over time, further improvements could be expected.

The boards met together again in June 2022 and a further update was presented on the work. Appendix 1 are the slides shared at the June event.

The respective boards agreed that whilst little significant progress had been made in some areas of joint working, in others the benefits of a shared approach had been impressive.

The Chairs of each Trust asked that the two Chief Executives consider a review of the MoU and recommend adjustments. They were asked in addition to explore the possibilities of some additional areas of joint work.

It was agreed that having undertaken that work, a single paper jointly written by the Chief Executives would be presented to their respective boards in September and next steps agreed.

2. **Progress update September 2022**

2.1 Clinical pathways update:

Neurodisability and Autism collaborative work (Appendix 2)

- KMPT collaboration on health checks continues
- Neurotypical pathways for post diagnostic support started in July and being embedded to support Adults with neurodiversity
- Co-production as a core function of the development of K&M approaches building on KMPT engagement and networks

Dementia

The dementia crisis pilot started in April and has involved a full time prescribing mental health nurse, embedded in the frailty team at KCHFT, but employed by KPMT and supported by Consultant old age psychiatrist for 2 sessions per week. This model worked really well according to the teams on the ground, they were iterating and adapting the model as they went and the data has been really impressive in terms of impact on admissions. Unfortunately, the post holder has moved to a role in the

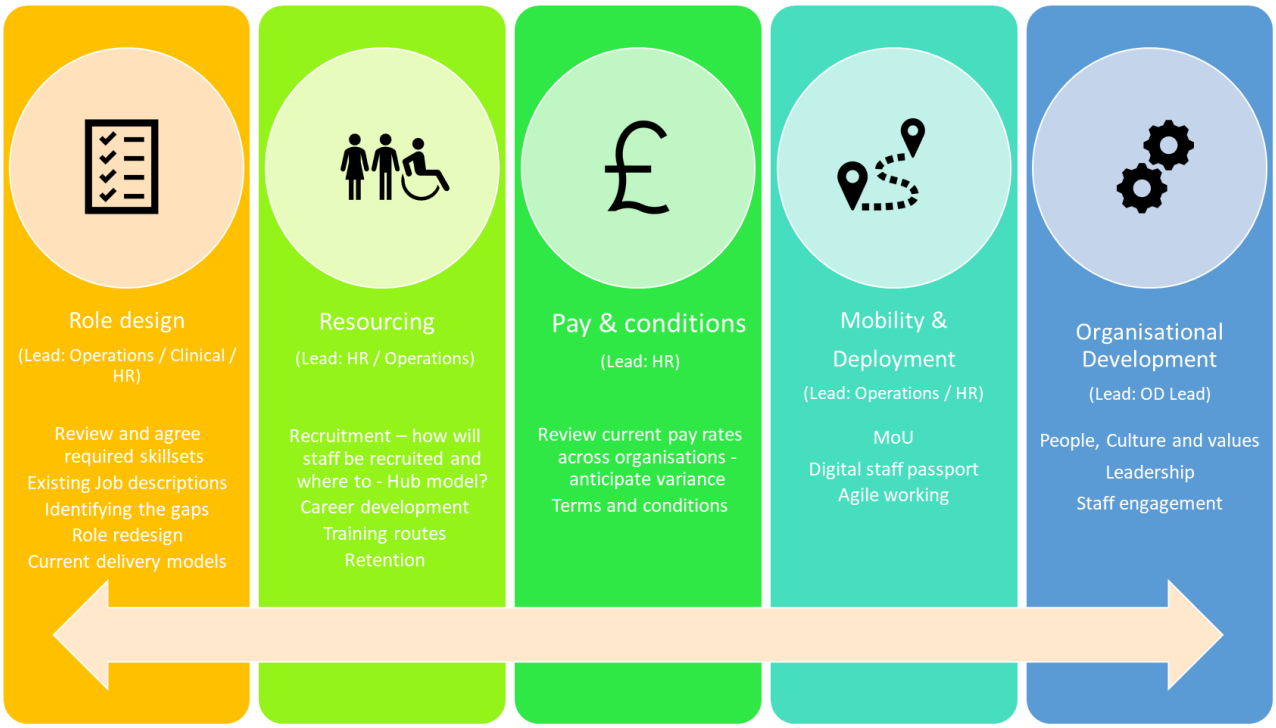
Acute leading rapid transfer out, and so far, we have not filled the role with a replacement. The data is starting to return to baseline. Our joint medical directors are planning on getting all the key stakeholders together asap to discuss next steps and try to resolve the issue around staffing the key post that is now vacant.

2.2 Further opportunities

Estates- We have jointly commissioned an estates optimisation review across our organisational footprints to scope opportunities to support our move to more integrated models of care. This work will also help identify opportunities for shared space for non-clinical facing services and to connect with primary, social care and other partners to maximise opportunities on how we can make the estate work better for local populations. It will also support both organisations to achieve the reduction ambitions set out in our estate's sustainability strategies. This work will commence in November 2022 and will be led by an interim director of estates optimisation with quarterly updates to boards.

Workforce

- Developing PLACE based integrated teams- We are in a strong position to design PLACE based teams around neighbourhoods that maximise available skill sets across physical and mental health. We propose to pilot these across neighbourhoods in East and West Kent and co-design with primary care, social care and patient partners. This work will be overseen via health and care partnerships as it's wider than our 2 organisations but we will be major contributors to these integrated teams.
- Leadership & Management- Opportunity to develop leaders that can lead integrated teams for local populations. This could align to the new leadership model for social care at locality and therefore work towards a single leadership model.
- Develop our own health and social care management trainee scheme- Potential to Develop a management trainee programme that develops managers with the rounded knowledge of health and care provision and future proof for these integrated models
- We believe that there are 5 pillars of work to support workforce opportunities as follows



Discharge

There is a significant problem along discharge pathways and the bedded model in particular. We know that gaps in social care are a major challenge and that we need to solve this together rather than waiting for an increase in supply. There is a particular challenge with patients who are cognitively impaired and have behavioural problems. We propose that we review the support we provide together along these pathways and look at a better offer in terms of joint bedded models or in reach to existing models such as residential care.

3. Summary

It is clear that there are both joint opportunities and multi-provider opportunities that are best placed through health and care partnership boards or integrated care partnerships. We need to continue to progress the clinical pathways that we've signed up to and recognise the scale of the estates optimisation work that will require clinical and operational input to ensure alignment. The Workforce challenges are significant across both organisations and as the new clinical pathways emerge, we believe that putting the effort into these pillars of work has the potential to not only improve care but reduce the workload burden and make roles more attractive for the future.

Helen Greaterox — CEO- KPMT

Mairead McCormick — CEO- KCHFT

Appendix 1 KMPT and KCHFT Partnership Working.pptx

Appendix 2 Learning Disability and Autism .pptx

Partnership working to improve outcomes for people living in Kent and Medway

Dr Afifa Qazi
Executive Medical Director KMPT
and
Dr Sarah Phillips
Medical Director KCHFT

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Areas for Partnership working

- Annual health checks for people with a Learning disability
- Assessment and post diagnostic support for adults with Autism and/or ADHD (neurodevelopment pathway for adults)
- Crisis care for people with Dementia

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Annual health checks for LD

Hi, I am **Gavin**, I am 32 years old and a **person** with a learning disability.

I didn't go to my GP very often unless things got really bad**, I didn't know my GP** and I didn't think she really knew me.

I didn't even know I was entitled to a **free health check** every year.

KMPT helped me last year with my mental health but nobody asked how I was doing physically.

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This time when I was sent to KMPT CMHT by my GP, they asked me if I was happy to being **flagged as having a learning disability on my records**.

They also asked if I had had an **annual health check which is a free check I am entitled to**.

I didn't know what a health check was, so they gave me an **easy to read information sheet and also explained to me the benefits** of having one. Dr Qazi wrote to my GP to organise it for me. I hear she has been meeting with all the GPs in Kent about this.

I received **extra support from KCHFT Community Learning Disability Team** who supported me to **access the health check**.

I will now **meet with my GP at least every year,** and this means **they can help me before things get bad**.

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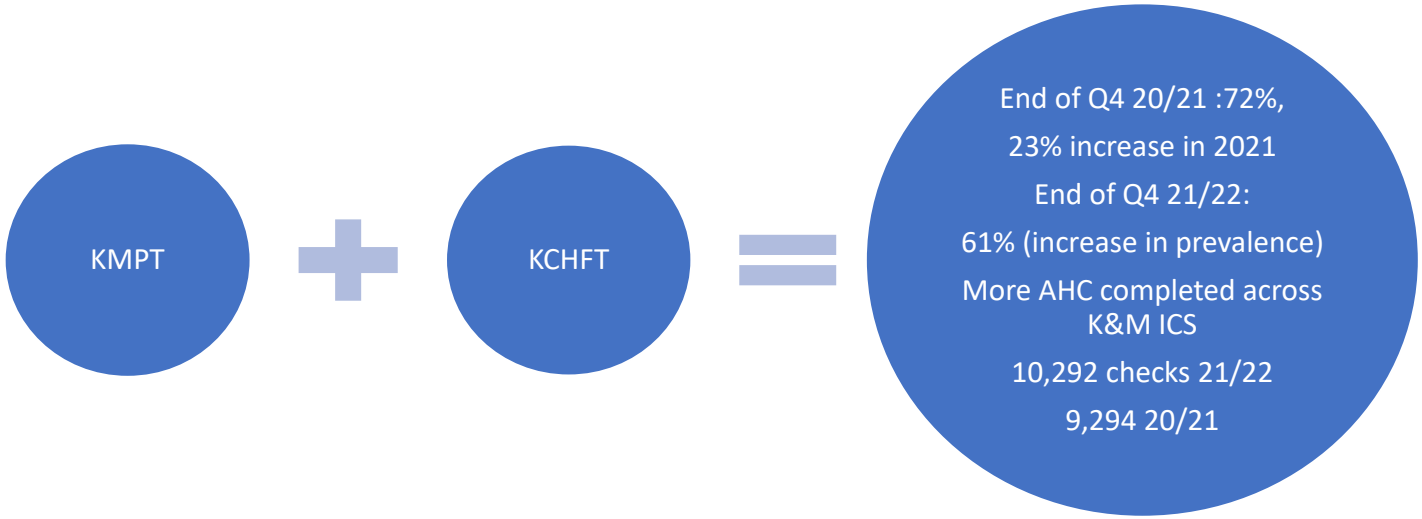
Better outcomes



Learning

- 2021/22 Q4 61% (Baseline 37%)
- Increase in prevalence. 64% against a national average of 58%
- 2020/2021 71% AHCs linked to COVID-19 vaccinations and a very pro-active primary care GP lead (230 GP practices)

2022/23 : Continue with collaborative working

Address inconsistency across Primary care, sharing of learning at HCP and ICS level.

No checks for 14-18 yrs currently (included in reporting) opportunities

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Assessment and post diagnostic support for adults with ADHD and/or Autism

- For adults with ASD and ADHD, Kent and Medway have adapted where possible the neurotypical pathway or where this was not possible spot commissioned individual services.

- Autistic people had to wait for years for a diagnosis and even longer for post diagnostic support.

- The outcome and experience of care for many people, their families and carers was poor.

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Neurodevelopmental disorders pathway for Adults

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Hi, I am Zena a 26 year old who has spent years **feeling different** because I just don't get why my family and friends and people in general behave the way they do. I **become stressed really easily** and my **GP sent me to CAMHS when I was younger,** they **put my behaviour down to my mental health issue** and gave me the **label of EUPD**.

I have been given lots of different medication, and attended lots of different therapy sessions all designed to help me but none have, they just **make me more stressed and even angry**.

I like to spend time on my own researching things that interest me online via distance learning, **I keep being told that I am isolated, depressed and unwell but I don't feel unwell I just feel like me**.

I was asked by a nurse **two years ago** if I had ever been assessed for **autism** I said no, they refered me for an assessment and **I have been waiting ever since.** Looks like there are lots of different services for autism and I can't figure out who does what.

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I recently found out from my **mental health nurse** that KMPT and KCHFT and other providers (third sector) jointly worked on a proposal for Commissioners, which was agreed in June 2021.

There will be a **new service for Autism diagnosis and support starting in 2022** in Kent and Medway.

The new service will be delivered by one organisation (KCHFT) as the lead provider with other organisations (KMPT plus third sector) working with them. I will be **transferred to them now.**

KMPT & KCHFT told me that this new way of working means that I should be seen quicker if I need post diagnostic support and additional funding won't have to be found which used to take ages.

I know I am still waiting but now I can see the end in sight. The new service will be running from April 2022.

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Outcome

- Collaborative working has allowed us to influence the Commissioners by presenting a jointly proposed service model.
- Unanimous voice as opposed to competing against each other for contracts.
- KCHFT lead provider with KMPT via the TMS (Transforming Neurodiversity Support) Board launched in Nov 2020, helping to shape the service by offering the expert by experience voice.
- Diagnostic service launched in April 2022
- SLAM service no longer in use.
- Post-diagnostic support service launching July 2022

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Dementia Crisis Response Service

- No crisis response for people with dementia in Kent.

- Numbers of people with dementia is increasing with increasing pressures on health and social care. In Kent, the expected number of elderly people with dementia is expected to increase from just under 20,000 in 2012 to just under 25,000 people in 2020. (Source Public Health Observatory)

- Community response teams for dementia reduce hospital admissions for people with dementia presenting in a crisis situation and release efficiencies across the system in addition to improving outcomes. (Ref Qazi HSJ Sept 2011)

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Aims/Objectives

- To provide an appropriate timely response to patients living with dementia experiencing a crisis.
- Avoid acute hospital admission where this is not the best option for the patient.
- Learn from work done elsewhere and capitalise on the expertise and experience of Dr Qazi who has implemented the model in previous roles.

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What have we achieved

- Clinical model defined in line with Essex award winning model – HSJ 2016 integrated physical and mental health response, open access model, diagnosed or suspected dementia, rapid response ,7 day service.
- Integrated additional mental health expertise into the acute frailty response in East Kent – Geriatrician led service.
- Project team established across organisational boundaries.
- Clinical leads and key system stakeholders strongly engaged.
- Resourcing identified on a fixed term basis.
- Preliminary data analysis.

Patient story

- 83 year old retired KCC road construction worker, married with 2 children and 5 grand children, contracted COVID-19, rapid decline, transfer from EKUFT to East Kent nursing home, challenging behaviours with physical and verbal aggression towards staff and talking about stabbing himself and gesturing how he will do this. Staff fearful; paramedics and police involved. 2 to 1 staff supervision at the home, family not able to visit as angry towards them.
- Seen by Frailty team consultant and Dementia crisis team consultant, management of COVID-19 with steroids, anticoagulants and oxygen. Assessment under MHA and Med rec for Sec 2 but psychotropic medication started and monitored closely. Improvement with MHA not completed. Effective prescribing and de-prescribing of mental health and physical heath drugs
- Immediate access to physical health and mental health expertise rather than wait for GP review
- Dementia crisis team expertise raises confidence in the whole support system, reassures other parties involved including primary care, social services, safeguarding and care home staff. Care staff home staff were able to persevere with the challenges, thereby preventing another unplanned transfer/readmission in a crisis, which could well have been fatal for this patient.

EKHUFT Dementia Admissions

15/06/2022 13:40:30

NHS
East Kent
Hospitals University
NHS Foundation Trust

Area
All
Area
All

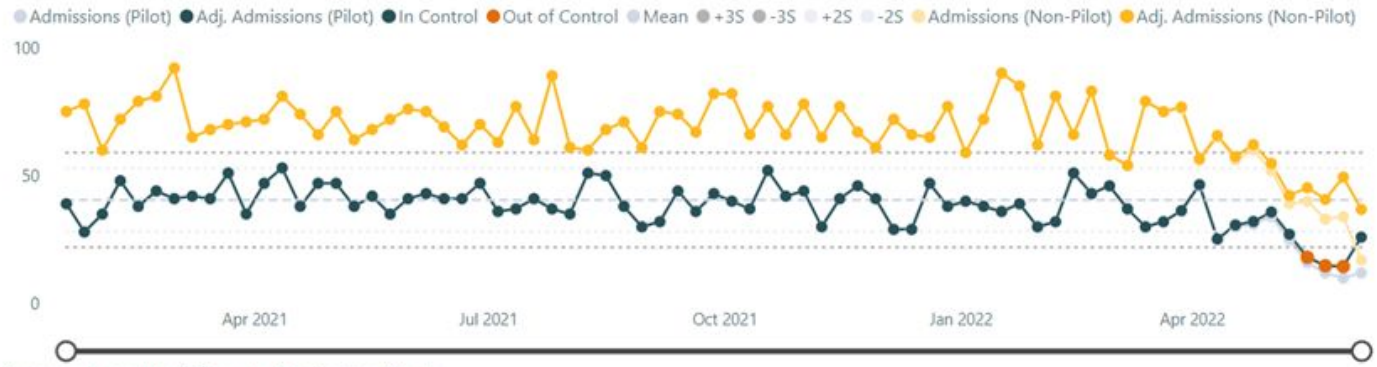
To filter by area, select the same PCN or group of PCNs on **both** dropdown lists above.

Chart Options
- [x] Show Adjusted Values*
- [x] Show Raw Values
- [x] Show data for non-Pilot PCNs**
- [x] Show data for Pilot PCNs

*Raw Values are the values recorded so far for that week at the update time above; Adjusted Values are a forecast of the likely actual values for that week once all patients admitted in that week have been discharged.

**Means and control limits are for Pilot PCN data only, even if non-Pilot PCN data is shown.

Admissions by Week



Average Length of Stay by Admission Week


EKHUFT Dementia Admissions
15/06/2022 13:40:30
NHS
East Kent
Hospitals University
NHS Foundation Trust
Admissions by Week
Admissions (Pilot) Adj. Admissions (Pilot) In Control Out of Control Mean +3S -3S +2S -2S Admissions (Non-Pilot) Adj. Admissions (Non-Pilot)
60
40
20
Apr 2021
Jul 2021
Oct 2021
Jan 2022
Apr 2022
Area
SOUTH KENT COAST
Area
SOUTH KENT COAST
To filter by area, select the same PCN or group of PCNs on both dropdown lists above.
Chart Options
Show Adjusted Values*
Show Raw Values
Show data for non-Pilot PCNs**
Show data for Pilot PCNs
*Raw Values are the values recorded so far for that week at the update time above; Adjusted Values are a forecast of the likely actual values for that week once all patients admitted in that week have been discharged.
**Means and control limits are for Pilot PCN data only, even if non-Pilot PCN data is shown.
Average Length of Stay by Admission Week
Average LoS (Pilot) Adj. Average LoS (Pilot) In Control Out of Control Mean +3S -3S +2S -2S Average LoS (Non-Pilot) Adj. Average LoS (Non-Pilot)
20
15
10
5
0
Apr 2021
Jul 2021
Oct 2021
Jan 2022
Apr 2022

NHS
Kent Community Health
NHS Foundation Trust

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Challenges

- Governance across organisations. IG (KCHFT staff access to RiO)
- Executive support to unblock and maintain progress at speed.
- Recruiting to fixed term posts.

Future Partnership Working

- Identifying further collaborative working ideas
- Quality Improvement
- Stroke services ?
- CAMHS services ?

All-Age Health and Social Care Strategy

Our Vision

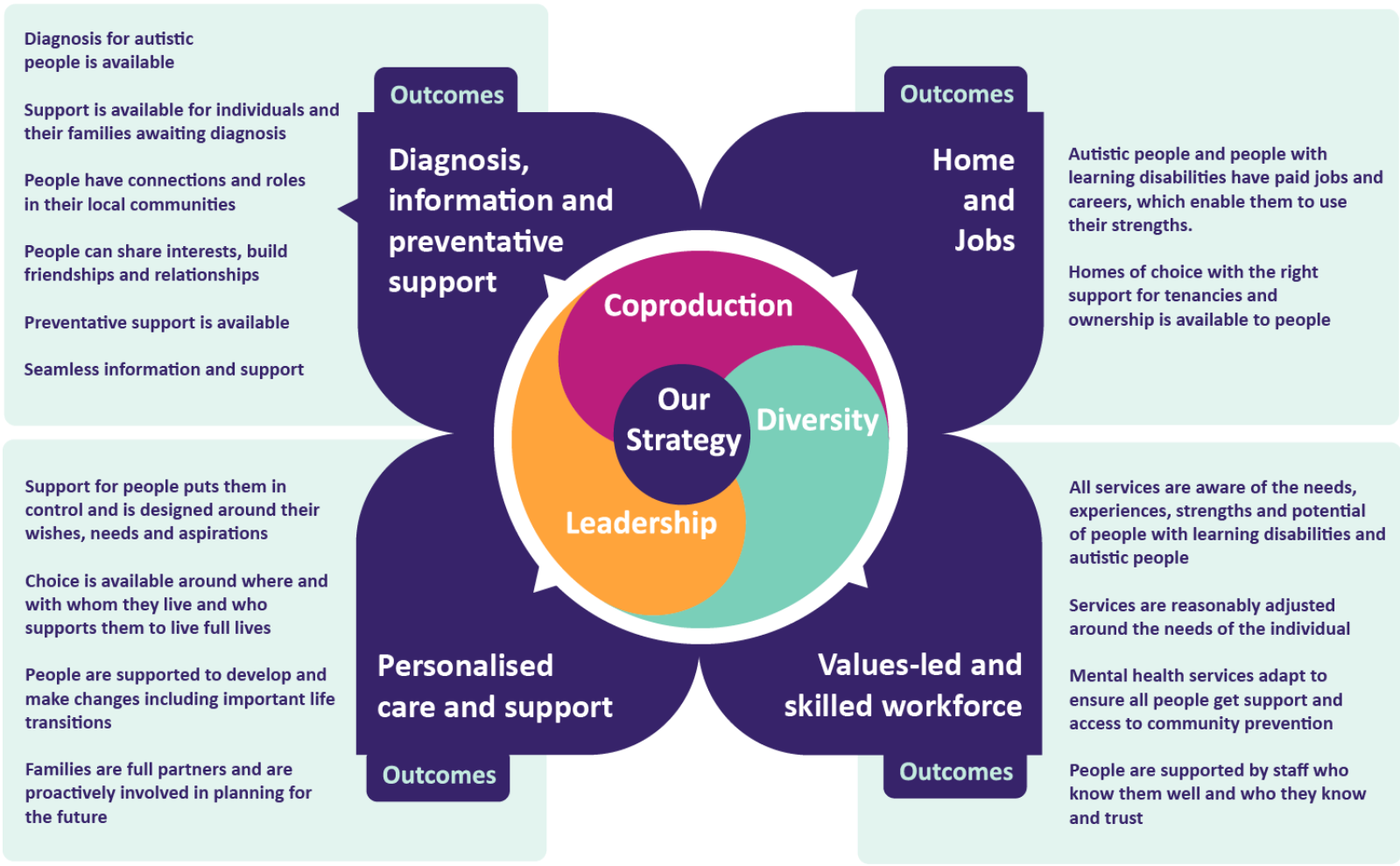
People with a learning disability and autistic people of all ages

Live the lives they wish

Are valued and supported by their communities

Have personalised and relevant support from health and social care

The new Kent and Medway ICS is a system in which people build relationships, share learning and work collaboratively to build positive change.


