AGENDA

Kent and Medway NHS and Social Care Partnership Trust

Title of Meeting Trust Board Meeting (Public)
Date 28th January 2021
Time 09:30 to 11:30 (including 15 minute break)
Venue Boardrooms A & B, Farm Villa and video-conferencing

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/20-21/142	1.	Welcome, Introductions & Apologies		Verbal	Chair	09:30
TB/20-21/143	2.	Declaration of Interest		Verbal	Chair	
PERSONAL STORY						
TB/20-21/144	3.	Covid vaccinations - KMPT's vaccinator experience	FI	Verbal		09:40
STANDING ITEMS						
TB/20-21/145	4.	Minutes of the previous meeting – 26/11/2020	FA	Paper	Chair	09:50
TB/20-21/146	5.	Action Log & Matters Arising	FN	Paper	Chair	
TB/20-21/147	6.	Chair's Report	FN	Paper	JC	10:00
TB/20-21/148	7.	Chief Executive's Report • Mental Health Improvement Board	FN	Paper	HG	
STRATEGY						
TB/20-21/149	8.	Brilliant Care Through Brilliant People - KMPT organisational strategy 2020-2023	FA	Paper	VB2	
TB/20-21/150	9.	Strategy Delivery Plan 2020/21 Performance Update	FN	Paper	VB2	
OPERATIONAL ASSURANCE						
TB/20-21/151	10.	Integrated Quality and Performance Report – Month 9	FD	Paper	HG	10:25
TB/20-21/152	11.	Finance Report: Month 9	FD	Paper	SS	10:45
TB/20-21/153	12.	Mental Health Act Committee Chair Report	FD	Paper	VB	10.50
TB/20-21/154	13.	Workforce and Organisational Development Committee Chair Report	FD	Paper	KL	
TB/20-21/155	14.	Quality Committee Chair Report • Mortality Report Quarter 3	FD	Paper	FC	
TB/20-21/156	15.	Integrated Audit and Risk Committee Chair Report	FD	Paper	PC	
TB/20-21/157	16.	Finance and Performance Committee Chair Report	FD	Paper	MW	
GOVERNANCE						
TB/20-21/158	17.	Infection Prevention and Control Board Assurance	FA	Paper	MM	11:15
TB/20-21/159	18.	Any Other Business			Chair	
TB/20-21/160	19.	Questions from Public			Chair	11:20
	Date of Next Meeting: *25th February 2021*					

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

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

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

Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)
Minutes of the meeting held at 0930 to 1210hrs on Thursday 26th November 2020
Via Videoconferencing

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

Item	Subject	Action
TB/20-21/105	**Welcome, Introduction and Apologies** The Chair welcomed all to the meeting, which was livestreamed. No apologies were received. Several members of staff joined the Board meeting through video-conferencing.	
TB/20-21/106	**Declarations of Interest** No declarations of interest were made.	
TB/20-21/107	**Personal Story; Liaison Psychiatry** Dr Adam Kasparek, Consultant Psychiatrist in Liaison Psychiatry, and Dr Helen	

Item	Subject	Action
	Creed, GP, were welcomed to the meeting. Dr Kasparek set out an example personal story that highlighted how effective joint working between primary care and secondary care can be for patients. The patient story described how patients frequently attending primary care and A&E for physical illness may also be experiencing mental ill health and showed that a multi-agency multi-disciplinary team can produce a holistic approach to a patient's care needs. This in turn can significantly improve the patient's experience and reduce their need of primary care and secondary care. The Board reflected on the presentation and the positive feedback endorsing this way of working from Dr Helen Creed. The Board was pleased to hear that the Trust is taking forward its use of the CQUINN model: "Improving services for people with mental health needs who present to A&E" for the benefit of its service users. Doctors Kasparek and Creed were thanked for joining the Board	
TB/20-21/108	**Minutes of Previous Meeting** The Board **approved** the previous minutes as an accurate reflection of the meeting.	
TB/20-21/109	**Action Log & Matters Arising** The Board **agreed** the Action Log as it stood.	
TB/20-21/110	**Chair's Report** The Board received the Chair's report and **noted** the Chair's report. On behalf of the Board, the Chair formally thanked TP, RA and MB for their years of service on Trust Board noting that today was their last board meeting after serving eight years each.	
TB/20-21/111	**Chief Executive's Report** The Chief Executive's Report was received by the Board. The Board noted that: • The Trust had been ready for the possibility of the second national lockdown and continued to sustain Business as Usual as far as possible. Members of staff are regularly reminded of safe working practices to reduce risk to a minimum. • Although staff members and members of the public are not at present able to physically attend Board meetings, the Trust has been proactive in publishing details of Board meetings and inviting questions from staff and the public electronically. • The CQC (today) is on its second day of a 2-day inspection and the Trust will be receiving feedback from the inspection in due course. The Board **noted** the Chief Executive's Report.	

Item	Subject	Action
TB/20-21/112	**Integrated Care System (ICS) accreditation submission** The Board received ICS accreditation submission paper with a request for the Board to approve the Sustainability and Transformation Partnership (STP) Budget. The Board noted that it had considered a fuller set of papers within the Diligent reading room. The Board reflected on the risk if the STP Budget is not approved as well as the benefits if the STP Budget was approved. The Board **approved** the STP Budget. *Wilf Williams, Accountable Officer - Kent & Medway CCG joined the meeting*. The Board was updated regarding the status and function of the ICS. NHSE/I is receiving today a paper on ICS arrangements and clarity will be given on the direction of travel for those arrangements. However it is clear that the ICS will not be making decisions upon any matters that are sovereign to any NHS organisation; the role of the ICS is to facilitate collaboration between Trusts and to support the delivery of services. The Board discussed the governance framework for the ICS and the level of involvement from a Non-Executive perspective. It was felt that whilst there is a need to avoid over-governance, there was merit in having Non-Executive engagement. WW noted the significance and importance of the Mental Health Improvement Board, endorsing its approach to ensuring that the mental health, learning disability and autism agenda is not diminished due to the significance of challenges facing some of the local acute trusts. The Board **noted** the ICS accreditation submission paper. *Wilf Williams left the Board meeting.*	
TB/20-21/113	**People Strategy** The Board received the updated People Strategy for approval. SG highlighted to the Board the changes that have occurred as a result changes within the National People Plan. The Board reflected on the changes and **approved** the People Strategy.	
TB/20-21/114	**Integrated Care System Mental Health Improvement Board Update** The Board received an update paper on the Integrated Care System Mental Health Improvement Board. There had been significant changes in the architecture of the health and social care system across Kent and Medway, including the creation of four Integrated Care Partnerships, the Primary Care Networks and more recently the Integrated Care System. The Board noted the development of the newly formed Mental Health Learning	

Item	Subject	Action
	Disability and Autism Improvement Board ('MHLD&A Improvement Board') which will help to ensure that mental health remains a priority across the system. In terms of the MHLD&A Improvement Board, the Board reflected on the six priorities; • Learning Disability and Autism • Dementia Care • Children and Young Peoples Services • The Community Mental Health Framework and Transformation • Mental Health Urgent and Emergency Care • Out of Area Specialist Placements …and the role KMPT will play within the system. The MHLD&A Improvement Board was currently focussing on Learning Disability & Autism and Children and Young People Services. The Board concurred that the MHLD&A Improvement Board benefits the wider system as it acts as provides an opportunity to develop a single streamline pathway for mental health in the county, promoting innovation and best practice as well as ensuring that our service users are consistently well served wherever they reside. The Board **noted** the Integrated Care System Mental Health Improvement Board Update. The Board agreed to receive a monthly update.	
TB/20-21/115	**Recovery and Transform Update** The Board received an update on the Trust's Recovery and Transform Programme, which was taken as read. The Board focussed on key matters within each of the four tangible transformations: • Demand and Capacity; • Psychological Support and Staff Health and Wellbeing; • Agile Working; and • Digitally Enabled Care. <u>Demand and Capacity</u> The Board agreed that there is a need to set a target for the percentage of work that will be undertaken not in person (video and telephone) perhaps circa-50%. Whilst noting that there is a need for bespoke targets for different services and teams, the Board considered that a target would add value. There will be patients whose needs are best met through in-person interventions and the Trust will continue to meet those needs as required. **Action: SS/JMG to produce target rates for the proportion of video and telephone contacts per team/service within the January 2021 Recovery and Transform Update paper.** The Trust's Community Mental Health Teams had moved to 8am-to-8pm, 7-days a week model during the first national lockdown. Since the end of the first lockdown, the Trust has operated some evening and weekend work. Funding has been secured through the Mental Health Investment Standard.	**SS/JMG**

Item	Subject	Action
	Psychological Support and Staff Health and Wellbeing The Board welcomed the development of psychological therapies support to KMPT staff as well as NHS staff across the ICS; however there was challenge the Trust's proposed delivery of support, to ensure that the third sector was commissioned to work in partnership with us wherever possible. The Executive Management Team will take that matter forward. Agile working The Board noted that there were good examples of agile working within the Trust, which benefited patients because of the ability to work with other organisations in a multi-disciplinary way. As part of the Recovery and Transform programme, the Trust is looking at ways that clinical staff can benefit from agile working. Currently agile working is more established within the Trust's support services where working from home occurs more frequently. Digitally enabled care Discussions focussed on the importance of maintaining confidentiality whilst allowing digitally enabled care. The Board was informed of the Trust's Standard Operating Procedures, which took into account confidentiality matters, and examples were given of how confidentiality is maintained. The Finance and Performance Committee shall receive regular updates on the procurement exercise regarding Attend Anywhere or an alternative platform, with the Board to receive an update in February. **Action: SS to update the Board in February 2021 regarding the procurement of a digital platform for initial interventions.** The Board **noted** the Recovery and Transform Programme update.	**SS**
TB/20-21/116	**Integrated Quality and Performance Report – Month 7** The Board received the IQPR and the Board considered the 'Areas of Concern' from each of the IQPR's sections. Safe • In terms of Restrictive Practice, there were 146 incidents in October, an increase of 14 from September. There were 11 prone restraints in October 2020, a decrease from 13 in September. Staff members review all restraints and the reason for restraint use is the case mix, particularly on male wards, where acuity has led to the need for restraint. Effective • The number of days used in out of area placements has increased from 88 in September to 195 in October. There were seven male patients in an Out of Area PICU placement, three of those patients had since been repatriated to a KMPT bed or discharged. The increase in Out of Area PICU use is due to acuity and delays within the Prison pathways. The Deputy Medical Director	

Item	Subject	Action
	reviews the use of non-commissioned PICU provision so that the Trust remains assured. • In respect of the proportion of patients with a valid CPA Care Plan or Crisis Plan, the data is above the IQPR targets at 98.8% - a slight improvement from the August and September data sets. <u>Workforce</u> • Sickness rates have gone up slightly, but if those with Covid-19 related illnesses were discounted, the staff sickness rate would be below target. <u>Finance</u> • Dealt with in Finance Report section. <u>Caring</u> • Noted by the Board. <u>Responsive</u> • The Board reflected on Appendix B to the IQPR, which set out a Data Quality Update in relation to on-going concerns around our performance in this area. A number of the actions will be completed by December, enabling a fuller paper to come to January Board regarding the proposed next steps. **Action: SS/JMG to produce a detailed paper for January 2021 setting out the progress made and solutions achieved regarding the Data Quality issues detailed in Appendix B of the November IQPR.** The Board noted the Integrated Quality and Performance Report.	**SS/JMG**
TB/20-21/117	**Finance Report: Month 7** The Board received the Finance Report (Month 7), with the following matters highlighted: • **Income and Expenditure:** In light of the financial architecture, KMPT is continuing to report a breakeven position. Patient Care Income is included as advised nationally, with an additional £4.0m year to date to reflect additional COVID-19 related costs, and £1.7m top up to deliver breakeven. • **Agency:** Agency spend has remained high since April, reflective of staffing pressures experienced due to vacancies and COVID-19, with spend this year totalling £5.2m. Of this, £0.4m is directly related to COVID-19. The draft plan indicated from NHS Improvement that the ceiling set for the Trust in 2020/21 was a reduced total of £5m (£6.1m last year), exceeding the pro rata target year to date. Analysis of the figures showed that only a proportion of the overspend is related to COVID and the Care Groups have been made aware of the need to reduce the use of agency staff where possible. • **Cost Improvement Plan:** At the end of October £1.3m of the £5.9m annual target remains unidentified, the meeting discussed the probability of achieving the target which was considered low at this stage of the year.	

Item	Subject	Action
	• **Capital Programme:** The capital programme spend was £362k in October. The year to date performance is currently £2.34m behind the year-to-date plan; with a total spend of £2.32m. • **Cash:** The new cash regime has seen the monthly block income paid one month in advance. This has resulted in the Trust holding an average of £30m cash in the bank since April. The forecast is an £7.8m cash balance at March 2021. Top up funding has been assumed to continue for the rest of the year. The Board was updated regarding the National Finance Regime, which was set using months 8 to 10 from the previous financial year. However, the Trust had moved to a favourable position in month 10 of 2019/20. The Trust has raised an issue as this has caused a financial pressure for the Trust. The impact is £5m per annum, of which £2.5m has been covered via the top up regime for months 1-6. The Trust has now received additional funding of £1.7m, but a gap still remains. The Trust continues to work with NHSE/I regarding the matter. The Board **noted** the Finance Report (Month 7).	
TB/20-21/118	**Chief Operating Officer's Report** The Board received the Chief Operating Officer's Report: The COO highlighted: • The Trust is seeking to move its Single Point of Access number from a 0300 number to a 0800 number. This would benefit service users as there will then be no charge to contact Single Point of Access. The Board **noted** the Chief Operating Officer's Report.	
TB/20-21/119	**Becoming a Non Racist Organisation (Black, Asian, and Minority Ethnic (BAME) Progress Update)** The Board received its first quarterly update from the Chief Executive on the Trust becoming a non-racist Organisation. Simon Cook, the KMPT BAME Network Chair had addressed the Trust Board at its June public meeting, following the killing of George Floyd and the Black Lives Matter protests. At that meeting, Simon made a number of requests of the Board in terms of promoting BAME matters within the Trust. In response to Simon's challenge, the Trust had added to its work programme ensuring that his requests were explicitly captured and responded to. The Board was informed of the Trust's progress against the action plan, with updates being themed to the 7 requests contained in Simon's letter. The Board noted progress towards its aim of being a non-racist organisation, noting that the tone and language in the paper helpfully set out the ambition. The Board **noted** the Becoming a Non Racist Organisation (Black, Asian, and Minority Ethnic (BAME) Progress Update).	
TB/20-21/120	**Mortality Report (Quarter 2)**	

Item	Subject	Action
	The Board received the Mortality Review Report (Quarter 2), noting that the paper had been considered in more detail at the October Quality Committee meeting. Quality Committee shall be receiving a 'deep dive' paper regarding the issue of transitions (discharges and transfers), and any link to the serious incidents over the past year. This in turn will be reviewed against the workstreams within our Suicide Prevention Strategy. The Board **noted** the Mortality Review Report (Quarter 2).	
TB/20-21/121	**Integrated Audit and Risk Committee Chair Report** The Board received and **noted** the content of the IARC Chair report.	
TB/20-21/122	**Mental Health Act Committee Chair Report** The Board received and **noted** the content of the MHAC Chair report.	
TB/20-21/123	**Workforce and Organisational Development Committee Chair Report** The Board received and **noted** the content of the WFODC Chair report.	
TB/20-21/124	**Quality Committee Chair Report** The Board received and **noted** the content of the QC Chair report. The Board noted that there is a new CQC regulatory framework, with there being more unannounced inspections which may cause CQC ratings to change.	
TB/20-21/125	**Finance and Performance Committee Chair Report** The Board received and **noted** the content of the FPC Chair report.	
TB/20-21/126	**Review of Standing Orders and Standing Financial Instructions** The Board received an amended version of the Trust's Standing Order and Standing Financial Instructions for approval. The Board **approved** the Standing Orders and Standing Financial Instructions.	
TB/20-21/127	**Register of Interests** The Board received and **noted** the Register of Interests.	
TB/20-21/128	**Board Assurance Framework** The Board received the Board Assurance Framework, which was taken as read. The Board reflected on the top four risks for the Trust, with focus being on Risk ID 6573 Demand and Capacity for Adult and Older Adult CMHTs. The Board discussed that the two services' risk may require regular review by the Board	

Item	Subject	Action
	because it may be that one of the services may mitigate quicker than the other. It was agreed that the Chair and CEO would discuss how best to place the BAF in the Board running agenda. The Board **approved** the Board Assurance Framework, including the removal of Risk ID 4996 and Risk ID 6192.	
TB/20-21/129	**Any Other Business** There was no Any Other Business.	
TB/20-21/130	**Questions from Public** There were no questions from the Public.	
	Date of Next Meeting The next meeting of the Board would be held on Thursday 28th January 2021.	

Signed …….. (Chair)

Date ……..

NHS
Kent and Medway
NHS and Social Care Partnership Trust

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 21/01/2021

Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
ACTIONS DUE IN JANUARY 2021								
26.11.2020	TB/20-21/115	Recovery and Transform Update	SS/JMG to produce target rates for the proportion of video and telephone contacts per team/service within the January 2021 Recovery and Transform Update paper.	SS/JMG	January 2021	March 2021	Agreed revised date	
26.11.2020	TB/20-21/116	IQPR (Responsive domain)	SS/JMG to produce a detailed paper for January 2021 setting out the progress made and solutions achieved regarding the Data Quality issues detailed in Appendix B of the November IQPR.	SS/JMG	January 2021	March 2021	Agreed revised date	
ACTIONS NOT DUE OR IN PROGRESS								
26.11.2020	TB/20-21/115	Recovery and Transform Update	SS to update the Board in February 2021 regarding the procurement of a digital platform for initial interventions.	SS	February 2021			
CLOSED AT LAST MEETING OR COMPLETED BETWEEN MEETINGS								
30/01/2020	TB/19-20/146	WFODC Report (FTSU activity profile and effectiveness)	CEO, SG and TS to allocate Board time for self-assessment in relation to Freedom To Speak Up	TS	Mar 2020	~~October 2020~~ November 2020	Self-Assessment exercise to be arranged with a range of Board members and Senior members of staff. Item to be closed as Board action.	Complete
24/09/2020	TB/20-21/82	Action Log & Matters arising (Recovery & Transform Work)	HG to share a table setting out which Committees have oversight over which aspects of Recovery and Transform programme. Table to be appended to the November Chief Executive's report.	HG	November 2020		Within Board pack	Complete
24/09/2020	TB/20-21/85	IQPR (Caring)	MM to include themed compliments within the Caring domain in the IQPR by November 2020.	JMG	November 2020		Within IQPR	Complete
30/07/2020	TB/20-21/63	Chief Operating Officer's report	TS to arrange for George Matuska to present Overview of Learning Disability and Autism position in Kent in October 2020.	TS	Oct 2020	November 2020	Board Seminar arranged for 26th November	Complete

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**Thursday 28th January 2021**
Title	**Chair's Report**
Author	**Dr Jackie Craissati, Trust Chair**
Presenter	**Dr Jackie Craissati, Trust Chair**
Purpose	**For Information**

1. Introduction

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

- Formal appointment as Trust Chair;
- Governance
- Approval of business case; and
- Trust Chair and NED visits.

2. Formal appointment as Trust Chair

I was delighted to be appointed this month by NHS Improvement as the substantive Trust Chair of KMPT until 31st March 2023.

"KMPT is a wonderful organisation to be part of, and I am excited to be appointed as Chair. Everyone on the Board is so proud of how the staff are working during these challenging times, and I know that this team spirit runs through the organisation's core and is one of its very great strengths. It will be an honour to lead the Board over the next few years".

3. Governance

My priority – and that of my non-executive colleagues on the Board – has been to support KMPT staff during the past two months, as well as endeavouring to do everything possible to assist our colleagues in the acute and community trusts across Kent & Medway. This has necessitated a temporary adjustment of our usual governance arrangements in order to ensure that we maintain clear assurance and oversight in relation to patient safety and infection control, whilst not overburdening senior staff with wider governance duties during this period. Committee agendas have been adjusted as a result, and we have begun a weekly Non-executive assurance meeting with our Chief Executive. Other members of the Executive will join as appropriate.

4. Approval of business case

In January, the Chief Executive and I approved a business case relating to St Martins and Priority House following consultation with two Non-Executive Directors and advice from the Trust Secretary.

5. Trust Chair and NED visits

My NED colleagues and I were able to carry out some virtual visits over the months of November 2020 to January 2021. These are listed within the table below.

Where	Who
November	
Transformation and Improvement Team	Catherine Walker
December 2020	
Swale CMHSOP	Trust Chair
January 2021	
Swale CMHSOP Red Board meeting	Trust Chair
East Kent Active Review Meeting	Trust Chair
East Kent CRHT Team Leaders Meeting	Trust Chair
Trust-wide Patient Flow Managers meeting	Trust Chair
East Kent Bed Management Meeting for Foxglove, Fern and Bluebell wards	Trust Chair
Head of Nursing meeting, Older Adults Care Group	Trust Chair
Consultants Committee meeting	Trust Chair

A number of the Board members were also present at the (appropriately socially distanced) KMPT awards ceremonies that took place in December. It was a very welcomed way of recognising the achievements of staff during a difficult year.

Kent and Medway NHS and Social Care Partnership Trust

Front Sheet

Title of Meeting	Trust Board meeting	**Date**	28 January 2021
Title of Paper	Chief Executive's Report		
Author	Helen Greatorex, Chief Executive		
Executive Director			

Purpose: the paper is for:	• **Delete as applicable**
• **Information and Noting**	

Recommendation:

The Board is asked to note the content of the report and ask any questions of the Chief Executive and her team.

Summary of Key Issues: • **No more than five bullet points**

This is the Chief Executive's thirty seventh report to the Board.

Key Items include

- Publication of the White Paper on proposed reforms to the Mental Health Act
- Celebration of the recognition in the Queen's New Year Honours List for Justine Norris, Occupational Therapist
- The sustained focus on keeping KMPT patients and staff safe from Corona Virus and the roll out of a county-wide vaccination programme

Strategic Objectives: • **Select as applicable**

☒ Consistently deliver an outstanding quality of care

☒ Recruit retain and develop the best staff making KMPT a great place to work

☒ Put continuous improvement at the heart of what we do

☒ Develop and extend our research and innovation work

☒ Maximise the use of digital technology

☒ Meet or exceed requirements set out in the Five Year Forward View

☒ Deliver financial balance and organisational sustainability

☒ Develop our core business and enter new markets through increased partnership working ☒ Ensure success of our system-wide sustainability plans through active participation, partnership and leadership
Implications / Impact:
Patient Safety: N/A.
Identified Risks and Risk Management Action: N/A
Resource and Financial Implications: N/A
Legal/ Regulatory: N/A
Engagement and Consultation: N/A
Equality: N/A
Quality Impact Assessment Form Completed: Yes/ No

Introduction

Since the Board's last meeting in November, the rise in Covid cases across Kent and Medway, in particular, and nationally has been significant. The national lockdown reintroduced on 5th January 2021 created, as anticipated, challenges both for those who use our services and for KMPT staff in providing them. As always, we have continued to focus on maintaining the safety of our services and key to this has been the licensing release and delivery of the Covid 19 vaccine from the early part of January.

Amidst an extremely busy and challenging time, there have been some truly uplifting moments of good news and celebration. Most notably these include our annual staff awards event in December and the recognition of a KMPT colleague, Justine Norris, in the Queen's New Year's Honour List.

At a national level, the publication of the White Paper proposing reforms to the 1983 Mental Health Act has been welcomed and KMPT will be contributing to the consultation process which concludes in April.

Covid-19 Vaccination Roll Out

A priority this month has been ensuring that as many KMPT staff and patients (in the priority high risk groups) as possible receive the vaccine. A carefully planned approach has been followed, in partnership with the acute trusts whose vaccination hubs have provided the venues for large scale vaccination. Many of our staff have volunteered to work in the hubs,

fulfilling a range of roles from vaccinating, to meeting and greeting and running the administrative function. Feedback from our staff has been overwhelmingly positive with many sharing how supported and valued they have felt in being personally contacted and invited to receive their vaccination.

Mental Health Improvement Board – Progress Update Established

KMPT's Board agreed in November that a new, standing agenda item would be added to its meetings, ensuring that there is a clear line of sight to the work of this still relatively newly established group. Today, the first of these regular updates is presented for information and discussion.

Chief Executives Meetings

A now well established pattern of local, regional and mental health Chief Executives' meetings continues to run. These meetings have been helpful in sharing good practice and supporting mutual aid initiatives between agencies and organisations.

Weekly Non Executives Assurance Meeting

This new weekly meeting was introduced by the Chair in early January, as a means of ensuring that Non Executives are sighted between board meetings on the impact of the pandemic on our services. Hosted by the Chair, the meeting receives an update from the Chief Executive on a number of key areas including patient safety, staff safety, emerging risks and mitigation.

White Paper – Mental Health Act (MHA)

On January 13th the White Paper on the proposed major overhaul of the MHA was published.

Four principles, developed partnership with people who use services will guide and shape the approach to reforming legislation, policy and practice. They are:

- Choice and autonomy – ensuring service users' views and choices are respected
- Least restriction – ensuring the Act's powers are used in the least restrictive way
- Therapeutic benefit – ensuring patients are supported to get better, so they can be discharged as quickly as possible
- The person as an individual – ensuring patients are viewed and treated as individuals

Key changes proposed in the White Paper include

- The person as an individual – ensuring patients are viewed and treated as rounded individuals
- Tightening criteria for detention under the act to reduce its use and disproportionate impact on certain groups.
- Expanding the role of the Mental Health Tribunal to check whether detention is appropriate.
- Introducing advance choice documents to enable people to express preferences for treatment should they become subject to the act, which clinicians must take into account.
- Putting care and treatment plans on a statutory footing, setting clear expectations for treatment.
- Strengthening safeguards around consent to the use of invasive treatments.

- Giving people the right to choose a nominated person to support them and challenge decisions rather than have a nearest relative selected for them.
- Expanding the role of independent mental health advocates to include, supporting people to take part in care planning, challenging particular treatments and applying to the Tribunal on their behalf.
- Tightening criteria for the use of Community Treatment Orders.
- Limiting the detention of people with autism or learning disabilities.

The Mental Health Act Committee will consider KMPT's response to the consultation on the White Paper before consultation closes in April.

MBE Awarded to Justine Norris

We were delighted that KMPT colleague Justine Norris, an Occupational Therapist in the North East Kent Crisis Resolution and Home Treatment Team, was awarded an MBE for services to the NHS in the Queen's New Year Honours list. The award recognised in particular Justine's outstandingly creative and person focused approach to supporting service users through lockdown. Her work is now being shared internationally and rightly so. The news release regarding Justine's award is attached and provides more detail about her work.

Annual Staff Awards

As with the majority of events in current times, our annual staff awards became virtual and took place over a week in December. Feedback from those shortlisted and those who won awards was universally positive and the award presentations were both broadcast and recorded every day. My personal thanks to our exceptionally creative and dedicated communications team whose energy and talent made the whole week a joyous celebration of outstanding KMPT colleagues.

Visits

Whilst visits to services in person are not currently possible, members of the board continue to meet staff virtually. Since the last board meeting in November visits have included virtual meetings with community and ward staff, with support staff and with those who use our services and their loved ones.

Particularly warmly welcomed were the telephone calls made by members of the board to teams who were working on Christmas Day.

A programme of coordinated virtual visits will continue for as long as required, ensuring that colleagues across the organisation retain access to contact with members of the board in spite of the current unusual circumstances.

News Release

Date: 30 December 2020

New Year Honours recognise mental health Occupational therapist Justine Norris MBE

Justine Norris, an Occupational therapist from Deal, has been recognised in the Queen's New Year's Honours list with an MBE for her contribution to mental health services, in particular during COVID-19.

On the first night of lockdown in March 2020, Justine recognised that the necessary government restrictions put in place to prevent the spread of COVID-19, would have a considerable negative impact on mental health service users in Kent and Medway. Justine swiftly pulled together a range of resources to be shared across Kent and Medway NHS and Social Care Partnership Trust (KMPT) to support patients who needed to stay at home or whose community programmes had to temporarily stop because of the restrictions.

The resource pack was quickly recognised as an essential tool that would benefit people in KMPT and beyond. Justine and her colleagues shared her resource pack across social media platforms and she was quickly contacted by people from across the world asking permission to use her resources.

So far Justine has received more than 500 requests to use the documents from Bangladesh, Canada, Hawaii, USA, Australia, Hong Kong, France and Spain (not an exhaustive list).

Justine's resources were also acknowledged by Natalie Elphicke OBE MP for Dover and Deal in the House of Commons Official Report of Parliamentary Debates.

The resources include tips covering diet, routine, activity and staying connected. Sections also include mood, anxiety management, stress relief, sleep and exercise.

Justine Norris has worked as an Occupational therapist for six years and started with KMPT on an inpatient ward before joining one of KMPT's crisis teams. She started training at University to become an Occupational therapist after her mother passed away following a battle with cancer. "I was caring for mum for some time when an Occupational therapist came to see her. She was incredible and thought about mum's needs outside of medication. I instantly knew this was something I would love to do. A friend of mine decided to go back to University to train as an Occupational therapist and asked if I would join her. I immediately thought there would be no way I could get into University at the age of 43! But we did it; we both completed University and are now practising occupational therapists. I absolutely love going to work (with my amazing team) and am positively thrilled to receive this recognition - although I still say I was just doing my job!"

Chief Executive Helen Greatorex said: "We could not be more proud of Justine. She has made an enormously positive difference to the people who use our services, to her colleagues and now to others around the world. She is a shining example of outstanding

practice in mental health and the accolade of an MBE is rightful recognition of her exceptional contribution."

Justine is a lifelong Deal resident. She is proud to share her outstanding skills with her daughter who will be following in her footsteps by training as an Occupational therapist at University in September 2021.

ENDS

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Notes to Editors

Kent and Medway NHS and Social Care Partnership Trust is the organisation responsible for providing mental health, learning disability, substance misuse and a range of other specialist services. More information about the trust can be found online at www.kmpt.nhs.uk

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Front Sheet

Title of Meeting	Trust Board meeting	**Date**	28 January 2021
Title of Paper	Mental Health Learning Disability Autism Improvement Board Update Report		
Author	Helen Greatorex, Chief Executive		
Executive Director			

Purpose: the paper is for:	• **Delete as applicable**
• **Information and Noting**	

Recommendation:
The Board is asked to note the content of the report, consider progress made against each of the six work streams and consider how it wishes to receive updates.

Summary of Key Issues:	• **No more than five bullet points**

The creation of the new, Mental Health Learning Disability and Autism Improvement Board in September 2020

Progress against each of the six work streams that the Board is overseeing

The importance of inter-agency working and full involvement of the third sector in delivering the board's aims

Strategic Objectives:	• **Select as applicable**

☒ Consistently deliver an outstanding quality of care

☒ Recruit retain and develop the best staff making KMPT a great place to work

☒ Put continuous improvement at the heart of what we do

☒ Develop and extend our research and innovation work

☒ Maximise the use of digital technology

☒ Meet or exceed requirements set out in the Five Year Forward View

☒ Deliver financial balance and organisational sustainability

☒ Develop our core business and enter new markets through increased

partnership working ☒ Ensure success of our system-wide sustainability plans through active participation, partnership and leadership
Implications / Impact:
Patient Safety: N/A.
Identified Risks and Risk Management Action: N/A
Resource and Financial Implications: N/A
Legal/ Regulatory: N/A
Engagement and Consultation: N/A
Equality: N/A
Quality Impact Assessment Form Completed: Yes/ No

BACKGROUND and INTRODUCTION

Established in September 2020 at the request of the Integrated Care System, the Mental Health, Learning Disability and Autism (MHLDA) Improvement Board agreed six key work streams. Each of the work streams was identified as an absolute priority across the county as a whole, and each of the six is in need of significant attention and leadership in order to improve current performance.

Each work stream has an overarching aim and a senior leader drawn from the multi-agency membership of the board. Over recent months, the work stream leaders have been bringing together sub groups whose job it is to deliver the required improvements.

Whilst each of the six areas could be seen to stand alone, they are interlinked and at the heart of each is the need to significantly improve the experience of those who use or should be able to use our services.

Whilst KMPT is not the lead agency for all six items, we are committed to driving the required change at pace and to working across the system to ensure that improvements are captured, reported and sustained.

This update report therefore is the first of its kind and shows at a glance, the six work streams, the lead agency for each and progress to date. An overall indicator of whether the work is on track has been allocated to each with a note to identify those where further more detailed metrics are in development.