Diagnosis for autistic people is available
Support is available for individuals and their families awaiting diagnosis
People have connections and roles in their local communities
People can share interests, build friendships and relationships
Preventative support is available
Seamless information and support
Outcomes
Diagnosis, information and preventative support
Outcomes
Home and Jobs
Autistic people and people with learning disabilities have paid jobs and careers, which enable them to use their strengths.
Homes of choice with the right support for tenancies and ownership is available to people
Coproduction
Our Strategy
Diversity
Leadership
Support for people puts them in control and is designed around their wishes, needs and aspirations
Choice is available around where and with whom they live and who supports them to live full lives
People are supported to develop and make changes including important life transitions
Families are full partners and are proactively involved in planning for the future
Personalised care and support
Outcomes
Values-led and skilled workforce
Outcomes
All services are aware of the needs, experiences, strengths and potential of people with learning disabilities and autistic people
Services are reasonably adjusted around the needs of the individual
Mental health services adapt to ensure all people get support and access to community prevention
People are supported by staff who know them well and who they know and trust

The LDA agenda and relationship with the MHLDA PCB

Attain

Areas of opportunity are…	What are we currently doing where we can do more / expedite...	Other initiatives we can consider…
Great integrated and better system working	Coproduction with autistic people and people with learning disabilities	Housing strategy – longer term planning
System leadership (including people with lived experience as leaders)	Quality Improvement (outcomes verses outputs)	Employment opportunities for autistic people and people with learning disabilities in all organisations within the ICS
Person-centred and person led care	Workforce – recruitment and training (building and retaining a skilled workforce across health, social care and community providers)	Reducing premature deaths / long term health needs through increased focus on the wider determinants of health and preventative care
Building on community infrastructure and assets	Reducing inequalities (health, education and access to employment)	LDA improvement standards embedded in all service providers
Citizen lead service review and design	Homes not hospitals (inpatient discharge and community provision)	Increased advocacy
All age approach for learning disability and neurodiversity		
Better shared-care		

Kent and Medway NHS
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	**24th November 2022**
Title of Paper:	Integrated Quality and Performance Report (IQPR)
Author:	All Executive Directors
Executive Director:	Helen Greatorex, Chief Executive

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Standing Order

Overview of Paper

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

Issues to bring to the Board's attention

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

The Board's attention will naturally focus on those areas below target, seeking assurance that measures are in place to rectify the situation. The report shows continued pressure in some of our key workforce metrics along with examples of the work in train to improve the situation.

Sickness Absence increased by 1.2% in month to 6.3% compared to the 4% target. A deep dive into sickness absence was undertaken which highlighted that the most prevalent causes of sickness absence reflect national trends.

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

Bed pressures is an area of focus for the Executive Team, high levels of Delayed Transfers of Care continue although it is positive to note the second successive monthly drop in October. Out of Area

placements which exceed contracted beds remains a challenge. 174 bed days were used in October 2022, reduction to annual average following a peak of 322 days in September. This remains an area of focus with robust processes overseeing all placements.

Plans to address winter pressures are detailed below which aim to reduce bed pressures.

It has previously been highlighted that our community teams require an increased focus, this includes; care planning and waiting times for assessment and treatment. Despite ongoing challenges, it is positive to note that the access measure for assessment within 4 weeks for CMHT and functional CMHSOP routine referrals continues to improve having achieved 84.8% in month. Further improvement is being managed at a team level supported by exception reporting, the impact of factors such as vacancy rates, sickness and referral rates continue to result in variation across teams. Work is underway on an implementation plan for the new national waiting time measurement: Measuring waiting times in non-urgent community mental health services for adults and older adults.

System Working: Winter Pressures

Ongoing work with partners to prepare and respond to winter pressure, current winter schemes are:

1. Triage/ Diversion nurse at each A&E department across county. This is currently being implemented and will be complete by the end of November 2022.
2. Safe Havens. Work is underway with the ICB to finalise funding arrangements; a draft operational model has been produced.

The performance data we agreed for the 2 above schemes:

1. Diversion rate using the triage model
2. Triaged and or assessed within 1 hour of attendance at ED
3. Safe Haven footfall increased
4. Reduction in identified high intensity users being admitted to an acute psychiatric ward

There is a third scheme, increased social care beds. 7 beds will be introduced to support step down form an acute psychiatric ward and to support Delayed Transfers of Care, this is being managed by the ICB with the Local Authority.

Governance

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

CQC Domain	Safe
Trust Strategic Objective & Board Assurance Framework	• Achieving our Quality Account Priorities • Developing and delivering a new KMPT Clinical Strategy

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

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

Executive Commentary

Restrictive Practice

The Trust's approach to the use of restraint is carefully monitored and reviewed in line with national best practice. The use of restraint is always a last resort and staff are trained in de-escalation techniques and other preventative measures which are always considered before restraint is implemented.
There were 87 reported incidents of restraint needing to be used in October 2022, a slight increase of 15 from the previous month. The Acute Care Group (ACG) reflected an increase of twelve incidents. The majority of restraints occurred in the Acute Care Group (ACG) with 72 reported in October 2022. The data indicates that of the 19 reported on Cherrywood ward, 10 of these were attributable to just two patients. Use of restrictive interventions is monitored in line with Trust policy with strategic oversight by the Promoting Safe Care group which has membership from all care groups and subject matter experts.

In October 2022, there were four prone restraints reported involving four different patients. Of these, three occurred in the Acute Care Group with the remainder within the Forensic & Specialist Care Group. The use of seclusion continues to fluctuate monthly with thirteen episodes reported in October 2022 (11 within the Acute Care group and 2 within the Forensic & Specialist Care Group). These involved twelve different patients throughout the Trust. It is worth noting that KMPT continue to see an overall decrease in the last 12 months from the reported 28 seclusion episodes in October 2021. All instances of seclusion are reviewed and an overview retained in order to identify outliers or patterns.

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IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
001.S	Occurrence Of Any Never Event	✓	0	N	0	0	0	0	1	0	0	0	0	0	0	0
002.S	CPA Patients Receiving Formal 12 Month Review		95%	N	92.9%	93.0%	93.2%	93.5%	93.8%	93.4%	92.7%	93.0%	93.2%	91.3%	90.0%	90.2%
020.S	Unplanned Readmissions within 30 days		8.8%	L	5.8%	7.2%	5.3%	4.5%	7.7%	6.7%	6.4%	6.3%	5.5%	3.6%	4.5%	4.4%

Kent and Medway NHS
NHS and Social Care Partnership Trust

CQC Domain	Effective
Trust Strategic Objective & Board Assurance Framework	• **Implementing programmes that improve Care Pathways** • **Strengthening our approach to Research and Development and delivering evidence-based care.** • **Testing and evaluating models for integrating care and systems with our partners**

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

Issues of Concern

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

Executive Commentary

Within the effective domain it is positive to note a reduction in Delayed Transfers of Care from 12.2% in September to 11.1% in October, the lowest position for four months. Work continues with partners to explore every opportunity to reduce the impact of delays for our patients.

It is also positive to note that Care Plan Distribution for those with a CPA care plan increased by 2.1% in month to exceed the target and now stands at 76.1% in excess of the 75% target, this is the highest position recorded by the trust for this indicator.

There is recognition of continued challenges in meeting performance targets consistently across CMHTs and CMHSOPs with a high degree of variability between teams. A key focus for both older and younger adult mental health teams is the required reduction in caseloads. This can only be achieved with support from all agencies supporting a step-down model for patients who mental state is stable.

	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			52.0	0.0	-40.1	106.7	33.3
2	OPMH			0.0	0.0	0.0	0.0	0.0
3	PICU			122.0	0.0	13.0	282.3	147.7
4	**Trust Total**			174.0	0.0	-0.6	362.4	180.9

Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change
Assurance	Variation indicates consistently **failing short of target**
Narrative	
October 2022 saw a decrease in the use of out of area beds not procured in advance by KMPT, 174 bed days were used (52 YA Acute and 122 PICU), compared to 294 in September(57 YA	

Acute and 237 PICU). A new contract is in place for 5 Acute beds whilst the required estates works are undertaken on Fern ward, however only two of which are in Kent and therefore usage of the remaining three beds contribute to this indicator.

	015.E: % Of Patients on CPA With Valid Care Plan	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute		F	91.7%	95.0%	59.5%	94.0%	76.7%
2	CRCG	L	F	86.5%	95.0%	85.5%	91.4%	88.5%
3	FSCG		?	93.1%	95.0%	90.8%	97.6%	94.2%
4	OPMH		?	94.5%	95.0%	93.4%	98.7%	96.1%
5	Trust Total	L	F	88.4%	95.0%	87.7%	92.2%	89.9%

	017.E: % Non CPA Patients with a Care Plan or PSP	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	CRCG	L	F	66.9%	80.0%	64.7%	70.7%	67.7%
2	FSCG		F	75.4%	80.0%	66.9%	76.8%	71.9%
3	OPMH		?	69.4%	80.0%	69.0%	81.4%	75.2%
4	Trust Total	L	F	68.5%	80.0%	68.5%	74.0%	71.3%

Interpretation of results (Trust wide)	
Variation	*CPA Care Plans:* Special Cause Variation of a **Concerning nature** *Non CPA PSP & Care Plans:* Special Cause Variation of a **Concerning nature**
Assurance	Variation indicates consistently **failing short of target**

Narrative

CPA Care Planning

The percentage of patients on CPA with a valid Care Plan is showing as special cause variation of a concerning nature. CRCG remains the biggest contributor to this indicator, the care group position improved by 0.4% in month to 86.5%. This equates to 239 patients on CPA with an overdue CPA review across CRCG.

OPMH and FSS are exceeding 90% respectively, the Acute Care Group Figure reflects a low number of patients (24).

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

Trust wide performance remains stable with only minor variation in recent months, although continues to be short of target and is 5% lower than September 2021.

CMHTs continue to experience wide variation in levels of achievement, Medway CMHT are showing special cause variation of a concerning nature. It is positive to note that two teams (Shepway and Thanet) are achieving the target of 80%.

Medway CMHT are showing special cause variation, this is partly driven by having the highest number of patients on the Active Review caseload which accounts for the majority of patients requiring a PSP. Work is underway to review this caseload to allow step down to a more appropriate provision where possible and ensure that patients have a PSP in place. This team are also experiencing a challenge with staffing across Band 6 staff and medical staff

	017.E: % Non CPA Patients with a Care Plan or PSP	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Ashford & Canterbury CMHT		F	77.4%	80.0%	67.7%	79.1%	73.4%
2	DGS CMHT	H	F	69.8%	80.0%	56.9%	71.3%	64.1%
3	Dover & Deal CMHT		?	76.1%	80.0%	66.3%	86.7%	76.5%
4	Maidstone CMHT		F	60.1%	80.0%	46.9%	66.2%	56.6%
5	Medway CMHT	L	F	50.0%	80.0%	57.5%	72.0%	64.7%
6	Shepway CMHT		?	80.5%	80.0%	74.0%	92.7%	83.3%
7	Swale CMHT		F	58.7%	80.0%	56.0%	74.3%	65.2%
8	SWK CMHT		F	54.3%	80.0%	42.1%	66.6%	54.4%
9	Thanet CMHT	H	?	93.8%	80.0%	74.3%	93.7%	84.0%
10	**CMHT Total**		F	67.9%	80.0%	65.5%	70.9%	68.2%

CMHSOPs are subject to special cause variation overall, driven by seven CMHSOPs who are showing special cause variation.

	017.E: % Non CPA Patients with a Care Plan or PSP	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Ashford CMHSOP	L	?	64.8%	80.0%	67.6%	86.5%	77.0%
2	Canterbury CMHSOP		?	80.8%	80.0%	63.2%	87.2%	75.2%
3	DGS CMHSOP	L	?	79.8%	80.0%	73.2%	88.4%	80.8%
4	Dover & Deal CMHSOP		?	89.4%	80.0%	79.6%	91.8%	85.7%
5	Maidstone CMHSOP	L	?	47.4%	80.0%	60.1%	82.3%	71.2%
6	Medway CMHSOP	L	?	66.3%	80.0%	66.7%	84.0%	75.4%
7	Sevenoaks CMHSOP	L	F	59.8%	80.0%	61.4%	79.7%	70.5%
8	Shepway CMHSOP	L	?	71.3%	80.0%	76.9%	86.2%	81.5%
9	Swale CMHSOP		?	67.2%	80.0%	63.0%	81.7%	72.3%
10	Thanet CMHSOP		?	77.4%	80.0%	72.2%	86.4%	79.3%
11	Tunbridge Wells CMHSOP	L	F	51.4%	80.0%	52.8%	71.9%	62.4%
12	**CMHSOP Total**	L	?	69.4%	80.0%	71.8%	80.9%	76.4%

Actions in place within the OPMH care group include a Personal Support Plan (PSP) Brief Guide developed for use by staff to enable PSP to be embedded in practice. Locality Managers are prioritising supporting Team Leaders and staff in using PSP. This is being addressed and monitored through the Senior Management Team (SMT) governance structure and has been added to the CLIQ check audit process.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard: Effective

Ref	Measure	SoF	Exclude from Public IQPR	Target	Local / National Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
001a.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	✓		95%	N	95.3%	96.2%	98.5%	98.6%	93.8%	95.6%	95.8%	95.2%	97.0%	98.4%	100.0%	98.5%
001b.E	CPA patients receiving follow-up within 72hours of discharge					88.0%	80.0%	78.6%	85.0%	84.4%	84.1%	83.9%	85.7%	85.1%	85.3%	78.9%	90.7%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓		95%	-	96.1%	96.1%	96.1%	95.9%	95.7%	95.7%	95.7%	95.6%	95.6%	95.5%	95.3%	95.2%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓		-	-	142	108	120	69	176	283	255	141	117	176	322	174
006.E	Delayed Transfers Of Care			7.5%	L	9.6%	10.6%	13.1%	12.8%	12.4%	10.9%	9.9%	10.7%	12.2%	13.3%	12.2%	11.1%
012.E	Average Length Of Stay(Younger Adults)			34	L	33.96	26.85	35.99	33.63	36.23	38.84	37.11	36.38	35.88	37.30	34.76	36.14
013a.E	Average Length Of Stay(Older Adults - Acute)			77	L	85.18	85.90	53.88	57.41	72.63	81.88	85.15	69.11	64.40	117.17	98.88	78.42
015.E	%Patients with a CPA Care Plan			95%	L	91.4%	90.7%	90.6%	90.2%	89.3%	87.9%	87.7%	88.9%	89.0%	88.3%	88.2%	88.4%
016.E	% Patients with a CPA Care Plan which is Distributed to Client			75%	L	67.9%	71.7%	74.2%	73.3%	72.5%	71.5%	72.2%	75.3%	75.2%	71.8%	73.9%	76.1%
017.E	%Patients with Non CPA Care Plans or Personal Support Plans			80%	L	73.7%	72.6%	73.5%	73.4%	70.9%	69.2%	68.7%	71.1%	69.9%	68.8%	68.2%	68.5%
018.E	Bed Occupancy (Net)					95.5%	90.7%	95.0%	93.7%	94.4%	94.4%	96.1%	96.5%	95.6%	97.8%	96.1%	96.4%

Kent and Medway NHS
NHS and Social Care Partnership Trust

CQC Domain	Well led – Workforce
Trust Strategic Objective & Board Assurance Framework	• **Building a resilient, healthy and happy workforce** • **Evolving our culture and leadership**

Executive Lead(s): Director of Workforce and OD
Lead Board Committee: Workforce Committee

Issues of Concern
Staff Sickness & **Staff Turnover** continue to exceed target, breakdown detailed within narrative below.

Executive Commentary

Vacancy levels have been a challenge nationally over the past 12 months, and at 16% are broadly in line with those of other similar NHS organisations. This position has improved over the past couple of months, in line with national trends and indicating that the employment market conditions may be beginning to settle.

In spite of the current market context, turnover at KMPT has remained relatively stable and, although significant efforts continue to be invested in maintaining and reducing turnover levels (with a focus on career opportunities and work life balance, cited as the most prevalent reasons for leaving), it is considered that current levels of workforce supply, rather than retention, are driving KMPT's vacancy gap.

Workforce supply in mental health is a longstanding issue, but the situation has been exacerbated over the past 9-12 months through widely acknowledged changes in the employment market, meaning that candidates have a significantly greater choice of vacancies than they have over recent years. This has led to lags in recruitment, notwithstanding the fact that 90% of vacant posts do currently have a recruitment pipeline.

Additionally, we saw significant investment in new roles at the beginning of the financial year, with a lag in equivalent supply.

For KMPT, vacancies are a particular problem amongst the Band 5 and Band 6 nursing workforce, middle grade doctor workforce, and occupational therapist workforce, and particularly in the Dover and Dartford geographies.

Compounding the staffing challenges articulated above is an increase in sickness absence over recent months (although early data suggests that this may have decreased in November).

Recognising this challenge, a deep dive into sickness absence was this month undertaken and presented to Workforce and OD Committee. This deep dive highlighted that the most prevalent causes of sickness absence reflect national trends.

A broad range of interventions are in train to address these challenges. These include:

- Longstanding vacancies to be considered for conversion to new roles as appropriate (establishment to be adjusted in Q3);
- Increase in Registered Nurse Degree Apprenticeship places (increase in identified placements by the end of Q4);
- Reduction of time to hire and implementation of enhanced candidate experience programme (by the end of Q4)
- Expansion of the Centre for Learning and Practice (currently offers key retention opportunities for B2/3 HCAs/HCSWs) (ongoing and by end of Q4)
- Roll out of Band 5 nurse development programme (by end of Q4);
- Continued development of the Centre for Learning and Practice to enhance career opportunities and development and improve retention (ongoing);
- Flexible Working Campaign to improve retention (Q4)
- Maintenance and enhancement of health and wellbeing offer, including offer relating to financial wellbeing (ongoing)
- Robust absence management, which focuses on early identification of triggers for absence (Q4)

It should be noted that, reflecting the unforeseen market changes referenced in this section, the Workforce and OD Committee has this month approved a number of revisions to workforce KPI targets, which will take effect from next month's reporting. Specifically, the following has been agreed:

- Voluntary turnover: Adjustment from 9% to 12.5% (current position: 13.3%)
- Stability/retention: Adjustment from 87% to 86% (current position: 83.7%)
- Vacancy rate: Adjustment from 10% to 16% (current position: 16%)

NHS
Kent and Medway

IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Exclude from Public IQPR	Target	Local / National Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
001.W-W	Staff Sickness - Overall	✓		4.00%	L	4.9%	4.7%	4.3%	4.3%	4.3%	4.3%	4.5%	4.5%	4.2%	4.8%	5.1%	6.3%
005.W-W	Appraisals And Personal Development Plans			95%	L	98.8%	99.0%	99.0%	99.0%	99.0%	99.0%					71.6%	92.9%
006.W-W	Vacancy Gap - Overall			10.00%	L	14.9%	14.9%	15.1%	15.2%	15.7%	15.1%	15.3%	16.6%	17.8%	15.8%	16.0%	15.8%
012.W-W	Essential Training For Role			90%	L	92.7%	93.1%	92.5%	93.0%	92.0%	91.9%	92.5%	92.6%	92.8%	93.0%	92.8%	93.1%
015.W-W	Staff Retention (overall)			87%		81.0%	83.2%	85.9%	85.4%	83.2%	83.4%	84.0%	83.3%	84.2%	84.2%	83.7%	83.8%
019.W-W	Staff Turnover (Overall)			9.00%		12.8%	13.6%	13.1%	13.4%	12.7%	13.0%	13.1%	12.6%	14.9%	13.3%	13.3%	13.4%
023.W-W	Safer staffing fill rates			80.00%	L	110.2%	100.6%	102.5%	101.3%	101.5%	103.5%	103.6%	101.9%	100.5%	102.1%	102.5%	99.9%

- *New targets were introduced April 2022; 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	• **Partnering beyond Kent and Medway, where it benefits our population** • **Optimising the use of resources** • **Investing in system leadership.**

Executive Lead(s): Executive Director of Finance
Lead Board Committee: Finance and Performance Committee

Issues of Concern
The Trust has a challenging efficiency target for this financial year (£7m). The gap is currently £1m, which is to be identified, there are clear areas of focus for all care groups and support services, final delivery plans are now required. The Trust is also focussed on eliminating the underlying financial deficit and has a clear plan for the remaining quarters of this financial year on how this will be delivered.

Executive Commentary

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

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IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
004.W-F	In Month Budget (£000)		0.0	N	0	0	0	0	0	0	0	0	0	0	0	0
006a.W-F	Distance From Financial Plan YTD (%)	✓	0.0%	N	0.00%	0.00%	0.00%	0.00%	0.00%	-0.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
007.W-F	Agency - In Month Budget (£000)		-	N	427	427	427	427	427	427	427	427	427	427	428	429
008.W-F	Agency - In Month Actual (£000)		-	-	536	741	595	516	698	533	572	612	708	544	709	631
009.W-F	Agency - In Month Variance from budget (£000)		-	-	109	314	168	89	271	106	145	185	281	117	281	202
010.W-F	Agency Spend Against Cap YTD (%)	✓	0.0%	N	45.97%	49.04%	48.08%	45.60%	47.08%	43.84%	29.37%	34.03%	41.98%	39.05%	42.80%	43.40%

- *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	• **Embedding Quality Improvement in everything that we do** • **Build active partnerships with Kent and Medway health and care organisations** • **Strengthening partnerships with people who use our services and their loved ones**

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

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

Executive Commentary

Friends and Family Test (002.C)

No concerns are noted. The experience indicator is 87 out of 100 (mean score for the eight experience measures). This is in the top range where family, friends and carers 'strongly agree' that they experience our services positively.

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

There were 198 contacts in August (111) and September (87) 2022 consisting of 61 complaints and 137 PALS type contacts. All localities and wards are receiving a similar level of contact and no particular locality is reported as an outlier.

Re-opened complaints or PALS escalated to complaint are increasing (six in this period). This appears to be due to meeting expectations and desired outcome of the complainant as opposed to quality of investigation or response letter. Further endeavours are made in discussion with service user/carer to reach a satisfactory outcome.

We continue to see a high level of compliments with 313 received this period and uploaded across the Trust. Top themes are staff compassion/kindness followed by professionalism and supportive teamwork.

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

729 were collected in October 2022 which is a 5% response rate

The response rate is below target. The performance of the response rate can be expected to vary in the range between 4% and 5.1%. Graph above shows the trust PREM response rate going back to September 2020. It is noted that there are postal strikes and this has possibly impacted on responses as previous response rates were higher

NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
002.C	Mental Health Scores From Friends And Family Test – % Positive	✓	93%	N	87.8%	81.3%	84.5%	84.9%	84.5%	84.5%	79.5%	84.9%	83.8%	86.6%	84.8%	83.7%
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	100.0%	100.0%	99.0%	99.0%	98.0%	98.0%	97.0%	98.0%	99.0%	97.0%	98.0%	99.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	98.0%	100.0%	98.0%	98.0%	97.0%	98.0%	98.0%	98.0%	98.0%	97.0%	97.0%	98.0%
007.C	Compliments - actuals		-	-	195	148	187	131	162	113	115	89	174	184	145	123
008.C	Compliments - per 10,000 contacts		-	-	50.38	45.53	52.16	38.93	43.68	34.90	30.79	25.70	50.87	52.97	42.11	36.78
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	641	653	651	634	698	511	738	691	740	686	698	729
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	4	4.6	4.2	4.1	4.6	3.6	4.8	4.7	5.1	4.6	4.8	5.2
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %		-	-	8.4	8.0	8.1	8.2	8.3	8.2	8.0	8.3	8.2	8.3	8.3	8.2

CQC Domain	Responsive
Trust Strategic Objective & Board Assurance Framework	• **Partnering beyond Kent and Medway, where it benefits our population** • **Driving integration to become business as usual for the system and for KMPT.**

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

Issues of Concern

Memory Assessment Services, demand continues to outstrip capacity. Actions include the role out of a new model *(see below)*

Executive Commentary

There is recognition of continued challenges in meeting performance targets consistently across CMHTs and CMHSOPs with a high degree of variability between teams. The work being undertaken to address the waiting list for the Memory Assessment Service is progressing well with the both the backlog reducing and the new model being implemented.

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

	016.R: Routine Referral To Assessment Within 4 Weeks	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	CRCG			85.9%	75.0%	55.9%	87.4%	71.7%
2	OPMH			78.9%	75.0%	47.6%	86.7%	67.1%
3	Trust Total			84.4%	75.0%	56.7%	83.5%	70.1%

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

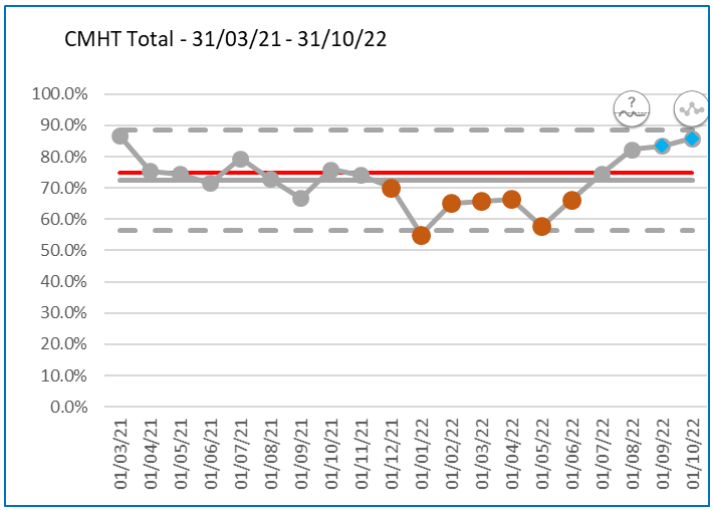
Narrative

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

Work continues to consider the implementation of emerging national metrics for non-urgent waiting times, the IQPR will continue to monitor the historic waiting times for access until the new metrics

are developed and fully implemented. EMT have supported a paper that set out how we take forward the implementation of the new national 4 week target.

It is positive to note that CMHT performance is the highest position since March 2021 having increased for the fifth successive month. The number of assessments completed in month reduced once more to 276, the lowest of the last 12 months against an average of 360.



Referral rates are within normal variation, although the last 5 months are above the average of the last 18 months and therefore there may be an emerging trend which may become significant in future months. Waiting lists grew from 489 to 560 in the last month across CMHTs. The largest increases were in DGS, Dover & Deal and SWK and are due to staffing issues within these teams.

The following table shows the performance of CMHSOP teams against the 6-week target for Routine Memory Assessments and Complex Dementia, highlighting three teams continuing to show special cause variation: DGS, Medway and Shepway CMHSOPs.

Overall there remains a large variance across teams in performance against the 6-week to assessment measure with a range in month of 21.6% to 95.2%. The implementation of the new service model Enhanced Memory Assessment and Intervention Service (EMAIS) has commenced across all CMHSOP teams; however, the stage of implementation varies significantly as historic waiting lists are addressed initially. Additional NHS Locum posts for Medway, South West Kent and Canterbury are being recruited to in order to further support the recovery in these specific teams.

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	016.R: Care Spell start to Memory Assessment (Routine) Assessment Within 6 Weeks	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Ashford CMHSOP			84.8%	75.0%	73.8%	111.6%	92.7%
2	Canterbury CMHSOP			26.2%	75.0%	1.7%	75.4%	38.5%
3	DGS CMHSOP			8.8%	75.0%	14.3%	102.8%	58.6%
4	Dover & Deal CMHSOP			63.6%	75.0%	16.7%	86.9%	51.8%
5	Maidstone CMHSOP			88.5%	75.0%	52.0%	101.9%	77.0%
6	Medway CMHSOP			16.7%	75.0%	10.6%	52.9%	31.7%
7	Sevenoaks CMHSOP			25.9%	75.0%	-11.5%	61.2%	24.9%
8	Shepway CMHSOP			29.2%	75.0%	46.7%	93.6%	70.2%
9	Swale CMHSOP			68.8%	75.0%	58.6%	102.1%	80.3%
10	Thanet CMHSOP			47.4%	75.0%	19.9%	93.3%	56.6%
11	Tunbridge Wells CMHSOP			61.5%	75.0%	-9.9%	49.3%	19.7%
12	CMHSOP Total			41.6%	75.0%	36.2%	77.0%	56.6%

Kent and Medway NHS
NHS and Social Care Partnership Trust

	017.R: 18 Weeks Referral To Treatment	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	**CRCG**		P	92.8%	75.0%	85.3%	97.8%	91.5%
2	**OPMH**	L	?	63.7%	75.0%	62.0%	80.2%	71.1%
3	**Trust Total**	L	?	75.5%	75.0%	74.2%	85.4%	79.8%

Interpretation of results (Trust wide)	
Variation	Special Cause Variation of a **Concerning nature**
Assurance	Variation indicates **inconsistently hitting or failing target**

Narrative

Overall performance (75.5%) is now showing special cause variation of a concerning nature due to a run of seven points below the mean and is now the lowest monthly position since February 2021. This is driven by performance in the CMHSOPs.

The table below highlights three CMHSOPs (Canterbury, Medway and Shepway) showing special cause variation. A number of teams however are achieving significantly lower levels mainly due to the impact of the acute medical shortages within the care group and that longer wait patients are now being seen. Extra medical resource is now being targeted at the SWK, Canterbury, Medway and Shepway Teams. It is positive to note DGS CMHSOP who were able to achieve 87.9% continue to be subject to special cause variation of an improving nature, additionally Ashford achieved 93.6% in October.

This metric continues to include MAS patients. The stage of implementation of EMAIS varies across teams due to differing caseload and waiting list sizes. In teams that are further forward in rolling out EMAIS, this is reflected in the current 18 weeks wait performance.

	017.R: 18 Weeks Referral To Treatment	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Ashford CMHSOP		?	93.6%	95.0%	72.5%	106.7%	89.6%
2	Canterbury CMHSOP	L	F	34.4%	95.0%	48.0%	87.7%	67.9%
3	DGS CMHSOP	H	?	87.9%	95.0%	63.5%	101.6%	82.5%
4	Dover & Deal CMHSOP		?	83.3%	95.0%	47.6%	98.1%	72.9%
5	Maidstone CMHSOP		F	59.5%	95.0%	36.3%	86.9%	61.6%
6	Medway CMHSOP	L	F	44.6%	95.0%	47.9%	92.3%	70.1%
7	Sevenoaks CMHSOP		F	48.7%	95.0%	35.0%	82.9%	59.0%
8	Shepway CMHSOP	L	?	60.5%	95.0%	60.5%	100.3%	80.4%
9	Swale CMHSOP		?	75.0%	95.0%	62.4%	106.0%	84.2%
10	Thanet CMHSOP		?	73.8%	95.0%	47.6%	95.3%	71.5%
11	Tunbridge Wells CMHSOP		F	57.7%	95.0%	21.3%	81.3%	51.3%
12	**CMHSOP Total**	L	F	63.7%	95.0%	62.3%	81.0%	71.7%

Kent and Medway

IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	60%	N	75.0%	89.5%	81.3%	86.4%	75.0%	76.5%	77.4%	75.0%	45.8%	69.6%	76.2%	87.0%
007.R	DNAs - 1st Appointments		-	-	10.3%	9.6%	10.0%	10.7%	10.7%	11.0%	12.4%	11.4%	13.4%	13.4%	12.9%	13.2%
008.R	DNAs - Follow Up Appointments		-	-	8.4%	7.8%	8.5%	7.8%	7.9%	8.4%	8.3%	8.4%	9.1%	8.2%	8.5%	8.7%
009.R	Patient cancellations- 1st Appointments		-	-	2.1%	2.7%	2.2%	1.9%	2.7%	2.3%	2.3%	2.5%	2.5%	2.1%	2.4%	2.4%
010.R	Patient cancellations- Follow Up Appointments		-	-	4.9%	5.0%	4.7%	4.9%	5.2%	5.4%	5.4%	5.2%	5.6%	5.1%	5.6%	6.2%
011.R	Trust cancellations- 1st Appointments		-	-	5.2%	5.4%	4.0%	3.9%	4.5%	4.9%	5.0%	4.2%	4.6%	4.0%	4.9%	4.5%
012.R	Trust cancellations- Follow Up Appointments		-	-	10.0%	10.8%	10.4%	11.4%	12.0%	11.6%	9.9%	11.4%	11.1%	10.4%	11.5%	10.5%
016a.R	Care spell start to Assessment within 4 weeks (Excl. MAS)		75%	-	70.0%	68.1%	57.2%	70.8%	68.3%	67.0%	63.8%	67.2%	71.4%	81.6%	80.8%	84.4%
016b.R	Care spell start to Assessment within 6 weeks (MAS only)		75%	-	54.3%	58.0%	53.1%	59.9%	55.6%	58.2%	61.1%	52.6%	59.0%	61.5%	50.7%	41.6%
017.R	Care spell start to Treatment within 18 weeks		95%	-	83.4%	80.2%	76.8%	81.7%	78.3%	77.5%	76.1%	76.5%	78.2%	78.7%	75.8%	75.5%
018.R	% Patients waiting over 28 days from referral (Excl. MAS)		-	-	31.4%	39.1%	37.2%	30.3%	32.2%	36.5%	26.5%	26.1%	22.7%	24.1%	25.5%	24.3%
019.R	Urgent referrals seen within 72 Hours		95%	-	61.3%	65.1%	62.3%	60.2%	58.4%	62.6%	63.4%	61.5%	62.8%	65.1%	60.0%	65.5%

016a.R reports functional and complex dementia, a further change is required on RiO to allow the separating of these patient groups for reporting purposes, once complete the complex dementia cohort will be amalgamated with Routine Memory assessment in 016b.R against a 6 week referral to assessment timescale.

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

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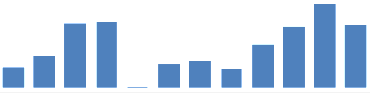
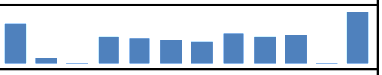
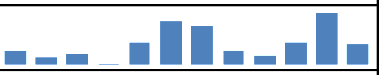
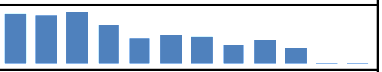
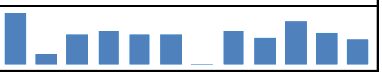
IQPR Dashboard: Single Oversight Framework

Ref	Measure	Target	Sep-22	Oct-22	Trend *(Last 12 months where available, left to right)*
001a.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	95%	100.0%	98.5%	
001b.E	CPA patients receiving follow-up within 72hours of discharge		78.9%	90.7%	
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		322	174	
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60%	76.2%	87.0%	
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	95%	95.3%	95.2%	
001.S	Occurrence Of Any Never Event	0	0	0	
001.W-W	Staff Sickness - Overall	4.0%	5.1%	6.3%	
002.C	Mental Health Scores From Friends And Family Test – % Positive		84.8%	83.7%	

**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*

Appendix B: IQPR Overview and Guides

The Integrated Quality and Performance Report (IQPR) is a key document in ensuring that the Board is sighted on key areas of concern in relation to a range of internally and externally set Key Performance Indicators (KPIs).

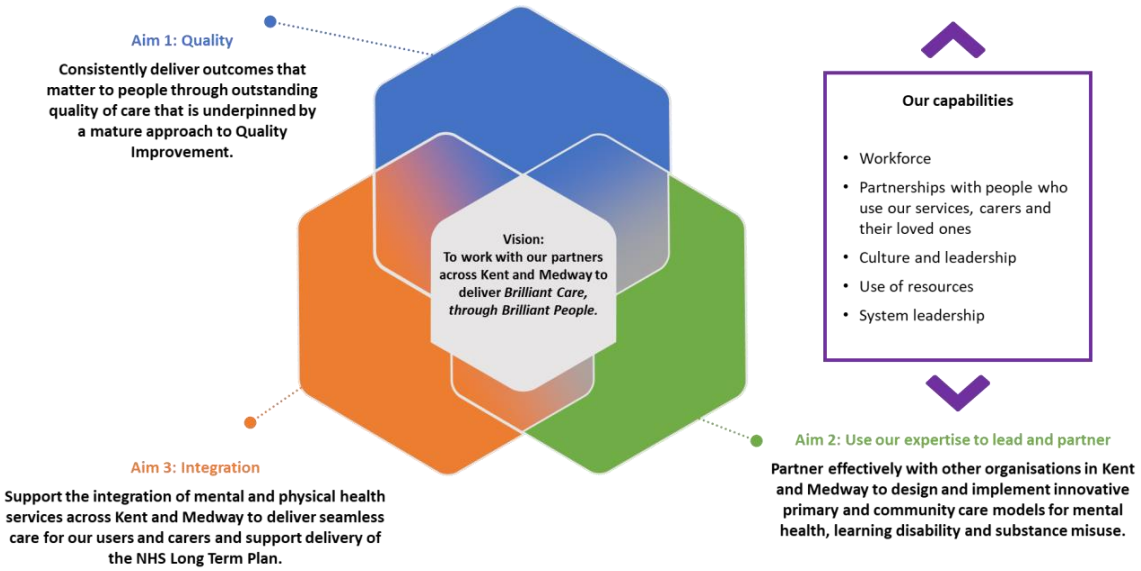
Good examples of IQPRs from high performing organisations change and improve over time. KMPT's is no different, and continues to be adjusted and improved in the light of feedback from internal and external stakeholders. Any changes to indicators are clearly documented and the report will include the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

The report contains exceptions driven by Statistical Process Control (SPC) which draw conclusions about whether the process variation is consistent (in control) or is unpredictable (out of control, affected by special causes of variation). This is focussed on a selection of key indicators and is additionally embedded in executive led Care Group Quality Performance Meetings (QPR).

Each member of the Chief Executive's team provides the narrative to support the exceptions identified via SPC commentary along with wider commentary for the area for which they are the lead. This adds a further strengthening to the actions outlined, and ownership and accountability where improvements are required.

Because this report brings together in one place, all the key work streams that the Chief Executive's team lead, the overarching paper is presented to the Board by the Chief Executive.

Our Strategic Objectives (for 2020-23) are set out at the start of the report under our aim of Brilliant Care Through Brilliant People. The detail within these are mapped to the Care Quality Commission's five Domains (Safe, Caring, Effective, Responsive and Well Led) helping focus the report on both the national and local context.

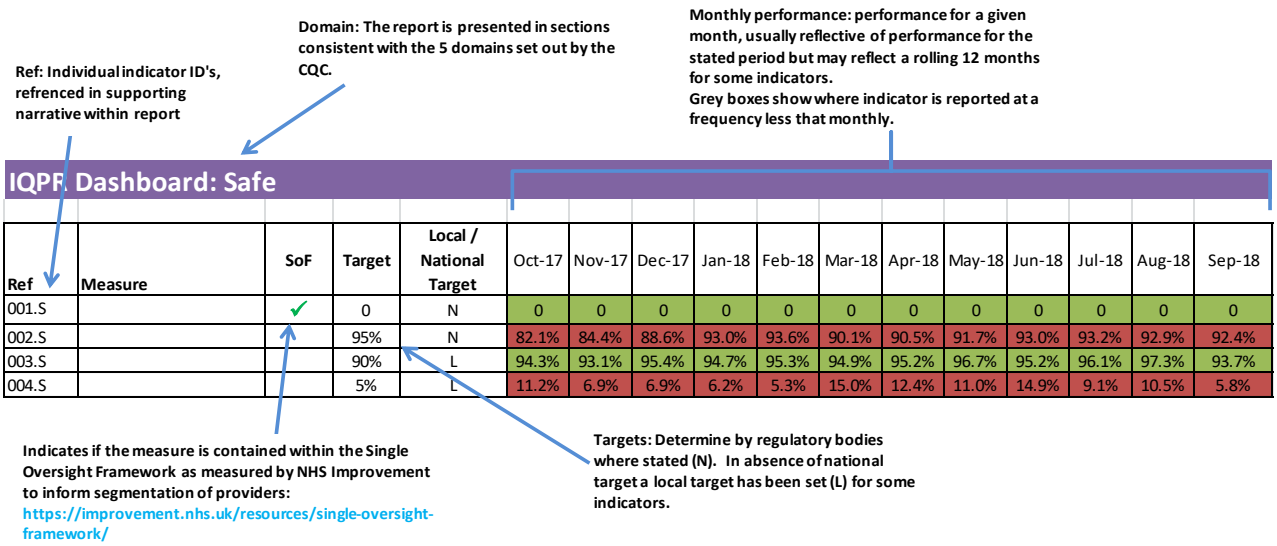

Aim 1: Quality
Consistently deliver outcomes that matter to people through outstanding quality of care that is underpinned by a mature approach to Quality Improvement.
Vision:
To work with our partners across Kent and Medway to deliver Brilliant Care, through Brilliant People.
Our capabilities
Workforce
Partnerships with people who use our services, carers and their loved ones
Culture and leadership
Use of resources
System leadership
Aim 2: Use our expertise to lead and partner
Partner effectively with other organisations in Kent and Medway to design and implement innovative primary and community care models for mental health, learning disability and substance misuse.
Aim 3: Integration
Support the integration of mental and physical health services across Kent and Medway to deliver seamless care for our users and carers and support delivery of the NHS Long Term Plan.

Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard Guide

The IQPR is structured by domains with executive commentary followed by the domains dashboard and a page in which up to three indicators are brought into focus with additional information on current actions in place.

The diagram below provides a guide for each of the columns with the domain dashboards; this is followed by further information on the application of Statistical Process Control charts which are applied within the 'Domain Indicators in Focus' sections.



Ref	Measure	SoF	Target	Local / National Target	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
001.S		✓	0	N	0	0	0	0	0	0	0	0	0	0	0	0
002.S			95%	N	82.1%	84.4%	88.6%	93.0%	93.6%	90.1%	90.5%	91.7%	93.0%	93.2%	92.9%	92.4%
003.S			90%	L	94.3%	93.1%	95.4%	94.7%	95.3%	94.9%	95.2%	96.7%	95.2%	96.1%	97.3%	93.7%
004.S			5%	L	11.2%	6.9%	6.9%	6.2%	5.3%	15.0%	12.4%	11.0%	14.9%	9.1%	10.5%	5.8%

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IQPR Exception Reporting

The report identifies exceptions against a selection of key trust measures using Statistical Process Control (SPC) Charts. SPC charts are used to study how a process changes over time. Data is plotted in time order. A control chart always has a central line for the average, an upper line for the upper control limit and a lower line for the lower control limit. These lines are determined from historical data, usually over 12 months within this report. By comparing current data to these lines, you can draw conclusions about whether the process variation is consistent (in control) or is unpredictable (out of control, affected by special causes of variation).

SPC Key:

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

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

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IQPR Change Tracker

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

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

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	24 November 2022
Title of Paper:	Finance Report for month 7 (October 2022)
Author:	Nicola George, Associate Director of Finance
Executive Director:	Sheila Stenson, Executive Director of Finance

Purpose of Paper

Purpose:	Noting
Submission to Board:	Regulatory Requirement

Overview of Paper

The attached report provides an overview of the financial position for month 7 (October 2022). This is consistent with the position submitted to NHS Improvement in the Month 7 Financial Performance Return.

Items of focus

As at the end of October 2022 Kent and Medway NHS and Social Care Partnership Trust (KMPT) is reporting a breakeven even position in line with plan.

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

1. Focus needs to continue on minimalising agency spend as much as possible. Agency caps have been reintroduced this financial year and the Trust ‘s cap has been set at £6.78m. The Trust is presently forecasting to exceed this cap by £0.55m. This position is consistent with trusts across the country but is likely to attract additional external scrutiny as per the pre-Covid regime.

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

3. Capital spend remains under plan, with a year to date underspend of £3.06m. The detailed forecast for the year is being developed with Estates and IT and will be shared in month

4. The cash position remains strong at £27.41m at the end of October 22.

Governance

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

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Finance Report

Trust Board

October 2022

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Executive Summary

Key Messages for October 2022

For the period ending 31 October, the Trust has reported a break even position. This is in line with the annual plan submission and expectation in the Kent and Medway ICS.

The impact of the pay award and subsequent underlying pressure has been calculated and shared with commissioners. The conversations are on-going and appropriate mitigations are being identified. Discussions also include the forthcoming reduction to the employers National Insurance rate and expected impact.

The Trust has been notified that the submission for £4.2m funding in relation to developing Electronic Patient Records (£3.7m capital) was successful, £0.3m of this relates to the current financial year with a further £0.95m per year for the next 4 years. IT have high level plans to utilise the funding.

At a Glance - Year to Date

Income and Expenditure	●
Efficiency Programme	●
Agency Spend	●
Capital Programme	●
Cash	●

Key

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

Income and Expenditure

KMPT is continuing to use temporary staffing due to vacancies and staff absence. Agency spend remains high and the in month spend is higher than that reported last year.
Agency caps have been reintroduced which is likely to result in an increase in external scrutiny over the coming months. Executive led meetings continue and will review agency spend. Check and challenge meetings are taking place in November with further deep dive into Care Group posiitons, CIP achievement and agency spend.

In other expenditure areas, month 7 saw higher levels of spend continue in external placement with 435 bed days being utilised in month due to complex care requirements and the Fern Ward decant due to Capital works taking place.