	Work Stream Title	Executive / Operational Lead	Monetary Value	Overarching Aim	Progress Q3 2020/21	Progress Q4 2020/21
1.	Reduction of Specialist Out of Area Placements	DoF KMPT	£12.5million	In the first 12 months; To reduce from 113 to 80 the number of patients in Specialist Out of Area Placements thereby reducing spend by 20% (£2.5 million)	Number of patients in Specialist Out of Area Placements reduced to 83. Net annual spend reduced by £1,670,856. In-year savings £583,400	At month 10, number of patients reduced to 82. Net annual spend reduced by £1,725,941. In year savings £755,220 WORK STREAM ON TRACK
2.	Community Mental Health Framework and Transformation	COO KMPT	£10.5million	To submit robust final bid to NHSE/I providing evidence and assurance supporting proposed future model To deliver in partnership the agreed system transformation through a staged process across ICP areas	Draft bid submitted on time 18th November 2020. Feedback received in December 2020 Multi-sector oversight group established to support nationally required resubmission and future planning	Final bid originally due on 20th January 2021, deadline now extended to mid-March (Covid). Narrative revised Finance and Workforce plan to be completed WORK STREAM ON TRACK
3.	Urgent and Emergency Mental Health Care	COO KMPT		To create multi-agency provision of a mental health crisis response eg NHS 111 and 24/7 access to mental health support in the community.	Business case completed and 24/7 crisis line in place with revised 0800 number Third sector provided Safe Havens opened across K&M	An adult LMHS workforce gap analysis is required to ensure any staffing required to meet CORE 24 standards An adult CRHTT workforce gap analysis is required to understand how teams compare to national standard and identify MHIS needed for 2021/22. Improvement plan from section 136 deep dive taken forward with system partners WORK STREAM ON TRACK
4.	Improving Dementia Diagnosis and Support	Director of System Commissioning (K&M CCG)		To achieve the national dementia diagnosis target of 67% across Kent and Medway To develop a pathway of support for those experiencing dementia and their carers and loved ones	Strategic Improvement Group (SIG) established as oversight group Programme management support established from Dec 2020	Commence the development work with system partners on a K&M Dementia Strategy Development of a dementia performance dashboard ON TRACK – METRICS NEEDED

5.	Learning Disability and Autism	Paul Bentley, CEO (KCHFT)		To develop a whole systems collaborative approach so that Autistic people and people with a learning disability have access to the right support, at the right time, to improve their health and wellbeing	Agreement to procure external provider (NDTi) to produce K&M LDA strategy The CCG agreed in principle to look at funding the K&M system to roll out an integrated Neuro Developmental pathway. Development of the Transforming Neurodiversity Support Board co-chaired by person with lived experience	Strategy in development Collaborative proposal for ND pathway in development ON TRACK – METRICS NEEDED
6.	Children and Young Peoples Mental Health	Director of Operations (NELFT		To improved transition from children and young people's services to adult services, through the provision of a comprehensive offer for 0-25 year olds	Investment of £1.2m into emotional wellbeing and MH services plus £900k winter pressure investment to improve services for CYP within K&M	NELFT and KMPT to review of transition in Feb 2021 and make recommendations for improvement Development of a work-stream oversight group ON TRACK – METRICS NEEDED

Summary and Conclusion

The MHLDA Board has been meeting monthly since September. Its membership will be strengthened by the addition of a representative of the third sector. Work is in hand to make this a priority.

The leads for each of the six work streams have a clear and overarching aim, but there is variation in how quarterly key performance metrics are being set and agreed. The board agreed at its January meeting that this was easily remedied and a template is in development to ensure standardised reporting and ease of access for all readers.

Delivery of the overarching aims will significantly improve the experience of those we serve and the scrutiny and support of KMPT's board will help sharpen our focus in delivering and reporting quarterly improvements.

NHS
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Front Sheet

Title of Meeting	Trust Board meeting	**Date**	28 January 2021
Title of Paper	Brilliant Care Through Brilliant People - KMPT organisational strategy 2020-2023		
Author	Vincent Badu, Executive Director of Strategy and Partnerships, Deputy Chief Executive		
Executive Director	Vincent Badu, Executive Director of Strategy and Partnerships, Deputy Chief Executive		

Purpose: the paper is for:	• **Delete as applicable**
• **Approval** The purpose of this paper is to present to the board our updated organisational strategy "Brilliant care through brilliant people - helping local people live their best lives" for approval. The document sets the strategic direction, aims and objective for the organisation over the period April 2020 to March 2023	

Recommendation:
The Board is asked approve the updated organisational strategy for 2020 - 2023

Summary of Key Issues:	• **No more than five bullet points**

Summary of key points

- The strategic framework, aims and objectives of KMPT organisational strategy were developed and endorsed by the Board and Executive Management Team during 2019/ 2020
- Full approval of the final strategy document was deferred by the board in March 2020 to take account of the impact of Covid 19 pandemic and the heightened period of emergency preparedness, resilience and response required. The pause facilitated an opportunity to consider the learning from the first phase of the global pandemic and impact on delivery of our key aims in more detail. Our learning about what has been key to our recovery, changes and emerging transformation priorities has been considered and reflected in the updated strategy.
- An annual strategy delivery plan focus on a clear set of objectives and priorities between April 2020 and March 2021 is in place. This has ensured the organisation has clarity on the strategic direction and the ability to measure and monitor our performance.
- Updates to the organisational strategy (attached), have been completed with additional focus added to the narrative in the following key areas
    - Using our expertise to lead and partner with a focus on driving mental

health, learning disability and autism improvements across the Kent and Medway system.
    - Engagement with people who use our services, their loved ones and carers to support service and quality improvement
    - Quality, learning from the impact of the pandemic and our focus on prevention to improve mental health and the mental wellbeing of local populations
    - Our culture of leadership and our workforce.
- The strategy reflects strong emphasis on how we deliver the national requirement of the NHS Long Term plan, translation these into local priorities that support improved integration and health and care outcomes for local people
- The strategy includes an update on the Trust financial position. The original milestones were set on the back drop of the finance regime pre COVID. 2020 has been an unprecedented year with the global pandemic. The NHS has implemented a new financial regime in response. All NHS providers have been asked to break even in 2020/21. To deliver a break-even position providers have received COVID-19 financial support for additional costs incurred by responding to the pandemic and also top up funding to support delivering a break-even position. This has been mainly for providers with underlying deficits like KMPT. KMPT will be starting its planning cycle shortly and this will include national planning assumptions and a request for delivery of financial efficiencies.

Report History	

The draft organisational strategy has been considered in development by the Board and Executive Management team between December 2019 and March 2020

Strategic Objectives:	• **Select as applicable**

☒ Consistently deliver an outstanding quality of care

☒ Recruit retain and develop the best staff making KMPT a great place to work

☒ Put continuous improvement at the heart of what we do

☒ Develop and extend our research and innovation work

☒ Maximise the use of digital technology

☒ Meet or exceed requirements set out in the Five Year Forward View

☒ Deliver financial balance and organisational sustainability

☒ Develop our core business and enter new markets through increased partnership working

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

Implications / Impact:
Patient Safety: N/A.
Identified Risks and Risk Management Action: Changes in national requirements and local needs including those driven by the organisation and the wider Kent and Medway integrated care system may impact on delivery of the strategy over the four year period. Strategic risks will be reviewed regularly and reported to the board through the BAF. A strategy delivery plan will be in place to ensure there is a clear set of priorities for delivery on an annual basis and the board can monitor progress against planned trajectories and outcomes.
Click here to enter text.
Legal/ Regulatory: N/A
Engagement and Consultation: • KMPT Board • Executive Management Team • Senior KMPT staff • Patient and Carer consultative groups • Kent and Medway Health & Care system partners
Equality: N/A
Quality Impact Assessment Form Completed: No

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KMPT Organisational Strategy 2020-2023

Helping local people live their best life











RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

Brilliant care through brilliant people

Contents

Foreword from the Chief Executive

Brilliant care through brilliant people

Our Organisational strategy 2020 – 2023

Helping local people live their best life

Delivering brilliant care through brilliant people is at the heart of everything we do at Kent and Medway NHS and Social Care Partnership Trust (KMPT). We want everybody in Kent and Medway to be able to live their best life; to stay physically and mentally fit and well, with access to high quality services and support if, and when, they need them. I am delighted to present our new Organisational strategy for the next three years which will help us, in partnership with our NHS, local authority and community partners, achieve that goal.

Our Organisational strategy reflects much of the work that is already underway at a national and local level, from the national drive for increased integration across health and care systems as set out in the NHS Long Term Plan, to the way we are already forging closer and more effective working relationships across the NHS, local authorities and within the voluntary and community sector across our county.

We have also taken time to reflect on the impact of COVID-19 on local people, our staff and the wider health and care system. While 2020 was a uniquely challenging year, and 2021 is likely to be very challenging too, it is important to recognise the positive changes to services that have progressed at pace in response to the pandemic that we want to build on, including greater use of technology, more collaborative working between and across organisations and a greater appreciation for the commitment, resilience and drive of our staff.

COVID-19 has shone a spotlight on the importance of mental health services and mental health and wellbeing support for the entire population. Significant changes to the way we live, work, and interact have made conversations about mental health and emotional wellbeing centre stage and I am determined that KMPT should be a system leader for these ongoing conversations.

The goal of deeper integration and a 'systems first approach' through the establishment of an integrated care system across Kent and Medway is one that KMPT can be instrumental in achieving. We have a strong organisational focus on which to build and are ideally placed to act as champions for delivering holistic, high quality, mental and physical health care on which service users and their loved ones can rely.

I am proud to lead KMPT and confident that the aims and objectives set out in this strategy are well within our grasp. Every one of us has an important part to play in bringing about the changes that we all want to see. We must respond to the changing demands of the population we serve, make the most of new and emerging technologies and interventions for those who need us, nurture, develop and support our staff, work collaboratively with our partners, and most importantly of all, deliver brilliant care through brilliant people.

Helen Greatorex, Chief Executive

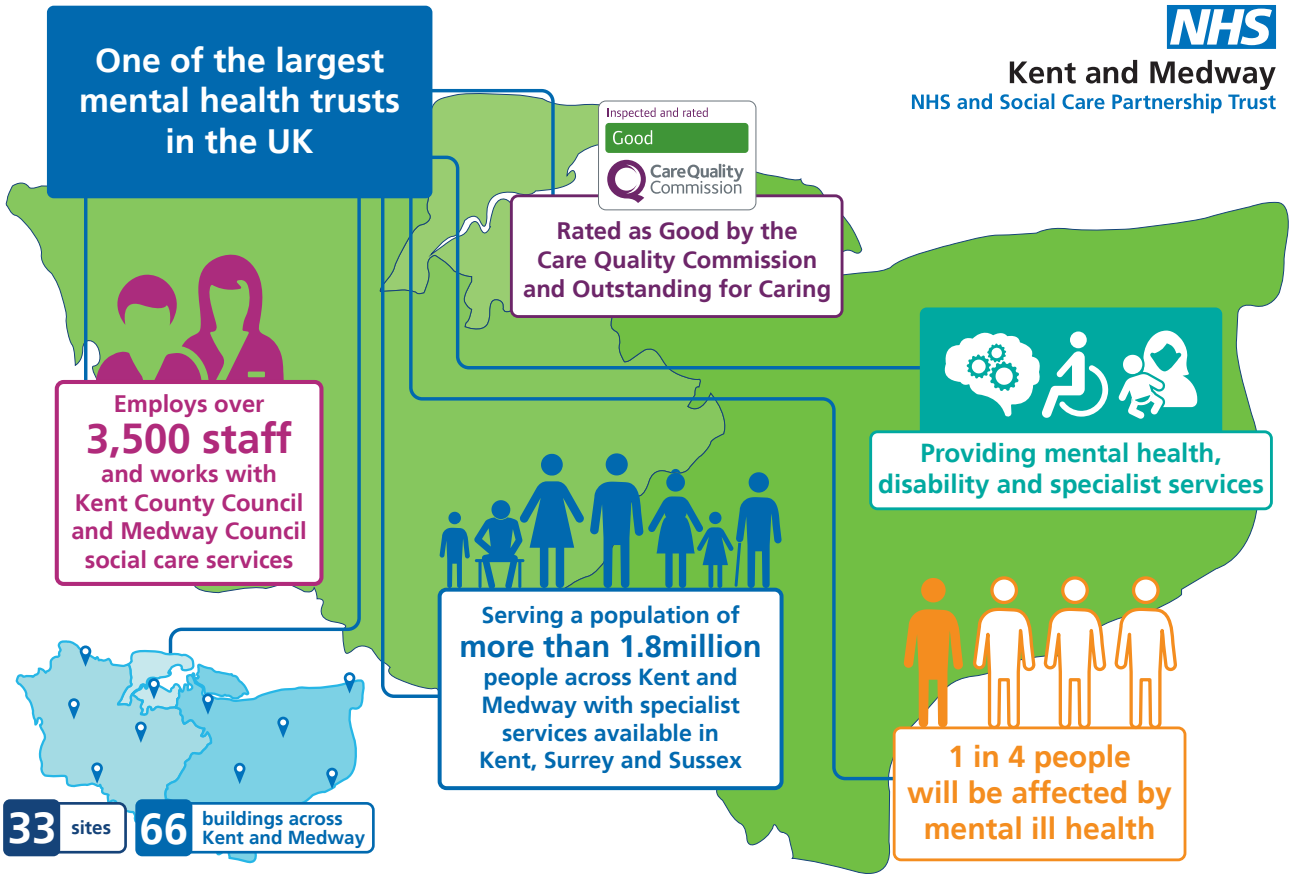
About our strategy

Our organisational strategy sets out what we want to achieve between 2021 and 2023. It brings together our objectives, and outlines:

- Our vision for KMPT
- Three overarching aims and clear objectives that will help us to deliver our vision
- What we need to put in place to help us to build capability and capacity to deliver – including the key 'enabler' strategies which have been co-produced with our staff and people with lived-experience and their carers. These 'enabler' strategies sit underneath our organisational strategy, and cover people and culture, clinical technology, informatics, quality and research, and estates. These will help bring our ambition to life.

About us

KMPT provides mental health, learning disability, substance misuse and specialist services. We employ over 3,500 staff and work closely with our local NHS partners, Kent County Council and Medway Council social care services. We serve a population of more than 1.8 million people across Kent and Medway, and also provide specialist services in Kent, Surrey and Sussex.



Our vision is to deliver **Brilliant care through brilliant people**. This includes our service users and their loved ones and carers, our staff, and our partners.

WE ARE COMMITTED TO ACHIEVING FINANCIAL SUSTAINABILITY THROUGH:

Balancing our books and not spending more than we have; and focusing on quality and ensuring that we are as efficient as we can be.

PLANNED ANNUAL INCOME
£194.6million
£181.3m - income from activities
£13.3m - other operating income

2019/20 TOTAL SURPLUS
£2million
TO REINVEST IN OUR PEOPLE AND SERVICES

2019/20 REDUCED WASTE AND INEFFICIENCY DELIVERING
£5.6million
OF COST IMPROVEMENT PLANS

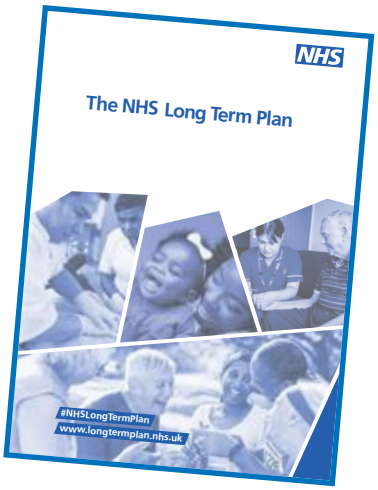
Our values

We are a values-led organisation. These values underpin how we behave towards one another, our service users and their loved ones, and our partners in Kent and Medway.

Developing our strategy - the national picture

Our organisational strategy has been developed to align with national policies and priorities. It has also been reviewed to reflect our initial learning from the COVID-19 pandemic. We will continue to refresh our strategy to take into account emerging themes, evidence and insights resulting from the pandemic, and any other changes to the context we work within and the people we work to serve.

Increased investment in mental health



In early 2019, the NHS published its national NHS Long Term Plan setting out an ambitious future for the next ten years. It includes delivering a 21st century service model for the NHS, taking more action on prevention, and tackling the biggest health challenges of the population. With a renewed focus on mental health, the NHS Long Term Plan outlined an ambition for significant transformation of mental health care. Nationally, a new ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24 has been created. This is known as the Mental Health Investment Standard (MHIS). This will enable further service expansion and faster access to community and crisis mental health services for both adults and children and young people. An accompanying implementation plan provides a framework to deliver the mental health commitments, including funding, transformation activities and expected expansion in workforce numbers, so that local partners and providers have clear targets to work towards.

The path to integration – a new system landscape

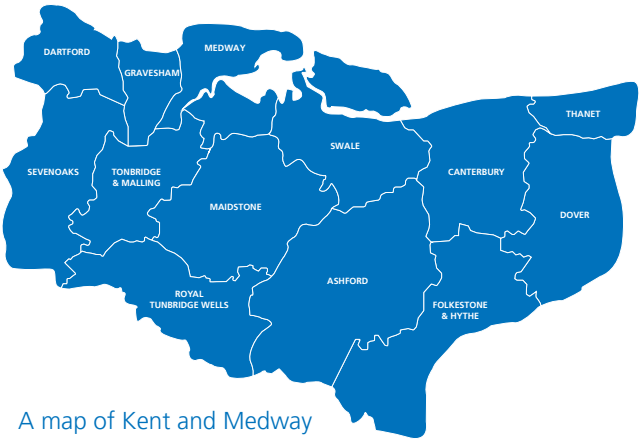
The NHS Long Term Plan described the need to better integrate care to meet the demands and needs of a changing population, confirming the move toward the implementation of Integrated Care Systems (ICS) nationally, building on, and further developing, the integration work started by Sustainability and Transformation Partnerships (STPs). This new landscape is made up of:

- GP practices working together in networks – called Primary Care Networks (PCNs)
- Four new Integrated Care Partnerships (ICPs) across Kent and Medway, drawing together all the NHS organisations in a given area and working more closely with health improvement services and social care
- A single clinical commissioning group for Kent and Medway, led by local doctors, to take a bird's eye view of health priorities for local people and look at where we can tackle shared challenges together, including mental health.

As lead partner in the mental health provider collaborative, KMPT has an integral role to play in this new landscape. We will help to embed and deliver the triple integration of primary and specialist care, physical and mental health services, and health with social care.

> **"To help deliver the NHS Long Term Plan, £51m of additional funding for mental health will be invested into the Kent and Medway system over the next five years.**

Developing our strategy - the local picture



A map of Kent and Medway

People in Kent and Medway deserve safe, high quality health and social care services that are joined up and meet their needs now and into the future. This will help everyone live their best life, and get great treatment, care and support when they need it. Kent and Medway has a population of approximately 1.8m people. This is expected to grow by 4.5 per cent and 4.2 per cent for children and adults respectively, over the next five years. While it is great news that we're living longer, many people are developing multiple long-term conditions over time and as they age, meaning they have more support and care needs. People with severe mental health illness are more likely to have a physical health condition and die on average 15 years earlier than people with no mental illness. This is an unacceptable health inequality which must be addressed.

Helping local people live their best life

Alongside a growing and ageing population, we know there are wider determinants of health that can have a negative impact on people's physical and mental health. The co-existence of mental health problems, like depression or anxiety, with other problems such as obesity, smoking, alcohol misuse and poor self-care is also increasing.

- In Medway 20 per cent of people live in the most deprived 20 per cent of the country. In Kent, 13 per cent of people live in the most deprived 20 per cent
- The rate of homelessness in Kent and Medway is 2.2 per cent, which is similar to the South East and England average
- Violent crime is higher than the average across England in Kent and Medway
- According to the Kent Integrated Data Study of September 2018, 4.1 per cent of those with a serious mental illness died prematurely in Kent and Medway compared with 1.1 per cent of the rest of the 18-74 years old population. This suggests that adults in Kent and Medway with a serious mental illness are 3.6 times more likely to die prematurely, in line with the England average (of 3.7). This is an inequality that we are determined to address
- The prevalence of those people with more than one long-term illness or condition in Kent and Medway is around 50 per cent higher amongst those with a serious mental illness than the rest of the population
- Across Kent and Medway, 21 per cent of adults aged 18-74 with a serious mental illness were recorded in the 12 month period between October 2017 and September 2018 as multi-morbid (i.e. having more than one illness or long-term condition) by their GP, compared to 14 per cent of other adults aged 18-74 years
- The rate of suicide in Kent and Medway was 10.9 per 100,000 (i.e. nearly 11 people in every 100,000 across the county took their own life) in 2015-17. This is higher than the England average rate; 9.6.

We need to do more to look after the mental health and emotional wellbeing of our population. We want to improve services for people in Kent and Medway so they:

- are personalised and focused on the various health and care needs of individuals
- help people to stay healthy and, where possible, avoid ill health
- are easier to access, where possible locally in their community, and outside of a hospital environment when that is the most appropriate setting.

Working together to transform care

The NHS, social care and public health organisations in Kent and Medway have made progress by working together as the Kent and Medway Sustainability and Transformation Partnership (STP). To help us go further, faster, we are looking ahead to working as part of the Kent and Medway Integrated Care System (ICS). The Kent and Medway ICS has made explicit commitments to:

- Focus on mental health, expand mental health services, and better look after the physical health of people with severe mental illness
- Make sure children, young people and adults with special educational needs and disabilities, learning disabilities and autism – and their families and carers – receive the care and support they need and deserve.

KMPT will play a critical role in supporting the Kent and Medway system to deliver those commitments.

Mental health in Kent and Medway – a snapshot

- The most current data from the Kent Public Health Observatory Mental Health Needs Assessment (September 2019) for Kent and Medway shows that an estimated 17 per cent of the population aged 16+ has a common mental illness e.g. anxiety and depression. This is estimated at 236,545 people. This is similar to the rest of the country and, as with other areas in England, the trend is upward
- In Kent and Medway, 2,734 per 100,000 people are in contact with specialist mental health services
- Approximately 6,000 people in Kent live with severe psychosis
- Since 2014, rates of severe depression have increased in Kent and Medway and suicide rates are higher than both the national average and regional neighbours, particularly in men
- Around 13 per cent of children and young people aged 5 to 19 years are estimated to have a mental health condition and there is particular concern for looked after children
- Change is already happening at pace across the Kent and Medway health and care system, with providers and commissioners working more closely together to transform care for local populations. The Kent and Medway STP is transitioning to a fully operational ICS across Kent and Medway during 2020-21
- Since April 2020 a single strategic commissioner has been operating across Kent and Medway, formed through the merger of the pre-existing eight Kent and Medway Clinical Commissioning Groups (CCGs)

- Four newly established Integrated Care Partnerships (ICPs) are operating across local geographies in Kent and Medway of circa 250,000 to 500,000 resident population
- 42 GP-led Primary Care Networks (PCNs) each with an appointed clinical director, serving a registered population of circa 30,000 to 50,000, now lead the provision and delivery of local care (care delivered outside of hospitals)
- A Kent and Medway Medical School has been established which, from September 2020, has been educating aspiring doctors to train to deliver 21st century medicine
- A new Mental Health Learning Disabilities and Autism Improvement Board has been established, bringing together commissioners, providers, clinical leaders and local authorities to focus on transformation projects across our area.

We know that people across Kent and Medway feel a strong sense of place and they will have different needs depending on where they live.

By working closely with our four ICPs and the 42 PCNs across Kent and Medway we can focus on better meeting those needs. The role of our local authority colleagues, especially at district and borough council level, will be integral in helping us respond appropriately to place-based needs and issues. Kent and Medway's primary care services are the 'front door' to NHS services for many people and GPs and their teams can offer a unique perspective on the health and care needs of their local populations.

The four ICPs bring together the providers of health and care services, along with other key local partners to work together to plan and deliver care. Profiles of populations in each of the four ICP areas (as shown in the map) have been developed to help focus service planning and population health management in a way that brings the greatest benefits to local people. Depression and suicide are the key adult mental health indicators in the ICP level population profiles (source: Kent Public Health Observatory[1]).

Integrated Care Partnerships in Kent and Medway

[1] *https://www.kpho.org.uk/health-intelligence/geographical-areas#tab1*

ICP area	The population	Mental health profile
West Kent	West Kent ICP covers a population of about 464,000 people. It has some of the most and least (top and bottom 10 per cent) socially deprived areas in England. On average, men and women live slightly longer in west Kent than the average for England: the average life expectancy in west Kent is 84 years and five months, the national average is 81 years and two months.	Depression and suicide rates in west Kent are in line with the national average.

Dartford, Gravesham and Swanley	Around 260,000 people live in the area covered by Dartford, Gravesham, and Swanley ICP which focuses on providing joined-up health and care for people living within the boundaries of the current Dartford, Gravesham and Swanley CCG. Life expectancy varies across Dartford, Gravesham, and Swanley. In Bean and Darenth ward in Gravesend, the life expectancy of the average male is 75.9 years. In Riverhead ward in Sevenoaks area, it is 89.9 years.	There is a lower rate of depression in Dartford, Gravesham, and Swanley than the national average, but the prevalence of male suicide, particularly, is in line with the national average.
Medway and Swale	Medway and Swale ICP covers a population of about 427,000 people. It has some of the highest levels of deprivation in the UK with some wards being in the ten per cent most deprived areas in the country. The percentage of adults classified as overweight or obese, and the number of people aged over 18 who smoke, is four per cent higher than the national average.	There is a higher rate of suicide, particularly in men, than nationally and there is a two per cent higher prevalence of depression.
East Kent	East Kent as an ICP area covers Ashford Canterbury, coastal south Kent coast and Thanet and covers a population of about 500,000. Life expectancy is only slightly lower than the rest of Kent and national average, whilst smoking and obesity are worse than in other parts of England.	Depression and suicide are higher than the Kent and the national average. In this area, the number of people with a serious mental illness is expected to rise by 13.9 per cent over the next 10 years.

We have a strong foundation of data and information about our local population on which to build our strategy, but it's been important too to talk and listen to the people who use our services and need our support. Alongside our NHS partners we have been having conversations with local people about mental health services. People have told us that we need to:

- Find ways to drive up the **quality** of mental health care and improve the way **care is organised**, including the **communications** between different services and with patients
- Make it as **easy** as possible to **access** mental health care, including **training** all NHS **staff to recognise** mental health problems and having **more mental health staff** in **A&E** and **urgent care** centres and **primary care**
- Work with organisations such as schools, employers and councils and with communities to **raise awareness and understanding** of mental health problems and ways to improve mental health and wellbeing.

Responding to COVID-19

While COVID-19 has presented society and the NHS with an immense challenge, it has accelerated change and fostered significant innovation in the way that services and support are provided in unprecedented circumstances. At KMPT, we have established a 'recover and transform' programme to enable new ways of working to be sustained and embedded across the organisation. Examples of long-term changes and improvements that have been made as a result of the pandemic include:

- greater use of digital technologies, including telephone and video technology, for virtual assessments and therapeutic delivery
- use of Mental Health Investment Standard (MHIS) monies to fast track the delivery of our 24/7 open access crisis telephone lines, extending our existing 'single point of access' (SPOA) capability, with well-developed plans for a new telephony system (including moving to a freephone 0800 number)
- providing tangible leadership and specialist support to organisations and colleagues across the Kent and Medway system to support staff and local people in the face of increased pressure as a result of the pandemic. This support includes self-help support leaflets and videos, help lines (advice and signposting), reflective practice, operational review, tailored virtual events for professionals, and a stepped model of psychological support defined for NHS/healthcare staff with a supporting business case that is being used by partners across the system.

COVID-19 – assessing the impact, learning the lessons

COVID-19 has provoked an extraordinary response from everyone involved in the delivery of health and social care and other essential frontline services. Health and care staff are demonstrating resilience in the face of unprecedented pressures. They are working with extreme compassion, care, dedication and loyalty to their teams, colleagues, and patients. And they are transforming services and adapting quickly to work in different ways to keep people safe. Lockdowns, social-distancing measures, and ongoing restrictions continue to impact on the emotional and mental health and wellbeing of our local population.

A wealth of evidence, data, and feedback on the impact of the pandemic is emerging at national and local level. Sir Michael Marmot's Build Back Fairer report[1] for The Health Foundation on the impact of COVID-19 on health inequalities, outlined how different groups of people in the UK are experiencing the pandemic and its impact very differently. Mental health is a major concern, with some groups, particularly children and young people, profoundly affected by the pandemic, including the impact of lockdown and social restrictions.

Build Back Fairer cites evidence to suggest that more than two-thirds of adults in the UK (69 per cent) report feeling somewhat or very worried about the effect COVID-19 is having on their life. The most common issues affecting wellbeing are worry about the future (63 per cent), feeling stressed or anxious (56 per cent), and feeling bored (49 per cent). While some degree of worry is understandably widespread, more severe mental ill health is being experienced by some groups and this emerging evidence reveals a widening of pre-existing inequalities in mental health.

Commentary from The King's Fund and National Voices refocuses our attention on the importance of listening and responding to the views and experiences of patients and the public, whatever the circumstances: 'Too often efforts to understand what goes on for people and to respond to their needs and aspirations can feel like a nice to have rather than a key part of how to deliver health and care services effectively. It is tempting for services to extend this view into crisis periods by saying 'We don't have time to do it', but now, more than ever, health and care services need to base their decisions on the reality people experience.'[2]

Voluntary and charity sector groups are key partners in our work helping information exchange and fostering discussions with service users, their loved ones, and carers. These are groups and networks which have been adversely affected by COVID-19 with negative impacts on their ability to fundraise, deliver services and support, and to recruit volunteers and helpers. In an article 'Time to unmute the patient voice' published on 16 July 2020, Health Service Journal correspondent Sharon Brennan concluded that 'patients may be more distrustful, charities have less time to campaign or engage and services already have rapidly changed, but if the NHS is to reduce health inequalities in its COVID-19 reset, patients must be both heard and listened to.'[3] Reviewing our relationships and partnerships with the voluntary, community and charity sector will be an important next step in developing our plans.

[1] Build Back Fairer: The COVID-19 Marmot Review | The Health Foundation – December 2020
www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review

[2] Shielded Voices: hearing from those most in need, The King's Fund – 26 May 2020
www.kingsfund.org.uk/blog/2020/05/shielded-voices-covid-19

[3]www.hsj.co.uk/expert-briefings/the-integrator-time-to-unmute-the-patient-voice/7028054.article

COVID-19 – our local response

Since April 2020 KMPT has experienced increased demand for our services. Phone contacts via our open access crisis line have increased by 65.1 per cent, community mental health team contacts have increased by 13.6 per cent and Community mental health service for older people (CMHSOP) contacts have increased by 10.7 per cent. Furthermore, the levels of people admitted to hospital under a Section of the Mental Health Act have increased overall, highlighting an increase in acuity. There has been a surge of people needing crisis care who are autistic alongside an increase in people who have had, up until COVID-19, a well-managed psychosis illness. We have seen an increase in admissions to hospital for people with complex emotional disorders.

In response to COVID-19, KMPT has established a 'recover and transform' programme to enable new ways of working because of the pandemic to be sustained and embedded across the organisation alongside NHS Long Term Plan transformation objectives. There is an opportunity to capitalise on the benefits we have seen including an accelerated adoption of digital innovations, increased flexibility in working patterns for many staff, and reduction in travel resulting in a reduced carbon footprint.

The programme spearheads our 'adopt and adapt' approach to the pandemic, ensuring that we continue to provide high quality services and support in existing, new, and innovative ways. It includes engaging with service users, carers and staff and learning from emerging evidence and data to help us 'adopt and adapt' because of COVID-19.

The programme also takes a longer-term view of the need to maintain productivity and financial sustainability as we navigate our way through continued periods of emergency response and the post-pandemic period when we get there.

As a result of this work, some of the areas where we have made significant progress include:

- Increased use of digital technology within community mental health teams with video and telephone contacts increased by 70 per cent during the first national lockdown returning to around 50 per cent from June 2020 onwards. The use of virtual platforms such as 'Attend Anywhere', video and telephone for virtual assessments, therapeutic delivery and implementation of care is now part of everyday working and performance reporting
- Ensuring that services did not become 'digital by default' recognising that some groups and individuals do not and cannot use digital or online methods; maintaining telephone and face-to-face services for those who need them
- Extended hours with community mental health teams operating seven days a week during lockdown, focusing on urgent crisis responses. From June 2020 onwards some weekend and extended evening working across localities has been in operation. This was supported as part of the Mental Health Investment Standard system planning and is built into our future modelling to maintain
- Changing working practices to ensure that crisis care provision was maintained during national lockdowns for those with complex emotional difficulties, successfully moving from face-to-face sessions to video conferencing to maintain help and support for those in need.

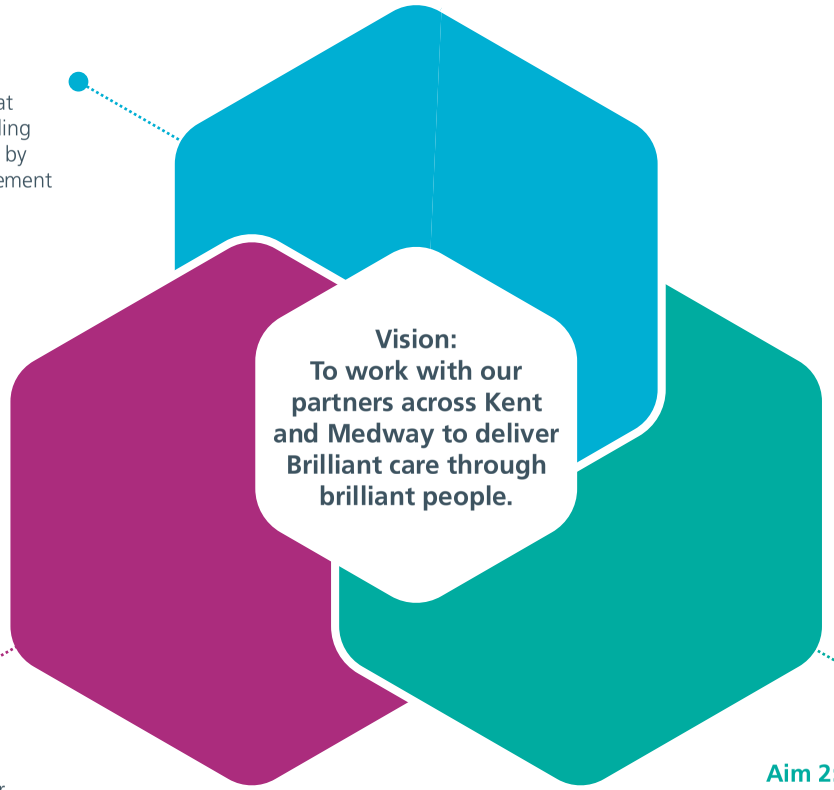
COVID-19 has had a significant impact on the working lives of our staff. On the front line, staff across all care settings are experiencing unprecedented levels of stress as they deal with the COVID-19 crisis. Many people working in support and back office functions have adopted a remote working set-up to keep safe and comply with government guidelines. KMPT has taken a system leader role during the pandemic, helping partner organisations to support staff during this uniquely challenging time. Some of the ways we have done this include:

- Providing self-help support leaflets and videos, a managers' help line (advice and signposting), reflective practice, operational review, operational debriefing sessions, supervision for psychological first aiders, and guidance and support to those already providing support in the hospitals
- Providing low level Cognitive Behavioural Therapy and mindfulness training to Kent and Medway GPs including contributing to the regional 'Coping with Covid – Empowering Primary Care' event in November 2020
- Development of a bid to implement a 'resilience hub' within Kent and Medway in 2021 to provide signposting and psycho-educational support.