Building Maintenance spend remained stable when compared to previous month but spend still remains high compared to the average run rate in previous years.

	Year to date		
	Plan	*Actual*	*Variance*
	£000	**£000**	**£000**
Income	(135,590)	(137,919)	(2,330)
Employee Expenses	105,254	104,598	(656)
Operating Expenses	26,959	30,079	3,120
Operating (Surplus) / Deficit	**(3,377)**	**(3,242)**	**135**
Finance Costs	3,377	3,242	(135)
(Surplus) / Deficit	**0**	**(0)**	**(0)**

Capital Programme

In October, the Trust over spent by £0.46m against the plan. However, YTD the position remains underspent by £3.06m.

The underspend relates to the delayed start and completion dates for Estates schemes, delays in recruitment to new digital staffing posts and slippage in the Improving Mental Health Services (IMHS) Programme due to issues found during groundworks.

The forecast is still that we will spend the full £22.09m plan. This relies upon continued progress being made on IMHS and schemes being progressed quickly. A design team is working with the Estates team to support developing the schemes. The forecast also includes the Data Centre refresh being completed in 22/23. Monthly meetings are being held to review and update the forecast.

Cash

The cash position increased in month and remains strong at £27.41m. The actual cash position is £11.44m higher than the original plan.

Receipts are £5.23m higher, the main factors being HEE receipts of £2.25m processed in the month rather than in November as planned and an additional funding from £2.91m from Kent and Medway ICB relating to the pay award and acute inpatient pressure.
Payments are £6.21m lower than plan predominantly due to lower creditor and capital payments (due to slippage), partially offset by the impact of the pay award on payroll costs.

The forecast of £13.09m is reliant upon achievement of break even and meeting the capital plan.

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Income and Expenditure and Long Term Sustainability Programme

Statement of Comprehensive Income

	Current Month			Year to date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income	(19,441)	(20,608)	(1,167)	(135,590)	(137,919)	(2,330)
Employee Expenses	14,918	15,201	283	105,254	104,598	(656)
Operating Expenses	4,040	4,958	919	26,959	30,079	3,120
Operating (Surplus) / Deficit	**(483)**	**(448)**	**35**	**(3,377)**	**(3,242)**	**135**
Finance Costs	483	448	(35)	3,377	3,242	(135)
(Surplus) / Deficit	**0**	**(0)**	**(0)**	**0**	**(0)**	**(0)**

Commentary

Year to date pay is under plan at the end of October by £0.67m. During planning, a 2% uplift was assumed which is lower than the final pay award impact estimated at 5.9%. Commissioner contract values have been uplifted but Trusts have not been required to update plans and the variance will continue to the end of the year.

The underspend is still largely driven by vacancies and in particular within Mental Health Investment Standard initiatives. For these areas, corresponding income has also been deferred to match and performance is being closely monitored between the Trust and ICS colleagues.

Other non pay includes a high level of spend on external placements when compared to run rates in 21/22. October continued the trend with higher levels of spend being reported with 435 bed days utilised.

Long Term Sustainability Programme (Efficiency Programme)

	Annual	Current Month			Year to Date			22/23
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Forecast
Pillar	£000	£000	£000	£000	£000	£000	£000	£000
Back Office	(816)	(86)	(68)	18	(361)	(683)	(322)	(1,005)
Workforce	(938)	(117)	(37)	79	(411)	(105)	306	(283)
Service Line Reporting	(2,905)	(326)	(45)	280	(1,315)	(467)	848	(995)
Patient Pathways	(905)	(93)	(48)	45	(401)	(479)	(78)	(694)
Procurement and Purchasing	(300)	(23)	(20)	3	(135)	(39)	96	(137)
Commercial Development	(1,130)	(96)	(344)	(248)	(618)	(1,735)	(1,117)	(2,845)
Non-recurrent slippage	0	0	0	0	0	0	0	0
Total	**(6,995)**	**(740)**	**(563)**	**177**	**(3,242)**	**(3,509)**	**(267)**	**(5,959)**

Commentary

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

Further work has continued in order to identify further CIP schemes in order to close the current gap of £1.0m, this represents a £0.1m improvement in month. This will enable the the annual target to be achieved and support the eradication of the underlying deficit by March 2023. Executive led check and challenge meetings are taking place in November to ensure focus remains on CIPs and efficiency plans.

Work continues on addressing the underlying deficit, with two key pieces of work around rota review and Mental Health LD services to be completed during Quarter 4. These are expected to support the trust in addressing its recurrent deficit in year.

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Exception Report

Top Variances

	Year to date				
	Plan	Actual	Variance	Proportionate	Reported
	£000	£000	£000	Overspend	Last report
Agency	4,023	4,290	267	7%	4%
Bank	9,100	11,443	2,343	26%	22%
External Placements	2,081	2,790	709	34%	22%

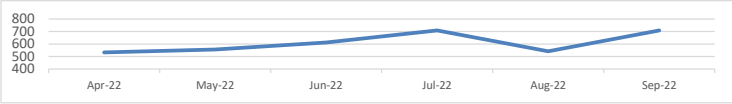
1. Temporary Staffing Spend: Agency £267k

Agency spend has exceeded plan in month 6 and on a year to date basis are over plan by £0.1m and this is forecast to continue - due to both vacancies and operational pressures.

There will be continued focus and scrutiny on all agency spend as the new financial year progresses to ensure spend remains within budget. Agency caps have been reintroduced for the Kent and Medway system and are currently being worked through therefore it is vital to have clear plans in place to enable the reduction in spend currently the Trust is forecasting £538k over the system cap target.

ANNUAL	2018/19	2019/20	2020/21	2021/22	2022/23 (YTD)
Agency	6,459	6,395	8,740	7,537	4,290

MONTHLY TREND



2. Temporary Staffing Spend: Bank £2.343m

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

There has been an increase in the run rate in month 6 due to the full pay award being transacted in month. Reported WTEs indicate less bank staff were utilised in month and returned to levels seen in previous months.

The Acute and Forensic Care Groups have been required to use higher levels of bank due to the clinical requirements and the high level of observations of a specialist patients These additional costs are being recharged to NHS England and the Integrated Care Board and this position is expected to be neutral to the Trust's overall position.

MONTHLY TREND	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Nursing	577	595	625	591	617	683	608
Healthcare Assistants	733	814	757	835	933	952	1,039
Other	55	123	150	145	140	166	130
Total	**1,364**	**1,532**	**1,532**	**1,571**	**1,691**	**1,801**	**1,777**

3. External placements £709k

As at month 7 the year to date spend remains high with 435 bed days reported in month.

The main movement in month relates to 5 additional acute beds being utilised due to the planned Fern Ward decant. This relates to the refurbishment work being undertaken and is in line with the expected impact.

In addition, the Trust has had to pay for three external beds due to the complex needs of a patient. Two of these beds are held empty in order to support the individual's needs. This impact has been recharged to the Commissioners.

The external placement utilisation will continue to be closely monitored particular as we approach autumn and winter.

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Appendices

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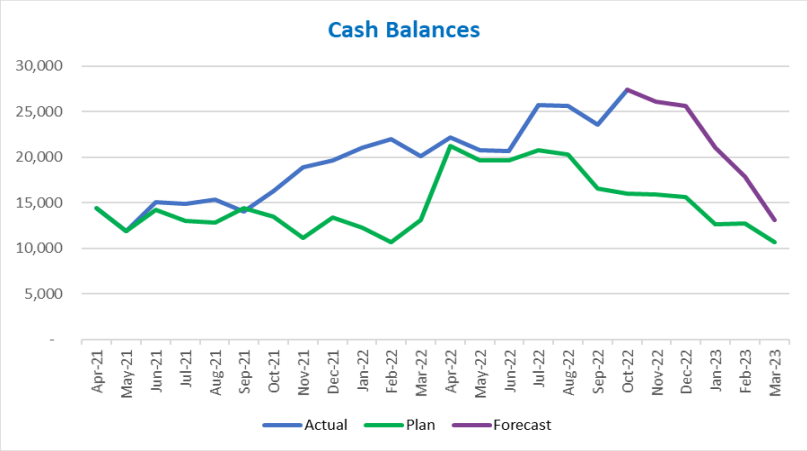
Statement of Financial Position Overview

Statement of Financial Position	Opening	Prior Month	Current Month
	31st March 2022	30th September 2022	31st October 2022
	Actual	*Actual*	*Actual*
	£000	£000	£000
Non-current assets	139,701	157,844	158,901
Current assets	26,599	32,840	33,779
Current liabilities	(25,907)	(34,007)	(35,555)
Non current liabilities	(17,502)	(32,752)	(32,523)
Net Assets Employed	**122,891**	**123,926**	**124,602**
Total Taxpayers Equity	**122,891**	**123,926**	**124,602**



Commentary

Non-current assets

Non current assets have increased by £1.06m in month, reflecting the increased capital expenditure in the month.

Current Assets

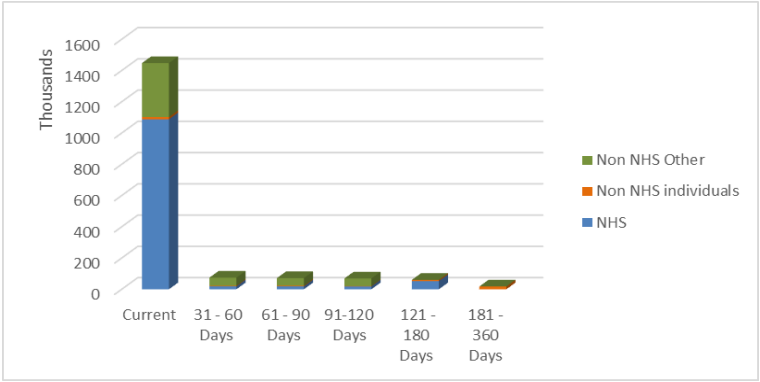
The cash position remains strong with an increase of £3.89m in month. Significant payments were made by the ICB for outstanding invoices and the pay award. PDC funding of £0.68m was drawn down in October. Receivables have decreased by £2.95m, mainly due to reduction in accrued income of £2.23m and NHS debtors of £0.77m in line with cash movement.

Current Liabilities

Trade and other payables have increased by £1.54m. There was increase in deferred income of £1.59m (mainly related to HEE funding), capital creditors of £0.9m and the monthly PDC accrual of £0.32m. These increases were partially offset by a reduction in tax, NI and pension payable of £1.52m as the prior month was higher as a result of pay award.

Aged Debt

Our total invoiced debt is £1.84m, of which £1.44m is within 30 days. Debt over 90 days stands at £0.24m.



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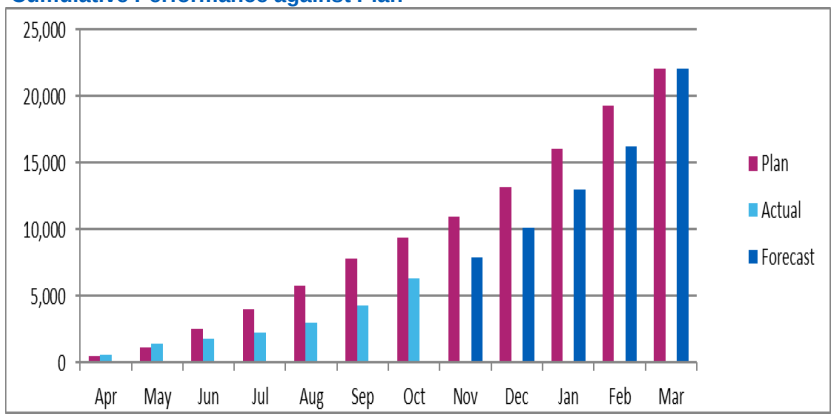
Capital Expenditure

	Current Month			Year to Date			Full Year	
	Plan £000	*Actual* £000	*Variance* £000	*Plan* £000	*Actual* £000	*Variance* £000	*Forecast* £000	*Plan* £000
Information Management and Technology	336	399	63	1,290	867	(422)	4,305	2,350
Capital Maintenance & Minor Schemes 2022/23	418	200	(218)	1,282	452	(830)	4,465	4,154
Capital Maintenance & Minor Schemes from 2021/22	70	849	779	3,412	2,700	(712)	4,027	3,412
Capital Maintenance & Minor Schemes Prior Year Adj	0	0	0	0	0	0	0	0
Strategic Schemes - Ward Refurbishment	0	32	32	0	51	51	354	1,988
Improving Mental Health Services (Maidstone)	734	541	(193)	3,344	2,199	(1,145)	8,899	10,145
PFI 2021/22	3	3	0	21	24	3	41	41
Total Capital Expenditure	**1,561**	**2,025**	**464**	**9,349**	**6,294**	**(3,055)**	**22,090**	**22,090**

Cumulative Performance against Plan



Commentary

In October, the Trust over spent by £0.46m against the plan. However, YTD the position is underspent by £3.06m.

£0.71m of the underspend relates to the delayed start and completion dates for old year schemes including the Fern Ward refurbishment and Emmetts/Walmer Heating . New year estates schemes such as legionella works, BMS upgrades and fire alarm panels are underspent by £0.83m as works have not commenced. The underspend on IT schemes is as a result of delays in recruitment to new digital staffing posts. The Improving Mental Health Services Programme is £1.15m underspent due to issues found during groundworks.

The forecast to spend £22.09m in year this relies upon schemes being tendered and progressed quickly. A design team is working with the Estates team to support them with this. In addition the Data Centre refresh is now planned to be completed in 22/23.

Monthly meetings are being held to review and update the forecast.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	24th November 2022
Title of Paper:	Recruitment and Retention Deep Dive
Author:	HR Business Partners and Interim Deputy Director of Workforce and OD
Executive Director:	Sandra Goatley, Chief People Officer

Purpose of Paper

Purpose:	Noting
Submission to Board:	Board requested

Overview of Paper

One of KMPT's three strategic priorities for 2022-23 is Workforce, and set within that priority is improving the vacancy gap. This paper sets out areas of particular concern in respect to vacancy levels and retention factors driving these vacancy levels and shares plans in place or in train to address.

Issues to bring to the Board's attention

Vacancy rates remain high, at 17% when all budgeted vacancies (including those newly created through investment) are considered. Turnover remains stable. Particularly high vacancy levels exist amongst the Band 5 and Band 6 nursing workforce, and middle grade doctors, reflecting national skills shortages.

Targeted interventions in train focus on:

- Workforce redesign;
- Growing our own;
- Recruiting well;
- Being a good employer.

Governance

Implications/Impact:	Recruitment and retention; quality and safety
Assurance:	To be assigned
Oversight:	Workforce and Organisational Development Committee

Version Control: 01

1. Introduction

1.1 Recruitment and retention of quality staff is critical to the delivery of quality patient care and we have recruitment and retention plans in place to support this. Recruitment and retention plans are predominately captured within the KMPT People Plan and are informed by staff feedback; including the NHS National Staff Survey, and best practice/shared learning by other NHS organisations and wider employers, plus operational requirements and workforce data.

1.2 As detailed in the Workforce and OD Committee vacancy deep dive paper in September 2022, workforce supply and retention continue to be challenging for KMPT and vacancy rates average at 16% over the previous 12 months, with annual turnover averaging at 13%.

1.3 This paper aims to provide an overview of our current vacancy and turnover position and provide assurance of interventions in progress to support reducing our vacancy gap.

1.4 It should be noted that the vacancy rates reported in these paper are vacancies in relation to KMPT's overall establishment and, as such, are based on Finance records.

2. Strategic Overview

2.1 A variety of factors are driving the current position both within KMPT and nationally.

2.2 At the same time there are decreasing numbers of people are graduating from university with clinical degrees. This may be down to high levels of attrition during study - it has been reported recently that nursing courses are seeing a drop-out rate of almost 25%. However, it is also recognised that financial pressures, compounded by the removal of the nursing bursary, may be disincentivising or preventing some students from undergraduate study in the first place.

2.3 Over recent years, many NHS employers have turned to the international market to mitigate against the decreasing supply of qualified staff domestically. However, the international market too is becoming scarce, with many NHS organisations competing for candidates from the same international geographies.

2.4 Working through the Covid-19 pandemic has led to unprecedented levels of burnout amongst staff, and with current market conditions favouring the employee, more people than ever are leaving their employment.

2.5 Covid-19 has also created a significant shift in employment expectations for some parts of the workforce, in particular with work-life balance playing an ever-increasing role in individuals' decisions around their employment. The greater availability of home-working or hybrid working arrangements has also changed employment dynamics, with many parts of the workforce now having access to a wider choice of employers across a broader geography.

2.6 In the meantime, it can also be assumed (and we are hearing anecdotally) that increased cost of living will have increased the weight that pay has in individuals' employment decisions. As well as being restricted by Agenda for Change pay brackets, Kent has neighbouring organisations that are eligible to offer High Cost Area supplements, and with hybrid working enabling easier access to roles beyond Kent, this presents a particular challenge with retention.

2.7 Lastly, as KMPT continues to transform its services, managers in some areas are choosing to delay recruiting into vacant posts which may be subject to change these are outlined in the paper.

3. Vacancy position and drivers

3.1 Workforce supply and retention continue to be challenging for KMPT. We have 676.48 Whole Time Equivalent (WTE) worth of funded vacancies across the Trust at the time of writing this paper. This means that 17% of all funded posts are currently vacant.

3.2 By staff group, the highest number of vacancies are within nursing, admin and clerical and healthcare assistants: -

Staff group	Establishment	Substantive contracted	Derived vacancy	Vacancy %
Admin, Clerical & Management	846.77	732.13	114.64	13.54%
Healthcare Assistants	828.39	711.18	117.21	14.15%
Nursing	1,174.66	893.13	281.53	23.97%

3.3 A number of these vacancies are new roles which have been created as part of service development or redesign, including through funding as part of the Mental Health Investment Standard so would not yet be expected to be filled. Overall, there is a recruitment pipeline for approximately 90% of all current vacancies. Additionally, many existing vacancies are being covered in alternative ways. Notwithstanding these considerations, current vacancy levels remain a cause for concern. The impact of this is on quality of care due to the reliance on bank and agency staff, which in turn has an impact financially. In addition to this, the wellbeing of our substantive workforce is also impacted due to working additional hours to fill shifts as the supply of bank and agency cannot meet the demand.

3.4 Workforce gaps are affecting our workforce universally, with no care group currently achieving KMPT's 10% vacancy level target for the end of 2022/23.

Breakdown of vacancies by Care Group

Care Group	Budgeted WTE	WTE vacant	Vacancy rate
Acute	663.62	159.65	24%
Older Adults	590.97	66.09	11%

Forensics and specialist	748.63	142.4	19%
Community Recovery	1105.51	241.68	22%
Support Services	777.37	64.96	8%
TOTAL	**3887.93**	**676.48**	**17%**

3.5 Although vacancy rates are a challenge for KMPT as a whole, there are certain staff groups which are especially affected by high vacancy rates. The vacancy rates and drivers behind such vacancy rates are set out below for each of these staff groups.

Band 5 Nursing

3.6 With reducing supply of nurses nationally, the need to continue to recruit to this level of vacancies presents a challenge, and so significant efforts are being made across KMPT (and the wider system) to reduce these levels of turnover. Alongside wider retention interventions aimed to alleviate work and cost of living pressures, and to improve work life balance, KMPT has sought to improve retention of Band 5 nurses by offering a clear career pathway which allows Band 5 nurses timely progression into Band 6 posts. Although this has proven highly successful in terms of retaining these staff in KMPT, it does mean that each year, on top of the 33 Trust leavers, it can be expected that around 26 Band 5 nurses will progress internally within KMPT into Band 6 roles.

3.7 As such, this pipeline requires continuous rigorous servicing, and this is probably the greatest challenge for Band 5 nursing, along with the need to minimise the length of time between a Band 5 post being vacated and the appointee starting in post.

3.8 Based on the above, it can be anticipated that over the course of the next year, we will need to recruit around 130WTE Band 5 nurses over the coming 12 months, which is in line with total volumes of recruitment into Band 5 nursing posts over the previous 12 months.

3.9 It is anticipated that around 70 WTE of these nurses will be recruited from university, around 15 from elsewhere in the UK, around 40 from overseas, and the remained from our internal training pipeline.

3.10 Timing of recruitment is also critical, with a break in our pipeline likely to occur between April, when our previous year's Band 5 intake complete their preceptorships (and progress into Band 6 posts) and the late summer when our next cohort of newly qualified nurses join us.

3.11 Plans are currently in development to increase the number of Registered Nurse Degree Apprenticeship posts to develop a longer-term pipeline to help close the gap and to invest to save.

Band 6 Nursing

3.12 Of all Band 6 nursing posts, 149 WTE are currently vacant, equating to 25% of the Band 6 nursing establishment.

3.13 These vacancies affect a wide range of teams, but most notably:

- **The Crisis Resolution and Home Treatment Team (CRHT),** There are 35 WTE Band 6 nurse posts vacant, however 14 WTE Band 6 nursing posts have been frozen (not actively recruited to) due to transformation work, so vacancies within this team will remain high until the new team is developed and posts recruited to. The team have 2 recruitment open days planned for November 2022,

- **Mental Health Services for Older People in Dover and South West Kent.** Geography is understood to be a key contributor in these localities, with limited workforce supply, particularly in Dover, owing to its coastline.

  Community Mental Health Teams in Dartford, Dover and South West Kent. Again, Geography is understood to be a key contributor in these localities, with Dover accessing a more limited workforce supply owing to its coastline location, and Dartford competing with higher salaries available through neighbouring Trusts as a result of High Cost Area designation.

- **Liaison in Thanet and Ashford**. Work pressures and a desire for greater work life balance are reported to be behind these vacancy rates, with many of these staff moving to other areas internally where work pressures are perceived to be less intense.

- **The Urgent Mental Health Helpline**. 8 WTE Band 6 nursing posts have been frozen (not actively recruited to) due to transformation work, so vacancies within this team will remain high until the new team is developed and posts recruited to.

- It should also be noted that new Additional Role Reimbursement Scheme Mental Health Practitioner roles not yet recruited to account for more than 35 WTE worth of vacancies. 22 WTE posts have been successfully recruited to.

Specialty, Specialist Grade and Staff Grade Doctors (29% vacancy rate)

3.14 Recruiting to Specialty, Specialist Grade and Staff Grade medical vacancies has been a longstanding challenge due to a national shortage of supply. This has a significant impact on other parts of the workforce, and particularly on the medical Consultant workforce.

3.15 In light of intractable difficulties with recruitment, the funding for many of these posts has now been temporarily redirected towards Core Training posts, which have been successfully recruited to. However, 41 WTE substantive non-training posts have been retained in the establishment.