Our strategic framework

Our vision sets out what we want KMPT to achieve over the next four years. Our three aims underpin this by describing what we will do to get there, and our objectives set out how we will do this. Our capabilities will support the achievement of our three aims.

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



Our capabilities

- Workforce
- Partnerships with people who use our services, carers and their loved ones
- Culture and leadership
- Use of resources
- System leadership

Aim 3: Integration
Support the integration of mental and physical health services across Kent and Medway to deliver seamless care for our service users and carers and support delivery of the NHS Long Term Plan

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

Our strategic aims and objectives

Aim 1: Quality

Provide the highest quality care to achieve the best outcomes for service users and their loved ones.

We want to deliver outstanding care and support to the people we serve, based on a public mental health approach to prevention as well as delivering high-quality care to those in need. Co-production of our services with service users will influence the planning and prioritisation of safety and mean they are involved as equal partners in their care. We want to make sure people have access to the best advice and support when they need it, that we always provide high quality services, and that when someone is in crisis, they feel that they have a safe place to go.

Prevention concordat for better mental health

In 2017, Public Health England launched the 'prevention concordat' programme based on a public mental health informed approach to prevention. Promoting relevant NICE guidance and existing evidence-based interventions and delivery approaches, such as 'making every contact count', the prevention concordat aims to provide a structure for cross-sector action to increase the adoption of public mental health approaches across local authorities, NHS, private and voluntary sector organisations, education and employers.

In Kent and Medway mental wellbeing is a priority in strategic plans ranging from COVID-19 recovery, suicide prevention, community safety partnerships and Health and Wellbeing Boards. Partners have also signed up to the Time to Change Programme. With the advent of COVID-19 in 2020, changes to NHS structures in the form of the introduction of integrated care services, integrated care partnerships, and primary care networks, and the high prominence given to mental health and wellbeing as a public health priority it is a critical opportunity to sign up to the national concordat. The concordat has been used to strengthen wellbeing partnerships across Kent and Medway and is the foundation stone of our plans to provide the highest quality care in partnership across the Kent and Medway health and care system.

To build on the current quality of our services, and drive further improvements, we will focus on the following six objectives:

1. Increase our focus on **improving the quality of services and support we provide**
2. Address **health inequalities** to improve outcomes for people
3. Implement programmes that drive improvement of **clinical care pathways** through a culture of learning to reduce variation and maximise outcomes
4. Develop and deliver a new **KMPT clinical strategy**
5. Embed **quality improvement** in everything we do
6. Drive a coherent approach to **research and development and evidence-based decisions** to promote an improvement culture and maximise our impact on the quality of care and people's outcomes.

Given the national and local context of system working and partnership, it is critical that we deliver these objectives with our system partners.

Objective 1:

Increase our focus on improving the quality of services and support we provide

Since the beginning of 2020, we've been working to deliver priorities that will improve the quality of our services whilst saving time and reducing any wasting of money:

- Maximising the opportunity for service users to safely achieve and sustain positive outcomes, whilst driving delivery of efficiency and productivity gains
- Delivering our 'quality account' priorities in the domains of patient safety, patient experience and clinical effectiveness
- Developing a co-ordinated approach to quality improvement.

We will maintain a strong commitment to all aspects of quality. By 2023 we want service users and their loved ones to consistently tell us that our services provide a positive experience and that they are safe and effective. By improving the quality of our services, we will reduce cost, drive out unwarranted variation and improve patient experience and outcomes, monitored through the delivery of clinical outcomes.

We will work more closely with our service users, their carers, and our partners to better understand their needs and the needs of their communities. In doing so we will seek to design and deliver the best possible services, and care that is safe, effective and of consistently high quality whilst still aligned to local need. Through our 'Participation and involvement strategy' we will extend our engagement reach, and talk and work with people to co-design and produce support and services that meet the needs of those that need them.

We will use national and international research and development practice to provide the best evidence for approaches to delivering the highest quality care.

Our 'Quality account' is a published, annual report about the quality of services we provide. Quality accounts are an important way for us to report on quality and show improvements in the services we deliver to local communities and stakeholders. The quality of our services is measured by looking at outcomes on patient safety, the effectiveness of treatments our patients receive, and patient feedback about the care we have provided.

> **"We want people in Kent and Medway to recognise KMPT as a high-quality provider of care and actively seek our services when they need help and support.**

Objective 2:

Address health inequalities to improve outcomes for people

We are focused on supporting our most vulnerable service users and staff and have established a health inequalities group to share research and evidence to support clinical and workforce innovation to help address the impacts of inequalities across Kent and Medway. Acknowledging the impact of COVID-19 on the BAME population, including staff as well as service-users, is vital if we are to address existing inequalities as well as the additional inequalities that the pandemic has exposed.

Working collaboratively with our system partners, this work is supported by local health and population data and intelligence as well as emerging evidence and data as a result of the pandemic. Different service user populations have different needs. By using the data and information available on health inequalities, we will be able to adapt and flex innovations and solutions to meet the needs of different groups, including those from BAME populations, those living in areas of deprivation, older people and people with learning disabilities and autism.

Objective 3:

Implement programmes that drive improvement of care pathways through a culture of learning to reduce variation and maximise outcomes

Aligned to the NHS Long Term Plan and the Community Mental Health Transformation Framework for Adults and Older Adults, we are implementing several programmes to improve clinical care pathways that will enhance people's experience and the quality of care and treatment they receive.

We will deliver a coherent and consistent set of clinical interventions that are systematised, aligned to NICE guidance, and designed within a robust programme management framework. This in turn will ensure we use our resources effectively and deliver improved productivity. The care pathways are co-developed by people with lived experience of mental ill health and clinical staff. By working together to design solutions we will promote and ensure quality, safety and positive outcomes for people using KMPT services. Through this approach we will encourage and support our staff to deliver the very best care possible.

We have five main clinical care pathway programmes: community; acute mental health; older adults; rehabilitation; and forensic services. Work has begun across all programmes. The work aims to maximise quality, safety and outcomes for people using our services. It also aims to support staff to deliver services and care efficiently and effectively and with minimal duplication and wastage. This is done through:

- Implementing consistency of care through each of the care pathways, including across our Community recovery and Acute care groups
- Providing more reliable, safe, and evidence-based care
- Making sure we have more efficient and managed use of staff time
- Understanding the costs of delivery
- Collecting data on outcomes relating to interventions
- Supporting clinicians to work in a flexible way to meet the needs of the service and help optimise their performance and support them to do their best work
- Organising clinical resources with a balanced and managed system of office and home-based clinics
- Optimisation of our estate to match the delivery requirements of each of the five care pathways.

The key clinical principles we have adopted within the model are set out below.

1. All components are needs-led (i.e. age itself is not a barrier to receiving any component of care)
2. If a component of care starts within a community team (younger or older adult), and the patient is well enough to continue to engage with this whilst under home treatment or inpatient care, then they will continue with that component
3. Interventions have been grouped into three clinical thematic pathways:
   - Mood disorders
   - Psychotic disorders (unusual experiences)
   - Complex emotional difficulties
4. Within each thematic pathway there are elements for: psychological therapy; daily life (practical support); medications; family, friends, and carers; physical healthcare; and self-management.

Through co-producing the clinical care pathways we can consistently improve the quality of the care that people receive.

Our core aims are to:

- Develop a clinical model which meets local needs and aligns with the NHS Long Term Plan
- Implement consistent care through co-produced clinical care pathways across our care groups
- Provide reliable, safe, and evidence-based care
- Ensure efficient and effectively managed use of staff time and resources
- Develop outcomes that are defined and understood and related to efficacy and costs
- Improve the use of mobile technology and mobile working.

> **"Since inception, service user involvement has been key in the clinical care pathways work. Many service users and carers have given input at every level of development, having personally been invited to the first scoping workshop and almost every meeting thereafter. Even before then a project was undertaken to find out service user, carer and staff views on how improvements could be made, and this underpins everything trialled in the pathways.**
>
> Person with lived experience

Objective 4:
Develop our new clinical strategy

To extend and embed our commitment to delivering the mental health and learning disability priorities set out in the NHS Long Term Plan, we are developing KMPT's Clinical strategy aligned to this organisational strategy. During 2020, clinical and managerial leaders and system partners worked together to begin development of a new KMPT clinical strategy which will be published later in 2021.

The strategy will set out how we deliver clinical quality through embracing partnership working and innovation over the next five years. This means creating a dynamic and flexible system of care, so that people receive the right help, at the right time, in the right setting and get the right outcome. Our Clinical strategy will be flexible, recognising that communities and the health and care system in Kent and Medway is changing and we must be able to adapt to the local care needs of people across our four Integrated Care Partnerships and 42 Primary Care Networks.

Our Clinical strategy articulates the KMPT vision for Brilliant care through brilliant people, recognising the diversity of the population and staff and complexity of services we provide. The strategy will align to the external context including the Kent and Medway ICS. It will promote working in collaborative partnerships with other service providers including primary care services, acute care providers and community services in Kent and Medway.

KMPT provides good care in many areas of mental health, learning disability and autism services across Kent and Medway. We are recognised as an innovative organisation and many of our specialist services are nationally recognised for providing high quality care. The strategy will establish best practice across the organisation following the CQC principles of being safe, effective, caring, responsive, and well led. We will measure and monitor these domains as part of the outcome focus of the strategy.

1. **Safe** – Our ambition is to offer safe and high-quality services in environments where people feel safe and empowered to recover
2. **Effective** – We will offer a wide range of effective interventions that meet the needs of all our service users
3. **Caring** – We will always be compassionate in our approach to delivering care
4. **Responsive** – Our services must be responsive and provide access to flexible support, recognising the changing needs of service users
5. **Well-led** – All our services will be clinically well-led, encourage collaborative, inclusive clinical leadership and empower all our clinical and healthcare professionals to act

Our Clinical strategy's core **aim** is to "Consistently deliver brilliant care to our patients as close to home as possible with support to their families and to build resilience in our communities". This is aligned to the NHS Five Year Forward View and the NHS Long Term Plan priorities for mental health, learning disability and autism. It is also aligned to this KMPT organisational four year strategy and will be underpinned by our organisational **values** of respect, openness, accountability, excellence, innovation and working together.

The Clinical strategy focuses on a person-centred approach – what happens with and what matters to our patients across the organisation.

The strategy has been developed around three key principles:

1. All care and support practice is underpinned by the **evidence base**
2. We always strive to provide high **quality** clinical services
3. Our clinical delivery always aims to provide a **positive experience** for our service users, their carers and loved ones and our staff.

Delivery of our Clinical strategy will be supported by our key enabler strategies, covering people and culture, clinical technology, informatics, estates, quality improvement and research.

The NHS Mental Health Implementation Plan sets out nine key priorities nationally. We have a critical role to play in the delivery of the NHS Mental Health Implementation Plan in Kent and Medway. While we do not control the whole care pathway against each of the nine priorities, and work with partners who are responsible for some areas of the plan, we

do have expertise around the provision of specialised elements. Our clinical strategy will be aligned to the nine priorities so our expertise fully supports the Kent and Medway system to deliver outstanding quality.

Objective 5:

Embed quality improvement into everything that we do

Quality improvement is about an individual, team and/or organisation taking systematic and ongoing actions that lead to improvements in healthcare. Quality improvement will be embedded in everything that we do to meet the needs of our service users, improve quality, and maximise productivity. We are committed to working in collaboration with our service users, carers, staff, and partners to ensure we have a coherent and consistent approach to achieve the objectives articulated in our Quality improvement strategy:

By successfully embedding our quality improvement approach we will:

- drive up quality improvement activity in KMPT
- demonstrate that we are a listening and learning organisation
- enable our staff to drive improvement in quality as they identify and take ownership of areas for quality improvement
- get the right balance between quality assurance, quality control and quality improvement. We will work with patients and carers to do this, making sure we focus most on what matters to them.

> **“We want to enable people to develop and deliver positive change through the art and science of quality improvement.**

Objective 6:

Drive a coherent approach to research and development and evidence-based decisions to promote an improvement culture and maximise care quality and outcomes

Research is a key enabler to the operational and strategic priorities of our organisation. It gives us the evidence that contributes to improving care and treatment, whilst also adding transparency to our decision making and clinical transformation.

As described earlier in this strategy document, we are using the challenges of the COVID-19 response as a springboard to facilitate transformation and improvement across

our service areas. We are also working with the Kent Surrey Sussex (KSS) Academic Health Sciences Network (AHSN) Innovation Leads network to share and embed learning following the pandemic, recognising the positive impact that transformation because of the pandemic has had on both service users and staff. This includes understanding the impact of changed pathways on our workforce, exploring how remote working can help address workforce issues, and strengthening relationships with the voluntary sector.

As set out in our 'Research and innovation strategy', we will embed co-produced research into the culture of our organisation. Our ambition is to be known as a national centre for evidencing the **impact** of our clinical **innovation** and for the integrity and spirit we demonstrate in delivering all research.

> **"In November 2020, a KMPT clinician submitted an online psychotherapy paper to the British Journal of Psychotherapy. The paper focuses on the nuance of therapeutic relationships when delivering services through video conferencing rather than face-to-face, as practised throughout the pandemic in some service areas - we are awaiting approval and acceptance.**

We will deliver this approach across four ambitions:

- **Lead** – We will design and lead on more of our own high-quality research that addresses the needs of our service users, carers, and local patient need. We will drive innovation, research dissemination, and implementation in the pursuit of the delivery of high quality, evidence-based practice

- **Co-produce** – Co-production will occur as standard in all research activity. To us this means ensuring that we include those with relevant lived, educational, and professional experience as part of every research project

- **Embed** – Research is integral to driving improvements in the services we provide to our service users and patients. It will be embedded and visible throughout the organisation; from ward to board, in the same way that any other trust-wide service would be. An important part of this objective lies in creating a visible senior clinical leader for research as well as strengthening our participation in National Institute for Health Research studies to enable our service users, carers, and staff to have access to research opportunities

- **Evidence our impact** – We will be known for evidencing the impact of our effective clinical innovation. Our research findings will enable us to demonstrate how we have improved the current and future health and care of our service users.

Aim 2: Use our experise to lead and partner

Provide the highest quality care to achieve the best outcomes for service users and their loved ones.

We have significant organisational expertise in specialist mental health, learning disability and substance misuse services. We recognise that by working closely and collaboratively with our partners in Kent and Medway, we can bring our expertise to bear across the system and take a lead to support Integrated Care Providers and Primary Care Networks as they plan to best meet the needs of their local populations.

To achieve this, we will focus on the delivery of three objectives:

1. Build **active partnerships** with Kent and Medway health and care organisations
2. **Partner beyond Kent and Medway**, where it benefits our population for example forming a regional provider collaborative to improve access to specialist services locally. Participating in, and learning from, national research and innovation networks.
3. Build an **ethos of innovation** within our trust to support the development of primary and community care models for mental health, learning disabilities and substance misuse; helping to move care and services out of hospital and closer to people's homes where appropriate

Objective 1:

Build active partnerships with Kent and Medway health and care organisations

The shared ambition for greater joined-up, system working in health and care means we will partner more closely with organisations across Kent and Medway to achieve our aims. We need to look outwards beyond the traditional parameters of KMPT, work together and support each other to deliver integrated care and improve the health outcomes of the people we serve. We are already represented on a number of system leadership boards, including the four Integrated Care Provider boards in Kent and Medway, and look forward to contributing to their development over the next four years. We have shared goals and will work together to deliver their priorities, including making improvements in emergency crisis care, frailty and dementia.

Building partnerships within primary care

We are committed to building strong relationships and new ways of working with our GP partners, including through the primary care networks. It is important that we actively promote the KMPT service offer to primary care networks so that they understand what is available for their patients and how they can most effectively access it. In turn, we will take steps to better understand the pressures of primary care and work together to address our collective and individual challenges.

We know that too often GPs are frustrated when referrals are rejected because they do not meet specific referral criteria, and this can negatively impact care and the experience of care for service users and their families. We want to address this and will share our expertise and knowledge by offering training to GPs that will increase their confidence and transfer skills. We also need to work with our primary care, community health, local

authority and VSCE colleagues to identify what alternative services and support are available if a patient doesn't meet specific referral criteria for secondary care services.

We're already working to help address these issues in partnership with primary care colleagues through several initiatives and will continue to do so over the next three years. For example, we are working to develop an accreditation scheme for GPs to help them become mental health experts within primary care. With a presence within each ICP area, we envisage that a cohort of three accredited GPs would lead the improvement of care quality, increasing knowledge and competencies in mental health provision in the wider primary care workforce.

Implementing the Community Mental Health Framework

People want to access the care, advice and support they need no matter where they first try to seek it, whether that is from 111, their GP, from a community service, through online self-referral, self-help or another route. In other words, there should be a 'no wrong door' approach to accessing advice, care and treatment when it is needed. This programme will see us collaborate to provide single assessment and treatment planning while assuring resource allocation is effective in delivering seamless care, treatment and mental health support. We want to achieve radical change in the design of community mental health care by moving away from siloed, difficult to access services to joined-up care and establishing a revitalised purpose and identity for traditional community mental health services serving those most in need with serious mental illnesses.

The programme will link to the four Integrated Care Partnerships across Kent and Medway with the aim of responding to population health priorities and ensuring that national standards are met and embedded at a system level. This is an exciting opportunity for the whole system to deliver the best possible care to some of the most vulnerable people in our communities.

Partnership working across the wider health and care system

We already have strong relationships with local authority and third sector partners and will continue to build on these. We know that a person's physical and mental health are contingent upon a healthy living environment and positive relationships.

KMPT already plays an integral role within the wider Kent and Medway criminal justice system, working closely with colleagues in Kent Police and providing, for example, innovative and progressive specialist services within police custody suites and the courts for people of all ages. We have a full programme of work underway in this area and are developing joint measurable objectives around initiatives and support for people with serious mental illness – making our clinical expertise easily available to colleagues working within the police and providing specialist input into police training.

With education partners, those in social care and those providing key services in the community we can support our population to live their best lives. Moving into the future it will be critical that we establish a strong partnership with the new Kent and Medway Medical School.

Case study - Psychological support for NHS/health and care staff

In November 2020, the KMPT psychological therapies bid for Kent and Medway was approved providing £343,000 non recurrent funding to the system for staff health. This is an outstanding example of how we are using our capacity and expertise innovatively and collaboratively to support health and care staff working across the system. Each of Kent and Medway's seven acute hospital sites will be provided with two people (KMPT psychologist and an 'Improving access to psychological therapies' (IAPT) clinician) who will work flexibly to support the mental health and wellbeing of NHS health and care staff. Whilst the model is currently to deliver that support through Kent and Medway's acute hospital sites, this may be reviewed and adjusted at a later date.

We are developing initiatives that build environments in which staff can thrive, with a primary focus on managing the emotional and psychological impact of their roles and increasing wellbeing. We have already started to have discussions with other NHS organisations across Kent and Medway about how we could share our specialist expertise in psychological support and staff health and wellbeing to support NHS staff across the system. We have shared our expertise in this area during the COVID-19 response as described earlier in this strategy document. This is one example of an area where we could develop effective partnerships and transfer our expertise to support better outcomes for staff and service users across Kent and Medway, and beyond.

Objective 2:
Partnering beyond Kent and Medway, where it benefits our population

As we grow our specialist expertise there may also be opportunities to work beyond Kent and Medway, more widely with other health and care systems. For example, to deliver specialised services as part of the NHS-led 'Provider Collaboratives'. Under this programme providers are responsible for managing the budget and patient pathway for specialised mental health care for people who need it in their local area. Currently Provider Collaboratives deliver:

- Adult low and medium secure services
- Eating disorder services
- Veterans' mental health services
- Neurodiversity service development
- Children and young people's mental health services

Case study – Veterans' mental health collaborative

KMPT has joined with Solent and other partners to deliver the NHS Long Term Plan's commitment to commission the Veteran's Mental Health High Intensity Service (HIS). Informed by veterans and their families, as well as the NHS England and NHS Improvement Armed Forces Patient and Public Voice Group, the High Intensity Service will provide care and treatment for veterans who are struggling with their mental health and wellbeing, are in a mental health crisis and/or need urgent and emergency care and treatment. We will work with Solent following their successful bid for the south east region with the aim of supporting our veterans with the right care at the right time. This includes support from the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS) and the Veteran's Mental Health Complex Treatment Service (CTS) – (both in Sussex Partnership NHS Foundation Trust), as well as other mainstream mental health services.

Pathfinder services will run until 2022, learning and insights from this work will help to inform the development of improvements to integrated service models.

Objective 3:

Build an ethos of innovation to support the development of primary and community care models for mental health, learning disabilities and substance misuse

Our ambition is to develop and support a Kent and Medway innovation network which aligns with KMPT's improvement programmes as an organisation and those of our wider health and care system. We will do this through focused engagement and close working with the Kent, Surrey and Sussex Academic Health Science Network.

KMPT's leadership of the system-wide Mental Health Learning Disability and Autism Improvement Board in Kent and Medway is the starting point for increased cross-sector innovation that will bring about clinically evidenced benefits for services users, their carers and loved ones.

Objective 4:

Work with system partners to understand the changing and diverse needs of our populations and work together to meet these needs and improve health and wellbeing

The Mental Health Learning Disability and Autism Provider Collective provides a multi-sector forum for partnership working to improve the mental health and mental wellbeing outcomes of the population of Kent & Medway. It influences the development of the vision, outcomes and scope of the Kent and Medway Mental Health and Learning Disability and Autism strategies and supports alignment with the NHS Long Term Plan. The Collective working together enables the identification of key issues and the opportunity for collaborative solutions. As a provider partner in each of the four local ICPs across the system, KMPT is well placed to actively contribute to population health management development programmes. We will work together with partners to build capacity and capability to transform service delivery around key population groups. We will aim to proactively support and sustain integrated care delivery to improve the physical and mental health of our communities.

Aim 3: Integration

Deliver seamless care for service users and help to support delivery of the NHS Long Term Plan in Kent and Medway.

We anticipate that a Kent and Medway Integrated Care Systems (ICS) will be in place by April 2021 with responsibility for two key areas:

- system transformation; and
- management of system performance.

The primary driver for these changes is to integrate care for the people of Kent and Medway – to remove the barriers to seamless care between physical and mental health, primary care and secondary care, and health and social care. KMPT will contribute to a high-performing system that can tackle the existing challenges people face in relation to their mental health and wellbeing and deliver integrated care working alongside system partners.

A model that is fit for the future will require us to prioritise and work hard at delivering better integrated services and system transformation. We know that current clinical models and ways of working don't always meet demand, and this can lead to poorer outcomes and experiences of care. As a Kent and Medway health and care system we must work together to think about how we can unlock capacity and skills across organisational boundaries to support improved care pathways and community solutions for local people.

We commit to:

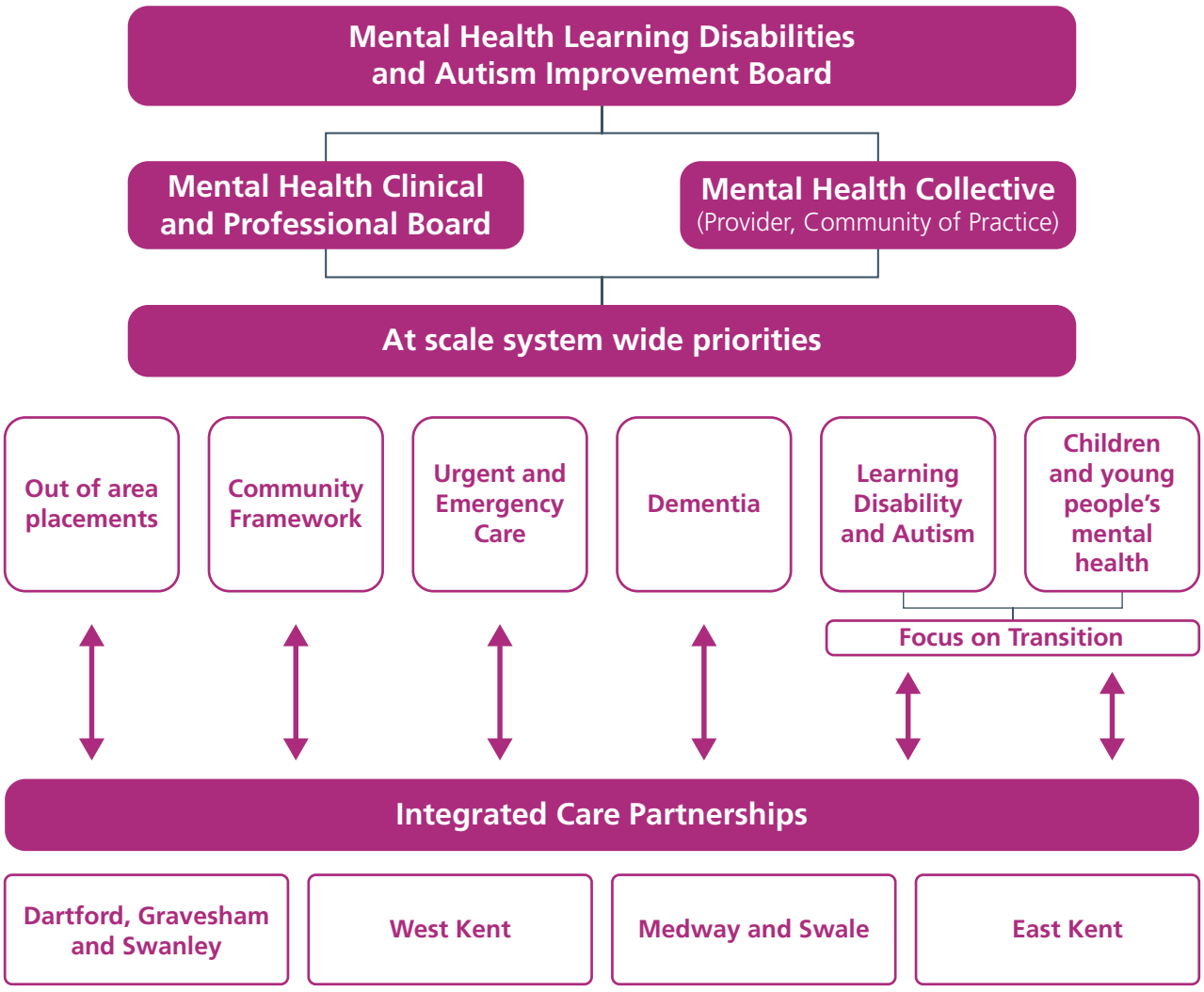
1. **Supporting the ICS to explore how care and systems can be integrated**, working through the Mental Health Learning Disabilities and Autism Improvement Board and its associated governance framework
2. **Testing and evaluating models for integrating care and systems with our partners**
3. **Driving integration to become 'business as usual' for the health and care system and for KMPT**
4. **Supporting and resourcing** our different services and teams in local areas to develop and deliver more personalised and coordinated care to the people we serve.

To deliver this integrated approach, we are investing in our workforce and recruiting to new outward facing roles that focus on strategic partnership development. These new roles will take a lead on fostering strong relationships, and support integration with ICPs and PCNs. They will help our clinicians to develop a broader awareness of developments across the Kent and Medway system and to see how they can work together with partners and colleagues to design and deliver better, more joined-up care. We also have a linked ambition to establish a Kent and Medway Innovation Hub which would align with and support delivery of our Mental Health, Learning Disabilities and Autism improvement programmes.

Kent and Medway Mental Health Learning Disability and Autism Improvement Board

The Mental Health Learning Disability and Autism Improvement Board has been established as a sub-group of the Kent and Medway STP and emerging ICS Partnership Board. A system-wide initiative, the Board:

- provides leadership, oversight and partnership working to improve the mental health and mental wellbeing outcomes of the population of Kent and Medway
- brings together senior representatives from across the ICS to work collaboratively to drive delivery of mental health learning disabilities and autism improvement priorities at scale across Kent and Medway
- operates as a strategic board, supporting development of the vision, outcomes, purpose and scope of Kent and Medway's Mental Health Strategy, and alignment with the NHS Long Term Plan; and
- ensures that the ICS is working collaboratively with ICPs so that local innovation is considered and supported within the mental health, learning disability and autism programmes of work.



Growing our capability to deliver

A focus on these capabilities will be critical to the delivery of our long-term aims and objectives. COVID-19 has demonstrated how we can grow our capabilities so that we can adapt and respond to change whilst continuing to deliver outstanding care. We will focus on:

1. Building a resilient, healthy, and happy **workforce**
2. Strengthening **partnerships with people who use our services** and their loved ones
3. Evolving our **culture and leadership** with people's safety and wellbeing a top priority through a culture of learning and improving
4. Optimising the **use of resources** and people's expertise to learn, drive change and improvement and be focused on what matters most
5. Investing in **system leadership.**

Aim:
Building a resilient, healthy and happy workforce

At KMPT we employ brilliant people; they are at the heart of everything that we do. As set out in KMPT's People strategy we want to build on this by focusing on:

> **"We want our team to feel #KMPTProud**

- recruitment and retention – we will address our vacancy rate by creating a workforce model that better supports attracting, recruiting, and retaining brilliant people
- making the best of our staff – listening to them, supporting them to drive innovation and test new ideas in a safe environment through a 'just and learning culture' that enables reflection
- developing our leaders so that they can 'lead across Kent and Medway', supporting devolved responsibility, encouraging proactivity, but making sure support is there when people need it
- investing in the health and wellbeing of our people so that they have the resilience to work at pace whilst doing all we can to prevent burnout. In 2020 we achieved the Kent and Medway Workplace Wellbeing Bronze award and we are now actively working to achieve Gold accreditation. The Gold award will provide KMPT with a comprehensive health and wellbeing offer to help attract and retain our staff.

The NHS People Plan, published in July 2020 alongside the People Promise, set out what NHS people can expect from their leaders and each other. Building on the creativity, drive and determination shown by the NHS in its response to the COVID-19 pandemic, it focuses on fostering a culture of inclusion and belonging as well as taking action to grow the workforce, train our people and work together differently to deliver care. Refreshed annually, our People Plan will be developed in alignment with the NHS People Plan and emerging Kent and Medway ICS workforce strategies.

An integral part of this will be developing and strengthening our approach to diversity and inclusion. In 2019 we were proud to hold our second **diversity and inclusion conference**, which provided a platform to celebrate the diversity of our people and

encouraged staff to join our diversity networks. Our networks provide an opportunity for people to speak up and we want them to thrive and grow over the next five years. Our diversity networks include:

- **Black, Asian and Minority Ethnic (BAME) Network**
  The Black, Asian and Minority Ethnic (BAME) Network is a vibrant and progressive forum where staff can discuss issues and seek solutions. The forum actively promotes initiatives that create awareness to all staff and looks to celebrate key dates such as Black History Month.

- **(dis)ABILITY Network**
  The (dis)ABILITY Network continually looks to improve equality in the provision of healthcare, other services, and employment. The network aims to be the vessel for staff to discuss issues that relate to disability – including mental health – and promote disability awareness.

- **The Faith Network**
  The Faith Network works to promote understanding and good relations between all religions and beliefs across our trust. The network links and shares good practice, and provides advice, guidance and information. It raises awareness of inter-faith initiatives and looks to promote key faith days to raise understanding. Inclusive of all religions and beliefs, it welcomes members to join and to educate all.

- **LGBTQ+ Network**
  This is a place for KMPT staff to discuss their views and experiences, share ideas, and promote LGBTQ+ initiatives such as LGBT History Month, pride month and trans awareness, as well as host campaigns that encourage staff to be themselves and be safe at work.