3.16 We have recently been successful in our application to become a sponsoring organisation by the General Medical Council (GMC), as well as being recognised by the GMC for the KMPT international fellowship scheme in psychiatry. This will enable us to recruit to our vacant SAS doctor posts directly from overseas at senior core trainee level and to grow our future consultant workforce by providing them the necessary support to acquire the required competencies

3.17 Additionally, rather than pursuing recruitment into those roles for which there is funding but a lack of available pipeline, the work is currently underway to convert these posts into Advanced Clinical Practice, Nurse Consultants and Responsible/Approved clinicians posts.

Medical Consultants (15% vacancy rate)

3.18 Vacancy rates for consultants have more than halved over the past three years, from 32% in September 2019, and KMPT continues to see success in recruiting into medical roles, with the recent recruitment round leading to 6 further appointments.

3.19 However, 15% of KMPT's 120 WTE consultant posts remain vacant, with this presenting challenges across most Care Groups. Within the Acute Care Group there are 3 inpatient consultant vacancies. Two of the vacancies are on the St Martins site, which leaves one substantive Consultant. There is positive news in relation to the new medical model and the introduction of more Advanced Clinical Practitioners and Physician Associate. This model is being tried on Foxglove ward at St Martin's site (with one of the community consultant taking up a secondment to Foxglove ward) ,and also on Upnor ward at Maidstone site. It is anticipated that this will help attract Consultants who see a rich multidisciplinary team to work alongside.

3.20 There is also work ongoing to look at additional role responsibilities that can be added to make them more attractive, including education, research, specialist leads etc.

3.21 There are ongoing medical vacancy challenges within the Forensic and Specialist Care Group due to amongst other factors, secondment arrangements. There are a number of agency consultants. The Head of Psychiatry is leading a medical review to recruit to long-standing medical vacancies with non-medical roles which support service delivery and patient care following ongoing unsuccessful recruitment and there is a workshop being organised on 17th November to design and agree a strategy.

4. Activity and Plan

4.1 Retention

4.1.1 Our turnover has remained more or less stable over the past 12 months, so we know this isn't the key driver behind our vacancy rate challenges. However, we acknowledge that we need to contain our turnover position to avoid our vacancy situation worsening.

Year to date (YTD) total of turnover for KMPT, each of the Care Groups and for Support Services as of September 2022;

	YTD Turnover
KMPT Overall	13.3%
Acute	15.4%
Community and Recovery	13.1%
Forensic and Specialist	16.2%
Older Adult	13.3%
Support Services	10.1%

4.1.2 Our KMPT People Plan includes a number of interventions aiming to position KMPT as a brilliant employer, and enable us to retain talented staff. It seeks to address the reasons for leaving that we know to be most prevalent.

4.1.3 Specifically, we know that in the period from October 2021 to September 2022, the top 3 reasons for leaving amongst KMPT's 664 leavers were:

Reason	**Total No.**
Voluntary Resignation - Work Life Balance (WLB)	110
Voluntary Resignation – Promotion	109
Voluntary Resignation – Relocation	78

4.1.4 As such, the health and wellbeing of staff is a strategic priority for KMPT for 2022-23, and KMPT's People Plan places significant emphasis on this area.

4.1.5 KMPT launched its new health and wellbeing strategy in September following a period of excellent engagement on its development. There has been excellent uptake in the range of wellbeing activities delivered for staff with our third sector partners, and 3 of KMPT's new wellbeing spaces have now also opened.

4.1.6 More holistically, KMPT has invested in mental and emotional wellbeing, with the introduction of Schwartz Rounds, the Wellbeing Bus, and the continuing growth of our network of Mental Health First Aiders. These interventions exist against a backdrop of ongoing work around embedding psychological safety, and supporting staff to feel able to speak up about things that concern them through the new Freedom to Speak Up Guardian service.

4.1.7 November is 'Its okay to say' month and sessions have been run at this months Leaders Event and Big Conversation Event

4.1.8 KMPT has been cognisant too of the restrictions and onus increased costs of living are placing on its staff, which were well articulated through the cost of living survey that was conducted during September 2022. A number of high impact financial wellbeing initiatives have now been agreed and are being progressed, including instant access to earnings, purchase of blue light cards, and increase to mileage expense rates to name a few.

4.1.9 KMPT has recognised the value staff place on flexible working, and has continued to embed its approach to hybrid working, applying its new Hybrid Working Policy, converting office space to support new work styles, and equipping managers and teams with the skills to make hybrid working work. Over the coming months, KMPT will be furthering its flexible working offer, by supporting managers to have meaningful conversations with their staff about flexible working in supervision.

4.1.10 KMPT recognises the importance of ongoing personal development, and this is supported through;

- The roll out of talent conversations to support a better understanding of the talent landscape
- Appraisal completion - the appraisal window currently has a 93% completion
- A mapped suite of career pathways to help with understanding of routes into roles
- The development of the learning model for the Centre for Practice and Learning
- Delivery of a schedule of Career Clinics and events (4 since April)
- Continuing to deploy apprentices across a range of roles (Clinical Associate Psychologists, Occupational Therapists, Nursing, Prosthetics, Corporate) to increase access and build our pipeline
- The delivery of the first two mentoring apprentices' workshops, and with further workshops planned for 2023
- The employment skills workshops
- The delivery of work experience programmes

4.1.11 This is a dynamic plan, and is constantly refreshed. In particular, in relation to retention, it draws on feedback through the exit interview process. Work is underway to launch an electronic interview process which we anticipate will improve response rates and quality of feedback information and data.

4.2 Workforce Redesign, Growing our Own and Recruiting

4.2.1 Given that it is understood that KMPT's greatest challenge is not retention but instead supply of workforce, significant efforts are being made to utilise hard to fill vacancies differently, to grow our own pipelines internally, and to optimise recruitment processes where these apply.

4.2.2 Some of the interventions in train include:

- *Introducing Advanced Clinical Practice or Nurse Consultant roles to free up Consultant time and allow other staff to work to the top of their license*

  The Acute Care group has led on reviewing their medical model. The new model has been designed based on Medical and ACP demand and Capacity modelling; feedback from Consultants and Professional leads and exploring good practice with other Mental Health Trusts and is similar to Northumberland, Cumbria and Tyne and Wear. On each ward the medical staffing will equate to 1 Consultant; 1 middle grade Doctor and either an ACP or Physician Associate to support. The middle grade Doctor will be providing some time in the locality Crisis team and/or covering other wards on site if required (for example to cover annual/sick leave). This model will benefit patients by ensuring high level medical and clinical care, ensuring speedy decision making and appropriate length of stay. The multi-disciplinary team will provide improved holistic care and will free Consultant time to focus on the most complex patients. The model will also reduce workplace stress and is likely to attract and retain Consultants in Acute inpatients, while providing career progression for Nurses, AHPs into Advanced roles. To fund this model, Specialty doctor vacancies have been converted into these posts.

- *Skill mixing for Non-Medical Prescriber (NMP) trainee Advanced Clinical Practitioner (ACP)roles*

  With the CRHT investment monies each CRHT have been able to create one additional Non-Medical Prescriber and one trainee Advanced Clinical Practitioner post per team, of which there are five teams. As of the end of August all trainee ACP post will have been appointed to and three out of the five NMP post have been appointed to. This has created a total of 10 new posts which is a good retention tool however does in turn create some band 6 vacancies/opportunities.

- *Skill mixing with more Assistant Psychologists and developing more opportunities at Band 7 and 8a level*

  The original model for inpatient psychology consisted of more senior roles at 8b level, these posts were hard to recruit and it was felt that by creating development roles and newly qualified posts the posts would be more attractive, whilst also allowing a slight increase in establishment. Whilst posts have been difficult to fill and to support the needs on the Wards Assistant Psychologists have been used, predominately via NHSP to support with a level of therapeutic input.

- *Skill-mixing Urgent Mental Health Helpline Call Handlers*

  The Urgent Mental Health Helpline has skill mixed its workforce recruiting to more Band 3 Call Handlers where they have been experiencing difficulty securing Band 6 Nurses into post. In doing so they have been looking at how they support and train this growing staff base with in-house training and exploring external sources of development such as the Samaritans.

- *Testing an entirely different workforce model as a pilot at Priority House*

  A project has just commenced seeking to consider the most effective ways of working and consequently skill mix required at Priority House. This will likely build on some of the work already done around Enhanced Care Teams in the Acute Care Group, and the Menu of Interventions Quality Improvement project, enabling Allied Health Professionals to work to the top of their license, whilst also reducing the risk posed through longstanding nursing vacancies.

- *Increasing Registered Nurse Degree Apprenticeship Places*

  This is a critical lever for addressing the Band 5 nursing pipeline challenge and shows when we will see our supported cohorts qualifying which supports narrowing our vacancy gap.

- *Using the Certificate of Eligibility for Specialist Registration (CESR) Programme to grow our own Consultants*

  The KMPT CESR Fellowship Programme is a structured training scheme for suitably qualified doctors with previous experience in psychiatry to obtain specialist registration. The CESR Fellowship is open to internal applicants and external applicants on appointment to substantive Specialty Doctor posts. Doctors with the relevant experience and appropriate competencies, are provided with a stable and supportive environment to help them gain the CESR qualification. Acting Consultant and rotation opportunities are available as well as coaching and mentoring. The aim of the program is designed to support doctors in achieving their Certificate of Completion of Training (CCT) through the Royal College of Psychiatrist CESR route, supporting internal doctors to progress to Consultant level reducing vacancy rates.

- *Embedding the Centre for Practice and Learning*

  KMPT has adopted a ‘grow your own’ approach to meet the recruitment challenges faced when recruiting such roles like Occupational Therapists, Nursing Associates and Registered Nurses. This is now being extended to other disciplines, with considerable interest in the training posts being offered under the Centre for Practice and Learning. Where staff do not meet the requirements in relation to Maths and English academic qualifications, structures support is available to assist them in attaining those qualifications.

- *Use of social media and different advertising routes*

  Communications are currently working on the employer branding for the organisation which will improve visually how the organisation appears on all platforms.
  The Communications and Engagement team have created some high impact adverts on social media to help target particular difficult to recruit to post and have helped push these out in various social media channels. Service areas such as Finance have explored using other social media channels as well as NHS Jobs. These are

sites used by third sector and charity organisations. Discrete funding for advertising for recruitment or tools for outreach to our local communities does not currently exist but is being sought.

- *Delivering more Recruitment Open Days*

  The recruitment team have supported targeted recruitment days and events. These have included a recruitment day for the Urgent Mental Health Helpline. The team have also attended a recruitment day at Dover specifically to raise awareness of KMPT as a local employer. This was on the back of the job losses at P&O Ferries. Staff that were recently displaced by P&O could find out about jobs that are local to them and the vacancies that we have. Whilst some individuals may not have had the transferable skills and qualifications for our qualified clinical roles there are a number of vacancies in our Facilities and Estates team, non-registered staff and other support services which may have been of interest. KMPT is working with local job centres across Kent and Medway on a new initiative which involves the job centres engaging with potential candidates via their Sector Based Work Academies programme. The programme is for two weeks and covers pre-employment training. For example, this would include details about the role, how to complete application forms and interview preparation support. Following this the Job Centre candidates will be joining a KMPT virtual recruitment event to hear from clinicians about the role and candidates will be given the opportunity to be interviewed on the day.

- *Recruiting internationally*

  Following a successful round of international recruitment of 30 nurses to KMPT, the Trust is currently exploring the opportunity and resourcing required to embed this approach over the longer term into its ongoing workforce strategy. As well as providing further cohorts of nurses, international recruitment into Middle Grade medical posts and Allied Health Professional (including Occupational Therapist and Psychologist) posts is being progressed.

- *Applying a Fast Track process for newly qualified nurses on student placements*

  As part of our ongoing recruitment and retention programme, we want to ensure we support our student nurses and secondee employees into roles within our Trust. Therefore, we have introduced a Fast Track recruitment process, led by Practice Placement Facilitators and Heads of Nursing for student nurses who are undertaking placements or are seconded from KMPT. These students/secondees bring a huge amount of drive and enthusiasm and are our shining stars of the future. We are keen to keep those who meet the criteria with us post qualification. In order to do this we need to be more proactive in encouraging this group to come and join the Trust and have introduced a simple and streamlined recruitment process specifically to move them into a permanent role as soon as possible, without the requirement for interview. The expectation is that working more proactively in promoting our vacancies will encourage greater retention.

- *Streamlining recruitment processes to reduce time to hire, enhance candidate experience and minimise candidate withdrawal rates.*

  The KMPT Recruitment team has recently been restructured to enable smooth end to end recruitment, as well as a more consistent point of contact for recruiting managers and candidates. In addition to this, work is underway with support from the Quality Improvement team to remove duplication of effort in the recruitment process, including transitioning away from paper documents, and to ease bottlenecks in the recruitment process, particularly at vacancy set up, conditional offer and reference check stages. Once this lean process has been established, there is an intention to implement automation of steps (through bot technology) which remain necessary but detract the team from value-added candidate interaction. In anticipation of a greater focus on this being facilitated, the team is also currently engaged with customer services skills development.

5. Conclusion

It is apparent that turnover has been stable for a number of months which indicates our main focus needs to be on recruitment as vacancy levels continue to be of concern for KMPT. Putting in place a coherent long-term strategy that directly addresses the need will continue to be both an HR and organisational priority for 22-23. Notwithstanding this, a significant amount of targeted work is under way, and KMPT has good reason to expect this to have a positive impact on vacancy rates over the coming 12-24 months. The Board is asked to note this paper and to consider its assurance in relation to the interventions cited.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	24th November 2022
Title of Paper:	Freedom to Speak Up: update
Author:	Rebecca Stroud-Matthews, Interim Deputy Director Workforce & OD
Executive Director:	Sandra Goatley, Chief People Officer

Purpose of Paper

Purpose:	Noting
Submission to Board:	Board requested

Overview of Paper

KMPT introduced its new Freedom to Speak Up Guardian service on 6th June 2022. This paper provides an update on the utilisation of the service, its impact, and lessons learned through the service to date.

Issues to bring to the Board's attention

The Freedom to Speak Up Guardian service has seen good engagement in its early months and plays a significant role in KMPT's cultural ambitions around openness and psychological safety.

Additionally, it provides an additional route for us to be able to understand key challenges staff are experiencing. To date, the most prevalent themes appear to relate to:

- Efficacy of systems and processes;
- Safety of staff;
- Relationships with managers.

Governance

Implications/Impact:	Risk ID 6848 – Turnover Risk ID 6849 - Retention
Assurance:	Reasonable
Oversight:	Workforce and Organisational Development Committee

1. Background

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

1.2 In many organisations, this role has been and continues to be delivered by staff employed by the organisation, or by non-executive directors. However, in order to assert the independence and impartiality of this role, as well as to ensure the appropriate dedicated time was allocated to fulfilling it, since 6th June 2022, KMPT has provided for Freedom to Speak Up through an independent Freedom to Speak Up Guardian service.

1.3 Although a full six month report will be received in January by Trust Board directly from the Guardian service, this paper seeks to capture early on some detail around the referrals made into the service over its first four months, as well as some of the themes and trends identified through these referrals.

2. Engagement with the service

2.1 Ahead of and since its launch on 6th June, the service has been well promoted in the organisation. In particular, to the end of enhancing the accessibility of and confidence in the service, the Freedom to Speak Up Guardian has undertaken almost 70 site visits and team briefings, distributing those visits across the range of KMPT sites. In total, the service has seen in excess of 1,500 engagements with KMPT staff.

2.2 Since its inception, and up to the end of September, the service has received 45 separate referrals. The reasons most frequently cited by staff as their reasons for choosing to raise their concerns via the Freedom to Speak Up Guardian relate to previous attempts to raise concerns internally having been unsuccessful (40%), or a lack of confidence that such attempts would be successful if they were made (35%).

2.3 A number of staff (22% of those accessing the service) are also expressing a fear that they would be detrimentally affected through raising concerns internally. However, the proportion of staff opting to fully disclose their concern (for the concern and their names to be shared with the Trust) are gradually increasing.

2.4 The greatest engagement with the service at this point appears to be amongst the Additional Clinical Services workforce (26.6% of all contacts), the Admin and Clerical workforce (22.% of all contacts) and the Nursing workforce (22.2% of all contacts).

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3. Themes and trends

Data relating to themes and trends will obviously be enhanced as more referrals into the service are received over time. However, at this early stage, it is possible to identify a number of key common issues amongst the concerns raised.

3.1 Systems and processes

3.1.1 These concerns represent around 31% of concerns raised to date, with concerns specifically around:

- ineffective systems and processes;
- changes being made to systems of processes;
- implementation of audits;
- timeframes around processes;
- generally poor experience of formal processes.

3.1.2 Concerns relating to these themes have arisen most frequently from staff in the Forensic and Specialist Services Care Group and in the Corporate and Support Services Care Group.

3.1.3 It is perhaps not surprising that at a time of change, we are seeing a trend around concerns in this area, however with considerable further transformation work to come, it will be important to ensure good staff engagement in this work. This is central to the approach of the Quality Improvement team, and the OD team similarly have, with a working group and based on learning from KMPT, developed a set of change principles to be applied through transformation programmes.

3.2 **Safety of staff**

3.2.1 These concerns represent around 27% of concerns raised to date, and 5 of these concerns have been categorised as “red concerns”. Specifically, these concerns have related to:

- Working conditions/environment (42%);
- Patient aggression towards staff (33%);
- Maintenance and repair issues, including timeframes for repairs (25%).

3.2.2 There is no material variation in incidence of these concerns between our clinical Care Groups.

3.2.3 Specific issues around working conditions, the environment and maintenance and repair are diverse in nature, and have to date been addressed on a case by case basis. No clear theme or trend within these category of concerns is yet apparent.

3.2.4 Patient aggression towards staff however remains an ongoing challenge for KMPT, and KMPT continues to work to address this in particular through Operation Cavell.

3.3 Management concerns

3.3.1 These concerns represent around 20% of concerns raised to date. Specifically, these concerns have related to:

- Quality of support
- Management visibility
- Consultation
- Communications styles
- Concerns not being addressed.

3.3.2 These concerns appear to be most prevalent in the Community Recovery Care Group, which relates to a group concern raised by six staff, which is now closed.

4. Addressing concerns

4.1 Of all 45 cases raised since June, 15 have been closed, meaning that 30 cases remain open at the time of writing. Of these, 7 are categorised as red concerns (all with mitigations in place), 10 as amber, and 28 as green.[1]

4.2 Of the 15 closed cases, 9 were closed with a written or verbal outcome, and 6 staff chose not to pursue their concern, either because management action was taken to resolve the concern, or because they were satisfied haven talked their concern through with an independent party.

4.3 Of the 30 cases remaining open, 17 were new in September. Notwithstanding this, and the Guardian service's prompt action on new cases, the number of cases remaining open highlights a need for the organisation to improve the speed of its response. Specifically, initial responses from managers within KMPT tend to be swift (75% are received on the same day), but initial investigation into the detail or follow up can take longer than expected.

4.4 To address this, it is intended going forwards that managers are provided with a more structured set of expectations around timeframes for providing the individual who has raised the concern with a timeline for actions, or next steps as follows:

- For red concerns, 48 hours;
- For amber concerns, 72 hours;
- For all other concerns, 1 week.

4.5 In relation to the strategic themes and learning identified through the concerns, it is noted that the Guardian service is still in its early days and so it is difficult to pinpoint specific issues having a broad impact at this stage. Notwithstanding this, a number of changes have already been

[1] Red concerns are those relating to patient safety. Staff safety concerns can also be categorised as red concerns depending on risk factors. Amber concerns are those relating to staff safety or bullying and harassment. Green concerns are all other work-related concerns.

prompted by feedback received and learning from this, including ensuring that named pastoral support is designated in all employee relations cases, and reviewing the style of HR communications to ensure they set clear timeframe expectations, and read compassionately. However, it is proposed that moving forwards, as further trends begin to emerge from the data, a cross-disciplinary group is convened together with the Freedom to Speak Up Guardian to reflect on the themes and consider the actions KMPT might wish to take. Clearly, in the meantime, the Guardian will continue to address with managers on a case by case basis concerns that arise, and regular reporting through HR Business Partners and the Chief People Officer will allow ongoing oversight as to high level themes.

5. Conclusion and next steps

5.1 The Guardian service has had a successful first few months, and it is particularly encouraging that the proportion of staff opting for full disclosure when raising their concerns is increasing. This points to the impact the service is having in terms of contributing to KMPT's aim to build a more open and psychologically safe climate.

5.2 Additionally, the fact that a significant proportion of staff are preferring to address concerns raised through informal resolution indicates a move towards the early resolution approach KMPT advocates.

5.3 As the efficacy of management response to the service and relationships with the service improve over time, supported too through the introduction of mandatory FTSU training for all staff, it is anticipated that the impact of the service will continue to grow.

5.4 The Trust Board is asked to note the progress achieved to date by the service and to take assurance on the learning from concerns being raised.

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NHS
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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	24th November 2022
Title of Paper:	Designated Body Annual Board Report and Statement of Compliance (2021/22)
Author:	Dr Mohan Bhat, Lynne Slater and Helen Boakes
Chief Medical Officer:	Dr Afifa Qazi

Purpose of Paper

Purpose:	Approval for Submission to NHS England
Submission to Board:	Regulatory (Responsible Officer Regs 2010 (as amended 2013)

Overview of Paper

Annual Organisation Audit Report and Statement of Compliance to Board for approval prior to submission to NHS England (2021/22).

Report is submitted to Board to provide assurance on appraisal and revalidation of doctors employed by the organisation and following approval will be submitted to NHSE as a statutory requirement.

Issues to bring to the Board's attention

1) In line with national advice from NHS England, medical appraisals were halted during the peak periods of the COVID-19 pandemic. Appraisals resumed in Spring 2021. The majority of KMPT doctors (94.74%) completed their appraisals within the appraisal year or within the first quarter of the next year. There were 9 outstanding appraisals, 8 were for doctors either on a sabbatical or long-term sick leave and hence could not complete their appraisal, and 1 has a timeline for completion within the next three months.
2) In line with GMC requirement and Responsible Officer Protocol, KMPT has a robust process in place to ensure recommendations to the GMC are timely and our doctors are revalidated in line with GMC requirements.
3) All actions raised from 2020/2021 Annual Board Report have been completed. These are shown in blue on this report.

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Kent and Medway
NHS and Social Care Partnership Trust

Governance

Implications/Impact:

KMPT meets the regulatory requirement for designated bodies (Responsible Officer Regs 2010 (as amended 2013)) to ensure all Doctors employed by the organisation are fit to practice.

There are no Resource and Financial Implications.

Assurance:

The paper is to provide assurance on compliance with the Responsible Officer (RO) regulations

submission of the Annual Organisation Audit Report to NHS England.

Oversight:

Chief Medical Officer

Briefing Note:

Revalidation and appraisal are carried out in the NHS to ensure Doctors are licensed to practice medicine and supported to develop, so care continuously improves. All Responsible Officers, who are the people responsible for helping Doctors with revalidation, are required to complete the Annual Organisational Audit (AOA) on behalf of their organisations or 'designated bodies'. The collective results from the exercise provides a level of assurance about the consistency of the appraisal process supporting medical revalidation to patients and the public; and to Doctors, Responsible Officers and the organisations in which they work; to higher level Responsible Officers in NHS England's regional teams, the General Medical Council and Ministers on the value that medical revalidation brings.