Aim:

Strengthening partnerships with people who use our services and their loved ones

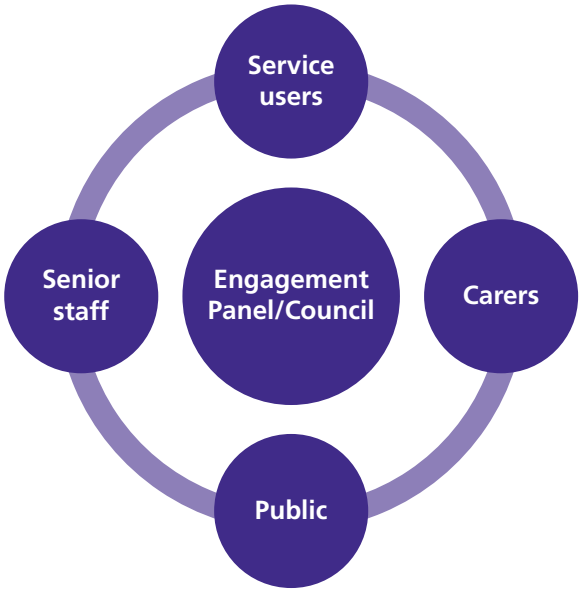
We want people who use our services and their loved ones to be involved in how we plan for, and deliver, the best possible treatment and care for people with mental ill health. Making sure the voices of those who use our services are heard is vital in shaping a modern mental health service that truly meets the needs of local people. To facilitate this engagement, we have developed a Participation and involvement strategy which aligns with the National Survivor User Network's National Involvement Standards, which were co-produced with mental health service users and carers. The participation and involvement strategy has been informed by an internal review of our engagement activity and outlines our commitment to working closely with people who use our services and their loved ones. We have a clear roadmap for implementation, covering the following key areas:

- **Training and support** for those with a lived experience perspective to help them fully contribute to improving and transforming our services

- **Communication and marketing:** including recruiting an 'engagement pool' of diverse and representative voices to help inform our work
- **Process and practical issues:** co-producing standards and procedures to guide our engagement work with services users, their carers and loved ones.

The strategy has been informed by 'business as usual' engagement activity and insights as well as specialist, targeted research. In Autumn 2020, we commissioned Engage Kent, the independent engagement arm of Healthwatch, to complete a review of our existing engagement forums. The review, which was undertaken using co-production methodology, highlighted the need for change and gave us clear recommendations to improve the effectiveness of our engagement activities. These included:

- developing and agreeing principles for engagement
- the ongoing development of the engagement pool to reflect the diversity of our patient and carer populations
- the implementation of an engagement panel to formally agree and monitor priorities for engagement annually – this would have the following groups shown in the diagram:



Our Participation and involvement strategy is also supported by our continued commitment to the 'Triangle of Care' approach which advocates for a strong carer voice in the design and delivery of mental health services through six key elements:

- Carers and the essential role they play are identified at first contact or as soon as possible thereafter
- Staff are 'carer aware' and trained in carer engagement strategies
- Policy and practice protocols on confidentiality and sharing information are in place
- Defined post(s) responsible for carers are in place
- A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway
- A range of carer support services is available.

We have now been successfully audited for our commitment to the Triangle of Care both for inpatient and community services. There are carer champions in every team in KMPT, who undertake this role in addition to their usual responsibilities. They help promote carer awareness to their colleagues as well as being a designated point of contact for carers. They keep carers in mind and champion the carers' voice. The views, experiences and insights of carers are reflected in our transformation work and will continue to be a strong voice in co-design and co-production projects and initiatives in the future.

Aim:

Evolving our culture and leadership

Over the lifetime of this strategy, we will be working to enhance the culture of our organisation. This is set out in our cultural heart which includes three key principles:

1. A 'just and learning' approach

We continuously strive to improve our services. We accept everyone makes mistakes, especially in pressured environments, we review our systems and our processes, we focus on safety for all and quality of care, not blame. We demonstrate trust and meet hurt with healing. We learn from experience and share this with others. We ask, 'what should we do differently'?

2. Living our values

We act according to our shared values; we recruit, develop, reward, and manage by them. We respect the contribution of everyone, openly working together and we value people for their individuality and the difference they bring. We demonstrate positive and respectful behaviours. We seek, listen and act on feedback to help us work together more effectively. Everyone counts, everyone has a voice.

3. An empowered 'team of teams'

We are one team with a shared purpose but to operate effectively and remain agile we organise ourselves into smaller teams with clear roles and responsibilities. These teams are empowered to make decisions and work together, always with service users at the heart of what we do. We grow strong networks with other teams and align our goals and efforts to deliver the KMPT aims and vision.

By delivering the three elements of our cultural heart we will create a fair environment where colleagues feel well-led, involved, engaged, valued, developed, supported and heard.

Our strategy reflects the national NHS People Promise:

Looking after our people by:

- Collaborating with KMPT colleagues to introduce innovative approaches to support health and wellbeing
- Encouraging belonging in the NHS
- Embracing co-production to work with KMPT colleagues to develop and embed our 'cultural heart'
- Being readily accountable for progress on our action plans and responses to feedback from our people
- Increasingly attracting diverse and talented candidates through recruitment events here and internationally, and by developing our employer brand
- Being open about our Workforce Race and Disability Equalities Standard priorities and progress

New ways of working and delivering care by:

- Challenging our thinking to create innovative workforce models for the future
- Enhancing technological developments for learning and development delivery
- Championing a quality improvement (Qi) approach to our learning and development interventions
- Ensuring we have clear management and leadership career pathways and future fit leadership development programmes

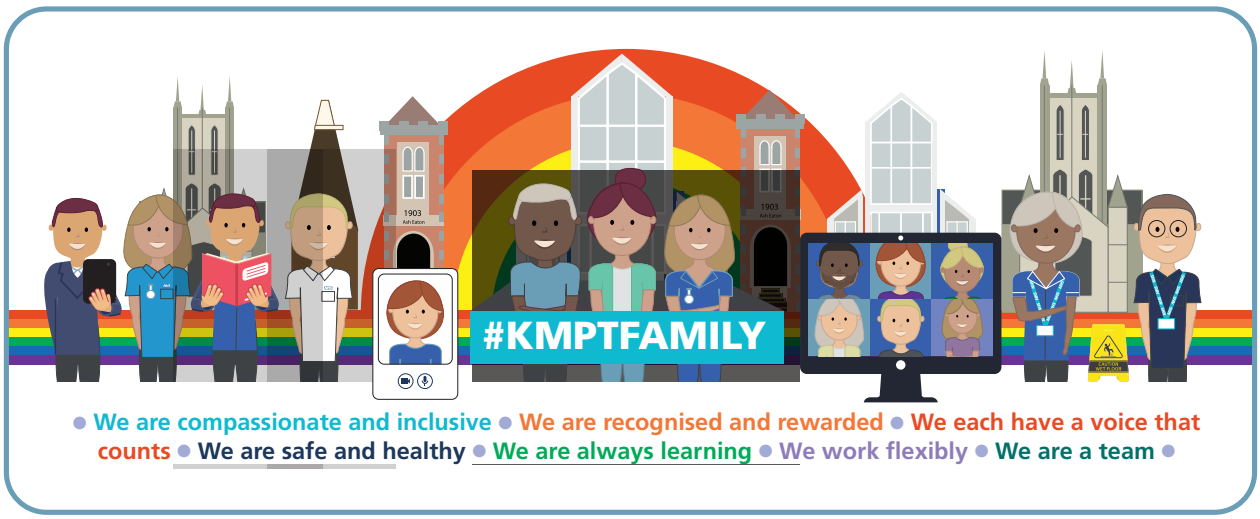
Growing for the future by:

- Reaching out to potential employees to meet us and understand our services
- Developing pro-active approaches to support and retain our people throughout their careers
- Developing clear career pathways across all employee groups
- Supporting all employees as they strive for excellence, by enabling access to learning and development opportunities
- Developing our coaching and mentoring culture across KMPT.

Ultimately, we see the empowerment of our teams as critical in helping to drive up the quality of care we deliver and the partnerships we build across Kent and Medway. Supported by our quality improvement approach we are confident that our culture will help teams identify opportunities for transformation based on need and act on those opportunities without judgement.

Rather than working in silos across KMPT, our teams will develop effective internal partnerships. Our corporate teams and functions will better integrate with our clinical teams, supporting them to deliver the best care and support to our service users and their loved ones.

Our culture will support us all to be outward facing and open to partnering with others and exploring new opportunities.



Aim:

Optimising the use of resources

We must make the best use of all our resources to ensure organisational stability, seek to deliver efficiencies where possible whilst considering opportunities for innovation and development. We will plan for future demand and deploy our resources and capacity to ensure timeliness and equity of access to our services.

Finance

There is now a 'system by default' approach to the collective management of financial resources across Kent and Medway. This includes the delivery of an overall health and care system financial improvement trajectory and identification and delivery of system-wide efficiencies to achieve financial improvement at the system level. Underpinning this are financial principles agreed by the system leadership that set out how we will manage the financial resource effectively and efficiently.

Prior to the pandemic the health and care system in Kent and Medway had been set financial trajectories by NHS England and NHS Improvement aligned to the NHS Long Term Plan. The Kent and Medway system and KMPT trajectory is outlined below:

	Financial Trajectory Pre-Central Funding (£)				
	2019/20	2020/21	2021/22	2022/23	2023/24
Kent and Medway system trajectory **Surplus / (Deficit)**	(117.8m)	(106.7m)	(89.9m)	(77.4m)	(66.8m)
KMPT trajectory excluding support funding **Surplus / (Deficit)**	(6.1m)	(5.4m)	(4.6m)	(3.6m)	(2.6m)
KMPT trajectory with support funding **Surplus / (Deficit)**	(0)	(0)	(0)	(1m)	(0)

Both are important for us because as an organisation we must think about our own financial position and how that can best support the Kent and Medway health and care system as a whole.

2020 has been an unprecedented year with the global pandemic. The NHS has implemented a new financial regime in response. All NHS providers have been asked to break even in 2020/21. To deliver a break-even position providers have received COVID-19 financial support for additional costs incurred by responding to the pandemic and also top up funding to support delivering a break-even position. This has been mainly for providers with underlying deficits like KMPT. This is shown in the second row of the table above.

As we move into 2021/22 the finance regime is yet to be confirmed, however it is expected to be similar to that of 2020/21 whilst we continue to live with the pandemic. KMPT will be starting its annual planning process shortly, and will be setting out clear guidance that includes the national planning assumptions. The national assumptions will include a level

of efficiency that all providers are required to deliver year on year. We will include this in our KMPT planning assumptions.

KMPT will continue to focus on delivery of the NHS Long Term Plan which includes expansion of a number of services. The NHS Long Term Plan includes five financial tests to ensure that taxpayers' money is used to maximum effect and our approach to finance will be aligned to these tests. The NHS will:

1. return to financial balance
2. achieve cash releasing productivity growth of at least 1.1 per cent per year
3. reduce the growth in demand for care through better integration and prevention
4. reduce unjustified variation in performance
5. make better use of capital investment and its assets to drive transformation.

We have worked hard to reshape the way our finance team operates across KMPT, embedding a business partner model that has members of the finance team working alongside the clinical and operational teams to manage resources effectively.

As part of our planning there will be a continued focus on the Mental Health Investment Standard (MHIS). This was previously known as Parity of Esteem (PoE) and is the requirement for CCGs to increase investment in mental health services in line with their overall increase in allocation each year. KMPT is using this additional funding to support the development of:

- Community teams
- Crisis and liaison services
- Perinatal services
- Early intervention in psychosis.

Clinical technology

The NHS Long Term Plan set out wide-ranging ambitions to upgrade technology and digitally enable more care across the NHS. At KMPT, we are developing a clinical technology strategy that benefits our staff and supports clinical change that will help to deliver outstanding quality care to our service users. Based on the following ten key objectives, our technology strategy is a vital opportunity to take advantage of the potential of our digital age:

1. Develop our clinical engagement practices to ensure we digitise the correct processes
2. Develop and extend our commitment to interoperability
3. Develop and extend our cyber security capabilities
4. Develop our workforce's digital capabilities
5. Develop co-production processes to ensure the design of our systems and services are user-centred
6. Ensure easy access to systems and data at the point of care
7. Develop and deploy technology which will support a paperless operating environment
8. Develop systems which support research and clinical audits

> **"Consolidating what we have, delivering what we need, developing what we want.**

9. Deploy technology which minimises negative impact of our activities on the environment
10. Deliver improvement through continuous digital development.

In developing our new Clinical technology strategy, we have engaged with more than 500 people, including service users and their carers, to understand what people want from technology. Staff told us that they want to work in a more mobile fashion, with better integration across different systems and easier access to records and information when they need it. Service users and carers said that they wanted more involvement in their care through the use of digital technologies although it is clear that we will need to build their confidence in the use and benefits of changing from a largely paper-based system. When we roll out new technologies, we will ensure they add value, reduce the administrative burden of today, and enable better quality care. Examples of the projects we are running as part of our strategy are:

- Mobilising the RIO electronic patient record system that will give us a more holistic picture of the people we care for and allow greater interoperability across teams and organisations
- Bed Management System (FLOW) - This supports our management of patient flow to ensure people's needs are appropriately met as part of acute admissions and our discharge process.

Kent and Medway Care Record

Work is underway countywide around the creation of a Kent and Medway integrated health and social care record. Accessible through RiO, the Kent and Medway Care Record (KMCR) will bring together securely NHS and social care data from across the county, involving GPs, local authorities, acute trusts, community trusts, and mental health service providers.

The work countywide is progressing well and in KMPT we are now beginning to take decisions around what patient information we will be securely sharing via the shared record.

One of the primary aims of the KMCR is to help health and social care providers make better more informed decisions for the people they are caring for. Other benefits include:

- Patients no longer having to repeat their medical and social care history when seen by different services
- More detailed and timely information allowing for faster clinical decisions to be made, improving communications between referrers and service providers, and improving continuity of care
- Enabling clinicians and social care professionals to see what care our patients are receiving from other services, for example saving time for clinicians, viewing any medication prescribed, alerts or allergies, hospital test results and if the patient has a social care package
- In the next phase of the project, patients will have the opportunity to access their own data, helping them feel more involved and engaged in their own care.

By April 2021, KMPT will be securely sharing data via KMCR and accessing data from other organisations. From April 2021, work will start on the next phase of the project to enable patients to view their own care record.

Informatics

Health informatics is the intelligent collection, management, use and sharing of information. When done effectively this can play a significant role in supporting the delivery of our vision and objectives. The KMPT Informatics strategy aims to ensure that we value our data, seeing it as an asset that will support us to make informed decisions and deliver the best quality care. It includes nine objectives:

1. Develop a centralised database for KMPT that holds all trust data where feasible, to act as 'one single source of truth'
2. Make evidence-based decisions
3. Extract intelligence from data
4. Ensure ease of access
5. Improve data governance
6. Improve data literacy
7. Improve data quality
8. Enhance user experience
9. Create an analytical workforce.

Our Informatics strategy is ambitious and will help us future proof the way we work. By changing the way we record, use and store data, we can make this information work harder, informing the wider Kent and Medway system through increased information sharing with our partner organisations.

We are making the shift to live reporting, that tells us not just about last month's activity but about real time activity allowing us to model, predict and forecast demand for the future, helping us plan more effectively.

Estates

It is critical that we deliver outstanding care in environments that are appropriate and that anyone would be happy to use.

Our Estates strategy sets out our ambition and our priorities but more importantly it links them straight back to people; those who use our services and those of us who work in them.

We use benchmark measures for the utilisation of the estate set by the Carter Review, and information available from the Model Hospital resource to ensure best value for money from these facilities.

> **"Our aim is to achieve a consistently high standard of accommodation for patients and staff while managing resources effectively. This means using our estate well and looking for opportunities to optimise it.**

As the result of an extensive listening exercise in 2018 with service users, their carers and staff, the following aims for our estate have been identified:

- Provide safe, secure, effective, and therapeutic environments
- Use the right kinds of buildings in the right location
- Reduce overall costs
- Constantly improve the appropriateness and quality of environments for patients and staff
- Develop more environmentally-sustainable buildings and services
- Generate income from surplus accommodation where possible
- Provide staff with safe and healthy workplaces
- Ensure links between our use of buildings and emerging technologies.

Whilst working to deliver our aims we recognise the new context in which we're working and the need to effectively partner with others across the system to plan our estate at a Kent and Medway level. KMPT is the lead for the 'One Public Estate' initiative in Kent and Medway which seeks to increase collaboration across public sector bodies and agencies to improve strategic estates planning.

KMPT has outsourced its catering service over the past two years with the objective to ensure that we could offer our patients a consistent method of catering services across all our sites, offering a 21-day menu cycle and bespoke menus for each care group. We have established a strong relationship with the catering provider, ensuring that the contract is managed rigorously and are working with them to consistently improve the standard of food on offer with notable improvements over the last two years. Work is underway to help ward staff ensure that service users' food experiences continue to improve, for example through the provision of napkins on tables, water provided, correct cutlery and the presentation of food. We are also considering implementing the clinical environmental role in place in our Older adults care group across all the care groups to support clinical staff in food service delivery.

"The NHS Long Term Plan provides an important opportunity for mental health services, nationally and locally with investment in mental health over the next five years promised at a faster rate than for the overall NHS budget. KMPT needs to ensure the mental health estate is improved as part of that investment. KMPT has registered two major areas for capital investment: the eradication of dormitory accommodation and a female Psychiatric Intensive Care Unit.

Aim:
Investing in system leadership

> **“ KMPT is engaged in the Kent and Medway Organisational Development Network which is working to develop a framework for Organisational development within the emerging Integrated Care System structure.**

With the move to a Kent and Medway ICS comes the opportunity to review and reflect the way we lead within our organisation and as a system partner.

As this strategy describes, we have a key role to play in supporting system wide improvement, ensuring sustainability of our system, managing risk, and sharing resource and experience.

Our Board and sub-committees will support systems leadership and contribute to effective assurance across the system. We will develop our role as an influencer across the partnership boards that exist across Kent and Medway, providing specific leadership and stewardship around issues related to mental health, learning disabilities and substance misuse. We are already starting to change the way our clinical leaders demonstrate system leadership, with a number of them sitting as members of the ICPs’ Boards to advise on issues related to mental health, learning disabilities and substance misuse.

We will continue to find opportunities to develop our leaders. We recognise that a wide range of providers are required to deliver mental health, learning disability and substance misuse services and we will embrace collective leadership to support delivery of effective, high quality services.

Our work to establish the Mental Health, Learning Disability and Autism Improvement Board and supporting workstreams demonstrates how this approach can bear fruit. With a focus on providing leadership, oversight and partnership working the Board will work on priority areas including, dementia, urgent and emergency care, community mental health, out of area placements and learning disabilities and autism, to drive forward improvements for local people. Working as a system board gives us greater capacity for integration with accelerated growth and innovation, access to better analysis and real time data as well as the potential for cost savings through system-wide efficiencies.

Measuring our success and impact

There are a number of ways in which we will measure and assess the impact of this strategy. From listening to the experiences of services users and their loved ones, to ensuring that we respond to regulatory requirements, we will chart the progress that we make and the impact that it has on the people we care for.

Measure of Success	Approach
Annual operating plan (Strategy delivery plan)	Published in April each year, our annual operating plan will set out in detail our key priorities for the next 12 months and how we will measure impact and outcomes. Our operating plans will always align with the vision and aims of this strategy and will be underpinned by integrated quality and performance reporting.
Annual reports	Our annual report describes the changes and improvements across the trust over the past year, and reports on the trust's financial performance and position.
Annual Quality Account	Reports about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider and are available to the public. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.
Carbon reduction achievements	Part of regular Board reporting on plans to develop more environmentally sustainable buildings and services.
Complaints and compliments	These are collated and reported to the Board on a regular basis with analysis and discussion to address recurring themes and areas of risk, to agree priorities for improvement and to acknowledge and spread best practice as appropriate.
Contracts	We report against a number of key performance indicators (KPIs) through the contracts we hold with our commissioning partners. In the future we will also report against KPIs within Integrated Care Partnerships contracts.
CQC Inspection	The CQC monitor, inspect and regulate our services to make sure they meet fundamental standards of quality and safety. They publish their findings, including performance ratings to help people choose care.

Feedback from our staff	Our staff are our greatest asset and listening to their views is a vital part of ensuring that KMPT can offer brilliant care through brilliant people. We undertake regular surveys of staff satisfaction and wellbeing, and participate in the annual NHS staff survey.
Friends and Family Test	The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The FFT asks people if they would recommend the services they have used and offers a range of responses.
GP feedback	Listening to the views of our primary care colleagues will be an important part of developing our support offer to them and will help us further integrate across the wider health and care system.
Integrated Quality and Performance Report (IQPR)	The Integrated Quality and Performance Report (IQPR) is a key document that ensures our Board is sighted on key areas of concern in relation to a range of internally and externally set key performance indicators.
Listening to service users, carers and loved-ones	The views of service users, families, carers and loved-ones are vital in helping us shape and refine the way we design and deliver our services. We undertake regular surveys to assess outcomes, experience, and satisfaction. The establishment of an Engagement Panel to formally agree and monitor priorities for engagement annually will support measurement and evaluation of this area of our work.
Partnership survey	The importance of partnership working is critical to the successful delivery of this strategy. We will regularly assess our progress through the partnership survey.
Recruitment and retention and promotion/career progression figures	A quantitative measure alongside our staff survey to assess progress on our people and culture plan as a key enabler to delivering our organisational strategy.

Next steps

By 2023, we will have made significant strides in meeting the aims and objectives set out in this strategy and helping local people live their best lives. First and foremost, we will have improved the quality of care and support for people that use our services. We want to see our new clinical care pathways fully embedded and providing evidence-based interventions that deliver improved population health outcomes across Kent and Medway.

Through closer system partnerships we will be working in a more integrated way to provide seamless transition between mental and physical health services. In those areas where we have specific expertise, we will be using it to take a lead across the system.

We will be well on our way to making the objectives of our enabling strategies a reality, with remote working delivering services to people through the use of digital technologies and our workforce and organisation reaping the benefits of flexible working.

We'll have a happy and engaged workforce that is #KMPTProud, with improved attraction, recruitment, and retention of staff. People will actively seek our services as the provider of choice when they need us most.

We recognise that our strategy must remain live and evolve to reflect the changing demands and requirements of the environment in which the NHS, the wider system and our services operate. Alongside our strategic aims we will refresh our priorities each year and publish an annual strategy delivery plan.

We are excited about the opportunities that increased investment in mental health and a renewed focus on improving and transforming services offer to us as an organisation and to those we serve. We look forward to bringing our aims and ambitions to life – delivering Brilliant care through brilliant people.

Please call **01622 724131** if you would like this leaflet in a different language or format.

Visit us at www.kmpt.nhs.uk

Review January 2023 KM1377

NHS
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Front Sheet

Title of Meeting	Trust Board	**Date**	28 January 2021
Title of Paper	Strategy Delivery Plan 2020/21 Performance Update		
Author	Martine McCahon, Assistant Director Transformation and Improvement		
Executive Director	Vincent Badu, Executive Director Partnerships and Strategy		

Purpose: the paper is for:	• **Delete as applicable**
• Information	

Recommendation:

The Board is asked to note progress report on delivery against trust strategic priorities between 1st April to 31st December 2020.

Summary of Key Issues: • **No more than five bullet points**

- A new organisational strategy for the period April 2020 – March 2023 was developed and considered by the board in the early part of 2020. The strategy sets out a clear framework for what we want to achieve over a number of years underpinned by aims which describe what we will do to get there and objectives that set out how we will do this.
- To support measurement of our performance an annual strategy delivery plan for 2020/21 was approved by the board in April 2020. The plan set out all of the priorities to be delivered against each of the strategic aims and objectives over the twelve month period.
- During the first 3 quarters of the 2020/21 performance year there has been good progress in delivery against plan, for completeness a comprehensive report is available in the board reading room. Where there have been challenges in terms of delivery for some key elements, these exceptions are reported in the table below.
- The COVID 19 pandemic has resulted in significant adverse operational pressures, priorities and capacity and the intensity of this impact is escalating as we enter quarter 4. This unprecedented situation may reduce the opportunities available to meet all of our objectives within agreed timelines.
- The organisation's clinical care pathways programme is continuing with good progress, however, through the most recent lockdowns (from November 2020), there are now implementation delays due to the increased level of sickness absence, general national guidelines and the need to implement emergency preparedness and response plans.
- Although we have reduced our unidentified savings gap from quarter 2 to quarter 3 the unidentified gap is £1m at the end of Month 9 and there are increased pressures on agency spend due to vacancies and managing demand for our services

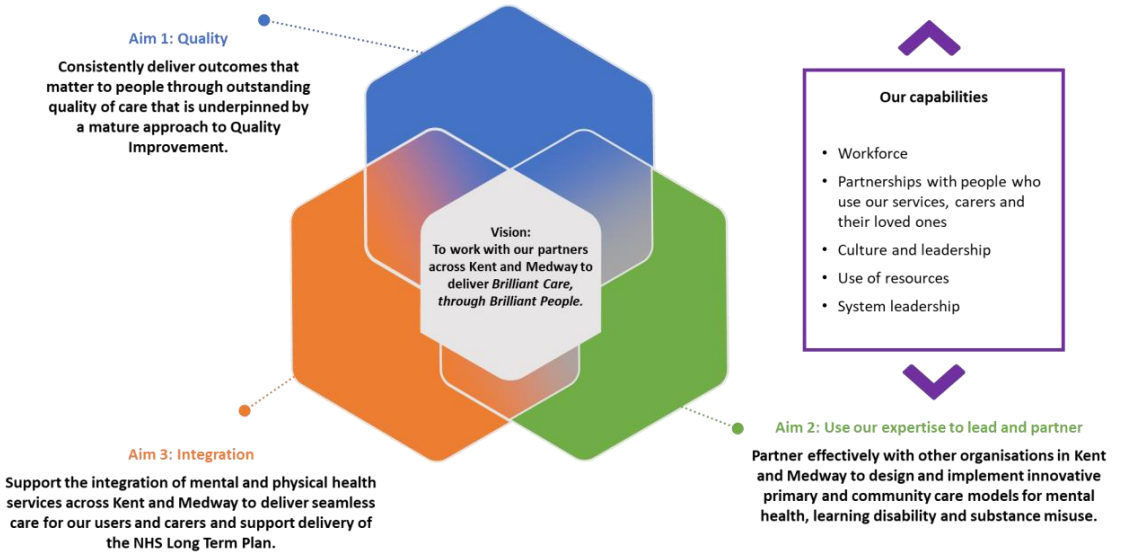
Report History:
In April 2020 the board approved the 2020/21 strategy delivery plan which supports the whole organisation to deliver our ambition of "Brilliant care through brilliant people" - Helping local people live their best life

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

Implications / Impact:
Patient Safety: Patient safety is considered across all priorities of KMPT's 2020/21 strategy delivery plan
Identified Risks and Risk Management Action: If KMPT does not meet our ambitions with our 2020/21 strategy delivery plan there is a risk we will not deliver high quality service or financial balance
Resource and Financial Implications: Programme and project management support is being delivered through the transformation and improvement team who are working in collaboration with clinical and operational leads, finance, performance and other key colleagues
Legal/ Regulatory: The NHS Long Term Plan sets out commitments to pursue the most ambitious transformation of mental health care England has ever known. The Mental Health Implementation Plan provides a new framework to ensure we deliver on this commitment at the local level for mental health, learning disability and autism services
Engagement and Consultation: Clinical, operational and support staff across all care groups and directorates have been driving forward this work, including people with lived experience
Equality: No
Quality Impact Assessment Form Completed: No

Background and overview

In 2020 KMPT approved the 2020/21 strategy delivery plan which supports us to deliver our ambition of “Brilliant care through brilliant people” - Helping local people live their best life. Within our strategic framework our three overarching aims underpin our vision by describing what we will do to get there, our objectives set out how we will do this, and our capabilities will support and enable the achievement of our three aims;



This Trust Board report provides an overview of delivery of KMPT’s 2020/21 strategy delivery plan during the first three quarters April to December 2020.. The table below assesses which of the key priorities have been met against our three overarching aims through the delivery of agreed objectives. Detailed quality and performance reporting is presented at quality and performance reviews (QPRs) and executive assurance committee (EAC) as part of our establish governance systems.

Within the table below exception reporting is provided where there have been challenges with regards to delivery and a brief narrative articulates the reasons for this and our management action to be taken forward during the proceeding reporting period January – March 2021. For completeness a more detailed report is available in the Board’s reading room against each of the strategy delivery plan’s aims and objectives.

Conclusions and next steps

The Board is asked to note the performance delivery made during quarters 1-3 aligned to the annual strategy delivery plan and to endorse the management actions being taken during quarter 4 against the exceptions reported below.

KMPT's delivery for quarters 1-3 for the 2020/21 strategy delivery plan

Aim and objectives	Executive sponsors	Delivery during quarters 1-3	Exceptions	Management action (January – end March 2021)
Aim 1 – quality. We will have a coherent approach that will focus on the delivery of five objectives: 1. Achieving our **Quality Account Priorities** 2. Implementing programmes that improve **Care Pathways** 3. Developing and delivering a new **KMPT Clinical Strategy** 4. Embedding **Quality Improvement** in everything that we do 5. Strengthening our approach to **Research and Development** and delivering evidence-based care.	Executive Medical Director, Executive Director of Nursing & Quality, Chief Operating Officer		• Completion of the Clinical strategy has delayed due to the COVID pandemic An internal and external clinical engagement programme has been undertaken and this has been further augmented by working with the MHLDAIB to enhance integrated working with clinical leaders in Primary Care Networks • Improve care through better pathways – all care groups – the impact of wave 2 from Nov 20 to current date has had an adverse impact on resources and capacity within the teams to fully deliver transformation and recovery plans. Learning from wave 1 was to try to keep all element s of service operational including routine assessment and Memory Assessment alongside improved use of digital and virtual care; due to high staff sickness rates and need for implementation of business continuity plans the teams are daily monitoring and prioritising work. There will be an impact on ability to maintain both pace of change and meeting 4 week assessment standards for *some* routine work • Very positively the CMH Framework programme has continued and the development of the bid for system mental health funding is on track • Overall learning from wave 1 has been built into both standard operational procedures and business continuity and learning continues despite the challenges	• Clinical strategy – will be explored and finalised through engaging various professional groups • Care pathways – implementation and delivery timeframes will be robustly monitored through the programme board • For Memory Assessment Services the care group has implemented virtual assessment. Data indicates around 20% of people will take up the offer of virtual memory assessment. • There is an impact on MAS with the local system communicated with. • Demand and capacity modelling to assess the impact of wave 2 in place to help understand the future impact of wave 2 • Ensuring routine work continues as is practical
Aim 2: Use our expertise to lead and partner. We will focus on the delivery of three objectives: 1. Build **active partnerships** with KM health and care organisations 2. Partnering **beyond Kent and Medway**, where it benefits our population 3. Build an **ethos of innovation** within the trust to support	Executive Medical Director, Chief Operating Officer, Executive Director of Finance and Performance		• Deliver specialised services as part of the NHS-led Provider Collaborative - Go-live for the Provider Collaborative has been delayed due to the national pandemic. The forecast for the end of December KMPT had achieved a reduction of 11 inpatient beds. It was behind the target set in early April 20, by 15 beds. Go-live is meant to be the 1st April 2021	• Ongoing discussions with the NHS-led Provider Collaborative following wave 2 of the pandemic.

the development of primary and community care models for mental health, learning disabilities and substance misuse.				
Aim 3: Integration. We are committed to the delivery of three objectives: 1. Supporting the **ICS to explore how care and systems can be integrated** – with a focus on mental health, learning disabilities and substance misuse 2. Testing and evaluating **models for integrating care and systems** with our partners 3. Driving **integration to become business as usual for the system and for KMPT**.	Chief Executive, Executive Director Partnerships and Strategy and executive management team		All actions within strategy plan on target – no exceptions to report	KMPT continue to provide senior system leadership and programme management to drive delivery of mental health, learning disability and autism priorities
Growing our capability to deliver A focus on our capabilities will be critical to the delivery of our aims and objectives. We will focus on: 1. Building a resilient, healthy and **happy workforce** 2. Strengthening **partnerships with people who use our services** and their loved ones 3. Evolving our **culture and leadership** 4. Optimising the **use of resources** 5. Investing in **system leadership.**	Director of Workforce and Communications, Executive Director of Finance and Performance		• The unidentified savings gap in quarter 3 is £1m at the end of Month 9, although this has reduced from the quarter 2 position of an unidentified gap of £1.9m. • Increased pressures on agency spend due to vacancies within services and managing demand for our services.	• During quarter 4 CIP plans will continue to be delivered and progress robustly monitored at a care group level , and this includes agency spend

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Title of Meeting	Trust Board	**Date**	28/01/2021
Title of Paper:	Integrated Performance and Quality Report (IQPR) Performance Update as of: December 2020		
Author:	All Executive Directors		
Presenter:	Helen Greatorex, Chief Executive		
Executive Director:	Sheila Stenson – Executive Director of Finance		

Purpose: the paper is for:	**Delete as applicable**
• **Discussion and information.**	

Recommendation:

The Board is asked to consider December's Integrated Quality and Performance Report (IQPR) noting the key areas of focus.

Summary of Key Issues: **No more than five bullet points**

Each section has been written by the Executive lead for the domain. The report provides Trust-wide performance data. Metrics of key interest have further analysis by Care Group through exceptions highlighted by Statistical Process Controls. Further Care Group and locality data is monitored by the Executive and their teams.

The report highlights where performance has improved, is on track and has declined.

Report History:

None

Strategic Objectives:	**Select as applicable**
☒ Consistently deliver an outstanding quality of care	
☐ Recruit retain and develop the best staff making KMPT a great place to work	
☒ Put continuous improvement at the heart of what we do	
☐ Develop and extend our research and innovation work	
☐ Maximise the use of digital technology	
☐ Meet or exceed requirements set out in the Five Year Forward View	
☐ Deliver financial balance and organisational sustainability	
☐ Develop our core business and enter new markets through increased	

partnership working

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

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

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Introduction

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.

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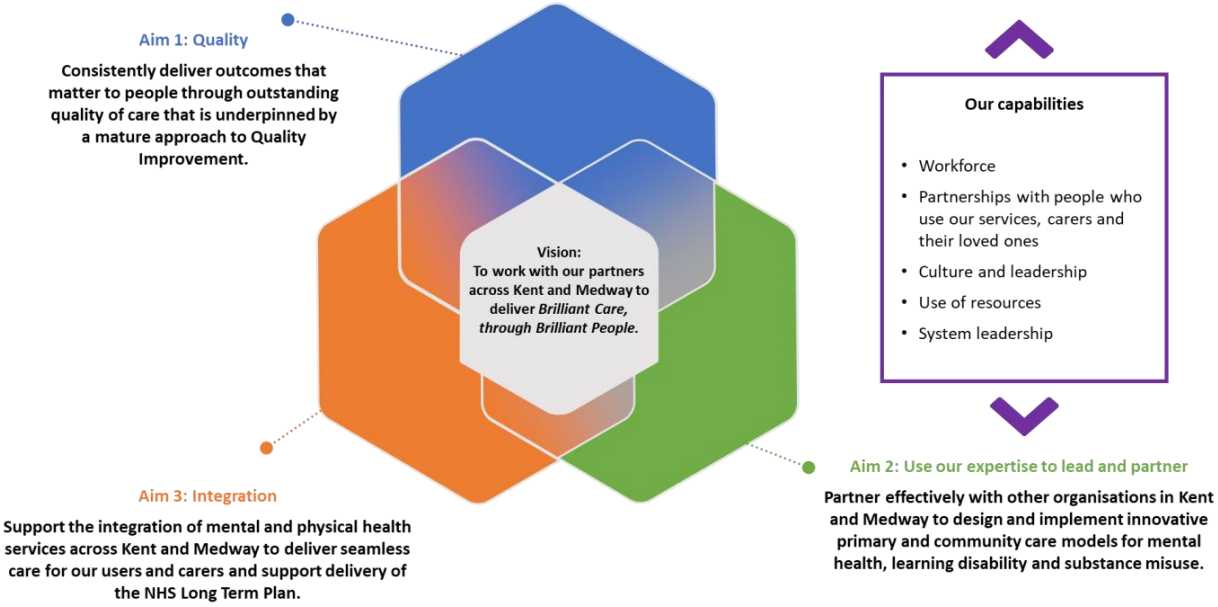

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Executive Commentary

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

Indicators to highlight in month include:

- Continued high performance in the treatment of patients on CPA (Care Programme Approach) receiving a 12 month review, maintaining performance in month which is once again exceeding the National target for this cohort of patients (97.1%) for the eighth month in a row.
- The % of patients on CPA Followed Up within seven days of discharge was 98.7% in December, continually above the 95%.
- The Early Intervention in Psychosis service is made up of 5 teams across Kent and Medway. The teams have continued to meet the required national standard (60%) for referral to treatment within 14 days, generally well above the required national trajectory.
- There was a significant decrease in inappropriate out of area bed days, December (89 bed days) saw an decrease from 248 in November which was the highest monthly position since May 2020.
- Despite a further decline in performance of the % of patients with a valid CPA care plan (81.4%) further work has been completed to increase assurance that those within the CMHT Support plan pilot are receiving plans despite not being counted within the indicator currently as the pilot is not yet expanded across all teams to allow a consistent measure. The indicator continues to be achieved for all patients on CPA.
- Overall staff sickness increased by 0.7% to 5.1% in month – of which 0.5% is COVID related

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

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

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

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

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

Helen Greatorex
Chief Executive

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IQPR Change Tracker

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

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

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Regulatory Targets – Single Oversight Framework (SoF)

Overview

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

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

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

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

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

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

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

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IQPR Dashboard Guide

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

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

Ref: Individual indicator ID's, refrenced in supporting narrative within report

Domain: The report is presented in sections consistent with the 5 domains set out by the CQC.

Monthly performance: performance for a given month, usually reflective of performance for the stated period but may reflect a rolling 12 months for some indicators.
Grey boxes show where indicator is reported at a frequency less that monthly.

IQPR Dashboard: Safe

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

Indicates if the measure is contained within the Single Oversight Framework as measured by NHS Improvement to inform segmentation of providers: https://improvement.nhs.uk/resources/single-oversight-framework/

Targets: Determine by regulatory bodies where stated (N). In absence of national target a local target has been set (L) for some indicators.

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IQPR Exception Reporting

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

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

Exception Summary:

	005.E: Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	Performance	Assurance	Latest Value	Target
1	Acute			0.0	0.0
2	OPMH			0.0	0.0
3	PICU			86.0	0.0
4	**Trust Total**			86.0	0.0

Interpretation of results (Trust wide)	
Variation	Special cause of **improving** nature or higher pressure due to **lower** values
Assurance	Variation indicates consistently **failing short of target**

Narrative

The number of out of area placements has decreased from 248 to 86 bed days in month.

There is no national data available to assess the impact of Covid on psychiatric acuity or the use of PICU at the current time however out of area bed use generally is high across the country. KMPT remain one of the few Trust's continuing to find any person needing an acute admission a bed in Kent other than PICU. The Chief Operating Officer and Deputy Medical Director keep a weekly oversight of any out of area admissions.

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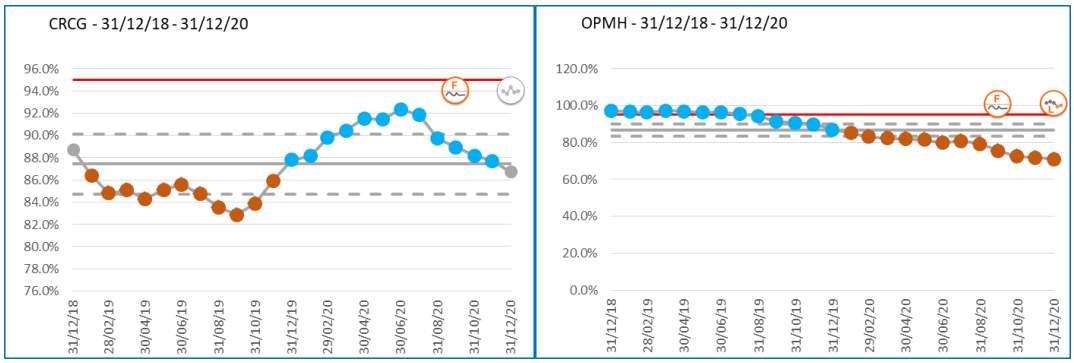
	007.E: % Of Patients With Valid CPA Care Plan Or Plan Of Care	Performance	Assurance	Latest Value	Target
1	**CRCG**			86.7%	95.0%
2	**FSS**			96.6%	95.0%
3	**OPMH**			70.9%	95.0%
4	**Trust Total**			81.4%	95.0%

	008.E: Crisis Plans (All Patients)	Performance	Assurance	Latest Value	Target
1	**CRCG**			91.4%	95.0%
2	**FSS**			95.5%	95.0%
3	**OPMH**			77.8%	95.0%
4	**Trust Total**			86.1%	95.0%

Interpretation of results (Trust wide)	
Variation	Special cause of **concerning** nature or higher pressure due to **lower** values
Assurance	Variation indicates consistently **failing short of target**

Narrative

These standards count for those with a care plan created or updated in the last 12 months for all patients on a CPA or non CPA pathway on the electronic patient record – RiO. The current data does not take into account the new process in CMHTs for care planning for people not subject to CPA using neither Personal Support Plans (PSP) nor the standard letter to people being seen in the Memory Assessment services as these are not consistent recorded on RiO in a standardised manor to allow reporting.



The above graphs show a run of decreasing points below the mean for OPMH leading to highlighted special cause variation. Whist CRCG as a whole is not showing special cause variation in month there is a continued downward trend. This is driven by CMHTs within CRCG, it should be noted that as previously reported the inclusion of the CMHT personal support plan shows an

increase against this standard by approximately 4% for the care group. In December the Quality Impact Assurance (QIA) group agreed to fully roll out the PSP programme across the CMHTs. As training is needed all CMHTs will implement from 11th January 2021. The need to ensure this change is safe and effective is paramount and learning from the pilot has been built into the next phase roll out. Once this programme is fully ratified via the Clinical Effectiveness group and QIA group the data will be pulled through into the IQPR reporting.

Work is underway to ensure the same for the Memory Assessment Service care planning letter.

	012.E: Average Length Of Stay (Younger Adults)	Performance	Assurance	Latest Value	Target
1	**Amberwood Ward**			20.8	25.0
2	**Bluebell Ward**			26.7	25.0
3	**Boughton Ward**			55.7	25.0
4	**Chartwell Ward**			21.4	25.0
5	**Cherrywood Ward**			43.3	25.0
6	**Fern Ward**			23.1	25.0
7	**Foxglove Ward**			91.7	25.0
8	**Pinewood Ward**			14.4	25.0
9	**Upnor Ward**			32.0	25.0
10	**YA Acute**			36.0	25.0

Interpretation of results (Trust wide)	
Variation	Special cause of **concerning** nature or higher pressure due to **higher** values
Assurance	Variation indicates **inconsistently** hitting or failing short of target

Narrative

Historically this target has consistently been met by the Acute Care Group for Younger Adult (YA) bed days. There has however been a significant increase in the last two months, to an average length of stay in excess of 30 days. This has been driven by increased acuity. The year to date position now exceeds the target of 25 days at 26.7 days.

Variation exists across the YA wards. During the financial year, on a year to date basis there is a variance from 20.3 days (Amberwood) to 32.2 (Foxglove).

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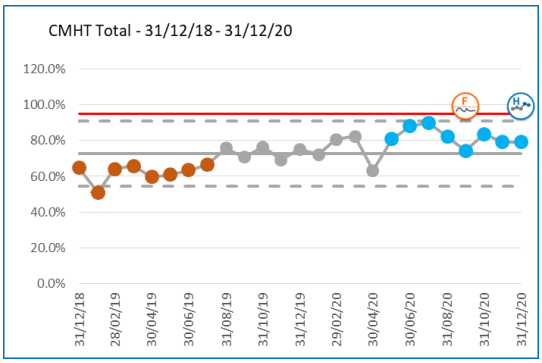
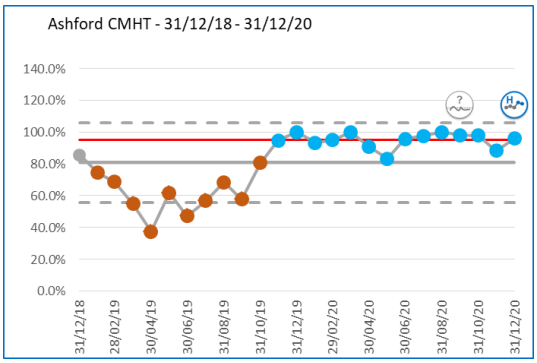
	002.R: Referral To Assessment Within 4 Weeks	Performance	Assurance	Latest Value	Target
1	**Acute**			97.8%	95.0%
2	**CRCG**			79.8%	95.0%
3	**FSS**			91.6%	95.0%
4	**OPMH**			51.6%	95.0%
5	**Trust Total**			73.2%	95.0%

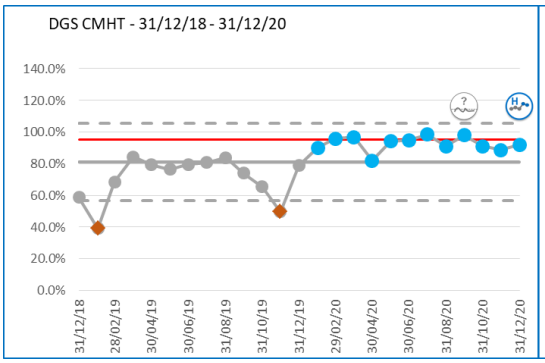
Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change Special cause of concerning nature or higher pressure due to lower values
Assurance	Variation indicates consistently **failing short of target**

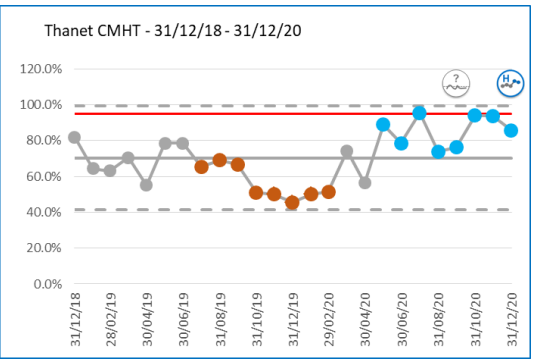
Narrative

Despite challenges in meeting demand the impact on the reported % continues to experience common cause variation for the 4 week wait wait to assessment. CRCG has demonstrated special cause variation of an improving nature. This is driven by increased CMHT performance in the last 8 months in comparison to the mean of the previous 2 years. Three CMHTs demonstrate this improvement as shown below – all other CMHTs show common cause variation.









It should be noted that due to the constant presence of urgent referrals which are prioritised over those waiting the longest, chronologically reduced capacity can counterintuitively lead to increased performance in the short term as fewer assessments take place of which a higher proportion are

urgent assessments within 28 days. It is therefore important to consider waiting list size and known capacity constraints alongside % achieved. Demand and Capacity work is ongoing to model future impact from current reduced capacity due to an increase in staff absence and a need to move resource to other areas whilst we manage the second wave of COVID. The demand and capacity work will provide a full overview by CMHT and CMHSOP teams forecasting levels of achievement and waiting list sizes for the next 18 months and will be regularly reviewed.

The Older Persons Care Group continues to differentiate between people with a functional illness (e.g. psychosis & bi polar) and those needing a memory assessment, using an interim solution of cluster information where known. The data highlights those with a functional illness and more likely to require urgent attention are prioritised in line with the care group recovery plan.

	003.R: 18 Weeks Referral To Treatment	Performance	Assurance	Latest Value	Target
1	**Acute**			100.0%	95.0%
2	**CRCG**			95.0%	95.0%
3	**FSS**			84.9%	95.0%
4	**OPMH**			56.8%	95.0%
5	**Trust Total**			77.3%	95.0%

Interpretation of results (Trust wide)	
Variation	Special cause of concerning nature or higher pressure due to lower values
Assurance	Variation indicates consistently **failing short of target**

Narrative

Continued special cause variation continues to exist at a trust wide level driven by pressures within OPMH due to the national decision to cease memory assessments earlier in 2020 during wave 1 of COVID. This has therefore contributed to creating a backlog. Recovery by team is varied as shown by the table below with 5 of 11 teams showing special cause variation. Demand and capacity modelling is being expanded to incorporate this indicator to allow greater understanding of future performance as well as waiting list sizes and timescales for improvement.

Kent and Medway NHS
NHS and Social Care Partnership Trust

	003.R: 18 Weeks Referral To Treatment	Performance	Assurance	Latest Value	Target
1	Ashford CMHSOP			38.2%	95.0%
2	Canterbury CMHSOP			65.1%	95.0%
3	DGS CMHSOP			59.6%	95.0%
4	Dover & Deal CMHSOP			73.9%	95.0%
5	Maidstone CMHSOP			42.2%	95.0%
6	Medway CMHSOP			48.0%	95.0%
7	Sevenoaks CMHSOP			68.0%	95.0%
8	Shepway CMHSOP			71.4%	95.0%
9	Swale CMHSOP			70.6%	95.0%
10	Thanet CMHSOP			61.4%	95.0%
11	Tunbridge Wells CMHSOP			42.9%	95.0%
12	**CMHSOP Total**			55.6%	95.0%

	007.R: DNAs - 1st Appointments	Performance	Assurance	Latest Value	Target
1	**Acute**			9.4%	
2	**CRCG**			15.2%	
3	**FSS**			15.8%	
4	**OPMH**			6.1%	
5	**Trust Total**			13.5%	

	008.R: DNAs - Follow Up Appointments	Performance	Assurance	Latest Value	Target
1	**Acute**			6.8%	
2	**CRCG**			14.0%	
3	**FSS**			15.3%	
4	**OPMH**			3.8%	
5	**Trust Total**			11.1%	

Interpretation of results (Trust wide)	
Variation	Special cause of **concerning** nature or higher pressure due to **higher** values
Assurance	N/A – not set target
Narrative	

Kent and Medway NHS
NHS and Social Care Partnership Trust

A high level of variation continues to exist in DNA rates across care groups, in order to better understand reasons for this a rationalisation of the current options on RiO has taken place with final proposal for sign off before the end of January. The exercise has also been repeated for cancellation codes.

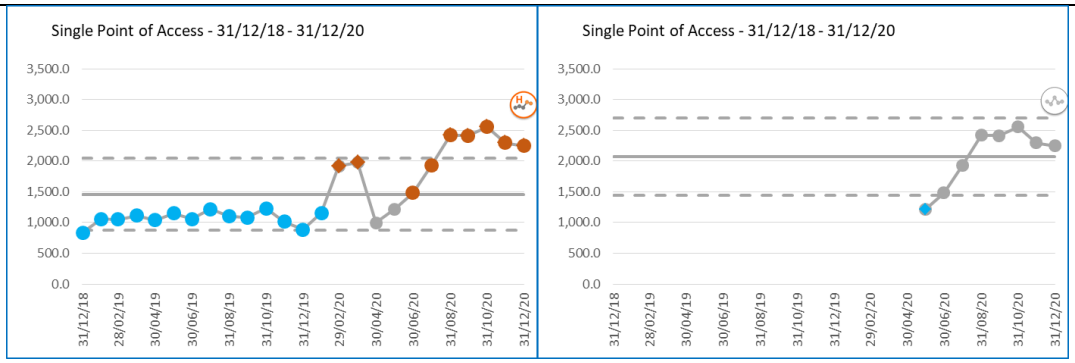
SPoA has started to record DNA's for patients that have been telephoned and they have not answered the call leading to an increase in the reported CRCG position in recent months. An exercise is underway to ensure team inclusion in this indicator is appropriate to ensure overall DNA rates reported here give the required level of assurance.

	013.R - 0.15R: Referrals	Performance	Assurance	Latest Value	Target
1	**Acute**			1,868	
2	**CRCG**			5,317	
3	**FSS**			1,788	
4	**OPMH**			1,299	
5	**Trust Total**			10,272	

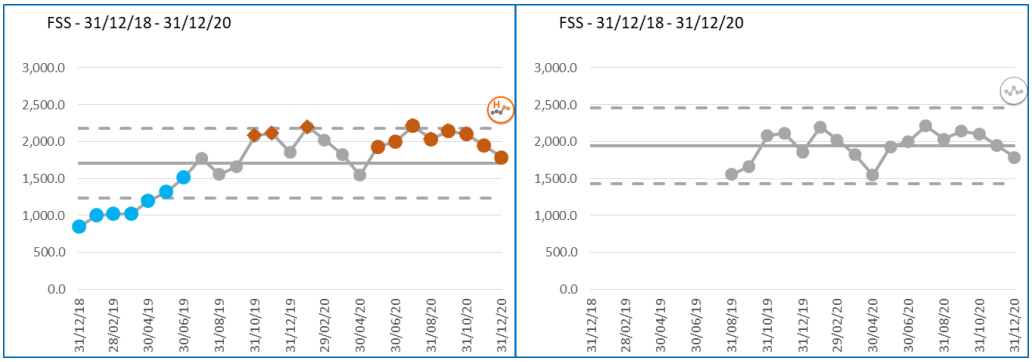
Interpretation of results (Trust wide)	
Variation	Special cause of **concerning** nature or higher pressure due to **higher** values
Assurance	N/A – not set target

Narrative

SPC analysis has highlighted increase pressure in month driven increases in Community Recovery Care Group (CRCG) and Forensic and Specialist Care Group (FSS).
Within CRCG, all CMHT's are subject to common cause variation with the exception of Medway CMHT which has special cause variation due to increased pressures in month.
The majority of the CRCG pressure is due to Single point of Access as shown by the first graph below. When analysed since May 2020 there was a change in process for SPoA referrals - Increased opening hours and increased demand from the pandemic. This led to increased pressure is demonstrated within the SPC chart - but not deemed significant as remains within the upper control limit as shown in the second graph below.



Despite a reduction in FSS referrals in month it remains subject to special cause variation as the last 8 data points are above the mean of the last 2 years. There has been a change in referral rates over the last 2 years due to varying service provisions having taken on new services as part of the Provider Collaborative for Kent Surrey and Sussex as well as funding received to invest/develop our services. Consideration will be given to resetting the control chart from August 2019 onwards which would yield different results as shown in the second chart demonstrating common cause variation.



Kent and Medway NHS
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Trust IQPR by CQC Domains, Trust Strategic Objectives & Board Assurance Framework

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): Executive Director of Nursing & Quality
Lead Board Committee: Quality Committee

Issues of Concern
SI Breaches over 60 days – plan in place to address

Executive Commentary

The safety metrics related to ligature incidents, restrictive interventions, serious incidents and infection prevention and control were reported in the Quality Digest report and reviewed by the Quality Committee in January 2021. Highlights from the Quality Digest are reflected below:

Restrictive practice (011- 013 .S)

There was an overall improvement in the use of restrictive interventions as evidenced by the reduction of these incidents across acute and older adults care group. Of note is that all restraints and seclusion were the lowest numbers year to date. Further analysis of each incident showed two instances of seclusion use in order to manage Covid -19 risks associated with patients refusing to self-isolate. Exceptions for higher use of restraints were in three areas - Boughton ward, Chartwell ward and a Forensic ward whereby there were a few patients with extremely challenging behaviour which required these interventions in order to maintain safety.

Prone restraints continue to be monitored and only used where supine approach has not been possible. The reason for use of each intervention is detailed in incident reports and patients clinical records. There has been a steady reduction in prone restraints from thirteen in September to three in December. The recent prone restraint episodes were used across three different wards. In all cases, this was necessary to administer intramuscular medication, no harm was caused to the patients or staff and each episode lasted less than two minutes.

Use of seclusion was also the lowest year to date. There was no harm caused to patients however one member of staff sustained a moderate injury during initiation of seclusion and support was offered in line with standard practise.

Serious Incident (SI) (006.S and 008.S)
The number of serious incidents has increased in month due to Infection and Prevention and Control (IPC) outbreaks related to Covid -19. The Board has been kept up to date on these outbreaks through the weekly briefings. If IPC outbreaks are excluded (nine in total), the number of reported SIs in month has remained stable.

SI breaches continue to fluctuate depending on the number of reported incidents in preceding months, the investigation capacity and potential delays arising from quality checking process. On recognition of the demand placed on operational services in response to wave 2 of the Covid 19 pandemic, Kent and Medway quality system with support from NHSE/I, has supported local approaches that create investigation capacity. The interim changes will provide Organisational flexibility to respond to national targets for completing Root Cause Analysis investigations within sixty days.

To support this change, the Trust is developing a local Standard Operating Procedure for the management of SIs during the pandemic. This will include prioritising investigation work based on incident risks and ability to extract immediate learning for implementation. Priority has been given to investigations following unexpected deaths e.g. where there is an Inquest pending in order to assist the coroner with their investigations and to support families. For some incidents, the System has agreed that a detailed 72hr report (Immediate Management Review report) will be accepted in place of a full Root Cause Analysis investigation. These approaches will undoubtedly support organisations with focusing their investigative capacity where there are greater opportunities for learning and improvement to patient safety. The Central Investigation Team for SIs is fully recruited and all team members are now in post. This additional resource will provide much needed support for SIs and complex complaints investigations and should lead to further improvement not only in the quality of the reports, but the timeliness for completion.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
001.S	Occurrence Of Any Never Event	✓	0	N	0	0	0	0	0	0	0	0	0	0	0	0
002.S	CPA Patients Receiving Formal 12 Month Review		95%	N	95.0%	96.0%	94.9%	94.0%	95.6%	95.8%	95.9%	96.0%	95.6%	95.9%	97.1%	97.1%
003.S	% Inpatients With A Physical Health Check Within 72 Hours		90%	L	93.4%	94.7%	95.8%	95.1%	95.2%	97.7%	95.8%	97.0%	95.4%	97.5%	94.3%	95.2%
004.S	Emergency Readmission Within 28 Days		8.8%	L	9.9%	9.8%	8.5%	10.9%	9.6%	10.6%	7.0%	13.6%	11.6%	7.7%	8.5%	6.3%
005.S	Number Of Unplanned Absences (AWOL and Absconds on MHA)		-	-	17	24	25	6	19	26	19	16	17	21	13	15
006.S	Serious Incidents Declared To STEIS		-	-	10	8	18	11	8	22	20	24	15	17	11	23
007.S	% Serious Incidents Declared To STEIS within 48 hours		-	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
008.S	Number Of Grade 1&2 Sis Confirmed Breached Over 60 Days		0	L	16	8	12	8	4	8	3	8	17	12	20	14
010.S	All Deaths Reported On Datix And Suspected Suicide		-	-	319	235	172	375	206	286	232	218	140	134	232	225
011.S	Restrictive Practice - All Restraints		-	-	135	111	159	131	105	152	129	159	132	146	105	96
012.S	Restrictive Practice - No. Of Prone Incidents		0	L	3	4	11	5	5	6	1	10	13	11	6	3
013.S	Restrictive Practice - No. Of Seclusions		-	-	28	25	38	25	28	39	22	32	22	29	32	17
015.S	Ligature Incidents - Ligature With Fixed Points (moderate to severe harm)		0	L	0	0	0	0	0	0	0	0	0	0	0	0
016.S	Ligature Incidents - Ligature With No Fixed Points (moderate to severe harm)		-	-	0	0	0	0	0	0	0	0	0	0	0	0
017.S	RIDDOR Incidents		-	-	3	1	3	1	1	0	2	2	4	4	1	1
018.Sa	Infection Control - MRSA bacteraemia		0	N	0	0	0	0	0	0	0	0	0	0	0	0
018.Sb	Infection Control - Clostridium difficile				0	0	0	0	0	0	0	0	0	0	0	0
019.S	Safer staffing fill rates		80%	L	95.8%	97.3%	102.9%	108.9%	114.7%	116.4%	114.7%	114.5%	111.9%	111.2%	109.4%	106.5%

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): Chief Operating Officer
Lead Board Committee: Finance and Performance Committee

Issues of Concern
Delayed transfers of care remain high, most likely in response to the increasing impact of Covid and the second national lockdown. The whole system in Kent is challenged, therefore making onward moves to care settings in the community more challenging.

Executive Commentary

See SPC exception report for further information on key metrics.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard: Effective

Ref	Measure	SoF	Target	Local / National Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
001.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	✓	95%	N	98.4%	95.9%	95.6%	95.3%	98.9%	95.9%	97.6%	95.5%	98.2%	98.0%	97.8%	98.7%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓	95%	-	94.7%	94.7%	94.3%	95.7%	95.5%	95.1%	95.0%	95.4%	95.2%	95.4%	95.4%	95.6%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓	-	-	208	181	271	318	296	137	138	108	88	195	248	86
006.E	Delayed Transfers Of Care		7.5%	L	9.3%	8.6%	9.4%	10.7%	9.8%	8.0%	6.8%	6.4%	8.1%	10.7%	12.7%	11.9%
007.E	% Of Patients With Valid CPA Care Plan Or Plan Of Care		95%	L	87.5%	87.3%	87.5%	88.1%	87.8%	87.7%	88.0%	86.3%	84.2%	82.7%	82.2%	81.4%
008.E	Crisis Plans (All Patients)		95%	L	87.8%	87.6%	87.1%	88.6%	88.2%	88.9%	90.0%	89.5%	88.1%	87.3%	86.5%	86.1%
011.E	Number Of Home Treatment Episodes		224	L	195	218	164	128	159	174	204	219	225	248	234	192
012.E	Average Length Of Stay(Younger Adults)		25	L	29.01	31.66	26.78	36.38	26.64	23.71	24.74	18.30	26.25	25.29	33.11	35.75
013a.E	Average Length Of Stay(Older Adults - Acute)		52	L	92.80	73.32	69.50	62.11	82.25	57.93	57.98	49.32	66.31	64.35	64.90	92.21
013b.E	Average Length Of Stay(Older Adults - Continuing Care)		-	-	1485.00	2003.00	437.00									
014.E	Care Plans Distributed To Service User		75%	L	65.9%	66.2%	64.4%	68.2%	67.0%	66.8%	68.6%	68.1%	67.2%	68.1%	65.6%	66.6%

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 Communications
Lead Board Committee: Workforce Committee

Issues of Concern
Vacancies – current rate is 13.4%, against a target of 11.85% and an increase of 0.7% since last month. All Care Groups have an increase except Older Adults. Staffing hotpots continue to be reviewed on a weekly basis and Business Continuity planning is a priority for short term. Total nursing vacancy rate is running at 15% and medical vacancy rate is also 15%.

Executive Commentary

Staff Sickness (001.W-W)

The overall sickness rate increased this month to 5.08%, 0.49% of this was Covid related. The year to date is 4.56% compared to the target of 4.22%. When we remove the Covid related sickness, the year to date figures would be 4.08% compared to the target of 4.22%.

The short term sickness is 1.7%, a decrease of 0.2% since the previous month and long term sickness is 2.9%, an increase of 0.4% since the previous month.

There is no Covid sickness recorded for June, July and August.

Activities in place to reduce sickness absence include:

- Successfully closed 26 long term sickness absence cases in November 2020, with 24 returning to same post and the other 2 have left KMPT. We are currently actively supporting managers with 58 cases of sickness absence.
- Pilot running with a health and wellbeing advisor recruited in the Acute Care Group, working on a range of health and well being initiatives, and a specific action plan to support staff. In addition there has been a business case developed for Musculo-Skeletal provision.

Staff Turnover (004.W-W)

The 12 month rolling turnover for this reporting period remains as last month at 9.4%. Therefore the current position is below the target of 10.5% for the 6th consecutive month. The decrease is across all Care Groups, except Community Recovery and Forensics.

Activities to reduce turnover:

- Health and Wellbeing initiatives and support
- Business Case written to propose moving band 5 nurses to band 6 once they have reached certain competencies – this will also aid recruitment as more attractive for Band 5 nurses.
- Career pathways to improve staff retention.

Staff appraisal (005.W-W)

The appraisal window has closed and 98% of staff had completed appraisals.

Vacancy Gap (006.W-W)

The reported in month rate has increased for December from 12.7% to 13.4%. This is against the target of 11.85%.

Activities to reduce vacancy levels:

- Brilliant People meetings revamped to concentrate on Workforce Modelling and workforce planning. New approach will supplement the Recovery Transformation Board work stream by splitting by professional groups in addition to service areas.
- Medical Improvement Plan in place, overseen by Executive Management team. Acute looking at medical model to aid recruitment.
- Nursing establishment review planned for February 2021
- Medical establishment review planned for February 2021.

Freedom to speak up issues (013.W-W)

For December 2020, 13 concerns have been handled by the Freedom To Speak Up Guardian (FTSUG). 10 of these concerns were received via the Green Button. 2 of these concerns (15%), if accurate, would raise concerns around patient safety and safety of staff. The concerns are categorised and the FTSUG develops a plan of action according to the issue.

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Ref	Measure	SoF	Target	Local / National Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
001.W-W	Staff Sickness - Overall	✓	4.22%	L	4.8%	4.4%	5.2%	5.8%	4.5%	3.5%	3.6%	4.1%	3.7%	4.4%	4.4%	5.1%
002.W-W	Staff Sickness - Short term	✓	1.65%	L	2.2%	2.0%	3.0%	3.1%	1.6%	1.1%	1.0%	1.3%	1.7%	2.0%	1.9%	1.7%
003.W-W	Staff Sickness - Long term	✓	2.57%	L	2.6%	2.4%	2.2%	2.7%	2.8%	2.4%	2.6%	2.8%	2.0%	2.4%	2.5%	2.9%
004.W-W	Staff Turnover	✓	10.5%	L	11.9%	11.7%	11.5%	11.2%	10.6%	10.5%	9.3%	10.2%	10.1%	9.6%	9.4%	9.4%
005.W-W	Appraisals And Personal Development Plans		95%	L	98.5%	98.5%	98.5%	98.5%	98.5%					96.4%	98.0%	98.1%
006.W-W	Vacancy Gap - Overall		11.85%	L	17.5%	14.5%	13.7%	14.3%	14.7%	15.9%	15.0%	14.5%	12.8%	13.4%	12.7%	13.4%
007.W-W	Vacancy Gap - Medical		-	-	29.1%	21.4%	21.9%	22.6%	15.5%	24.9%	23.0%	23.6%	22.2%	28.1%	27.0%	26.8%
008.W-W	Vacancy Gap - Nursing		-	-	14.6%	13.2%	12.7%	13.5%	15.2%	17.0%	17.0%	15.7%	14.3%	14.3%	13.9%	13.3%
009.W-W	Vacancy Gap - Other		-	-	16.3%	14.5%	12.1%	12.9%	14.3%	14.6%	13.0%	13.2%	11.3%	11.5%	12.7%	12.0%
012.W-W	Essential Training For Role		90%	L	92.7%	93.3%	92.4%	91.4%	90.4%	89.8%	90.7%	91.0%	90.4%	90.0%	89.4%	89.5%
013.W-W	Freedom to speak up issues		-	-	0.2%	1.1%	1.5%	0.6%	0.4%	0.5%	0.5%	0.6%				0.4%

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

CQC Domain	Well led – Finance
Trust Strategic Objective & Board Assurance Framework	• **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
Agency Spend is currently forecast to be c£9m for 20/21. This is the highest level of agency spend for a significant number of years. The two Care Groups of particular concern are CRCG and Acute. The spend is for nursing and medical vacancies.