Our Annual Organisational Audit (AOA) for 2021/22 has concluded that as an organisation we have, fit for purpose processes in place to ensure our Doctors are appraised and revalidated in a timely manner in line with RO Regulation and all our Doctors are fully engaged with the appraisal and revalidation process and we are assured that all our Doctors are fully engaged with the revalidation process.

Version Control: 01

Classification: Official

Publication reference: PR1844

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 2, September 2022

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,
b) provide the necessary assurance to the higher-level responsible officer,
c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes – Dr Afifa Qazi, Chief Medical Officer is the Revalidation Officer (RO) Dr Mohan Bhat, Deputy Chief Medical Officer is the named Revalidation Lead/Deputy R.O.

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes – There is adequate capacity and resources. Action for next year: None.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

The SARD software system is well established for ensuring accurate records are maintained. Action for next year: SARD contract expires March 2023 and meeting with other providers are being scheduled for comparisons.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Policies are reviewed and updated.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

The Deputy Chief Medical Officer plans to deliver Appraiser Refresher training on a quarterly basis for all KMPT trained appraisers, to ensure the consistency of quality. A TIAA review is in progress. As part of last year's TIAA review plan, refresher training has been organised. Action for next year: As above.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

All locum/short term placement doctors have 1 PA (4 hours) allocated in their weekly job plan to accommodate CPD activities. Action for next year: To continue with the above.

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers the doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and any adverse clinical outcomes.[1] KMPT has continued to adopt the Appraisal 2020 model, and all doctors are using this version with emphasis in appraisal on verbal reflection, health and wellbeing. Action for next year: To continue as above.

[1] For organisations that have adopted the Appraisal 2020 model (recently updated aby the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

The trust is sighted on reasons for appraisals not completed. Action for next year: There are agreed plans/timelines for completion of outstanding appraisals for those doctors not on sabbatical, long term sick, maternity.

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

The review date of the Revalidation and Medical Appraisal Policy is due and is presently being reviewed for approval. Some amendments received from JLNC will go back to the next meeting. Policy is reviewed every 2 years. Action for next year: None required until following year.

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

KMPT presently has 37 medical appraisers, as well as 9 new appraisers who have received appraiser training from MIAD (external organisation offering training to appraisers). Action for next year: Quarterly Appraiser Refresher training will be delivered in-house. Annual New Appraiser training will be planned for early 2023 from outside provider.

10. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

There is ongoing performance review including appraisee feedback, together with annual update training. Comments: Action for next year: Going forward the Appraiser Peer Group meetings are to be included in the quarterly Appraiser Refresher training.

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Annual Appraisal report is submitted to the Trust Board. A draft of the audit process has been submitted to the Deputy Chief Medical Officer by the Medical Staffing Manager. Action for next year: Continuation of reporting to the Board.

Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation: Kent and Medway NHS and Social Care Partnership Trust	
Total number of doctors with a prescribed connection as at 31 March 2022	**133**
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	**106**
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	**18**
Total number of agreed exceptions	**8**

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

No agreed exceptions

1

Agreed Exceptions

8 - 4 were Long Term Sick, 3 Career Breaks and 1 Maternity Leave.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

KMPT has a process in place to ensure timely recommendations are submitted to the GMC. The R.O. is supported by the Deputy Chief Medical Officer/ Deputy Revalidation Officer and the Revalidation Team. Action for next year: This process is to be continued.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Prior to the revalidation date there is discussion with doctors where deferral / non-engagement maybe an issue. Support is offered to facilitate any outstanding actions. In line with GMC recommendations, correspondence is sent to all relevant doctors when a recommendation has been submitted to the GMC or indeed a deferral is made. Action for next year: To continue to ensure support mechanisms in place.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

The trust has established good systems and processes in place to ensure effective clinical governance of doctors. The Heads of Psychiatry roles to ensure robust medical management structures have been created in the organisation. Also, the introduction of the Clinical Directors roles offers senior clinical leadership to all services in the organisation. Action for next year: To continue to review effectiveness of the systems and processes already in place.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Effective systems are in place and information is easily accessible to all doctors via the Revalidation Lead/Revalidation Co-ordinators and Medical Staffing. Action for next year: Continuation of the above.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

A Trust policy is in place which is in line with the MHPS policy (Maintaining High Professional Standards). Action for next year: Continue as above

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Monthly Decision-Making Unit (DMU) meetings are established which are overseen by the R.O. or Deputy R.O./Revalidation Lead with input from the Director of HR. The Deputy R.O./Revalidation Lead meets with the Revalidation Team on a weekly basis. Quarterly Medical Staffing report is submitted to the Workforce and OD Committee which is a Board sub-committee. Action for next year: Continue as above.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

There is a process in place for timely R.O. to R.O. sharing of information.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.
[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

There is a regular review of processes at the Decision-Making Unit (DMU) meetings. Discussion of individual cases with high-level South East region R.O. and quarterly discussions with GMC Liaison Officer are in place.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Recruitment checks are carried out in line with GMC guidance.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

General review of actions since last Board report

Section 1.3 An accurate record of all licenced medical practitioners with a prescribed connection to the designated body is always maintained

Action – Ongoing review of use of system.

Outcome – The SARD system previously adopted allows KMPT to record accurate and up to date Revalidation Compliance. This is further bolstered by use of GMC connect.

Section 1.4. All Policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action – A date to be agreed for a further audit in 2022.

Outcome - Quality assurance audit is currently underway.

Section 1.6. A Process is in place to ensure Locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another

organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action – To continue with the above.

Outcome – This is an ongoing process. Each locum doctor working in the organisation is job planned to have 1PA protected for CPD activities.

Section 2a.1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action - Trust doctors have been advised to use the Appraisal 2020 model for the current round of appraisals.

Outcome – The Appraisal 2020 model (in line with Appraisal 2022 guidance issued by NHSE) is in use.

Section 2a.2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action - There are agreed plans/timelines for completion of outstanding appraisals for those doctors not on Sabbatical/Long term sick.

Outcome – Any outstanding appraisals have planned timelines for their completion.

Sec 2a.3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action – There is a review process in place with aim to complete by December 2022.

Outcome – Review process will be completed in December and taken to LNC for ratification and will be reflected in SARD.

Sec 2a.4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action – Annual Refresher training for Appraisers and training of new appraisers.

Outcome – There is a large cohort of appraisal at KMPT. New appraiser training has been held through MIAD this year and refresher training dates are scheduled in 2022.

Sec 2a.6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the board or equivalent governance group.

Action – continue reporting to Board.

Outcome – as detailed in this report.

Sec 3.1. Timely recommendations are made to the GMC about the fitness to practice of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action – Continue with this process.

Outcome – Ongoing with no deferrals in recommendation for revalidation.

Sec 3.2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted

Action – To continue to ensure support mechanisms in place.

Outcome – Ongoing and closely monitored at the monthly DMU Part I meeting.

Sec 4.1 This organisation creates an environment which delivers effective clinical governance for doctors

Action – To continue to review effectiveness of the systems and processes.

Outcome – Continuous review in place via the monthly DMU Part I and DMU Part II meetings.

Sec 4.3 There is a process established for responding to concerns about any licensed medical practitioner's fitness to practice, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practice concerns.

Action – Policy is currently being reviewed.

Outcome – Ongoing and closely monitored by the DMU Part I and DMU Part II meetings.

Sec 4.4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.

Action – review the reporting process and content of report to ensure analysis includes protected characters. Further more detailed analysis to be undertaken.

Outcome – The report is submitted to Workforce and Organisational Development Committee including referrals to the GMC.

- **Current Issues**
- Detailed under new actions.

- **New Actions:**
  - Setting up refresher appraisal training for consistent standards and to improve peer support among appraisers. This will be linked into I-learn.
  - Revalidation Software going out to tender by Procurement Team.

Overall conclusion:

All actions since the last year's Board report has been completed.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

NHS England
Skipton House
80 London Road
London
SE1 6LH

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Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	24th November 2022
Title of Paper:	Review of governance documents: Standing Orders and Standing Financial Instructions
Author:	Tony Saroy, Trust Secretary, Nick Brown, Deputy Director of Finance
Executive Director:	Helen Greatorex, Chief Executive

Purpose of Paper

Purpose:	Approval
Submission to Board:	Statutory

Overview of Paper

A paper setting out the proposed changes to the Trust's Standing Orders and Standing Financial Instructions following their annual review.

Items of focus

The Trust's Standing Orders, Delegation of Powers and Standing Financial Instructions have undergone their annual review with a total of 4 changes recommended and one item that is currently being actioned. The Trust Board last approved the Standing Orders and Standing Financial Instructions in November 2021. The Board approved some changes to the Standing Orders at its September Board meeting.

Governance

Implications/Impact:	The Standing Orders and Standing Financial Instructions are a statutory requirement for all NHS Organisations
Assurance:	Significant
Oversight:	Oversight by Trust Board

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Review of Standing Orders, Delegation of Powers and Standing Financial Instructions

1. On an annual basis, the Trust Secretary and the Deputy Director of Finance carry out a review of the Trust's Standing Orders and Standing Financial Instructions respectively to ensure that they remain fit for purpose for the Trust as well as meeting any regulatory requirements.

2. Previously, a full review of the Standing Orders and Standing Financial Instructions ('SOs & SFIs') took place in Autumn 2020, with minor amendments made and approved by the Trust Board in November 2021. Further minor changes to the SOs & SFIs were made and approved in March 2022 and September 2022.

3. The Audit and Risk Committee reviewed the requested changes to the Trust's Standing Orders and Standing Financial Instructions on the 14th November 2022 and endorsed the changes.

4. The Trust Board is requested to approve the changes as proposed.

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Key Changes Requested for Approval

SO/SFI number	Current wording	New wording/Change/Action	Reason
5.5	The Trust has a central Board Assurance Framework, which is documented and tabled at Trust Board meetings held in public. There is also a Risk Management Strategy which is available on the Trust website.	We have requested that the latest Risk Management Strategy is uploaded to the Trust Website	This has been completed.
23.4	Chief Finance and Resources Officer or nominated officer will approve services up to £75,000; The Executive Assurance Committee will approve all services from £75,001 to £250,000; The Finance and Performance Committee will approve services from £250,001 to £750,000; The Board shall approve all services over £750,000.	Chief Finance and Resources Officer or nominated officer will approve services up to £75,000; The Transformation Board will approve all services from £75,001 to £500,000; The Finance and Performance Committee will approve services from £500,001 to £999,999; The Board shall approve all services over £1,000,000.	The proposal is to increase the level at which a business case is taken to committees to £500,000. This will enable the committee to focus on the key decisions impacting on the Trust. The approach has been benchmarked against local Trusts is at the lower ends of those benchmarks.
25.6.6	NEW - To provide clarity and ensure that we are not creating unnecessary administrative processes.	A single tender waiver will be required in circumstances where the cumulative total of expenditure with an individual supplier in any financial year is more than £25,000 (excluding VAT). For example, if goods or services are procured totalling £14k and then a further purchase of £5k is made with the same supplier then an STW will not be required for the additional purchase. However, it should be noted that	The STW process considers the cumulative position of low level tenders when considering the need for a STW. This means a relatively small award can trigger the process. This gives an administrative pressure to an individual for a relatively small value.

SO/SFI number	Current wording	New wording/Change/Action	Reason
		requirements cannot be knowingly split in order to avoid a quotation process.	
25.7.3	At least three written quotations, with at least one quote from a Kent and/or Medway based business, must be obtained where the total estimated contract value is between £15,000 and £49,999.	At least three written quotations, with at least one quote from a Kent and/or Medway based business, must be obtained where the total estimated contract value is between £15,000 and £49,999 (excluding VAT) for goods and services contracts and between £15,000 and £100,000 (excluding VAT) for Works Contracts.	The change relates to works contracts, reasoning being that works contracts have a higher legislative threshold than goods and services. Due to the nature of the market and number of providers undertaking an open tender above £50,000 creates an administrative burden for the internal stakeholders as well as making the opportunity less attractive and therefore competitive to the market.
25.7.4	A full competitive procedure must be conducted where the total estimated contract value is £50,000 and above. This must be undertaken electronically and advertised on Contracts Finder. This must include published award criteria and a full set of procurement documents including a draft contract.	A full competitive procedure must be conducted where the total estimated contract value is £50,000 and above for goods and services contracts and £100k and above for Works contracts. This must be undertaken electronically and advertised on Contracts Finder. This must include published award criteria and a full set of procurement documents including a draft contract.	
Throughout	Reference to 'NHSI'	To be changed to 'NHSE'	
Throughout	The name of the 'Executive Assurance Committee'	To be changed to 'Transformation Board'	

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STW Exceptions

All of the below suppliers will be exempt from needing an STW;

University of Bradford – Payment of fees for modules and courses
Canterbury Christ Church University – Payment of fees for modules and courses
My Dementia Improvement Network – Licences & Software
NHS Providers – Subscriptions, Workshops & Conferences
University of Greenwich – Payment of fees for modules and courses
University of Brighton – Payment of fees for modules and courses
Royal College of Psychiatrists – Subscriptions
NHS Confederation – Subscriptions & conferences
Wellbeing Collective – Coaching sessions for our staff
ACAS – Education courses
Relate – Therapy sessions (Health Education England provide direct funding)
Picker Institute Europe – NHS Staff Survey
Insights Learning & Development ltd – Train the trainers for accreditation
HMCTS Medway Magistrates court – Court proceedings & custody screenings
Kings College London – Family therapy (Health Education England provide direct funding)

All NHS Trusts exempt from STW's.

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	24th November 2022
Title of Paper:	Register of Board Members Interests – November 2022
Author:	Tony Saroy, Trust Secretary
Executive Director:	Helen Greatorex, Chief Executive

Purpose of Paper

Purpose:	Noting
Submission to Board:	Regulatory Requirement

Overview of Paper

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

Issues to bring to the Board's attention

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

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

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

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

Governance

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

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Register of Board Members Interests – November 2022

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
November 2022

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

		including a number of Trade Unions active in the Health sector. (Walkers Solicitors do not act for the NHS but clients do negotiate with the NHS – declared to ensure full transparency). Catherine is Chair of an advisory and scrutiny Panel of the National Employment Savings Trust (' NEST') Corporation. NEST is the pension auto enrolment vehicle used by KMPT for workers who are not members of the NHS pension scheme. Catherine is holds judicial appointments with the Social Entitlement Chamber and the Health Service Products (Pricing Cost Control and Information) Appeals Tribunal
Kim Lowe	**Non-Executive Director**	Kim is also a Non-Executive Director at Kent Community Health Foundation Trust. Lay member – University of Kent Chair of the Board of Trustees University of Kent Academies Trust start Nov 2020
Mickola Wilson	**Non-Executive Director**	None declared
Sean Bone-Knell	**Non-Executive Director**	None declared
Peter Conway	**Non-Executive Director**	Non-Executive Director – Kent Community Health NHS Foundation Trust
Asif Bachlani	**Associate Non-Executive Director**	None declared
Helen Greatorex	**Chief Executive Officer**	Partner Member of the Kent and Medway Integrated Care Board from July 2022
Donna Hayward-Sussex	**Chief Operating Officer**	None declared
Sheila Stenson	**Chief Finance and Resources Officer and Deputy Chief Executive**	Sheila is the Chair HFMA Kent, Surrey and Sussex
Afifa Qazi	**Chief Medical Officer**	None declared
Andrew Cruickshank	**Chief Nurse**	None declared
Sandra Goatley	**Chief People Officer**	None declared

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**24th November 2022**
Title	**Quality Committee Report**
Author	**Simone Clarke, Executive Assistant**
Presenter	**Catherine Walker, Senior Independent Director and Interim Committee Chair**
Executive Director Sponsor	**N/A**
Purpose	**For Noting**

Matters to be brought to the Board's attention

- The committee were informed of the new 'Transitioning from Depot Clinics to Low Intensity Treatment Service' as presented by the Head of Services for CRCG. It was noted that all the community teams within the CRCG have Wellbeing Clinics (Depot and Clozapine clinics) that patients attend on scheduled days to receive their medication and to have their mental and physical health needs monitored and supported. Low Intensity Support Teams (LIST) have been planned to be piloted in Medway CMHT within the next three months.

  Main functions of the LIST:
  - To provide clinical service to non-CPA adults with severe mental illness.
  - To provide a medication service for these patients which cannot be provided by the GP.
  - To provide 3 monthly contact and yearly psychiatric reviews.
  - To have a smaller caseload within the CMHTs to allow for more focused clinical intervention time for patient who require this.

  The recruitment day for Medway CMHT LIST will be held on Saturday 19th November 2022. QC suggested to Head of Services that the question of whether LIST will work weekends and evenings should be considered in terms of both staffing and service needs.

- The committee were informed of the CQC Community Mental Health Patient Survey results. KMPT's response rate was 23% which was 1% above average and which is within an acceptable range compared to the majority of the other trusts that commission IQVIA. However, it must be noted that the overall response rate for all trusts including KMPT declined.

  Items of concern:
  - The Trust's performance has declined from the previous survey (2021)
  - The majority of scores sit in the lowest scoring 20% of trusts - 17 scores
  - The minority of scores sit in the intermediate scoring 60% of trusts - 13 scores
  - 19 scores are declining, 3 scores are improving and 8 remain the same

  The report indicates that focused work is required to engage and support community patients in key areas that will be developed through the Community Mental Health transformation work and monitored via the Quality Committee.

- The committee were informed of the Quality Review undertaken in the Community Mental Health Teams (CMHT) by the Performance and Quality Lead at the request of the Chief Operating Officer. The CMHT were identified as the area to have the most significant gaps in quality. It was noted within the report a recommendation that CliQ checks should not be used as way of identifying individual poor performance as is current practice in some teams.

  The committee discussed that although CliQ checks have improved the standards, these have been continually added to and it may be that a more intelligence-driven system is required to give

assurance on how teams are performing. It was noted that a further paper will be produced by December 2022 with a recommendation regarding CliQ checks as the committee was reluctant to move to a decision to change the use/ assurance function of CLIQ check without full consideration.

Items referred to other Committees (incl. reasons why)
• The committee referred the concerns regarding Bridge House retiring and other staff getting prompt access to NHS Professionals (NHSP) to WFODC. This is linked with issues with NHSP of valued volunteers/ex-staff who are highly experienced unable to book onto shifts.

The Quality Committee was held on 14th November 2022. The following items were discussed and scrutinised as part of the meeting:

1. Quality Impact Assessments
2. QIA Group Purpose
3. Quality Risk Register
4. Quality Digest
5. CQC Report
6. Strategic Delivery Plan Priorities
7. Quality Review Report
8. Care Group Presentation – 'Transitioning from Depot Clinics to Low Intensity Treatment Service' Waiting Lists Update
9. Serious Incident Report
10. Mortality Report Q2 2022/23 (inc. Medical Examiner Role update)
11. Operational Hot Spots and verbal Waiting List update
12. Promoting Safer Services Strategy – Progress Report
13. Suicide Thematic Report
14. Memory Service Demand Programme
15. Patient Participation and Involvement Report
16. CQC Community Mental Health Patient Survey

The Board is asked to:

1) Note the content of this report.

Mortality Report Q2 2022-23

1. INTRODUCTION

1.1 The expectations in relation to reporting, monitoring and Board's oversight of mortality incidents is set out in National Quality Board's 'Learning from Deaths' guidance (March 2017), and builds on the recommendations made by the MAZARS investigation into Southern Health (Dec 2015), the CQC report 'Learning, Candour and Accountability publication' (Dec 2016) and the Learning Disabilities Mortality Review (LeDeR) which is managed by NHS England. This is further reflected in our local policies and procedures to ensure we discharge our duties effectively, and as such the Committee would be familiar with the report history and purpose.

2 MORTALITY SCRUTINY

2.1 The Trust Wide Serious Incident and Mortality Review Panel (TWSIMRP) continues to meet twice a week to review all mortality incidents reported on Datix. The membership has been consistent and includes Care Group SI leads, Information Governance, medical input and subject matter experts as necessary.

2.2 Mortality incidents are further scrutinised by the Mortality Review manager, to allow analysis across the Trust and identification of themes and trends.

3 ANALYSIS OF INFORMATION

3.1 In Q2, a total of 275 mortality incidents were reported on Datix. The graph (1) below shows the figures relating to mortality that have been reported since July 2021. This includes natural causes, expected and unexpected deaths of patients. Incidents relating to mortality have again decreased in Q2. When data is compared to the Q1 2022/23 Mortality Report, there has been a 14% decrease in mortality reported incidents (321 reported in Q1 2022/23). The number of Datix Death notifications reported (as part of the data reconciliation work) have decreased in Q2 2022/23, with a total of 25, compared to 81 in Q2 2022/23. This could have contributed to the reduction in mortality incidents we have seen in this quarter.

3.2 The number of COVID–19 deaths has again remained low in Q2, with a total of 13 reported. The number of STEIS reported mortality incidents in Q2 was 23. This compares to 13 in Q1 2022/23. There has been an increase in STEIS reported mortality incidents for each care group this quarter, with community recovery reporting their highest number over the five quarters.

3.3 As previously highlighted to the Board, the figures will continue to fluctuate depending on the timing of updating patients' records on the national spine by General Practitioners. The vast majority of these incidents were reported by Older Adults' community teams and would have been people who had previous contact with community teams and from areas in the county with a high proportion of older people and also with more nursing or residential homes. As shown in graph 7, the number of mortalities in older adult patients is consistently higher than any other service.

3.4 Whilst the cases are reported as a death of the patient, it does not mean that the death was attributable to the organisation or that there were care or service delivery concerns. They are reported to enable a review by the Serious Incident and Mortality Panel to assure the organisation and external bodies, including families as necessary, that there were no contributory factors relating to the death of the patient. In the event that any additional learning points are identified, the individual incidents are reviewed and action

is taken to prevent reoccurrence. This can include further review in the form of a Structured Judgement Review or a Root Cause Analysis/Learning Review.