Executive Commentary

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

NHS
Kent and Medway
NHS and Social Care Partnership Trust

IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
001.W-F	Capital Service Capacity	✓	1.58	N	1.87	1.86	2.27									
002.W-F	Liquidity (Days)	✓	-11.1	N	-1.1	-2.1	-0.1									
003.W-F	Income And Expenditure Margin YTD (%)	✓	-0.7%	N	0.35%	1.00%	2.00%									
004.W-F	In Month Budget (£000)		0.0	N	212	206	153	0	0	0	0	0	0	0	(0)	(0)
005.W-F	In Month Actual (£000)		-	-	1,212	1,203	2,177	(0)	0	0	(0)	0	0	0	(0)	800
006.W-F	In Month Variance (£000)		-	-	1,000	997	2,024	(0)	0	0	(0)	0	0	0	0	800
006a.W-F	Distance From Financial Plan YTD (%)	✓	0.0%	N	0.64%	1.10%	2.00%									
007.W-F	Agency - In Month Budget (£000)		-	N	520	510	512	427	427	427	427	427	427	427	427	427
008.W-F	Agency - In Month Actual (£000)		-	-	576	571	568	596	638	724	823	743	804	825	824	761
009.W-F	Agency - In Month Variance from budget (£000)		-	-	56	61	56	169	211	297	396	316	377	398	397	334
010.W-F	Agency Spend Against Cap YTD (%)	✓	0.0%	N	1.80%	2.70%	3.40%	39.58%	44.46%	52.84%	62.84%	65.08%	68.95%	72.41%	74.97%	75.34%
011.W-F	CIP Plan (£000)		6m	L	708	710	702	281	282	283	561	564	564	564	564	564
012.W-F	CIP Actual (£000)		-	-	571	398	458	66	187	233	427	467	834	372	421	470
013.W-F	CIP Variance (£000)		-	-	(137)	(312)	(244)	(218)	(95)	(125)	(87)	(97)	270	(213)	(143)	(94)

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

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

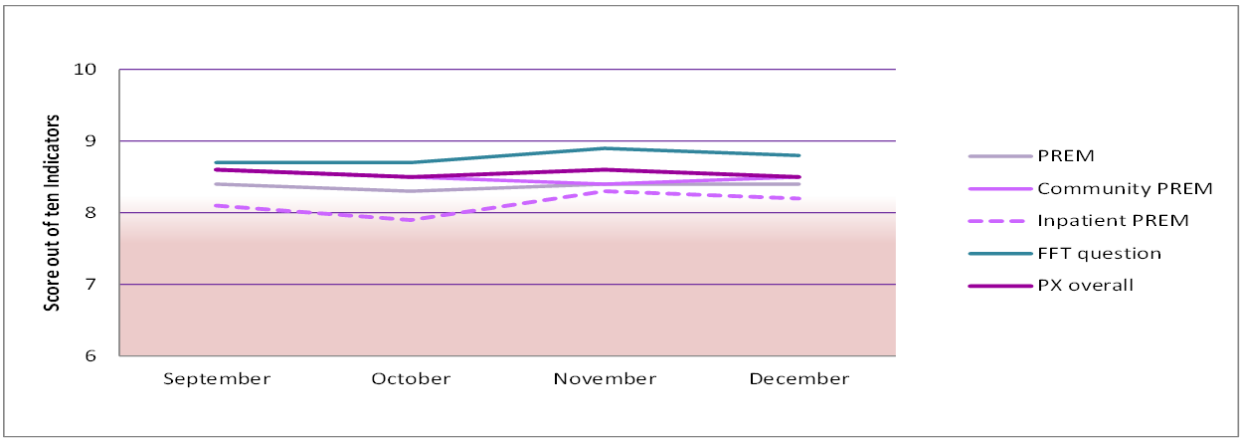
CQC Domain	Caring
Trust Strategic Objective & Board Assurance Framework	• **Embedding Quality Improvement in everything that we do** • **Build active partnerships with Kent and Medway health and care organisations** • **Strengthening partnerships with people who use our services and their loved ones**

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

Issues of Concern
Low PREM scores on three wards

Executive Commentary

As a reminder to the Board, the PREM indicators were reviewed and co-produced so that the Trust can where possible, compare directly to the Care Quality Commission (CQC) national patient survey for Community Mental Health Teams. The CQC uses scores out of ten, with ten being the highest level of satisfaction. Following a national pause on patient surveys due to Covid -19, the Trust relaunched the PREM in September 2020 and the responses are slowly increasing. PREM questions have been split into community and inpatient settings which allow greater analysis of the different settings. Results can be further analysed by site, care group and service type. In addition to the post cards, printed and online surveys, from January, the Trust will be utilising text messages to increase the available options for gathering real time feedback. Graph 1 below provides an overview of the responses across the Trust.



It was positive to note that average care group responses are all above 8/10, which is the internal target, with older adults care group scoring 9.1/10.

Responses have increased from 207 in September to 353 in December 2020. The target is to receive feedback from 10% of those we care for which would be approximately1400 responses per month. The acute care group is commended for their PREM rate of over 7% in November and December 2020.

An analysis of the community responses indicate that all the 9 questions which cover, involvement of individuals and carers, care planning, crisis care, overall experience, help with finding work, organisation of care all scored on average above 8/10. The average lowest score of 8.1/10 was on the question “Did you feel you were seen by staff often enough for your needs?” This is however an improved position compared to the 2020 national patient survey where the score was 7.0/10. The highest PREM score was in overall experience and involvement in planning of care 8.8/10, this compares to 6.7/10 and 7.1/10 in the National Patient Survey of 2020.

There are some exceptions within inpatients where the patient experience score is lower. Two acute female wards and a forensic ward reported lower satisfaction scores. The patient experience scores can be understood in the context of other metrics such as for levels of acuity, safety and workforce and management challenges associated with infection prevention and control. The teams will continue to be supported and monitored in the comings months to ensure improvements

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IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
001.C	Staff Friends And Family Test % Recommended – Care	✓	-	-												
002.C	Mental Health Scores From Friends And Family Test – % Positive	✓	93%	N	92.9%	93.5%										
003.C	Complaints - actuals		-	-	42	29	28	22	19	33	38	36	39	29	31	23
004.C	Complaints - per 10,000 contacts		-	-	13.40	9.97	9.54	7.25	5.86	8.67	9.92	11.00	10.63	7.79	8.04	6.45
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	96.0%	97.0%	95.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
007.C	Compliments - actuals		-	-	125	96	78	84	86	87	128	89	111	132	120	99
008.C	Compliments - per 10,000 contacts		-	-	39.89	33.01	26.59	27.67	26.54	22.85	33.42	27.20	30.26	35.46	31.14	27.76
010.C	PALS acknowledged within 3 days (or agreed timeframe)		-	-	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%
011.C	PALS responded to within 25 days (or agreed timeframe)		-	-	98%	97%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%
012.C	PALS - actuals		-	-	66	73	75	64	67	78	90	84	128	117	105	53
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	819	769	652						207	394	348	357
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	5.8	5.6	4.7							2.6	2.1	2.3
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly		-	-	92.0%	93.0%	93.0%						8.4	8.3	8.4	8.4

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

CQC Domain	Responsive
Trust Strategic Objective & Board Assurance Framework	• **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

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

The responsive section of the IQPR is under review by the Chief Executive, Chief Operating Officer and Director of Finance. There are a number of indicators that are under review and a deep dive will be completed. The majority of these indicators are included within the Responsiveness domain of the IQPR. These are:

- 4 week wait
- 18 week wait
- % of waiting list over 28 days
- Cancellations
- DNAs
- Referrals

However there are a few from the other domains for completeness. Appendix B of this report includes an update on this work.

Executive Commentary

See SPC exception report for further information on key metrics.

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IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	60%	N	78.9%	85.7%	75.0%	86.4%	90.0%	84.2%	66.7%	85.7%	81.3%	77.3%	73.9%	69.6%
002.R	Referral To Assessment Within 4 Weeks		95%	L	79.8%	85.8%	87.7%	80.6%	89.3%	90.3%	88.4%	83.2%	74.2%	75.0%	70.6%	73.2%
003.R	18 Weeks Referral To Treatment		95%	L	85.4%	87.1%	86.5%	80.4%	82.3%	78.2%	73.4%	79.7%	77.9%	79.5%	77.9%	77.3%
004.R	% Of Waiting List Over 28 Days		-	-	42.1%	42.0%	54.0%	72.1%	66.7%	63.6%	63.3%	67.4%	65.7%	55.3%	52.3%	55.0%
005.R	% of Liaison (urgent) referrals seen within 1 hour		-	-	88.6%	75.9%	85.8%	91.9%	88.4%	85.2%	84.0%	89.3%	93.6%	87.1%	92.4%	90.9%
006.R	% of Liaison (urgent) referrals seen within 2 hours		-	-	74.7%	74.0%	75.6%	86.3%	92.2%	94.0%	92.1%	93.9%	96.0%	95.5%	94.9%	93.5%
007.R	DNAs - 1st Appointments		-	-	8.3%	7.1%	7.5%	6.0%	6.8%	6.1%	6.2%	6.5%	8.4%	11.7%	13.0%	13.5%
008.R	DNAs - Follow Up Appointments		-	-	8.2%	7.7%	6.4%	4.3%	4.8%	4.4%	5.6%	5.9%	7.7%	11.4%	11.3%	11.1%
009.R	Patient cancellations- 1st Appointments		-	-	2.6%	2.8%	3.3%	0.4%	0.2%	0.4%	0.5%	0.6%	1.1%	1.0%	1.1%	1.3%
010.R	Patient cancellations- Follow Up Appointments		-	-	6.0%	6.7%	6.2%	2.1%	2.0%	2.4%	2.7%	2.9%	3.1%	3.1%	2.8%	3.2%
011.R	Trust cancellations- 1st Appointments		-	-	10.2%	12.0%	18.1%	14.7%	11.3%	13.0%	14.5%	19.9%	17.7%	18.6%	11.6%	3.7%
012.R	Trust cancellations- Follow Up Appointments		-	-	10.5%	10.9%	16.6%	16.3%	11.1%	9.9%	9.5%	10.8%	10.9%	9.8%	9.5%	8.9%
013.R	Referrals Received (ave per calendar day)		-	-	326.2	379.9	319.1	221.8	283.3	336.2	367.6	361.7	377.2	382.3	359.4	331.4
014.R	Referrals Received (ave per working day)		-	-	395.8	462.7	378.5	260.7	352.1	386.7	424.0	433.1	436.1	449.2	426.0	400.1
015.R	Referrals Received (per 10,000 Kent and Medway Registered GP population))		-	-	631.8	672.8	589.8	370.4	484.5	617.4	716.9	641.5	715.3	717.5	667.2	622.0

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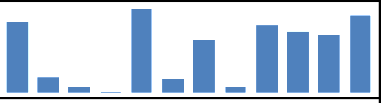
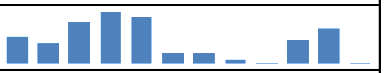
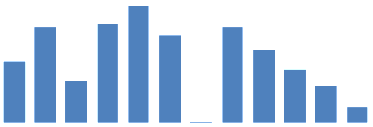
Appendix A

IQPR Dashboard: Single Oversight Framework

Ref	Measure	Target	Nov-20	Dec-20	Trend *(Last 12 months where available, left to right)*
001.S	Occurrence Of Any Never Event	0	0	0	
001.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	95%	97.8%	98.7%	
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	95%	95.4%	95.6%	
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		248	86	
001.W-W	Staff Sickness - Overall	4.2%	4.4%	4.5%	
002.W-W	Staff Sickness - Short term	1.7%	1.9%	1.7%	
003.W-W	Staff Sickness - Long term	4.2%	2.5%	2.9%	
004.W-W	Staff Turnover	1.7%	9.4%	9.4%	
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60%	73.9%	69.6%	
001.W-F	Capital Service Capacity	158%			
002.W-F	Liquidity (Days)	-11.10			
003.W-F	Income And Expenditure Margin YTD (%)	0.0			
006a.W-F	Distance From Financial Plan YTD (%)	0.0%			
010.W-F	Agency Spend Against Cap YTD (%)	0%	74.97%	75.34%	

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

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

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Appendix B: Data Quality Update

Update on DQ plan shared in November 2020:

Focus Area	Actions to be taken	Monitoring	Deadline	Lead	Status
Cancellations	Complete deep dive into teams with high cancellations	N/A	Nov-20	TB, PC	✓
	Complete review of number of cancellations listed on RIO and amend RIO	N/A	Nov-20	PL,LP	In progress
	Amend DNA Policy where relevant	N/A	Dec-20	JMG	
	Monitor cancellation performance	IQPR/QPRs	Jan-21	Trust Board	In progress
Demand and Capacity – 4 and 18 week wait trajectories	Complete demand and capacity model	N/A	Nov-20	PL	✓
	Complete 4 week wait trajectory	N/A	Nov-20	PL,TB,PC	
	Complete 18 week wait trajectory	N/A	Dec-20	PL,TB,PC	In progress
	Monitor trajectories	QPRs	Dec-20	EMT	
Compulsory use of RIO diary	Validate training material for RIO diary use	N/A	Nov-20	LP	✓
	Start communications to the organisation	N/A	Nov-20	JK	✓
	Complete Standard Operating Procedure (SOP)	N/A	Dec-20	LP,TB,PC	✓
	Cutover existing appointments from outlook to RIO diary	N/A	Dec-20	ALL	In progress
Referral review	Performance team review referral reporting against other Trusts and internal teams	N/A	Oct-20	NL	✓
	Performance Team to communicate to trust leads regarding reports and type of referrals included	N/A	Nov-20	NL	✓
	Communication to be sent out to Trust stating that internal referrals will be called internal transfers	N/A	Nov-20	NL	Jan 21
	Update SOP where relevant	N/A	Nov-20	NL	✓
	Monitor referral levels	IQPR/QPRs	Nov-20	EMT	✓
Estimated Discharge Date (EDD)	Complete review of EDD processes	DQ group	Oct-20	SS,PL	✓
	Update SOP for Trust wide processes	N/A	Dec-20	SE	✓
	Process to be signed off by Trust Wide Patient Safety Group	N/A	Dec-20	PL	In progress
Simplifying RIO	Trust wide workshop to be held on the 17th December	N/A	Dec-20	SS	✓
	Programme plan to be compiled following workshop	EMT	Jan-21	MC,LP	Not due
Un-outcomed appointments	Full review of appointments that do not have an outcome	DQ group	Oct-20	PL	✓

	Paper to be drafted and new process agreed by the Trust Wide Patient Safety Group	N/A	Dec-20	PL	In progress
	Monthly reports to be cascaded to all leads, to be monitored via supervision	I-Learn	Jan-21	PL	Not due
	Monitoring of Un-outcomed appointments	DQ group	Jan-21	SS	Not due
Un-validated progress notes	Full review of Un-validated progress notes	DQ group	Oct-20	PL	✓
	Paper to be drafted and new process agreed by the Trust Wide Patient Safety Group	N/A	Dec-20	PL	In progress
	Monthly reports to be cascaded to all leads, to be monitored via supervision	I-Learn	Jan-21	PL	Not due
	Monitoring of Un-validated progress notes	DQ group	Jan-21	SS	Not due
ESR review	Scoping document to be produced	DQ group	Oct-20	DK	In progress
	Reconciliation to the Finance General Ledger	DQ group	Jan-21	DK	Not due
	Sign off of new monthly process	DQ group	Feb-21	DK	Not due
Emergency readmissions within 28 days	Full review of Emergency readmissions.	N/A	Dec 20	NL	In progress
	Paper drafted to outline issues and suggest new approach	DQ Group	Jan 21	NL	Not due
Liaison 1 hour / 2 hour	Review of Liaison reporting against contractual requirements	N/A	Dec 21	NL	✓
	Paper outlining changes to reporting proposed alongside	N/A	Jan 21	NL	✓
DTOC	Review of RIO reporting against National Guidance for DTOC	N/A	Jan 21	NL	✓
	Paper outlining findings and proposed changes for discussion	DQ Group	Jan 21	NL	Feb 21
Average Length of Stay	Review of RIO reporting against LoS definition	N/A	Jan 21	NL	✓
	Paper outlining findings and any proposed changes for discussion	DQ Group	Jan 21	NL	Feb 21
Safer Staffing fill rates	Definition Reviewed and Documented	N/A	Jan 21	DK	Mar 21
	Any proposed changes implemented	N/A	Jan 21	DK	Mar 21

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Front Sheet

Title of Meeting	Trust Board	**Date**	28th January 2021
Title of Paper	Finance Report for December 2020 (Month 9)		
Author	Victoria French, Deputy Director of Finance		
Executive Director	Sheila Stenson, Executive Director of Finance		

Purpose: the paper is for:	• **Delete as applicable**
• **Consideration:** *A report containing a positional statement relating to the delivery of the Trust's functions for which the Board has a corporate responsibility but is not explicitly required to make a decision*	

Recommendation:

The Board is asked to consider the financial position for month 9 (December 2020). This is consistent with the position submitted to NHS Improvement in the Month 9 Financial Performance Return.

Summary of Key Issues: • **No more than five bullet points**

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

Cash balances remain high due to the upfront payment in April 2020 of two months' block income. The working assumption is that this will be paid back in March 2021, in advance of annual accounts, and this has been fed into the Trust cashflow.

The capital working group continues to meet fortnightly across the Kent and Medway system to monitor spend and forecast against our system control total. There remains a large balance to spend in the final quarter of the year, with major refurbishment and technology schemes commencing in the next few months in line with the Clinical Technology and Estates Strategies.

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

Report History:
N/A

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

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

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Finance Report

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Executive Summary

Executive Summary for December 2020

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

Cash balances remain high due to upfront payment in April of two months' block income. The working assumption is that this will be paid back in March, in advance of annual accounts, and this has been fed into the Trust cashflow. There has as yet been no confirmation of this assumption from the national or regional team.

The capital working group continues to meet fortnightly across the Kent and Medway system to monitor spend and forecast against our system control total. There remains a large balance to spend in the final quarter of the year, with major refurbishment and technology schemes commencing in the next few months in line with the Clinical Technology and Estates Strategies.

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

Income and Expenditure

In light of the financial architecture, KMPT is continuing to report a breakeven position. Patient Care Income is included as advised nationally, with an additional £4.4m year to date to reflect additional COVID-19 related costs, and £1.9m top up to deliver breakeven.

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

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

Agency Spend

Agency spend continues to be high and this is reflective of increased staffing pressures experienced due to vacancies and the heightened COVID-19 pressure, with spend this year totalling £6.7m. Of this, £0.5m is directly related to COVID-19.

Discussions continue regarding the level of agency usage and rotas reviewed to better understand agency spend, and to work with managers across the Trust to ensure consistency of staffing, and appropriate fill rates.

The continued pressure presented by COVID-19 provides greater pressure on the Trust's staffing resource but is being monitored daily to ensure safe levels of staffing are in place but will have contributed to the reported agency spend.

Single Oversight Framework - Use of Resources

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

Capital Programme

The capital programme spent £1.4m in December. The year to date performance is currently £3.7m behind plan, with a total spend of £4.8m. The profile increases considerably in later months with initial delays due to the pandemic.

The programme for 2020/21 has been reprioritised, working with the wider Kent and Medway system to deliver our overall control total. This means the overall forecast programme now stands at £15.5m.

There are a number of national programmes for which funding has been awarded included eradicating dormitories, critical infrastructure fund and adapt and adopt technology. Funding will be drawn down as it is utilised.

Cash

The new cash regime has resulted in the monthly block income being paid one month in advance. The Trust has therefore been holding average cash balances in excess of £30m since April. For cashflow purposes it is assumed that the Trust will not receive any block income in March to unwind this arrangement. Once guidance has been issued this will be amended if necessary.

The forecast cash balance at March 2021 has remained at £14.9m, £7.8m above the original plan. This reflects the forecast breakeven position, year to date trends in receipts and payments, PDC funding and slippage in capital schemes.

Cost Improvement Programme

The programme for this year is £5.9m At the end of December the Trust is £0.8m behind plan with a forecast underachievement of £1.0m. This is an improvement of £0.3m on previous months. Currently this is being mitigated in the forecast by non recurrent benefits and vacancy slippage.

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

Conversations have commenced internally regarding how to structure the CIP programme for 2021/22 to ensure sufficient planning time for schemes to take full effect from April.

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Statement of Comprehensive Income

	Current Month			Year to Date			Year End Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income									
Income from Activities	(17,636)	(18,227)	(590)	(145,660)	(152,355)	(6,694)	(194,631)	(204,343)	(9,712)
Other Operating Income	(670)	(917)	(247)	(6,162)	(7,131)	(969)	(8,138)	(9,693)	(1,555)
Total Income	**(18,307)**	**(19,144)**	**(837)**	**(151,822)**	**(159,486)**	**(7,664)**	**(202,769)**	**(214,036)**	**(11,267)**
Expenditure									
Substantive	13,402	11,386	(2,016)	108,743	101,521	(7,222)	145,741	136,673	(9,067)
Bank	600	1,425	825	5,271	12,391	7,120	7,011	16,587	9,576
Agency	247	761	515	1,574	6,739	5,164	2,092	9,087	6,996
Total Employee Expenses	**14,248**	**13,572**	**(676)**	**115,588**	**120,651**	**5,063**	**154,844**	**162,348**	**7,504**
Clinical supplies	161	222	61	1,452	1,388	(64)	1,936	1,968	32
Drugs	245	256	11	2,208	2,384	176	2,944	3,172	227
Other non pay	2,663	4,075	1,412	23,890	26,602	2,711	31,324	35,363	4,038
Non Exec Director	12	11	(1)	107	120	14	142	152	10
Redundancy Costs	(0)	0	0	(0)	97	97	0	97	97
Depreciation	564	670	106	5,175	5,183	8	6,929	6,886	(42)
Total Non Pay	**3,646**	**5,234**	**1,588**	**32,833**	**35,774**	**2,942**	**43,276**	**47,638**	**4,362**
Total Expenditure	**17,894**	**18,806**	**912**	**148,421**	**156,425**	**8,004**	**198,120**	**209,986**	**11,866**
Operating (Surplus) / Deficit	**(413)**	**(338)**	**75**	**(3,402)**	**(3,061)**	**340**	**(4,650)**	**(4,051)**	**599**
Finance Costs	413	338	(75)	3,402	3,061	(340)	4,650	4,051	(599)
(Surplus) / Deficit	**0**	**0**	**0**	**(0)**	**0**	**0**	**(0)**	**0**	**0**
Impairment	0	0	0	0	0	0	0	0	0
Total (Surplus) / Deficit	**0**	**0**	**0**	**(0)**	**0**	**0**	**(0)**	**0**	**0**

Commentary

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

The year end forecast is reflective of latest projections, using Care Group run rates and known changes anticipated in quarter 4. At this stage the forecast is based on the impact of COVID-19 continuing as seen in December so this may change next month.

Income
Income from Activities includes nationally provided contract values for main commissioners. The key variances year to date include an assumed £4.4m of income for COVID-19 related costs, an additional £0.5m for specialist placements and the Mother and Baby Unit, and top-up income for breakeven support of £1.9m year to date. This is offset by lower income in cost per case services with reduced activity during COVID-19.

Pay
Substantive pay is significantly underspent due to vacancies. This has been offset by bank costs, which are higher due to additional shifts to cover staff affected by COVID-19. Pay costs relating specifically to Covid 19 total £3.3m to date. Income for these is recognised above. Agency spend remains high and is being actively reviewed within Care Groups.

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

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Statement of Financial Position

	Opening	Year to Date	Year End Forecast
	2020-21	*Actual*	*Forecast*
	£000	£000	£000
Non-current assets			
Property Plant and Equipment	124,062	123,002	131,967
Intangible Assets	461	235	215
Other non-current receivables	403	285	275
Total non-current assets	**124,926**	**123,522**	**132,457**
Current Assets			
Trade and other receivables	8,510	6,911	7,881
Cash and cash equivalents	15,678	35,504	14,867
Assets held for sale	0	0	0
Total current assets	**24,188**	**42,415**	**22,748**
Current Liabilities			
Trade and other payables	(19,809)	(37,399)	(23,105)
Provisions	(1,208)	(432)	(610)
Borrowings	(3,203)	(1,016)	(1,055)
Other Financial Liabilites	0	0	0
Total current liabilities	**(24,220)**	**(38,847)**	**(24,770)**
Non-current Liabilities			
Provisions	(1,492)	(2,084)	(1,881)
Borrowings	(10,941)	(10,150)	(9,886)
Total non current liabilities	**(12,433)**	**(12,234)**	**(11,767)**
Total Net Assets Employed	**112,461**	**114,856**	**118,668**
Total Taxpayers Equity	**112,461**	**114,856**	**118,668**

Commentary

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

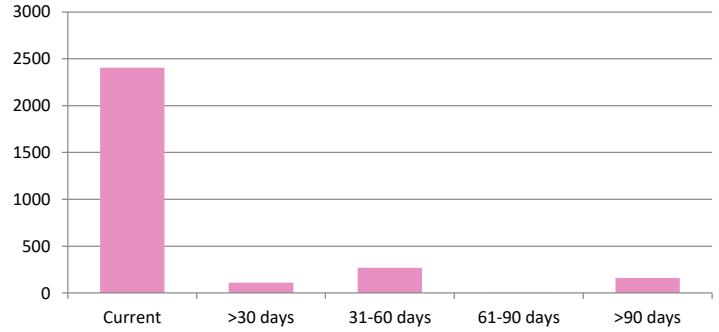
Non-current assets
The movement in Non Current Assets in lower than anticipated due to slippage in capital spend. Variances to the capital expenditure plan are detailed on page 7 of this report.

Current Assets
The high cash balance is predominantly a result of the COVID-19 financial regime whereby block contract sums are being paid a month in advance. This is expected to continue until March, it has been assumed it will unwind within the current financial year.

Current Liabilities
Trade and other payables includes £19m of deferred income which is reflected in the cash balance and relates to advance payments.

Aged Debt
Following significant work from the Finance team, our total invoiced debt is £2.9m, of which £2.5m is current. 5% of our debt profile is aged at over 90 days and of this, a quarter relates to staff debt repayment plans. Overall, debt management is in a strong position within the Trust.

Aged Debt Analysis



NHS
Kent and Medway
NHS and Social Care Partnership Trust

12 Month Cashflow

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Actual	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Forecast*	*Forecast*	*Forecast*
	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Cash brought forward	**15,678**	**32,125**	**32,654**	**31,189**	**30,678**	**30,434**	**32,419**	**32,491**	**36,752**	**35,504**	**33,493**	**32,887**
Receipts												
Block payment	30,706	15,353	15,353	15,354	15,354	15,354	15,354	15,403	15,403	15,403	15,403	-
Top-up funding	372	442	379	840	438	1,406	1,267	1,300	431	431	431	431
Other income	2,733	586	561	2,214	866	1,564	592	6,149	3,654	1,023	2,301	1,358
PSF / FRF Funding	-	2,091	-	-	-	-	-	-	-	-	-	-
Total Receipts	**33,811**	**18,472**	**16,293**	**18,408**	**16,658**	**18,324**	**17,213**	**22,852**	**19,488**	**16,857**	**18,135**	**1,789**
Payments												
Pay	(10,707)	(10,872)	(11,367)	(11,379)	(11,119)	(10,870)	(11,649)	(11,295)	(11,297)	(11,300)	(11,300)	(11,300)
Non-Pay	(6,657)	(7,071)	(6,489)	(7,540)	(5,923)	(6,824)	(5,492)	(5,774)	(9,340)	(7,666)	(7,441)	(10,357)
Uncleared Payments	-	-	-	-	-	-	-	-	(99)	99	-	-
Loan repayment	-	-	-	-	-	-	-	-	-	-	-	-
Dividend payment	-	-	-	-	-	-	-	(1,522)	-	-	-	(1,961)
Total Payments	**(17,364)**	**(17,943)**	**(17,856)**	**(18,919)**	**(17,042)**	**(17,694)**	**(17,141)**	**(18,591)**	**(20,736)**	**(18,867)**	**(18,741)**	**(23,618)**
Financing Transactions												
Capital Sale Proceeds	-	-	-	-	140	1,355	-	-	-	-	-	-
PDC received	-	-	98	-	-	-	-	-	-	-	-	3,809
Total Financing Transactions	**-**	**-**	**98**	**-**	**140**	**1,355**	**-**	**-**	**-**	**-**	**-**	**3,809**
Net Cash Inflow/Outflow	**16,447**	**529**	**(1,465)**	**(511)**	**(244)**	**1,985**	**72**	**4,261**	**(1,248)**	**(2,010)**	**(606)**	**(18,020)**
Cash carried forward	**32,125**	**32,654**	**31,189**	**30,678**	**30,434**	**32,419**	**32,491**	**36,752**	**35,504**	**33,493**	**32,887**	**14,867**
NHSI Plan	**11,178**	**10,736**	**10,089**	**12,520**	**13,995**	**10,810**	**9,853**	**10,169**	**8,301**	**8,154**	**9,091**	**7,018**
Variance	***20,947***	***21,918***	***21,100***	***18,158***	***16,439***	***21,609***	***22,638***	***26,583***	***27,203***	***25,339***	***23,796***	***7,849***

Commentary

The new cash regime has seen the monthly block income paid one month in advance. There is still no guidance yet as to when this will be unwound, the assumption above is that this will occur in March 2021. Support funding has been included to deliver a break-even position.

The forecast cash balance at year-end is £14.9m. This reflects the forecast breakeven position, year to date trends in receipts and payments, PDC funding, slippage in capital schemes and additional discharge support.

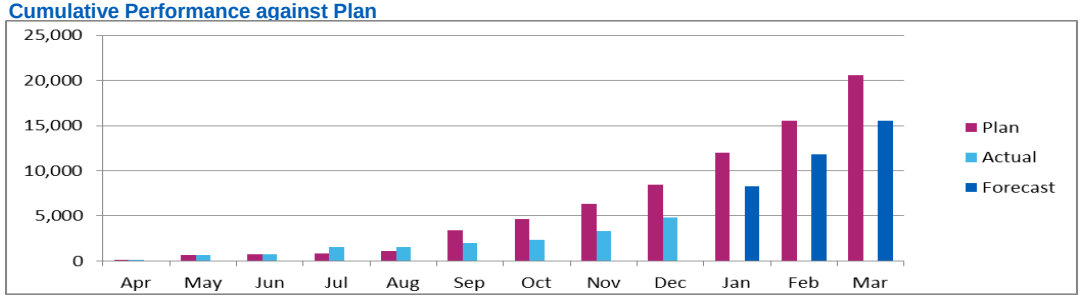
The cash forecast includes assumed spend in line with the capital plan of £15.5m adjusted for a £2.4m increase in capital creditors.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Capital Expenditure

	Current Month			Year to Date			Year End Forecast		
	Plan	*Actual*	*Variance*	*Plan*	*Actual*	*Variance*	*Plan*	*Forecast*	*Variance*
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Information Management and Technology	726	321	(405)	3,818	2,023	(1,795)	5,107	4,996	(112)
Informatics - Phase 2	0	0	0	250	0	(250)	250	250	0
HSLI - Kent Care Record	27	40	13	108	77	(31)	190	131	(59)
Capital Maintenance and Minor Schemes	674	371	(303)	1,808	848	(959)	4,763	4,277	(485)
Backlog Maintenance - Critical Infrastructure	317	44	(273)	949	67	(882)	1,900	1,900	0
Strategic Schemes	400	587	187	800	912	112	2,600	2,731	131
Maidstone mental health transformation project	0	50	50	0	125	125	5,000	500	(4,500)
PFI 2020/21	9	9	0	82	82	0	109	109	0
COVID-19 Schemes	0	0	0	641	641	0	641	641	0
Total Capital Expenditure	**2,153**	**1,421**	**(732)**	**8,456**	**4,775**	**(3,681)**	**20,560**	**15,535**	**(5,025)**

Cumulative Performance against Plan



Capital Resource Limit (CRL)

Limit	£000	*Funding Source*	£000
Initial CRL	6,139	Depreciation	7,035
Plus Funding Sources Approved		**Plus Funding Sources Approved**	
COVID-19 - PDC for 2019/20 spend	98	COVID-19 - PDC for 2019/20 spend	98
HSLI - Kent Care Record	190	HSLI - Kent Care Record	190
EPMA	136	EPMA	136
Backlog Maintenance - CIF	1,900	Backlog Maintenance - CIF	1,900
Adopt and Adapt - 20 21	250	Adopt and Adapt - 20 21	250
Eradication of Dormitories - EMHDS - 20-23	596	Eradication of Dormitories - EMHDS - 20-23	596
		Less Capital Commitments	
		PFI	(723)
		Finance Leases	(173)
CRL on Limits Report December 2020	**9,309**	**Subtotal**	**9,309**
Sale of Canada House	870	Sale of Canada House	870
Funding Sources Pending Approval		**Funding Sources Pending Approval**	
Cash brought forward	4,703	Cash brought forward	4,703
COVID-19 - 2020/21 spend	544	COVID-19 - 2020/21 spend	544
PFI Lifecycle Costs	109	PFI Lifecycle Costs	109
Forecast CRL	**15,535**	**Available Resources**	**15,535**

Commentary

During December the Trust has spent £1.4m on the capital programme against the revised plan of £2.2m.

The forecast position for 2020/21 has been adjusted to facilitate the release of uncommitted funds back to the Kent and Medway system to support the Recover and Restore programme.