Graph 1 Mortality reported cases

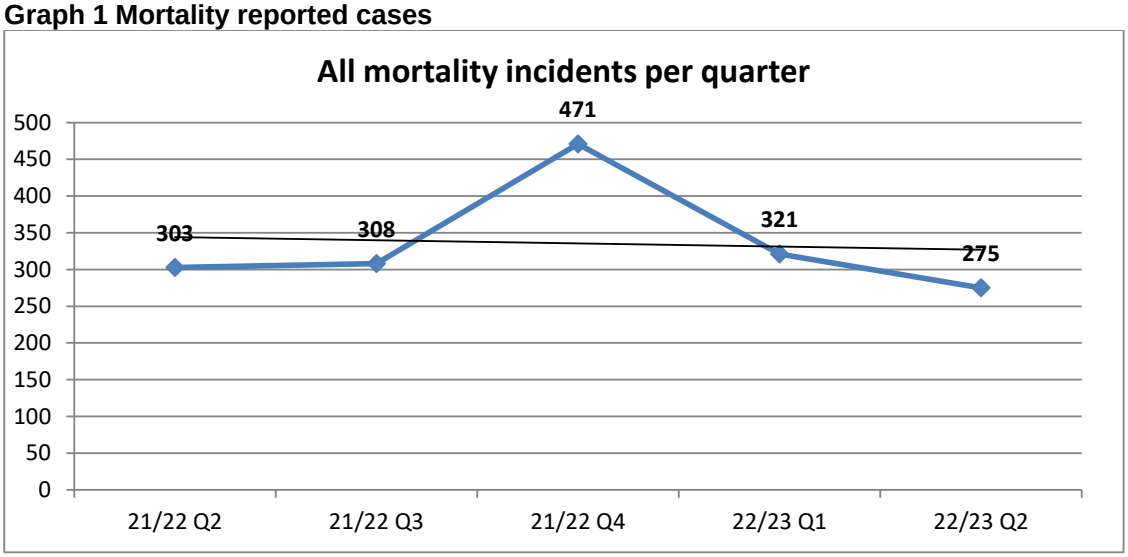


Table 1 Number of mortality incidents and serious incidents relating to suspected or confirmed suicide

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
Suicide (actual)	2	2	3	0	1	3	2	4	0	1	4	2	3	28
All Deaths reported on Datix	107	91	97	120	174	152	144	123	107	91	88	90	97	1481

3.5 Graph (1) shows all mortality incidents reported on Datix while Table (1) indicates the number of all mortality incidents and suspected or confirmed suicides of patients reported by month. Of the total incidents for Q2, 3.2% of deaths of patients are suicide or suspected suicide related. This compares to 1.5% reported in the previous quarter. The average number of deaths for the 13 months above was 114 per month. For this quarter (Q2), there was an average of 92 per month. This is a slight decrease from the previous quarter, with an average of 107 per month in Q1 2022/23.

3.6 On review of the suspected suicide incidents, over the 13 months, Community Recovery Services are the highest reporters. In Q2 2022/23, the number of suspected suicide incidents has increased, with a total of nine, compared to five in Q1. Where the number of suicides showed little change in previous quarters (sitting between five and seven each quarter), the Q2 data does suggest that suicide numbers have increased and will need to be monitored in the coming months. There were no suicides reported for Acute and Forensic services in this quarter.

3.7 Of the nine suspected or confirmed suicide incidents reported in Q2 2022/23, seven patients were under Community Recovery services at the time of their death, and two patients were under Older Adult services. This indicates that suicide for both care groups has increased, compared to the previous quarter (five for Community Recovery and zero for Older Adults). Community Recovery continues to see higher numbers of suicide, compared to any other care group. This is not unusual, All nine suspected suicides have been reported on STEIS as a serious incident.

3.8 Analysis by age and gender

Table 2 and 3, below, show all deaths recorded on Datix by age and gender

Age Band	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	Total
100+	2	1	1	1	2	**7**
90-99	47	42	72	53	46	**260**
80-89	102	103	179	112	68	**564**
70 to 79	58	62	101	62	65	**348**
60 to 69	28	26	30	23	32	**139**
50 to 59	28	30	28	26	19	**131**
40 to 49	21	23	31	21	20	**116**
30 to 39	8	13	15	18	15	**69**
20 to 29	9	5	13	4	8	**39**
10 to 19	0	3	1	1	0	**5**
Unknown	0	0	0	0	0	**0**
Total	**303**	**308**	**471**	**321**	**275**	**1678**

Table 3 Deaths reported on Datix by gender and age

	100+	90-99	80-89	70-79	60-69	50-59	40-49	30-39	20-29	10-19
Male	1	19	36	37	19	12	14	10	4	0
Female	1	27	32	28	13	7	6	5	4	0

Table 4 COVID-19 deaths by gender

	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Total
Female	0	2	2	2	5	2	2	3	2	2	2	2	0	26
Male	3	3	1	1	1	1	4	1	1	0	2	4	3	25
Total	3	5	3	3	6	3	6	4	3	2	4	6	3	51

3.8.1 As stated in previous reports, the vast majority of incidents relate to older people living in the community, in particular, those over 70 years of age, residing in residential or nursing homes and presenting with co-morbidities. In Q2 there have been 10 incidents where the criteria for Structured Judgement Review (SJR) was met. Six for the Older Adult Care Group, three for Community Recovery Services and one for Acute Services. The majority of cases met the SJR criteria due to a diagnosis of psychosis during the patients last episode of care. Findings from completed reviews are detailed on page 12.

3.8.2 We continue to see low numbers of mortality from COVID-19. A total of 13 COVID-19 deaths occurred in Q2 2022/23. These either relate to patients who died in the community or in an acute hospital. One patient died in the acute hospital after contracting the virus on a KMPT older adult inpatient ward. This is subject to a root cause analysis.

3.8.3 When data is analysed for reported deaths within KMPT according to gender, indications are that figures of mortality in men are usually higher than in women. The number

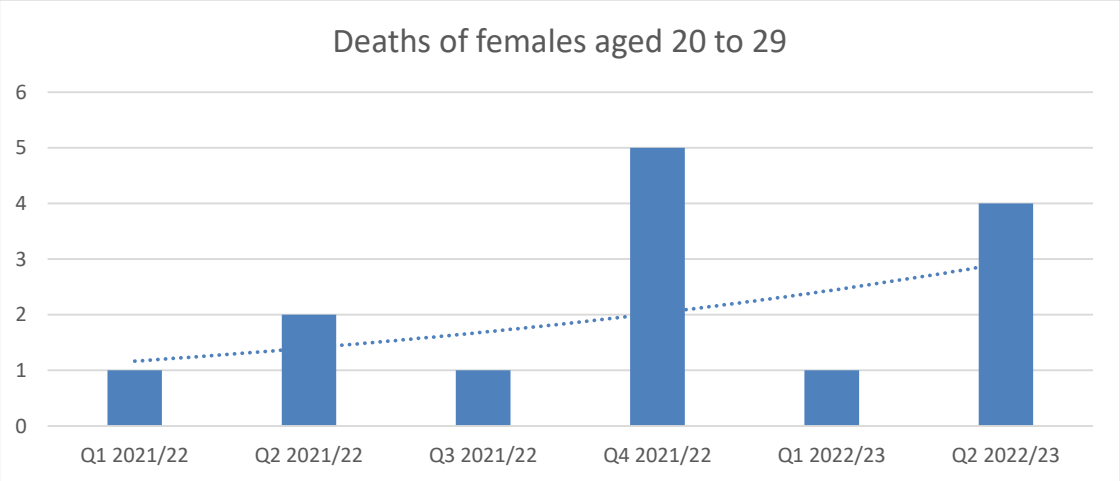
of deaths of males was higher in Q2, with a total of 152, compared to 123 of females. The Q2 2022/23 data shows that the vast majority of patient deaths was due to natural causes, including deaths of patients living in a care home or nursing home, and of patients who died in an acute hospital, unrelated to their mental health condition. The overall figures of mortality are higher in older adults, with 72% of the total mortality incidents reported in Q2 2022/23 relating to patients over the age of 65.

3.8.4 In Q2 there were no mortality incidents relating to patients under the age of 20 years old. The data suggests that we there has not been an increase in mortality of patients in this age category, with one death reported in each of the previous two quarters (Q1 2022/23 and Q4 2021/22).

3.8.5 Where the Q1 mortality identified a slight increase in mortality for patients aged 30 to 39, the numbers have again reduced in Q2. The numbers will continue to fluctuate through the months and will be monitored for any outliers or trends and themes. The number of deaths in most age categories has reduced, which is to be expected due to the overall reduction of incidents reported this quarter. However, mortality incidents in patients between the age of 20 to 29 has increased, as shown in Table 2, with a total of eight reported, compared to four in Q1. All eight incidents have been downgraded to an incident following review and discussion in the Trust-wide SI and Mortality Panel, as no care or service delivery issues were noted.

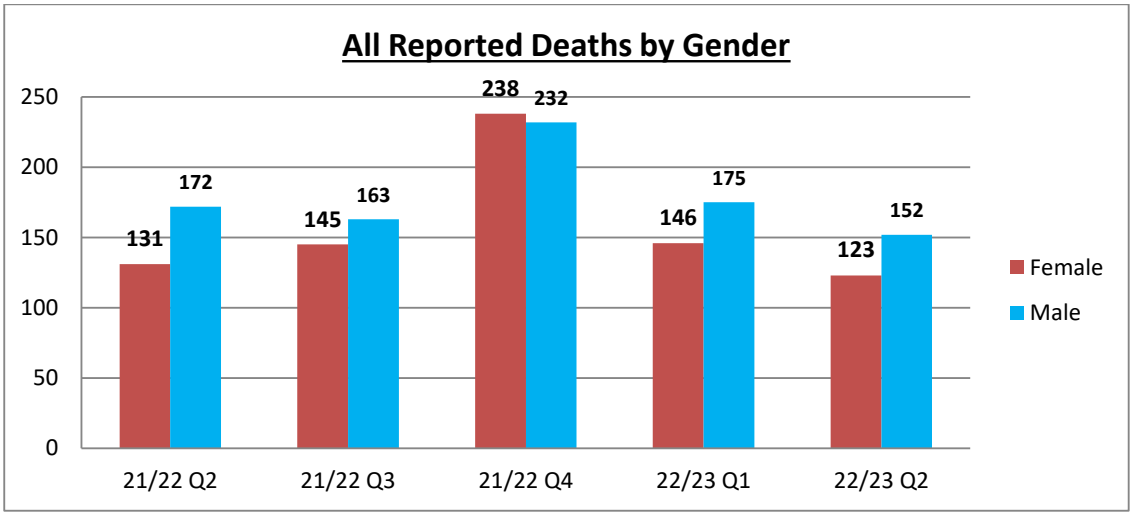
3.8.6 Mortality in females aged 20 to 29 has been reviewed in the previous mortality reports, due to the noticeable increase in incidents in Q4 2021/22. As shown in Graph 2, the numbers did reduce in Q1. For the purpose of continuity, the figures have been reviewed and compared to the Q2 data. As shown, the figures have again increased.

Graph 2 Mortality in females ages 20 to 29



3.8.7 The Q2 data shows that the female patients were in their early-mid-twenties. Three patients were of white-British ethnicity and one was unknown. All four cases were downgraded to a low level incident following review and discussion of the care provided in the Trust-wide SI and Mortality Panel, as no care or service delivery issues were identified. One patient died from suspected natural causes due to a terminal diagnosis. Three patients died unexpectedly and it is suspected that this was due to self harm, although not confirmed. A separate review of younger female deaths will be undertaken by the Patient Safety team to gain a better understanding of any trends and themes relating to morality in this age category.

Graph 3 All reported mortality incidents within KMPT by gender of patients



3.8.8 In Q2, the nine cases of suspected suicide by age and gender were as follows in table 5.

Table 5 Suspected suicides by age and gender

Age	Male	Female
10 – 19 years	-	-
20 – 29 years	-	-
30 – 39 years	1	-
40 – 49 years	2	-
50 – 59 years	-	2
60 – 69 years	2	1
70 – 79 years	1	-
80 – 89 years	-	-
90 – 99 years	-	-

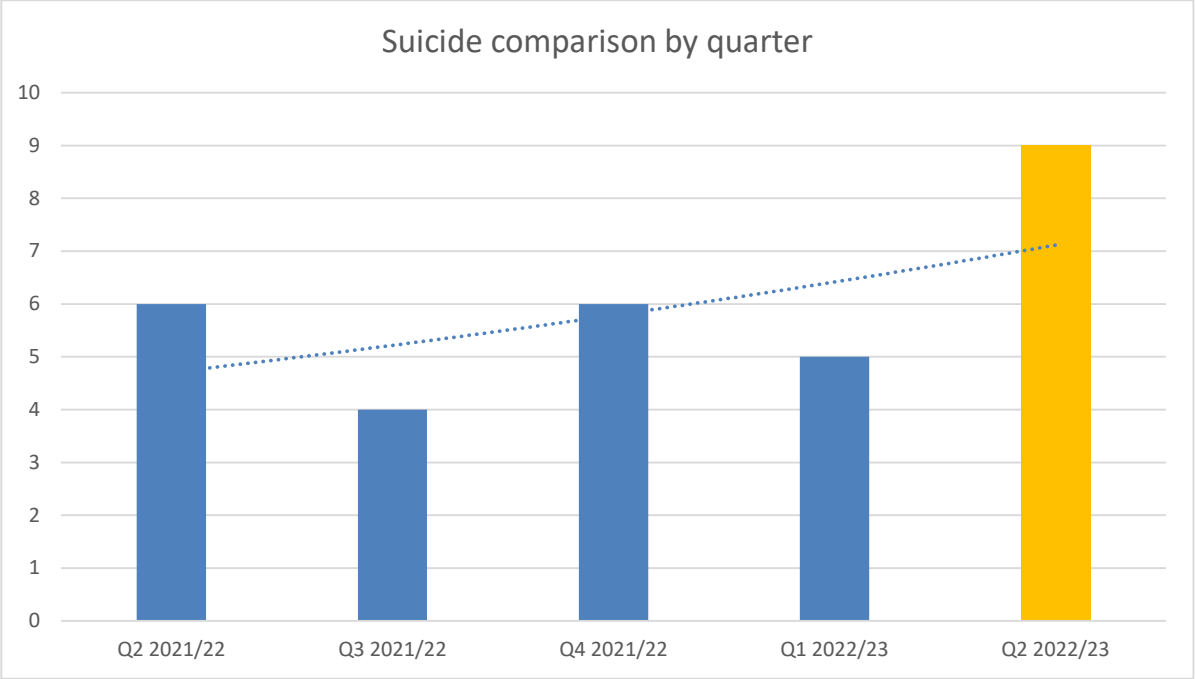
3.8.9 Nine suspected suicides were reported in Q2. This is an increase of four when compared to the Q1 report. When reviewing the ages, we know from the National data that suicide in middle aged males (aged 40 to 54) is typically higher and there are known risk factors for this patient cohort that KMPT are aware of. Previous mortality reports indicate that although there are some consistencies with regards to certain patient age groups, this does fluctuate most months, as demonstrated in the table below. Seven of the nine suspected suicides were for patients open to a community mental health team for working age adults. Two patients were open to older adult mental health services.

Table 6 common ages for suicide by quarter

	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23
Male	20-29	20-29	20-29 60-69	N/A	40-49 50-59
Female	N/A	N/A	40-49	50-59	50-59

NB. Where N/A is stated, this either means that there were no suicides or there was not an outlier for age in that particular quarter.

Graph 4 suicide comparison by quarter



3.8.10 A review of the suspected/confirmed suicides reported each quarter has been undertaken, to understand if the increase is reflective of previous data. As shown, the number of incidents has risen.

3.8.11 Much like the Q1 mortality report, two female patients who died from suspected suicide were in their fifties in Q2. One patient is believed to have died from a fatal overdose, and one died from hanging. Both patients were open to a different community mental health team at the time of death and the incidents have been STEIS reported.

3.8.12 KMPT recently participated in a study facilitated by the National Confidential Inquiry into Suicide and Homicide (NCiSH), by providing real time surveillance (RTS) into suspected/confirmed suicides for patients during the COVID-19 pandemic (2020 to 2022). This study has now concluded and findings published in the latest 2022 NCiSH report. A summary of the findings are as follows:

- The majority of patients were male
- 47% of the deaths were in people aged under 45
- The most common method of death was hanging/strangulation (41%), followed by self poisoning (16%)
- The most common diagnoses were affective disorders (bipolar disorder and depression; 29%, and personality disorders,12%)
- The majority of the suspected suicide deaths occurred under community settings, rather than acute or crisis care settings
- Social factors relating to the pandemic were identified, such as anxiety (30%), isolation or loneliness (30%) loss of job or other financial stressors (16%)
- Almost a third (31%) of patients who experienced anxiety and almost a quarter (23%) of patients reported as having experienced isolation or loneliness were over 65 years of age
- Almost half (47%), of the patients whose deaths were notified to NCiSH, had experienced disruption to mental health care as a result of the pandemic, most often disruption to regular support (i.e. support that the patient was receiving prior to the pandemic)

3.8.13 The NCiSH will soon be introducing a new study for patients whose deaths occurred in the closet proximity to services; in-patients and those recently discharged from in-patient care. KMPT will participate in this study if required.

3.9 Mortality review by ethnicity
Table 7 Deaths by ethnicity

	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	Total
Bangladeshi	0	0	0	1	0	1
Black African	0	0	1	1	0	2
Black Caribbean	0	0	1	0	1	2
Chinese	0	0	0	0	0	0
Indian	0	1	2	1	0	4
Mixed white and Asian	1	1	1	1	0	4
Mixed white and black African	0	0	0	1	0	1
Mixed white and black Caribbean	0	0	1	1	0	2
Not stated	24	42	50	32	31	179
Other Asian	1	4	1	2	1	9
Other Mixed	1	0	1	2	0	4
Other ethnic category	1	2	1	2	0	6
Pakistani	0	0	0	0	0	0
White - British	269	248	404	271	238	1430
White - Irish	1	0	2	2	0	5
White - other white	5	10	6	4	4	29
Unknown	0	0	0	0	0	0
Total	303	308	471	321	275	1678

3.9.1 The majority of the incidents relate to people who are from a white–British background. This is consistent with the local population profile being predominantly white-British. On reviewing the Black Asian and Minority Ethnic (BAME) deaths, there were two in Q2 2022/23, compared to eight in Q1 2022/23. Of the BAME deaths in Q2 2022/23, both relate to patients who died unexpectedly.

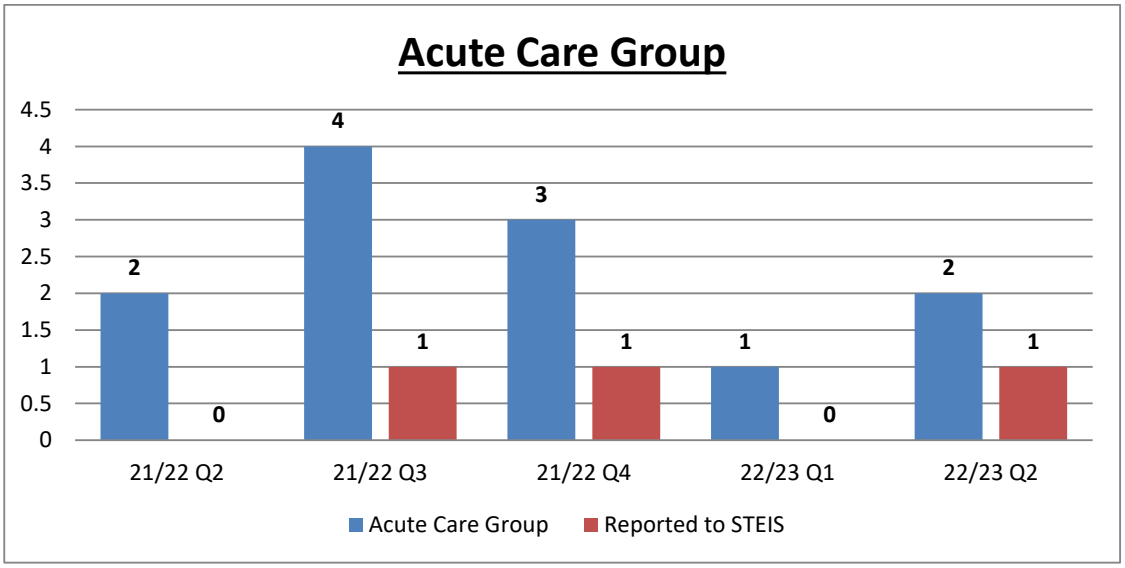
3.9.2 One of the BAME deaths has been STEIS reported. This relates to a 50 year old Asian male, who was under a community mental health team at the time of death. Initial concerns relate to managing the patient's self neglect, substance misuse and documentation of care plan and risk assessment.

3.9.3 Of the 275 incidents reported on Datix during Q2 2022/23, 11% had no ethnicity recorded compared to 10% in Q1.

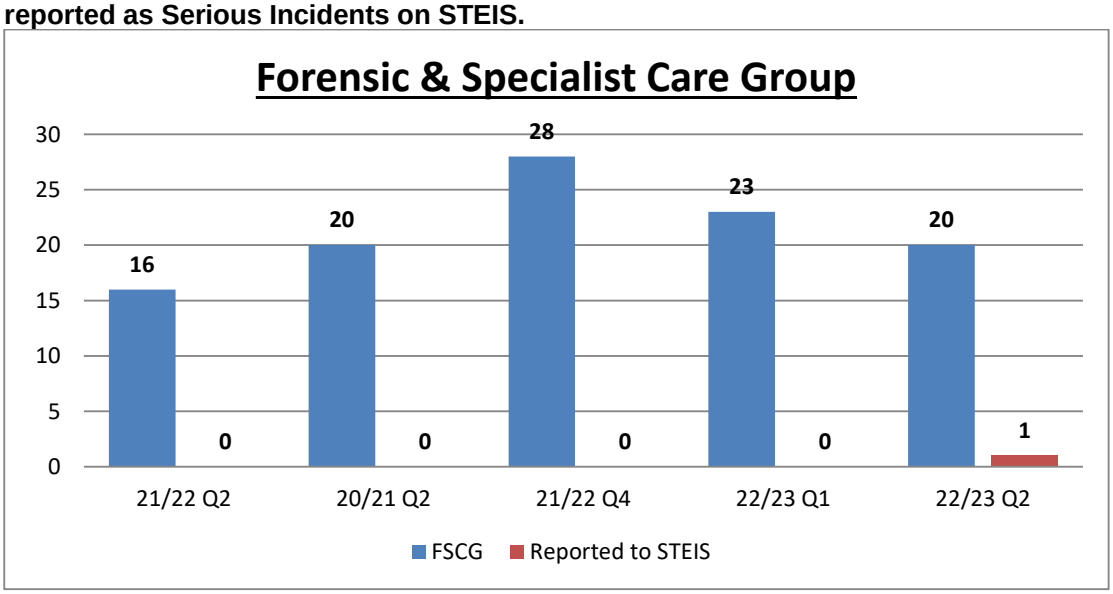
4 Serious Incidents and LeDeR cases

4.1 The following graphs (5 to 8) show the mortality incidents reported for the period 01/07/2021 to 30/09/2022 by Care Group. All mortality related serious incidents are subject to Root Cause Analysis investigation as per national framework and KMPT policy.

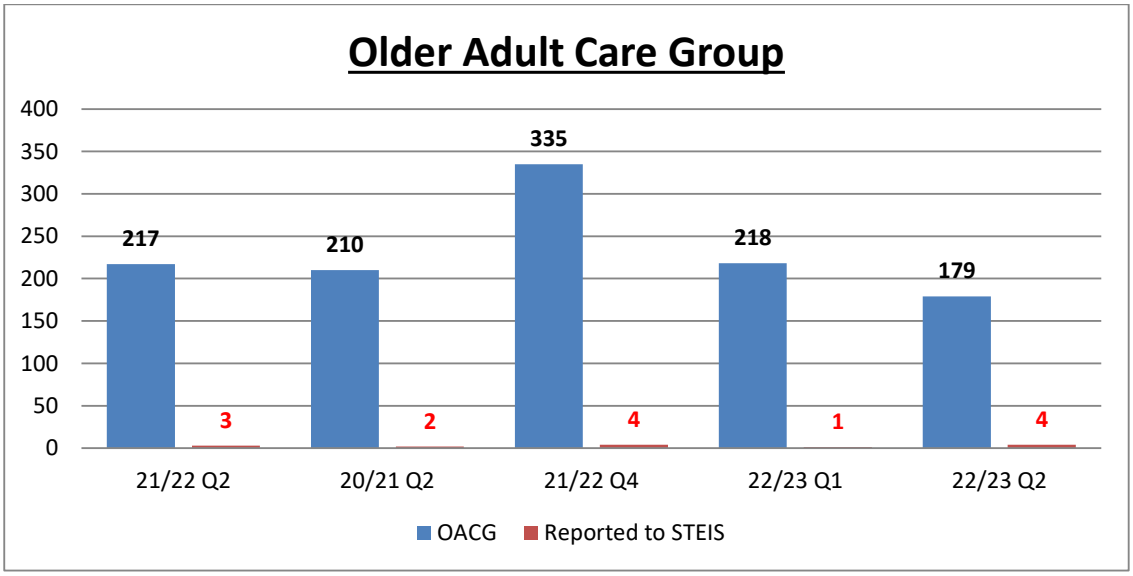
Graph 5 Mortality by Acute Care Group and numbers of those reported as Serious Incidents on STEIS.



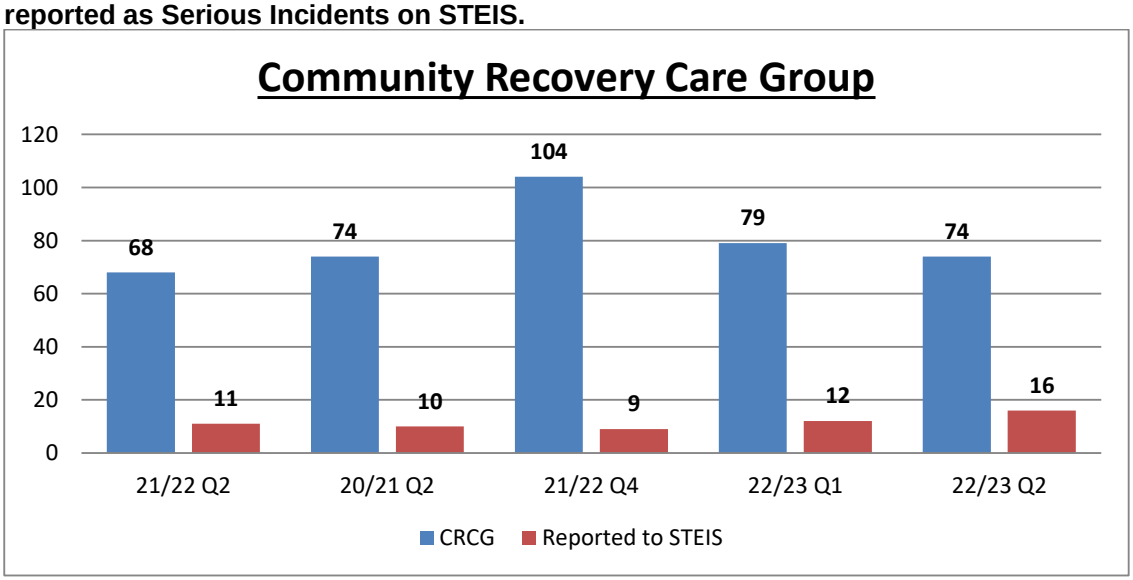
Graph 6 Mortality by Forensic and Specialist Care Group and numbers of those reported as Serious Incidents on STEIS.



Graph 7 Mortality by Older Adult Care Group and numbers of those reported as Serious Incidents on STEIS.



Graph 8 Mortality by Community Recovery Care Group and numbers of those reported as Serious Incidents on STEIS.



4.2 A total of 23 mortality serious incidents were reported in Q2, compared to 13 in Q2. The percentage of serious incidents compared to overall mortality in Q2 is 8%, this compares to 4% in Q1. The data shows that serious incidents relating to mortality have increased in every care group. Community Recovery STEIS reported incidents have significantly increased over the course of three months, reporting more in Q2 than any other quarter, as shown in Graph 8.

4.3 When reviewing the mortality figures for community recovery reported in Q2, 22% of all mortality incidents for the care group have been declared as a serious incident. This is 7% higher than the previous quarter (Q1) and 13% higher than Q4 (2021/22).

4.4 On review of the 23 Serious Incidents relating to mortality that were reported on STEIS in Q2, nine relate to suspected/confirmed suicide. Three patients died in an acute hospital following transfer from a KMPT inpatient ward. Each incident is different in situation and relates to a different care group:

- **Older Adult Care Group** - The patient died in the acute hospital from complications of COVID-19, after contracting the virus on an older adult ward.

- **Acute Care Group -** The patient died in the acute hospital following an episode of self harm, where they swallowed a teabag on a KMPT ward.

- **Forensic and Specialist Care Group -** The patient died in the acute hospital following a deterioration in physical health.

4.5 The remaining STEIS reported incidents relate to patients who have died unexpectedly, where the cause of death has not been confirmed, but gaps in care meet the criteria for investigation. All serious incidents are in the stages of investigation; however, initial findings and concerns have been listed below:

4.6 Initial learning from the STEIS reported cases are as follows:

Concerns identified for cases relating to unexpected death:

- Documentation and communication with external agencies (5)
- Safeguarding, including self neglect (4)
- Physical health checks- antipsychotic (2)
- Physical health checks general (2)
- Exploration of suicide at recent contact
- Management of suicide/self harming risk (3)
- Active review pathway (2)
- Management of substance misuse
- Unclear plan of care following assessment
- Lack of or method of contact with the patient (4)
- Additional support offered to a patient (veteran and historical abuse)

Concerns identified for cases relating to suicide incidents:

- Lack of or method of contact with a patient (3)
- Medication monitoring and advice (2)
- Additional support offered given known risk factors for suicide (2)
- Discharge decision (2)
- Consideration of risk factors and action taken with regards to this (2)
- Potential lack of consideration of a patient's mental health history
- Interface between KMPT services
- Risk management for a patient on the IIOC pathway
- Transfer of care
- ART pathway
- Risk assessment and crisis care plan

4.7 Management of safeguarding, including self-neglect was a common area of concern for patients where the cause of death is not yet known. Physical health monitoring was also a common area. Documentation and communication with external agencies was highlighted in five cases. Management and exploration of suicide and self-harm risk has also been identified in multiple cases. It is recognised that there is some work to be done to improve the management of risk for patients who present with self-harm/suicide triggers.

4.8 In Q2, three mortality incidents were reported to LeDeR, as per the national guidelines for reporting learning disability and autism deaths. All patients were of white-British ethnicity, two patients male and one female. Two patients were over 65 years old. One incident, relating to a 31 year old male who died from suspected suicide, has been STEIS reported and is currently in the process of investigation.

4.9 As previously stated, KMPT are continuing to work with LeDeR to improve engagement with families. This is working well so far and compliance is monitored via the Duty of Candour panel, held weekly.

5. STRUCTURED JUDGEMENT REVIEW LEARNING

5.1 There have been no Serious Incidents to come from SJRs in Q2 2022/23. Learning points have been identified for cases, using the SJR method, which has been shared with patient safety leads and care groups.

5.2 The most common “red flag” criteria that prompted the SJRs is:

- Diagnosis of psychosis during the patient’s last episode of care.

5.4 Some common areas of learning identified in Structured Judgement Reviews are so far are:

Good care:

- Physical health monitoring for Clozapine patient (noticed improvement compared to recent incidents)
- Timely referral to an external service (eating disorder)
- Timely assessments
- Carer involvement
- Timely response by lead HCP when patient’s increased agitation was noted
- Timely allocation of care coordinator
- Good communication with the MDT

Areas for improvement:

- Copying and pasting of notes
- Chasing/monitoring ECG results from GP
- Plan to review a patient did not go ahead (2)
- External support offered to patients when suicidal risk factors/triggers are identified
- Patient not contacted as per ART policy
- Follow up medic appointment was not booked
- Delays in documenting rationale for switching an antipsychotic to oral
- Delays in informing the GP of medication changes
- Staff shortages led to a missed opportunity to discuss patient in Red Board
- Lack of face to face review due to COVID-19
- Gap in contact with the patient
- Unclear documentation to confirm if a safeguarding was raised.

5.5 When we compare the learning identified in recent reviews to those completed in Q1 2022/23, we can see that there are some similarities in the findings. These mostly relate to ECG monitoring/liaising with the GP and gaps in contact (due to staff shortages). One SJR in Q2 did however highlight positive care in that physical health was well monitored and managed for a patient on an antipsychotic.

6. THE MEDICAL EXAMINER

6.1 As stated in the Q1 Mortality Report, NHS England and NHS Improvement submitted an application under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2022 ('section 251 to support') to process confidential information without consent. The approved application can be found on the Health Research Authority's website. When the statutory medical examiner systems commences, it is expected that organisations will add medical examiners to the list of persons with a right to access to patient records in the Access to Health Records Act 1990. We understand that for KMPT the numbers will be small in comparison to the deaths reported.

6.3 The Mortality Review Manager is working with the ME leads for each ME office across the county, in developing a process for referring deaths to the ME, to share learning and to enable easy and efficient access to our healthcare records (RiO). Updates on this will be fed into the relevant Trust-wide meetings. Once a process is agreed, a flow chart will be developed to provide step by step guidance for staff to follow, in the rare event that a KMPT death will need to be referred to the Medical Examiner.

7. CONCLUSION AND NEXT STEPS

7.1 Mortality incidents recorded on Datix have again decreased in Q2 2022/23 and is thought that the reduction in Datix Death notifications (as part of the data reconciliation work) has had an impact on our numbers.

7.2 Reported suspected/confirmed suicides have risen in Q2, with a total of nine reported, compared to five in Q1 2022/23.

7.3 STEIS reported mortality incidents have increased in every care group this quarter, with Community Recovery reporting 16 this quarter (this is more than any quarter over the 13 month period).

7.4 Most age categories have seen a reduction in Q2, which is to be expected given the overall reduction in mortality incidents reported this quarter. However, deaths of patients between the ages of 20 to 29 has slightly increased from four (Q1) to eight (Q2). All eight incidents have been reviewed in the Trust-wide SI and Mortality Panel, where no gaps in care have been identified and therefore the criteria for STEIS has not been met. Four patients were female (in their early to mid-twenties), and four patients were male (in their early to late twenties).

7.5 The Mortality Review Manager will continue to work with the Medical Examiners in Kent, in preparation for the roll out of the Medical Examiner process in Mental Health.

7.6 The Mortality Review Manager will work closely with the patient safety team and suicide prevention trainer to improve practice with regards to suicide prevention.

7.7 The Trust will continue to review mortality incidents through the Structured Judgement review process and relevant thematic reports and share the learning as necessary.

Title of Meeting	Workforce and Organisational Development Committee (WFODC)
Meeting Date	15th November 2022
Title	Workforce & OD Committee (WFODC) Report
Author	Kim Lowe Chair of WFODC
Presenter	Kim Lowe, Chair of WFODC
Executive Director Sponsor	Sandra Goatley, Chief People Officer
Purpose	Assurance

Matters to be brought to the Board's attention

Positive Assurance:

- Forensic and Specialist Care Group presentation: a good report on their challenges and achievements. In the high-level summary provided, it was reported a month on month increase of sickness since July. The reasons reported, staff are feeling stressed/anxious and depressed. The Committee was assured that wellbeing and meaningful conversations are taking place with staff members to see what further support is required. The Care group is revisiting their management tools for managing absence to ensure the support is aligned with the requirements needed. Managers are being encouraged to have meaningful conversations, especially around flexibility, when doing the return to work meetings. The Committee has requested a deeper dive into the rise in sickness due to work pressures or home life pressure especially with recent rise of cost of living so that we can ensure we are considering any support that might alleviate this.
- The Care Group is focussing on staff who work remotely to ensure the connection between teams across the organisation are in place and they don't feel disconnected from one another due to Hybrid working.
- The Care Group outlined the strengthening of the team has improved with several away days and skill mixing with positive feedback. Collaborative working across Care Groups, supporting patient pathways and team development of protocols. This includes a big improvement in psychological safety and escalations.

Issues of Concern:

- Trevor Gibbons Unit (TGU) Estates – The care group reported a long-standing concern regards to the building and the daily impact it is having on the workforce when working in some challenging environments. This makes the normal day to day routines more difficult.

Training

- Non-Complaint essential training: There are a number of training targets which still remain red and reporting low, especially Clinical Risk Assessment training due to a member of staff retiring. The Suicide Prevention Trainer has picked this training up which is being delivered whilst we recruit. There are mitigations in place, but the Committee would like assurance of when these areas will be compliant and has asked for a report on this in January 2023. The Care Groups are doing risk assessments to ensure we do not have any shifts without staff trained on the wards. As an organisation overall, we are compliant on essential training but there are key areas where we fall below the target which need addressing.

Allied Health Professional (AHP) Workforce

- A report was shared with the Committee sharing the work that has been done to recruit and retain AHPs. There is further work to do to enhance the AHP contribution to the organisation, this will ensure robust recruitment and retention of the AHP workforce now and in the future. If action is not taken forward then this will have an impact on the wider workforce and ability to provide good quality and safe care to patients and carers. The recruitment of an AHP Workforce Lead has ensured a focus on the AHP Workforce reviewing the risk and opportunities. It is important to note that without dedicated AHP Workforce Lead the AHP Leadership team does not have the capacity to continue this work. It was agreed that the recommendations would be taken to the Executive Management Team for consideration.

Ethnicity Dashboard

- It was reported Violence and Aggression is still high in the workplace, regionally and nationally too. It was also reported that Violence and Aggression is being under reported on DATIX. The Equality and Diversity Manager plans to meet with the DATIX team to see how we can report differently which may help with getting a true representation of incidents that are occurring. At the moment we believe we are under reporting

- EDI will work closely with Forensic Care Group to look at the pilot they have run and trial this in another care group. Forensic Low secure commissioned research via one their psychologists who is a lecturer at University of Kent to conduct the impact of racial abuse towards staff from patients and put a report together along with recommendations. There were approximately 27 BAME staff in service interviewed. In addition to this, the QI Team are launching a similar project, and plan to send out a survey to all staff asking specific questions around racial abuse towards staff. The Equality and Diversity Manager will then work with the QI Team and marry up the two projects and centralised them to obtain data on the number of incidents reported and unreported across all the Care Groups. By achieving this we can then develop actions to address this behaviour and develop accountabilities using a restorative just and learning approach.

Approvals

- Review of KPI targets proposing adjustment

YEAR	21/22 Target	22/23 Target	Trust end of Year 21/22	Current Position	Proposed adjustments
Turnover	9%	9%	12.7%	13.3%	From 9% to 12.5%
Retention	90%	87%	83.2%	83.7%	From 87% to 86%
Vacancy Rate	11.85%	10%	15.7%		From 10% to 16%

Items referred to other Committees (incl. reasons why)

- None

The Workforce and OD Committee was held on 15th November 2022. The following other items were discussed and scrutinised as part of the meeting:

1. Sickness Absence Deep Dive
2. Revised Workforce KPIs
3. HR Risk Register
4. Forensic and Specialist Service Car Group Presentation
5. WFODC Main Report
6. Strategic Delivery Plan Priorities
7. Freedom to Speak Up
8. AHP Report
9. Ethnicity Dashboard
10. WFODC Workplan

Title of Meeting	Board of Directors (Public)
Meeting Date	24th November 2022
Title	Mental Health Act Committee (MHAC) Report
Author	Kim Lowe, Chair of MHAC
Presenter	Kim Lowe, Chair of MHAC
Executive Director Sponsor	Dr Afifa Qazi, Chief Medical Officer
Purpose	Assurance

Matters to be brought to the Board's attention
• Progress on Associated Hospital Managers (AHM) Recruitment • Liberty Protection Safeguards (LPS)

Items referred to other Committees (incl. reasons why)
• None

MHAC met on 10th October 2022 to consider:

Significant assurance:

- Chief Medical Officer's Report
- MHLOG Report
- Mental Health Act Monitoring Report
- Report from Associate Hospital Managers

Reasonable assurance:

- MCA Audits
- Liberty Protection Safeguards

Limited assurance:

- None

Progress on AHM Recruitment

Three new Associate Hospital Managers have been successfully recruited. All three managers have experience in mental health, one had retired from a lay position within the mental health tribunal, one is an experienced manager who has relocated to south east and one is a retired approved mental health professional. These appointments

have been made after three of the managers decided to leave KMPT as a result of retirement or ill health.

Liberty Protection Safeguards

The Trust are in a positive place regarding planning for the pending implementation of LPS. This includes ensuring current Mental Capacity Act legislative processes are followed, policy compliance and legal literacy are embedded for assurance and safety. The training level for MCA is at 93% with targeted intervention to teams, to build a secure knowledge base and resilience in the workforce, reflecting the impact of transient staff for robust skills and legal compliance for safe patient care.

The Trust's strategy and planning has been recognised and requested by NHSEI as an example of good practice, to share on the NHSE futures platform to support other trusts to develop robust and clear action plans.

The LPS system meeting in September had to be cancelled due to the volume of apologies and this has been rearranged for the 9th November 2022. It was emphasised that it is essential that this meeting is attended by the nominated person, or is covered by an informed leader who can deliver the actions required in relation to staffing, financial, legal and operational planning.

The LPS risk is in the wider system. This is not unique to Kent and Medway. The Code of Practice is yet to be published, which does cause some issues, however the wider health system needs to develop and ensure a clear accountable framework system that will meet the Code of Practice and enable the transition from DoLS to LPS. The Head of Safeguarding has asked the ICB to add this to the ICB risk register, until there is assurance that this is being managed effectively due to the substantial legal changes and responsibility placed on providers.

Note to: KMPT Board
From: Peter Conway
Date: 14.11.22
Subject: Audit & Risk Committee (ARC) meeting on 14 November 2022

Area	Assurance	Items for Board's Consideration and/or Next Steps
Risk Management and BAF	*Limited Assurance*	1)BAF - good developmental progress being made but some weaknesses remain regarding Clinical Groups' understanding and risk calibration. One risk recommended for removal (Retention) whereas ARC recommends a further 4 (IT Infrastructure Refresh - 6 current rating vs 4 target), Maintenance Service Funding Availability - 12 current rating = target rating), Financial Planning - 9 current rating vs 6 target) and Trust Strategy Implementation = 6 current rating vs 4 target) 2)Memory Assessment Demand - trend is adverse from current rating of 16 because of lack of ICS leadership/progress 3)Trust Risk Register - verbal assurance received regarding mitigation progress of 2 estates risks (both 15 current ratings) 4)Risk Deep Dive on energy - positive assurance received regarding financial risks (small in year and £1.8m in 23/34 - mitigation will require as yet unidentified usage reductions) and power cut/rota preparedness
Financial Reporting	*No Assurance*	No attendees from Grant Thornton
Financial Controls	*Substantial Assurance*	1)Single Tender Waivers - continued demonstration that the process is well managed 2)Losses, Special Payments and Write-Offs - satisfactory
(1) Internal Controls - Auditors	*Reasonable Assurance*	1)2x Limited Assurance audits - ICT Mobility Security and CMHSOP Referral to Assessment Process: Management responses on both are considered to need additional actions, pace and focus. Both will be followed up by Exec then re-audited before the issue of TIAA's Annual Opinion in May 2023 2)Minor change to Audit Plan agreed (Retention of Staff Audit delayed into next year and replaced by follow-up audits of the 2 above) 3)Anti-Crime: Trust Non-Purchase Order spend identified as bottom quartile. Actions in place to address and an update will come to ARC in 6 months
(2) Internal Controls - Trust	*Limited Assurance*	1)Information Governance: Good progress especially with records management. Data Quality Group attendance remains poor and more clinical input sought 2)Trust Policy Effectiveness and Compliance - 92 (28% of the current total of 332 policies) overdue with no date for completion. Most of these arise in HR. Plain English

		and brevity of policies remains work-in-progress and being addressed through a new e-learning package
Governance	*Reasonable Assurance*	1)Review of Standing Orders, Delegation of Powers and Standing Financial Instruction: some sensible increases to 4 financial items agreed and 1 minor change to risk assurance
Other		ICS financial pressures are substantial and increasing. Sheila will keep the Board advised

Note to: KMPT Board
From: Peter Conway
Date: 17.11.22
Subject: Charitable Funds Committee (CFC) meeting on 16 November 2022

Inaugural meeting of the CFC following approval of (1) the Charitable Funds Governing Document on 1 February 2022, and (2) the CFC Terms of Reference on 18 August 2022. Submission of registration of ''Health, Heat and Hope at KMPT'' to the Charity Commission (CC) was made on 16 September and approval is awaited (expected mid December 2022).

The set-up of the Charity has taken longer than expected and it is not yet fully operational. The planned official launch in November is now delayed to February 2023. The £25k injected to date has just been exhausted and further funding will be required to meet salary costs.

Area	Assurance	Items for Board's Consideration and/or Next Steps
Outcomes	*No Assurance*	Funds raised to date c£5500 (includes Webbs Garden sales £2900), spend on charitable activities £nil. NHS Charities Together membership (which provides access to funds eg. Captain Tom monies not yet disbursed) not available until CC approval is received.
Activity	*Limited Assurance*	Limited activity and low profile being maintained pending CC approval. Action Plans to be updated, a Communication Plan produced and further preparatory work progressed eg. networking with other NHS charities
Risk Management	*Limited Assurance*	Non-standard Risk Register. One risk identified (insufficient funds) now an issue
Internal Controls, Regulatory Compliance, Legal Compliance and Governance	*Reasonable Assurance*	3 bespoke policies (Data Protection, Fundraising and Grant Making) in the course of being agreed. Trust Secretariat will provide quarterly assurance of legal, regulatory and Governing Document compliance going forward
Financial Performance, Reporting and Controls	Reasonable Assurance	Year 1 reporting will be limited and not audited because of the size of the charity. Finance engaged and liaising with Grant Thornton. Management Reporting in place.