NHSI have issued the Trust's Capital Resource Limit (CRL) of £6.1m plus additional funding relating to COVID-19 spend in 2019/20 £0.1m, HSLI - Kent Care Record £0.2m, EPMA £0.1m, Critical Infrastructure Fund £1.9m, Adopt and Adapt £0.3m and Eradiction of Dormitories £0.6m. This brings the current CRL to £9.3m.

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

The Trust is awaiting final feedback from the national team to identify the level of cost that will be reimbursed for COVID-19 schemes. The technology spend is still unconfirmed.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

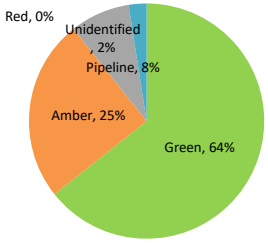
Cost Improvement Programme

	In Month			Year to Date			Year End Forecast			Full Year Effect
	Plan	*Actual*	*Variance*	*Plan*	*Actual*	*Variance*	*Plan*	*Actual*	*Variance*	*Actual*
Care Group	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Acute	(112)	(103)	8	(1,006)	(911)	95	(1,341)	(1,341)	0	(973)
Older People	(54)	(71)	(17)	(392)	(316)	75	(555)	(555)	0	(229)
Community Recovery	(97)	(144)	(47)	(873)	(438)	435	(1,164)	(738)	426	(168)
Forensic & Specialist Services	(122)	(62)	60	(741)	(620)	121	(1,106)	(813)	293	(565)
Support Services	(156)	(69)	87	(1,005)	(1,004)	1	(1,472)	(1,212)	261	(546)
Trustwide	(23)	(21)	3	(210)	(188)	23	(280)	(250)	30	(250)
Total	**(564)**	**(470)**	**94**	**(4,227)**	**(3,477)**	**750**	**(5,917)**	**(4,908)**	**1,010**	**(2,730)**
Scheme Category										
Recurrent	(557)	(228)	329	(4,169)	(1,831)	2,338	(5,840)	(2,638)	3,202	(2,730)
Non Recurrent	(6)	(242)	(235)	(58)	(1,646)	(1,588)	(77)	(2,270)	(2,192)	0
Total	**(564)**	**(470)**	**94**	**(4,227)**	**(3,477)**	**750**	**(5,917)**	**(4,908)**	**1,010**	**(2,730)**
RAG Breakdown of Plan										
Green	(114)	(234)	(120)	(1,025)	(2,424)	(1,399)	(1,367)	(3,157)	(1,790)	(1,755)
Amber	(47)	(204)	(157)	(295)	(745)	(450)	(435)	(1,227)	(792)	(957)
Red	(69)	0	69	(417)	0	417	(623)	0	623	(19)
Pipeline	0	(32)	(32)	0	(308)	(308)	0	(403)	(403)	0
Unidentified	(334)	0	334	(2,489)	0	2,489	(3,492)	(120)	3,372	0
Total	**(564)**	**(470)**	**94**	**(4,227)**	**(3,477)**	**750**	**(5,917)**	**(4,908)**	**1,010**	**(2,730)**

Top 5 Approved Schemes (by Value)

	Scheme Title	*Annual Plan*	*Forecast*	*Risk Rating*
1	PICU Placement reduction	973	973	
2	Tarentfort Staffing Merger	375	292	
3	Video Conferencing	250	250	
4	Reduction in CMHT staffing for Urgent & Emergency work being completed by CRHT	182	0	
5	Closure of NK POS	143	143	

Risk Adjusted Profile of Forecast



Commentary

Year to date we are reporting £0.8m behind plan and forecast to underachieve the CIP programme by £1.0m for the full year, an in month favourable movement of £0.3m.

The areas for which this is most prevalent continues to be the Community Recovery Care Group, with the Care Group reporting a forecast achievement of £426k under plan.

At this stage in the year, Care Groups are focusing on identifying recurrent schemes that will impact on 2021/22 and ensure that non recurrent savings delivered this financial year are sustained.

Areas currently being worked through and considered are Hub & Spoke models within Older Adults and CRCG, rota reconfiguration within Forensics, and Inpatient and Community redesign.

Workshops have taken place in Older Adults earlier this month to work through Workforce redesign and workforce planning including capacity, demand and both medical and non-medical job plans.

Non-pay savings continue to be explored further particularly those resulting from home working and such as travel and utility charges.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Care Group
Forensic & Specialist Services

Executive Summary

The net position for the Care Group at the end of December is a £323k overspend, following a £163k overspend in month.

The Care Group are currently working through:

- Reducing delays in recruitment into the MIMHS (Mother and Infant Mental Health Service) teams following investment to extend the remit of the service to support the long term plan

- Completing a business case for investment into Peer Support in CJLDS (Criminal Justice Liaison & Diversion Service) following a funding offer from NHSE

- Pricing review for Bridge House (Addictions).

Financial Position

	Year to Date			Year End Forecast		
	Budget	*Actual*	*Variance*	*Budget*	*Forecast*	*Variance*
	£000	£000	£000	£000	£000	£000
Income	(795)	(961)	(166)	(1,078)	(1,242)	**(164)**
Employee Expenses	22,714	23,683	969	30,424	32,072	**1,648**
Operating Expenses	2,987	2,507	(480)	3,996	3,466	**(530)**
Net Position	**24,906**	**25,229**	**323**	**33,342**	**34,296**	**954**

	Plan	*Actual*	*Variance*	*Forecast*	*Actual*	*Variance*
	£000	£000	£000	£000	£000	£000
CIP Summary	(741)	(620)	121	(1,106)	(813)	293

Income and Expenditure

The Disablement Service had been running minimal cover during the first wave of the pandemic, contributing £233k to the underspend in non-pay year to date. Since October however, the service increased in line with expected levels and therefore spend is now at budgeted levels. Due to current Covid restrictions new ways of working are in place, including as many telephone consultations as possible.

Non-pay is underspent across the Care Group, particularly in travel which is £196k underspent year to date and contributing to CIP - further CIPs will be explored when future working arrangements are confirmed.

Overspends in pay are due to increasing the use of temporary staffing, due to acuity of patients at MSU (Medium Secure Unit) and the LSU (Low Secure Unit). This acuity of patients is putting further pressure on the Care Group and is the main reason for the adverse shift in position and forecast.

Agency

Following a meeting with the Associate Medical Director and Care Group Director, there is a plan in place to increase the hours of the Medical Non-Prescriber at the Dartford site, relieving some of this pressure and allowing us to end agency usage there from January.

In Mental Health Learning Disability services there are currently 3.60 vacant medical posts, and another 0.60 on a career break, being supported by 2 agency doctors at consultant and career grade.

There are also agency doctors within Neuropsychiatry and the Mother and Infant Mental Health services where there are long standing vacancies.

Nursing agency is historically minimal in the Care Group, but due to the acuity and rota issues causing pressures in the wards, where bank is unavailable, agency has been used which equated to 1.81 WTE in December, largely in Walmer and Penshurst wards.

Cost Improvement Plans

The Tarentfort merger CIP has been completed, with the budgets transferred and the new rota being worked to. This has resulted in a £500k saving (full year effect), although achievement in year is less than expected due to delays in mobilising the change.

CIP plans for 2021/22 have been explored, including developing potential contracts to provide spot bed booking at Bridge House for private patients. Further plans involve system changes for the forensic pathway for women and the commissioning requirements for neurology services.

Forecast

The forecast has adversely moved by £237k since last month and the Care Group are now forecasting a £954k overspend at the end of the year.

This is predominantly due to spend on temporary staffing mainly due to acuity of patients. In previous months it was expected that this trend would slow down towards the end of the financial year, but the acuity trend seen in the last few months has continued meaning the current high levels of expenditure are forecast to continue.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Care Group
Acute

Executive Summary

The Acute Care Group is underspent by £329k on a year to date basis reflecting vacancies above expected levels.

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

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

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

Financial Position

	Year to Date			Year End Forecast		
	Budget	*Actual*	*Variance*	*Budget*	*Forecast*	*Variance*
	£000	£000	£000	£000	£000	£000
Income	0	(25)	(25)	0	(25)	**(25)**
Employee Expenses	22,762	22,444	(318)	30,496	30,212	**(284)**
Operating Expenses	3,595	3,610	14	4,794	4,882	**88**
Net Position	**26,357**	**26,028**	**(329)**	**35,290**	**35,069**	**(221)**

	Plan	*Actual*	*Variance*	*Forecast*	*Actual*	*Variance*
	£000	£000	£000	£000	£000	£000
CIP Summary	(782)	(709)	73	(1,341)	(1,341)	0

Income and Expenditure

A small element of income in relation to Advanced Clinical Practitioners (ACP) training money is reflected within the year to date income position of £25k.

Vacancies continue across a number of services. Temporary staffing is used whenever possible to offset the impact of the vacancies. In the inpatient services, Employee Expenses are overspent as a result of acuity of patients and additional staffing on rotas. In contrast developing services such as CRHT are underspent due to recruitment taking longer than anticipated during the pandemic.

Agency

Medical Agency continues to be an issue within the Care Group with reported spend of £66k reported in December with a year to date spend of £731k. Work is continuing to reduce this and the Care Group continue to explore different staffing models.

Wards continue to use nursing agency when they are unable to book bank staff to cover shortages in their shifts due to issues such as vacancies and the level of observations. In month the Care Group spend totalled £127k with a total for the financial year so far of £1.2m.

Cost Improvement Plans

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

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

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

Forecast

The financial forecast for the Acute Care Group is an underspend of £221k.

Pay is forecast to be £284k underspent for this financial year. Within this is the NK Place of safety CIP, Dartford and South East Kent CRHT underspends due to recruitment delays. This is offset by the overspends in the inpatient service which is forecasting a £583k overspend, mainly within Willow Suite (£465k). The wards have high levels of acuity of patients resulting in an increase in staffing requirements. This level of acuity is reported to have increased significantly by Care Group teams. Work is underway to analyse Safe Care data so this can be explored further.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Care Group
Older People

Executive Summary

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

The underlying financial position is stable in Older Adults with a small decrease in run rate of £33k compared to November levels.

All resources are being maximised to cover inpatient wards while the Care Group manages demand and also continues to provide community services, reducing the backlog and waiting times for all patients. Recruitment continues but is countered by leavers and thus the pay position remains stable despite increasing demands on services. Overtime has been offered on wards to cope with demand and avoid agency use but uptake is minimal.

Financial Position

	Year to Date			Year End Forecast		
	Budget	*Actual*	*Variance*	*Budget*	*Forecast*	*Variance*
	£000	£000	£000	£000	£000	£000
Income	0	(10)	(10)	0	(10)	**(10)**
Employee Expenses	18,648	18,462	(186)	24,888	24,840	**(47)**
Operating Expenses	1,011	934	(77)	1,356	1,231	**(125)**
Net Position	**19,659**	**19,385**	**(273)**	**26,244**	**26,061**	**(183)**

	Plan	*Actual*	*Variance*	*Forecast*	*Actual*	*Variance*
	£000	£000	£000	£000	£000	£000
CIP Summary	(392)	(316)	75	(555)	(555)	0

Income and Expenditure

The £273k underspend is driven by nursing vacancies; inpatient services are £208k underspent on pay and community services £161k underspent on pay. This is offset by a £164k overspend on medical pay where sickness, vacancies and staff turnover has increased agency and locum usage.

Recruitment continues with 4 WTE commencing during January and a further 17 posts due to start over the next couple of months.

Anticipated reductions in bank spend have not been realised in the month because the bank requirement increased due to higher acuity reported on Jasmine and cover for the festive period. This benefit has thus also been removed from forecast.

Agency

Agency usage in the Care Group has cost £546k year to date. Non-medical agency increased in month from 6.6 WTE to 7.4 WTE qualified nurses. Three quarters of this is in two community teams where vacancies are persistent and significant. 3 WTE posts are currently under offer in South West Kent and 1 WTE offered in Medway. This recruitment should reduce agency usage by the end of the year.

Medical agency remains 2 WTE, both of which are likely to remain until at least March. Agency cover of 0.4 WTE was due to commence in December to cover a vacancy but is delayed whilst appropriate cover is sought.

Cost Improvement Plans

£71k savings have been achieved in month through reduction of posts and reduction of travel costs (£17k) against a target of £54k. £44k of this is non-recurrent vacancies on inpatient wards. Achievement year to date is £75k short of the £392k target, this is mitigated by vacancies across the Care Group in prior months and will be cleared non-recurrently by year end through continuing vacancies.

Workforce redesign workshops are taking place during January to commence workforce planning including capacity, demand and both medical and non-medical job planning to ensure all posts and teams are fit for purpose and team structures are as efficient as possible.

Forecast

The current forecast is for a £178k underspend. The forecast underspend has been reduced to reflect increased use of bank to manage high acuity on wards.

Underspends in pay in community and inpatient services total £0.6m which offsets a CIP target of £0.3m and medical pay overspends of £0.2m. The underspends are reflective of persisting vacancies and the medical overspend is due to agency usage for the whole financial year.

A non pay underspend reflects the additional reduction in travel costs which has also been used to clear CIP non-recurrently whilst home working remains high.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Care Group
Community Recovery

Executive Summary

The Community Recovery Care Group continues to overspend against plan.

The expansion of the Early Intervention in Psychosis (EIP) service is underway following confirmation of funding from the CCG. Recruitment has commenced and has had some success to date, in line with recruitment projections. This is a key development under the Mental Health Investment plan.

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

Financial Position

	Year to Date			Year End Forecast		
	Budget	*Actual*	*Variance*	*Budget*	*Forecast*	*Variance*
	£000	£000	£000	£000	£000	£000
Income	(6)	(73)	(67)	(7)	(125)	**(118)**
Employee Expenses	30,068	30,543	475	40,259	41,235	**976**
Operating Expenses	2,279	2,440	161	3,038	3,248	**210**
Net Position	**32,341**	**32,910**	**568**	**43,289**	**44,358**	**1,069**

	Plan	*Actual*	*Variance*	*Forecast*	*Actual*	*Variance*
	£000	£000	£000	£000	£000	£000
CIP Summary	(873)	(438)	435	(1,164)	(738)	426

Income and Expenditure

The year to date overspend within employee expenses continues to be due to the levels of agency consistently being used. Whilst this is primarily within the Community Mental Health Teams (CMHTs), Liaison are also using agency to cover vacancies. The Care Group are not expecting to see a significant reduction in agency at this stage in the financial year due to the difficulties in recruiting. Recruitment is ongoing but proves to be challenging in certain areas, South West Kent and Canterbury in particular.

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

Agency

Agency has decreased on trend. This is due to a reduction in medical agency usage, following a leaver in Maidstone CMHT and a substantive starter in EIP.

Nursing agency has increased within the CMHTs. This is due to late timesheets being processed, this issue has occurred in previous months and is being discussed with NHS Professionals. The normalised position would have been a reduction, as expected.

There are ongoing monthly meetings between the Care Group, HR and Finance to monitor agency usage and compile recruitment projections, as well as in month reporting and discussions in order to work towards reducing spend without compromising the standard of care provided.

Cost Improvement Plans

The Care Group are committed to meeting their CIP target for 2020/21, though it has now been acknowledged that any remaining target will be met non-recurrently.

A total of £738k has been identified to date, leaving a remaining target of £426k as well as £304k for the CMHTs following re-instatement of nursing posts earlier in the year.

The Hub and Spoke scheme continues to be ongoing within the CMHTs and there are expected to be some savings from administrative posts following a consultation period, though this is not likely to materialise this financial year.

Forecast

The Care Group are forecast to over spend by £1m.

A significant over spend on pay is due to consistent agency usage in the CMHTs and Liaison. Total agency spend is expected to be £4m, the majority of which is in the CMHTs.

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

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Care Group
Support Services

Executive Summary

The main cost pressure in Support Services continues to be private bed use for learning disability and autism patients who do not ordinarily fall under KMPT's services. The costs have decreased in December, following successful placements and only one patient remains and is expected to remain until the end of March 21.

The AHP team have been awarded a bid of £160k from Health Education England for the Clinical Placement Expansion Programme. This will enable the team to recruit to posts to help support this piece of work over the next few months.

Another bid has been put together to Health Education England to fund a team of ACPs (Advanced Practice Credentials) to support Learning Disability & Autism. The Trust is currently awaiting the outcome.

Financial Position

	Year to Date			Year End Forecast		
	Budget	*Actual*	*Variance*	*Budget*	*Forecast*	*Variance*
	£000	£000	£000	£000	£000	£000
Income	(5,082)	(5,199)	(117)	(6,680)	(7,277)	**(596)**
Employee Expenses	20,848	21,546	698	28,101	29,056	**955**
Operating Expenses	15,693	17,065	1,373	20,941	22,720	**1,780**
Financing Costs	602	573	(29)	803	763	**(39)**
Net Position	**32,060**	**33,985**	**1,925**	**43,164**	**45,262**	**2,099**

	Plan	*Actual*	*Variance*	*Forecast*	*Actual*	*Variance*
	£000	£000	£000	£000	£000	£000
CIP Summary	(1,005)	(1,004)	1	(1,472)	(1,212)	261

Income and Expenditure

Operating Expenses is significantly overspent due to the cost of the Bed Overspills relating to the high dependency female patients, that do not fall under the PICU criteria (£1.2m). The Reactive Maintenance budget is also significantly overspent by £410k year to date due to building and boiler issues. These are being mitigated by underspends on other non pay such as travel and conferences due to Covid-19.

Employee Expenses are overspent. The main driver is a large element of unidentified CIP in the Medical Directorate which is having a negative impact of £204k. Bank costs remain high in ancillary due to the extra cleaning requirements caused by COVID-19, and within the Clinical Leads where they are now providing weekend cover.

Income remains overachieved due to additional LDA income received in quarter 3 and income from Health Education England for the Allied Health Professionals.

Agency

Agency use has increased in December.

Ancillary cover has remained consistent. The majority of Ancillary cover can be booked through the bank now, but due to increased pressures caused by Covid-19, the use of agency is expected to continue for the rest of the financial year.

The fixed term agency worker supporting the work around the PICU private beds has been extended until at least March 21. This continues to be part funded by the CCGs to support work around OATs (Out of Area Treatment) as well as supporting the Trust with PICU.

Cost Improvement Plans

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

All Directorates with the exception of the Medical directorate have now met their annual CIP targets.

A large proportion is allocated on a non-recurrent basis, and these will be reviewed as part of the Business Planning process for 2021/22, to review whether these can be converted to recurrent savings going forward.

Forecast

Support Services is currently forecasting a £2.1m overspend. This is a favourable movement of £97k from the November forecast. The forecast has reduced mainly due to the reduction of Bed Overspill costs with just one patient remaining.

The two key areas for the forecast overspend are the Bed Overspills (£1.3m) and the unidentified CIP target in the Medical Directorate (£300k). The reactive maintenance budget is also forecasting a £660k overspend if the level of current costs continue. These costs are mitigated by forecast underspends on travel reductions and conference and seminars which are forecast to continue due to COVID-19.

Kent and Medway NHS and Social Care Partnership Trust

Contracts and Income

Clinical Income by Type

	Current Month			Year to Date			Year End Forecast		
	Budget	*Actual*	*Variance*	*Budget*	*Actual*	*Variance*	*Budget*	*Forecast*	*Variance*
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Block contracts	(16,280)	(17,346)	(1,065)	(144,413)	(150,594)	(6,180)	(193,140)	(200,821)	(7,681)
Clinical Partnerships	(81)	(842)	(761)	(785)	(1,537)	(752)	(1,029)	(3,073)	(2,044)
Cost and volume contract	0	(38)	(38)	(462)	(224)	238	(462)	(449)	13
Total Patient Care Income	**(16,362)**	**(18,227)**	**(1,865)**	**(145,660)**	**(152,355)**	**(6,694)**	**(194,631)**	**(204,343)**	**(9,712)**

Commentary

Block contracts: All block contracts reflect the figures advised by NHS England and NHS Improvement as those deemed necessary to support providers during the current pandemic, based on 2019/20 income. These blocks have been updated for October to March and include additional funding from NHSE. Also included here is additional funding to deliver the Mental Health Investment Standard, including extension to services in Specialist Community Forensics (SCFT), Liaison, Early Intervention in Psychosis (EIP), Crisis, Perinatal and Learning Disability (MHLD) as well as full funding for Community Recovery extensions which were agreed in 2019/20. Additional funding for Winter Pressures and discharges is also included in the forecast position for the remainder of the year. Also included here is the recharge for additional costs associated with Covid and top up funding.

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

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**28 January 2021**
Title	**Mental Health Act Committee Report**
Author	**Venu Branch, Non-Executive Director & Committee Chair**
Presenter	**Venu Branch, Non-Executive Director & Committee Chair**
Executive Sponsor	**Dr Afifa Qazi**
Purpose	**For Information/Assurance**

Executive Summary

The Mental Health Act Committee (MHAC) met on 11 January 2021 and discussed the following:

- Report from Mental Health Legislation and Operational Group (MHLOG)
- MHA Activity Data (Q3 & Q4)
- CQC Mental Health Act (MHA) Monitoring Visit Report
- CQC Oversight Report
- MHA & MCA Training Report
- CLiQ Check Audits – MHA Section
- Report from Associate Hospital Managers

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

1 Indicators agreed on crisis

The Committee held a discussion on high level indictors of crisis and agreed that the following would all be good indictors and could be put forward for consideration into the overall Trust dashboard for NEDs:

- Number of admissions under the MHA
- CTO recall numbers
- Increase in the conversion rate of 136s

2 Implementation date for DoLS

The Committee were informed that the implementation date for the replacement of DoLS is now April 2022 and will be known as the Liberty Protection Safeguards.

3 Concern on Boughton Ward

The Committee were informed of the concerns on Boughton Ward due to the staffing issues, which have worsened due to Covid. There has also been an unexpected death on the ward which was physical health related and also a safeguarding incident. The Committee were assured that there is a strong improvement plan in place and physical health training is in progress.

4 Scrutiny Visits

The Committee were informed that the Mental Health Act (MHA) scrutiny visits remain high on the agenda for the MHA Team and a positive correlation has been seen between the MHA staff undertaking these visits prior to predicted CQC monitoring visits and fewer comments by the CQC. For example, at one visit it was highlighted that one ward did not have the up to date Section 132 Rights form which was corrected prior to CQC visit and was therefore not observed or raised as a concern for the Trust.

These scrutiny visits will stay in force across all localities and they are being monitored at the weekly MHA meetings and every two months a report on these visits is shared at the CQC Oversight meetings and also shared with the Associate Hospital Managers at their quarterly meetings.

5 CTO Backlog

The Committee were informed that there had been a number of lapsed CTOs but now there is only one. There is a process in place so these do not lapse going forward. These are now picked up in the daily red board meetings and in East Kent they are piloting a system were these are flagged via RiO and an email is sent to the MHA Office who in turn contacts the Consultant to review the CTO, this is triggering better performance in East Kent. However, concerns remain around the backlog in renewals, where there is a risk to the Trust if a renewal is delayed which then turns out not to be needed. There is now a plan in place to reduce these over time. The Committee asked for a future update on this item.

6 Evidence and findings to support people subject to detention under the Mental Health Act

The Committee were informed that the CQC listed seven actions for improvement to the support to people subject to detention under the Mental Health Act (MHA) and these are as follows:

- Discharge planning is carried out in co-production with patients and their families/support networks in order to ensure better outcomes.

- Patients must be involved in decisions about their care, including infection control. Where this is done, the negative impact of restrictions on detained patients during a pandemic can be limited.

- Modernising physical estates would help with infection control measures.

- Services should recognise the significant impact restrictions on leave of absence and activity can have on detained patients and ensure these are lifted as quickly and as safely possible to avoid very damaging 'closed cultures' from emerging.

- Relaxing the rules around using personal technology, such as mobile phones, should continue in future, and services should prioritise linked issues such as WiFi connectivity in future estates development.

- The CQC believe that advocacy should move to be offered on an opt-out basis in future.

- There needs to be careful evaluation of using remote technology should aspects of them continue after the pandemic abates.

AOB

This is the last meeting which Venu Branch will Chair. She thanked all staff for their work and hoped that she is leaving a clear set of actions to progress the work of the Committee going forward. Kim Lowe thanked Venu for her work and now takes over as the Chair, including reviewing the work plan going forward.

Recommendation

The Board is asked to:

1) Note the content of this report.

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**28th January 2021**
Title	**Workforce and Organisational Development Committee Report**
Author	**Venu Branch, Non-Executive Director & Committee Chair**
Presenter	**Venu Branch, Non-Executive Director & Committee Chair**
Executive Director Sponsor	**N/A**
Purpose	**For Information/Assurance/Approval**

Executive Summary

The Workforce & Organisational Development Committee (WFODC) met on Tuesday 19th January 2021 and discussed the following agenda:

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

1. Acute Care Group Presentation
2. Workforce and Communications Presentation
3. Recruitment KPIs
4. Learning and Development Report
5. Medical Recruitment and Retention
6. Workforce Metrics and Trends Report
7. Temporary Staffing Provider Contract
8. Learning and Development minutes
9. Diversity and Inclusion (E&D) minutes
10. Induction Policy
11. HR Risk Register

Acute Care Group Presentation and People Plan

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

The Committee had a full discussion particularly around staff vacancies noted the key priorities which include:

- To reduce Violence and Aggression
- Work on the Retention Programme
- To reduce Medical and Nursing Agency usage.

Monthly meetings are taking place to review the workforce strategy which covers inpatient medical staffing, and their training needs and retention. The Committee heard there has been an improvement following recent recruitment of Nursing student graduates and aspirant nurses to Band 5 positions, but stated there is still a big challenge when it comes to the retention of Band 5 staff. Many of them are looking for progression to Band 6 within a 6-8 month period. It was reported that there will be a Nursing Establishment Review undertaken

by Mary Mumvuri, Executive Director of Nursing, and a Medical Review undertaken by Rosarii Harte, Deputy Medical Director. These will be completed by late February and mid-March respectively, once these are completed the workforce modelling work will be able to progress.

There is currently work taking place on Workforce Planning/Modelling which will look at our workforce over the next 3 years. We will use the demand and capacity information and the workforce planning information to understand what the workforce issues are and how we address them.

The Committee discussed safer staffing and where we were with trends, this was precipitated due to the November target showing below 80%. The Committee were assured that staffing is reviewed on a daily basis and business continuity plans put in place where appropriate.

Workforce and Communication Presentation

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

Covid Vaccinations

The Committee heard the COVID Vaccination Programme is fully underway. The Workforce team is prioritising and assisting with registering and booking staff in for their COVID vaccination. It was reported that we have vaccinated 1417 staff members over a 30 working day period.

Appraisals

The Committee wanted to thank the Acute Care Group for their hard work in working towards their Appraisal targets. As of December 2020 the Acute Care Group had reached 96.1%. As of 23rd December 2020 across the Care Groups, an overall figure for Workforce were recorded at 98%.

Supervisions

All Care Groups saw an increase in their compliance rates, however some groups show a significantly lower rate than target. Conversations in Care Groups/Support Services continue to drive up compliance, including promoting the uploading of previous records. There will be a new inpatient supervision form introduced which Charlotte Stewart, Human Resources Business Partner for Acute Care is working on. Once this has been designed and agreed, this will help further increase the supervisions compliance within the Care Group.

Learning and Development

Compliance on a number of areas of essential training has continued to reduce since the last report due to Covid-19. A number of areas for essential training are now being delivered in the classroom with reduced numbers on each course and all other areas are being delivered virtually. It is pleasing that CPR and Immediate Life Support is being prioritised. It is anticipated, it will be some months before compliance in some areas of training can be restored to pre Covid-19 levels.

Induction Policy

The Committee received the updated Induction Policy which was **APPROVED.**

HR Risk Register

It is still reported that Recruitment and Retention is an area of concern within the Trust. There are a number of strategies which are being implemented, including working alongside Universities to help retain nursing staff. The ongoing risk in the Risk Register will be revisited (particularly the target date) once the reviews are complete.

There was good discussion around Agency Spend and this risk will also be re-examined with Louisa Mace, Risk Manager.

Freedom to Speak Up self assessment

The board self-assessment for freedom to speak up was discussed and will be delegated to a sub-group of the Board and the outcome then to be presented at the Trust Board.

Recommendation

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

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**19th January 2021**
Title	**Quality Committee Report**
Author	**Siobhan Neaves, Executive Assistant**
Presenter	**Fiona Carragher, Non-Executive Director and Committee Chair**
Executive Director Sponsor	**N/A**
Purpose	**For Information/Assurance**

Executive Summary

The Quality Committee met on 19th January 2021. In line with the Committee work plan the following items were discussed and scrutinised:

1. Quality Digest
2. Quality Risk Register
3. Report from CQC Oversight Group including the Trust's CQC Quality Improvement Plan
4. Mortality Report (Quarter 3)
5. Operational Hot Spots (Exception Report)
6. Review of Engagement (Patient and Carers)
7. Complaints Thematic Review
8. Update on review of Canada House and Support and Signposting Complaints
9. Medication Blanks Boxes Audit
10. Infection Prevention and Control Q3 report

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

1. **Mortality Report (Quarter 3)**

The Committee received, discussed and noted the report. The full mortality report is attached to this Chair's report.

Ethnicity recording data was noted to have improved but Committee expressed concerns about the number of people with no stated ethnicity. The Chief Operating Officer is looking into this, and an update will be provided to the committee in March.

The committee were **ASSURED** that appropriate systems and processes are in place for oversight of mortality related incidents.

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2. **Review of Engagement (Patient and Carers)**

The Committee received the report, a copy of which has been placed in the Board reading room as Board is requested to endorse the recommendations within the report.

The key issues were highlighted as:

- In March 2020 the Trust Board ratified the new Participation and Engagement Strategy for KMPT
- In order to effectively deliver on the aspiration of the Strategy to "make a valuable difference to our services by empowering and supporting service users and carers to bring a lived understanding of mental and physical wellbeing to the work of the Trust", it was agreed that a review of the mechanisms used for engagement was timely
- Engage Kent were commissioned as a Third sector organisation with significant experience and expertise to complete a review on our behalf using a co-production approach during August and September 2020
- The review highlighted the need for change and made a number of recommendations to improve the effectiveness of engagement activity going forwards
- Final review report was presented to Executive Sponsors and Patient Experience leads from across the trust in November 2020 and EMT in December 2020. It is proposed that the recommendations are taken forward as part of the Strategy implementation plan

The committee welcomed this work and noted that there is currently no patient pool reflective of the use of our services, so this approach will allow for wider engagement. A digitally focussed piece of work was discussed, alongside the inclusion of third sector partners to support the Learning Disabilities services, and the existing CMHT framework.

The committee noted that this is a new national approach by KMPT, and discussed the possibility of funding.

The Committee **NOTED** the report and supported the recommendations to endorse it to the board.

3. Operational Hot Spots (Exception Report)

The Committee received a verbal report regarding the Operational Hot Spots, with a paper circulated after the meeting.

The committee noted that four of the CMHTs (Dartford & Gravesham, Swanley, South West Kent/Maidstone and Canterbury & Coastal) within the CRCG are an area of concern, with themes highlighted as:

- Impact of covid-19 and sickness absence
- The need to prioritise urgent work over routine work

The committee noted concerns around the Medway Early Intervention and Psychosis team, due to a high vacancy rate. Assurance was provided that the other Kent teams are offering support across the whole service, due to remote working, with some face to face working still taking place and new digital ways of working being considered.

Hotspots were highlighted to the committee:

- Acute female wards, with Priority House being a particular concern
- Staffing issues were noted within the Forensic services, however no increased pressures due to covid-19 impact in specialist area

- Older Adults have been asked to support the wider system, which is being monitored by Executive Management Team to ensure our service provision is still functioning. Assurance was provided that FPC are reviewing demand and capacity figures.

The Committee **NOTED** the report.

4. Medication Blanks Boxes Audit

The Committee received the report.

It was reported that weekly audits have been ongoing for 6 weeks and improvements have been seen across many wards. Weekly audits on the acute care group wards stopped at the beginning of October due to significant improvement, however bi-monthly medicines management audits continued.

Actions going forward were highlighted as follows:

- Meetings being held between senior management for forensic service and pharmacy to look at increasing pharmacy support for TGU
- Weekly audits on older people and forensic and specialist care groups to continue until assurance is gained that the improved results are sustainable
- Bi-monthly medicines management audits to continue on all wards with an emphasis on blank boxes
- Results of all audits shared with ward managers, service managers, and lead nurses for the service.

The Committee **NOTED** the report.

The Board is asked to:

1) **Note the content of this report.**
2) **Note assurances in place to review all mortality incidents.**
3) **Endorse the conclusions of the Engage Kent review and consider the adoption of the changes to the patient and carer engagement structures and approaches recommended as part of our wider trust strategy from April 2021 – March 2024.**

Front Sheet

Title of Meeting	**Trust Board**	**Date**	19th January 2021
Title of Paper	Quarterly Mortality Review (Quarter 3)		
Author	Frances Lowrey, Mortality Review Manager		
Executive Director	Mary Mumvuri, Executive Director of Nursing, AHPs and Quality		

Purpose: the paper is for:	• **Delete as applicable**
Discussion	

Recommendation:

The Board is asked to discuss the report and to note assurances in place to review all mortality incidents. This report has been scrutinised by the Quality Committee at their meeting in January 2021.

Summary of Key Issues: • **No more than five bullet points**

The Board is aware of this paper's history which provides assurance of compliance with the key governance processes in line with National Quality Board's (NQB) Learning from Deaths guidance (March 2017) and NHSI regulatory requirements.

- The NHS Improvement Academy is assured by our process. Structured Judgement Review (SJR) training was successfully delivered by the Improvement Academy on 14th September 2020. A total of 18 staff members, including 11 doctors are now trained. The SJR process was implemented for the Trust in October 2020 and there has been a total of four SJR's completed by trained staff thus far. Outcomes from these will be reported to Quality Committee through the Quality Digest report.

- 586 mortality incidents were reported on Datix in Q3 compared to 594 at the end of Q2 in 2020/21. Whilst there was a slight reduction in mortality incidents, in Q3, there was however a noted increase in COVID-19 related deaths in the community, with 62 reported in Q3 compared to 25 in Q2. All COVID-19 related deaths in Q3 were in the community and are not attributable to the Trust.

- Four suspected suicides of people in the community occurred in Q3 2020/21. Of these, three were reported on STEIS and a further case is being reviewed through a Structured Judgement Review.

- Overall Serious Incidents related to suspected suicides have reduced from 24 in Q2 to 13 in Q3 24 STEIS reported deaths and 13 suspected suicides in Q2 2020/21.

- Two of the suspected suicides were younger man with a probable diagnosis of Autistic Spectrum Disorder and are all subject to further learning reviews.

- Of the total 586 mortality incidents in Q3, three patients had a diagnosis of a learning disability. Two patients were under the care of the Forensic and Specialist Care Group, and one under the

care of Liaison Psychiatry services. All three patients died in the acute hospital from poor physical health. Two of the three patients were diagnosed with COVID-19 prior to their death, although it is unconfirmed if COVID-19 was the cause of death. As there were no care or service delivery concerns following KMPT's scrutiny, the incidents will not be subject to further learning reviews but have been reported through the Learning Disabilities Mortality Review (LeDeR) process which is led by University of Bristol University.

- Mortality incidents relating to COVID-19 are on the rise, with a total of 45 COVID-19 deaths reported in December 2020 alone. This is the highest number to date.

- Q3 saw the lowest number of male patient deaths in 13 months (graph 2).

- There were two inpatient deaths reported in Q3, both incidents related to physical health and are subject to full learning reviews.

Report History:

A Q2 report was presented to the Board in October 2020 as per NHSI's expectations for Mortality Reporting.

Strategic Objectives:	• **Select as applicable**
☒ Deliver outstanding quality of care across all of our domains	
☒ Deliver and embed continuous improvement in all we do.	

Implications / Impact:

Patient Safety:
A Mortality Review Manager commenced in post in March 2020. This post is to support the Mental Health and the Mortality review process. Training for the SJR process has now been delivered to a total of 18 staff members including 11 doctors and the SJR process is now in place.

Identified Risks and Risk Management Action:
There is an organisation risk if Structured Judgement Reviews by means of the Mortality review process are not completed.

Resource and Financial Implications:
Additional funding for recruitment of a Mortality reviewer member was agreed and the post has been recruited to. The staff member commenced in post in March 2020.

Legal/ Regulatory:
The Structured Judgement Review process is a national requirement for provider organisations.

Engagement and Consultation:
Engagement with other Mental Health NHS organisations.

Equality:
None identified.

Quality Impact Assessment Form Completed: No

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 the University of Bristol. 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 ANALYSIS OF INFORMATION

3.1 In Q3, a total of 586 mortality incidents were reported on Datix. The graph (1) below indicates that since September 2019, we have been reporting and collating the data on all mortality cases which includes natural causes, expected and unexpected deaths of patients. Incidents relating to mortality in Q3 are almost on par compared to Q2 2020/21 whereas STEIS reported cases have decreased since Q2. 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.

3.2 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 SI and Mortality Panel or sub-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 an SJR.

Graph 1 Mortality reported cases

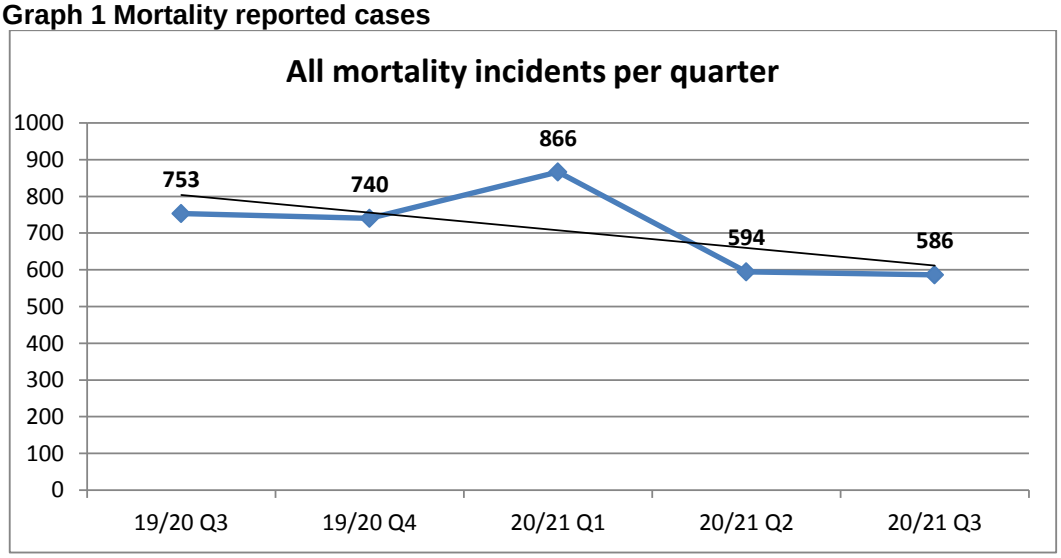


Table 1 Number of mortality incidents and incidents relating to suspected or confirmed suicide

	Dec -19	Jan -20	Feb -20	Mar -20	Apr -20	May -20	Jun -20	Jul-20	Aug -20	Sep -20	Oct -20	Nov -20	Dec -20	Total
Suicide (actual/suspected as reported on Datix)	4	0	3	5	2	2	7	3	5	3	1	2	1	38
All Deaths reported on Datix	206	320	236	184	374	205	287	238	216	140	134	232	220	2992

**This data can change when investigations take place or following an inquest.*

3.3 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 Q3, 0.7% of deaths of patients are suicide or suspected suicide related. This compares to 2% reported in the previous quarter. The average number of mortality incidents for the 13 months above was 230 per month. The quarterly average has remained consistent. For this quarter, there was an average of 196 per month. This is similar to last quarter's data with an average of 198 per month in Q2 2020/21.

3.4 On review of the suicide cases, over the 13 months, Community Recovery Services were the highest reporters. The number of suspected suicides in Q3 2020/21 has decreased, with a total of four, compared to eleven in Q2 2020/21. There were no suspected suicides reported for Older Adult Services and Forensic and Specialist Services.

3.5 Two of the suspected or confirmed suicides were in the Community Recovery Care Group; this is a decrease of five since Q2 2020/21.There are no teams that are outliers in from a review of the data. The remaining two cases were for the Acute care group community services.

3.5 **Analysis by age and gender**

3.5.1 On reviewing the deaths in Q3, the following tables (2 and 3) indicates the deaths reported on Datix by gender and age.

Table 2 All deaths recorded on Datix by age

Age Band	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	Total
100+	3	4	3	2	1	**13**
90-99	169	159	162	11	138	**638**
80-89	288	289	348	13	215	**1153**
70 to 79	131	136	192	34	110	**603**
60 to 69	61	44	53	33	49	**240**
50 to 59	46	44	45	52	30	**217**
40 to 49	30	35	34	118	16	**233**
30 to 39	15	15	24	232	16	**302**
20 to 29	7	13	6	94	10	**130**
10 to 19	1	1	0	4	1	**7**
Unknown	2	0	1	0	0	**5**
Total	**753**	**740**	**868**	**593**	**586**	**3541**

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	0	52	103	63	27	18	11	13	6	0
Female	1	86	112	47	22	12	5	3	4	1

Table 4 COVID-19 deaths by gender

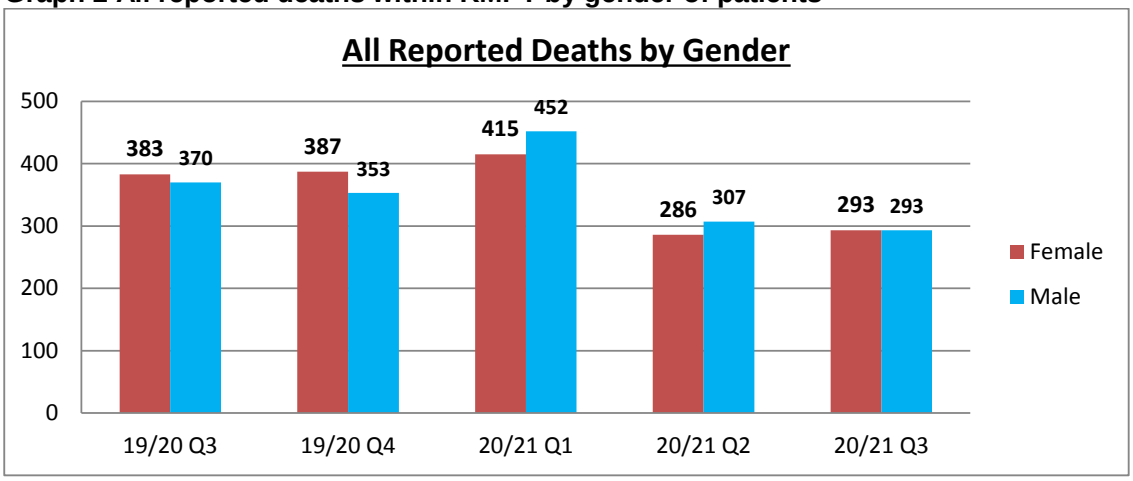
	May 2020	Jun 2020	Jul 2020	Aug 2020	Apr 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Total
Female	17	10	6	4	21	1	2	6	25	92
Male	19	14	8	4	21	2	2	7	20	97
Total	36	24	14	8	42	3	4	13	45	189

3.5.2 As in previous reports, the vast majority of incidents relate to older people living in the community, in particular, those over 70 years of age and residing in residential or nursing homes and presenting with co-morbidities. Nonetheless, they are subject to the same scrutiny as younger age group when reported by KMPT staff. There have been two older adult incidents that have been subject for an SJR, due to family concerns and diagnosis.

3.5.3 The figures relating to mortality have remained almost the same in Q3 when compared to Q2 2020/21. In Q2 there were a total of 304 Datix Death Notifications reported, with 241 of these for Older Adults Services, compared to a total of 238 reported in Q3, with a total of 204 of these for Older Adult Services. This is likely to fluctuate in each quarter depending on the timing of death notifications from GPs. We saw a reduction in COVID-19 related deaths in Q2, with numbers decreasing throughout July 2020 to September 2020. COVID-19 deaths have since risen in Q3 2020/21, with a total of 45 deaths related deaths reported in December alone. This is the highest it has been since the pandemic began in March 2020. Again, mortality incidents relating to COVID-19 are likely to fluctuate in the coming months.

3.5.5 When data is analysed of reported deaths within KMPT according to gender, indications are that figures of all mortality in men and women has fluctuated in each quarter (see graph 2). In Q3, the number of deaths in males and females were almost the same. Q3 saw the lowest amount of reported male deaths in 13 months. Reasons for this are unknown at this time but may benefit from a detailed review. Females make up 51% of the population according to the last England and Wales census in 2011 (Gov.UK Male and Female Populations (May 2019)).

Graph 2 All reported deaths within KMPT by gender of patients



3.5.6 In Q3, the four cases of suspected suicide by age and gender were as follows in table 5.

Table 5 Suspected suicide by age and gender

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

3.5.7 Nationally, middle-aged males (between the ages of 40 – 60 years) are at a higher risk of death by suicide although suicide occurs in all ages and genders according to National Confidential Inquiry into Suicide and Homicide (NCiSH)). It would be expected that figures for male suicide in this age group would be expected to be over-represented in this specific age range. Nationally there is a steep rise in suicide from the age of 15 to 25 years which plateaus out and then begins to decline after 60 years approximately.

3.5.8 The numbers of suspected suicides reported in Q3 2020/21 has reduced with a total of four reported, compared to 14 in Q2 2020/21. There were no female suspected suicides reported in Q3 whereas in Q2 there were four. There was an increase in suspected suicides

for male patients between the ages of 20-29, with a total of two reported deaths, compared to zero in Q2. Both males aged between 20-29 years had a diagnosis or suspected diagnosis of ASD.

3.5.9 KMPT is participating in a study for The National Confidential Inquiry into Suicide and Homicide (NCiSH), by providing real time data for patients who have died from suspected or confirmed suicide. The information provided is in the form of a questionnaire and will help to understand the rates of suicide nationally during the COVID-19 pandemic. The set criteria is as follows:

- Patients who have died by suspected suicide within 12 months of contact with KMPT services, for deaths occurring since 1 January 2020.

3.7 Mortality review by ethnicity
Table 6 Deaths by ethnicity

	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21/Q 3	Total
Bangladeshi	0	0	0	1	0	1
Black African	0	0	3	1	0	4
Black Caribbean	1	0	2	2	2	7
Chinese	0	0	1	0	0	1
Indian	0	1	2	1	0	4
Mixed white and Asian	1	0	0	0	0	1
Mixed white and black African	0	0	2	0	0	2
Mixed white and black Caribbean	0	2	1	0	0	3
Not stated	84	72	76	65	42	339
Other Asian	2	1	3	4	1	11
Other Mixed	0	0	0	2	1	3
Other ethnic category	4	0	1	0	1	6
Pakistani	0	0	0	0	1	1
White - British	640	652	757	504	524	3077
White - Irish	5	4	7	3	3	22
White - other white	16	8	12	10	11	57
Unknown	0	0	1	0	0	2
Total	753	740	868	593	586	3540

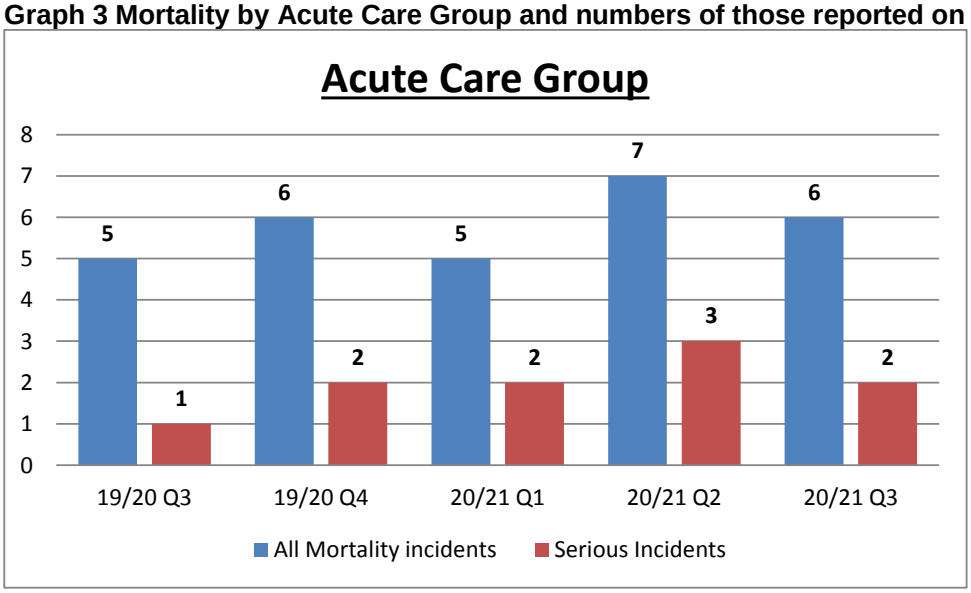
3.7.1 The majority of the incidents relate to people who are from a white British background. This is consistent with the local population profile being predominantly white British. Reviewing the Black Asian and Minority Ethnic (BAME) deaths, there were six in Q3 2020/21 compared to eleven in Q2 in 2020/21. Of the BAME deaths in Q3 2020/21, two were Datix death notifications (this may have been related to GP practices completing administration work). For the remaining four BAME deaths, three were patients died from COVID-19 and one was reported to KMPT by the coroner. None of the BAME related deaths were attributable to the Trust therefore would not be subject to further investigations.

3.7.2 Of the 586 incidents reported on Datix during Q3, 42 (7%) had no ethnicity recorded. This has improved since Q2 where 11% had no ethnicity recorded. Where ethnicity was not recorded, this could be due to some patients declining to provide their ethnicity, or identifies more vigilance required in reporting ethnicity when reporting on RiO, particularly in relation to data reconciliation. Many of those without ethnicity recorded were people under KMPT care for a number of years before the renewed focus on ethnicity reporting. The performance team continue to work with operational services to ensure improvement on ethnicity recording and for staff to indicate when individual service users refuse to provide this.

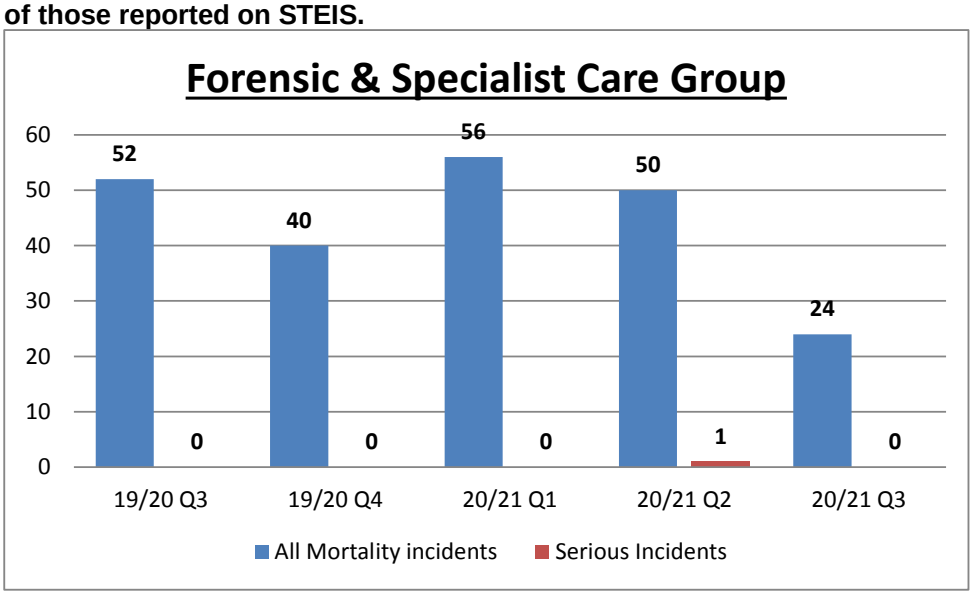
3.8 Serious Incidents and LeDeR cases

3.8.1 The following graphs (3 to 6) show the mortality incidents reported for the period 01/10/2019 to 31/12/2020 by Care Group. All mortality related serious incidents are subject to Root Cause Analysis investigation as per national framework and KMPT policy.

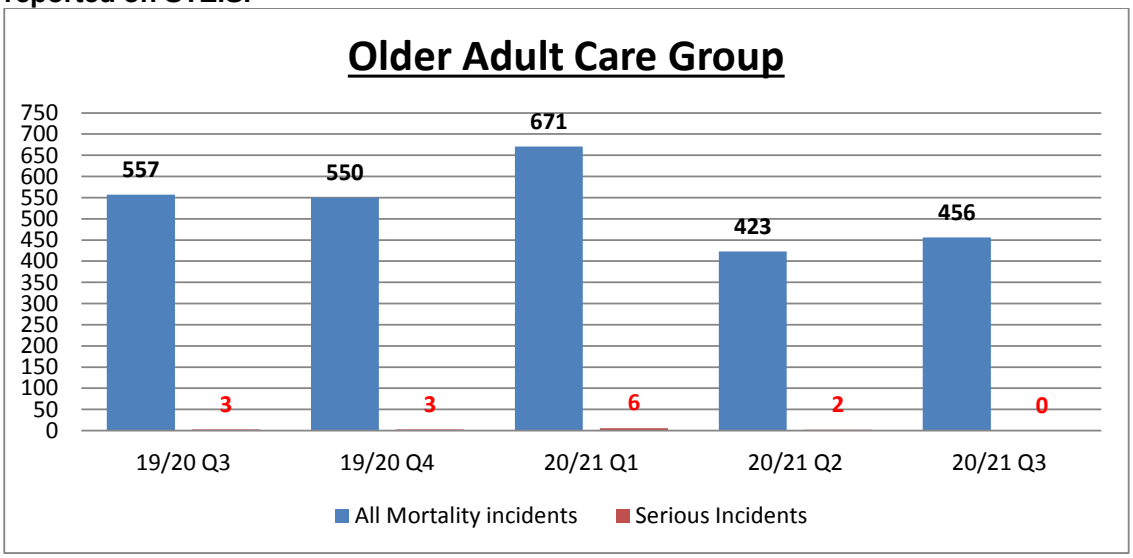
Graph 3 Mortality by Acute Care Group and numbers of those reported on STEIS.



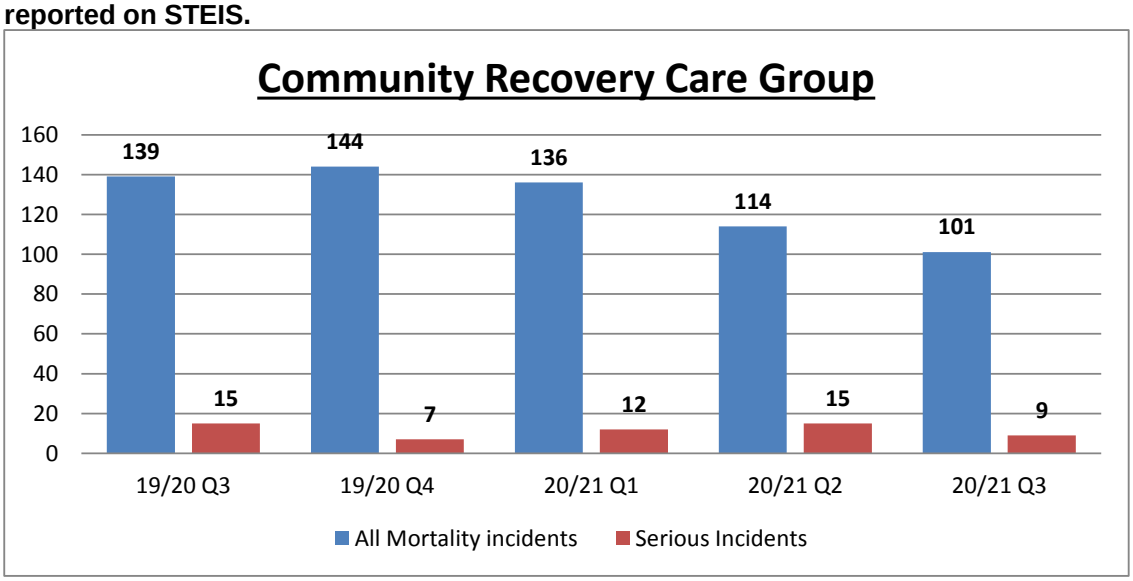
Graph 4 Mortality by Forensic and Specialist Care Group and numbers of those reported on STEIS.



Graph 5 Mortality by Older Adult Care Group and numbers of those reported on STEIS.



Graph 6 Mortality by Community Recovery Care Group and numbers of those reported on STEIS.



3.8.2 Figures relating to mortality have reduced for all care groups except Older Adult Services, where there has been a slight increase. Mortality incidents overall have slightly reduced from 594 in Q2 compared to 586 in Q3. It is important to note a reduction across all Care groups of Serious Incidents related to suspected suicides which reduced from thirteen in Q2 to three in Q3. Forensic and Specialist Services and Older Adult Services did not report any Serious Incidents to STEIS in Q3 2020/21. The slight incline in older adult deaths is likely to be due to the increase in COVID-19 deaths and could be linked to the new strain of COVID-19. Again, deaths relating to COVID-19 will likely fluctuate, depending on the rate of infection and death toll in the South-East of England.

3.8.3 There have been two inpatient deaths reported in Q3, both deaths occurring in December 2020, with one an adult mental health ward and the other, an older adults' admission ward Learning Reviews are underway and will include all relevant partners and Acute Trusts colleagues as necessary.

3.8.4 In Q3, there were three mortality incidents where the service user had a diagnosis of a learning disability which was reported to LeDeR for further review in line with national guidance. All three patients were female and of white British ethnicity, aged between 59 and 61 years old and died from natural causes. Two patients were diagnosed with COVID-19 prior to their death.

4. UPDATE ON THE STRUCTURED JUDGEMENT REVIEW POCESS

4.1 The NHS Improvement Academy successfully delivered SJR training to 18 KMPT members of staff, this included 11 doctors. The Mortality Review Manager and Datix Administrator have worked closely together over recent months and are pleased to advise that the SJR form has now been added to the Datix incidents module. The Mortality Review Manager has introduced the process to the Trust, working with the Head of Patient Safety to develop a structured process for trained staff to follow.

4.1.2 There have been a total of four SJRs completed since implementation of the process in October 2020. The reviews have found that although good practice has been identified, poor practice/areas for improvement have been noted that were not previously highlighted upon initial completion and review of the 48 hour management report. Although the SJR has not changed the original decision to downgrade the incident, reviewers have set recommendations for teams to improve processes. The learning identified provides assurances that the SJR process works, and will hopefully aid future learning and quality improvement moving forward. Themes from SJRs will be collated and reported in a themed report when there is sufficient h data.

5. CONCLUSION AND NEXT STEPS

5.1 Mortality incidents recorded on Datix saw little change in Q3 compared to Q2; however Serious Incident reported mortality incidents more than halved (from 24 in Q2 to 11 in Q3). There has been an increase in deaths that were related to COVID-19, with 62 reported in Q3 compared to 25 in Q2. December 2020 saw the highest number of COVID-19 deaths reported to date. These were not related to the care provided by KMPT. Themes from SIs relating to the COVID-19 pandemic have been reviewed as part of a COVID-19 thematic review, completed by the Mortality Review Manager and will be detailed in a separate report to be presented to Quality Committee in due course. The Board can draw assurances from the embedded systems and processes in place to report, review and monitor mortality reported incidents.

	Title of Meeting	**Board of Directors (Public)**
	Meeting Date	**21st January 2021**
	Title	**Integrated Audit and Risk Committee (IARC) Report**
	Author	**Peter Conway, Chair of IARC**
	Presenter	**Peter Conway, Chair of IARC**
	Executive Director Sponsor	**N/A**
	Purpose	**Assurance**

Summary

The Integrated Audit and Risk Committee (IARC) met on the 21 January 2021. The Committee discussed the following:

- External Audit Report;
- Internal Audit Progress Report;
- Counter Fraud Progress Report;
- Annual Report & Accounts Timetable
- Accounting policies
- Single Tender Waivers
- Trust Risk Register
- Information Governance
- Health and Safety - Fire
- Emergency Preparedness, Resilience and Response (EPRR) Plans

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

Area	**Assurance**	**Items for Board's Consideration and/or Next Steps**
Risk Management	Trust Risk Register: partial assurance (no change from last month)	Discussions held out of committee on areas that could be enhanced. Risk team to put together a work-plan to address
Audit and Assurance (3rd party)	1)Internal Audit: 4 audits completed, 3 reasonable (Recruitment and Leavers Processes, Project Management of St Martins and Consent) and 1 substantial (Cyber Security - Improvement Plans and Security). Payroll audit of K&M NHS Payroll Service also completed and reasonable. No overdue actions. Audit Plan on target (1 audit at draft report stage, 9 underway and 1 deferred - SARD system). Overall positive	1)Cyber security substantial assurance very encouraging

	assurance 2)Counter Fraud: Positive assurance 3)External Audit: Annual Plan to be received in March. Resourcing in place for year-end	
Internal Controls and Assurance	1)Health & Safety - Fire: positive assurance 2)EPRR Plans: updates on main response plans x 2: positive assurance 3)Information Governance: positive assurance	1)Annual Internal Review due in March which IARC will receive thereafter 2)SB-K to take part in future desk-top testing and act as a critical friend as plans are refined.
Financial Reporting and Controls	1)AR&A timetable: Outline timetable in development, draft accounts 27.4, central submission 15.6. 2)Accounting Policies review: no significant changes 3)Single tender waivers - positive assurance	1)NHSI may allow 2 week flex in timetable 2) Material Accounting Estimates - given last year's challenges, an interim progress report on Property Plant & Equipment valuations will be undertaken in March
Other	Committee operation and business	Updated Terms of Reference, Forward Plan and Ways of Working to be submitted to March meeting

1 Recommendation

The Board is asked to:

1) **Note the content of this report**
2) **Provide direction regarding ''Items for Board's Consideration'' where appropriate**

Front Sheet

Title of Meeting	**Trust Board**	**Date**	28 January 2021
Title of Paper:	Infection Prevention and Control - Board Assurance Framework		
Author:	Michele Streatfield, Lead Nurse Physical Health		
Executive Director:	Mary Mumvuri, Executive Director of Nursing, AHP & Quality and Director of Infection Prevention and Control		

Purpose: the paper is for:	**1. Delete as applicable**

- Information, assurance and endorsement before submission to NHSE/I

This Infection Prevention and Control (IPC) Board Assurance Framework (BAF) provides an update on the Trust's self-assessment which was originally completed in July 2020. The IPC BAF has been uploaded for Board members into the Board reading room.

NHSE/I require trusts to repeat their self-assessments in January 2021 to ensure that IPC quality standards are maintained and that any gaps in assurance are mitigated.

KMPT's self- assessment is completed as required, on the NHSI/E template and is 26pages long. It is available for board members in the Reading Room.

The assurance framework is based on the10 criteria set out in the Code of Practice on the prevention and control of infection and links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as well as the Health and Safety at Work Act (1974).

Recommendation:
The Board is asked to consider the assurance set out, along with changes from the 2020 IPC BAF, minor gaps in assurance and the mitigations in place, noting that there are **n**o uncontrolled risks identified,. The Care Quality Commission (CQC) scrutinised the previous IPC BAF including associated evidence and also interviewed the DIPC and the Lead Nurse for Physical Health in August 2020. They concluded that there was evidence of innovative practise and that the board was assured the trust had effective infection prevention and control measures in place to keep service users, staff and others as safe as possible.

Summary of Key Issues:	**1. No more than five bullet points**

Key changes from 2020 IPC BAF are:

- Step down of Cohort Ward (Jasmine Ward in Phase 1) as few patients were Covid-19 positive on admission resulting in low occupancy
- The introduction of designated cohort areas and admissions and transfers are managed in line with the relevant Standard Operating Procedures and individual patient risk assessments
- Covid-19 vaccinations for staff underway and commenced for inpatients according to the Joint Committee of Vaccinations and Immunisation criteria
- Staff offered and commenced lateral flow home tests to screen for Covid twice a week
- Director of Infection Control and Prevention (DIPC)approves and signs off nosocomial situation report prior to submission to the center
- Chief Executive provides weekly briefings to the Board on outbreaks and impact on operational delivery
- Compassionate visiting arrangements in place on wards
- Increased number of staff Fit Tested
- Enhanced offer of health and well-being support for staff
- All Standard Operating Procedures (SOPs) underpinning IPC practice have been reviewed at six months and republished

Below are details of gaps in assurance and the mitigations in place

- **Inability to screen and swab all patients on admission or routinely due to their mental state and challenging behavior** - This risk is mitigated by nursing the patients on enhanced observation and use of restrictive interventions as a last resort. The use of these interventions is monitored daily by Patient Flow team with additional notifications and oversight by the Nursing and Quality Directorate.
- **Team based training records for individual staff members may not be reflected in their i-Learn training records**- Learning and Development Team are working on a solution to remedy the risk. In the interim, local teams maintain training records for their staff.
- **Fit Testing for all staff** –The challenge has been availability of the Fit Testing solutions , access to testing kits and travelling requirements given the expansive geographic spread of Trust services. Progress on completion will be reported to the Tactical group fortnightly and included in the quarterly IPC report to Quality Committee. External resource to support Fit Testing programme is being explored.
- **IPC team resource** – the Executive Management team has agreed increased resources to support IPC activity across the trust. Temporary staff have been appointed while substantive recruitment is underway.
- **Inpatient rehabilitation environment** – rehabilitation units have shared bathroom and toilet facilities which may pose a challenge for isolation. Standard Operating Procedure is in place to support staff with identifying isolation places in the units, with additional technical expertise offered by the IPC team.

Report History:

This is a follow on report from the one presented to the Board in July 2020

Strategic Objectives:	• **Select as applicable**
☒ Deliver outstanding quality of care across all of our domains ☐ Are an attractive place to work promoting employee recruitment, retention and development ☒ Deliver and embed continuous improvement in all we do ☐ Promote and deliver an internationally based research programmes ☐ Maximise the use of digital technology to improve service access and quality ☐ Optimise our estate to deliver integrated physical and mental health services across all communities in Kent and Medway ☐ Deliver financial balance and organisational sustainability ☐ Develop our core business and enter new markets through increased partnership working.	

Implications / Impact:
Patient Safety: *Infection prevention and control is vital to patient safety*
Identified Risks and Risk Management Action:
Resource and Financial Implications:
Legal/ Regulatory: *Service Users have the right to take legal action against a healthcare provider if an hospital acquired infection was diagnosed and appropriate diagnosis and treatment had not been made.*
Engagement and Consultation: *Outline any engagement and consultation which has taken place.*
Equality: N/A
Quality Impact Assessment Form Completed: Yes/ No