AGENDA

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Title of Meeting	Trust Board Meeting (Public)
Date	28th November 2024
Time	9.30 to 12.00
Venue	MS Teams

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/24-25/82	1.	Welcome, Introductions & Apologies		Verbal	Chair	09.30
TB/24-25/83	2.	Declaration of Interests		Verbal	Chair	
BOARD REFLECTION ITEMS						
TB/24-25/84	3.	Personal Story –physiotherapists, sport and exercise technicians	FN	Verbal	DHS	09.40
TB/24-25/85	4.	The Innovation Den	FN	Paper	AR	09.50
STANDING ITEMS						
TB/24-25/86	5.	Minutes of the previous meeting	FA	Paper	Chair	10.00
TB/24-25/87	6.	Action Log & Matters Arising	FA	Paper	Chair	
TB/24-25/88	7.	Chair's Report • Board Self-Assessment • Anti-Ligature Business case	FN	Paper	JC	10.05
TB/24-25/89	8.	Chief Executive's Report	FN	Paper	SS	10.10
TB/24-25/90	9.	Board Assurance Framework	FA	Paper	AC	10.15
STRATEGY, DEVELOPMENT AND PARTNERSHIP						
TB/24-25/91	10.	Mental Health Learning Disability and Autism Provider Collaborative (MHLDA) Update	FN	Paper	JH	10.20
TB/24-25/92	11.	Kent and Medway NHS Strategy	FA	Paper	SS	10.25
OPERATIONAL ASSURANCE						
TB/24-25/93	12.	Integrated Quality and Performance Review	FD	Paper	SS	10.30
TB/24-25/94	13.	Finance Report for Month 7 (October 2024)	FD	Paper	NB	10.35
TB/24-25/95	14.	Workforce Deep Dive – Flexible Working	FD	Paper	SG	10.40
TB/24-25/96	15.	Community Mental Health Framework Transformation Quarterly Report	FD	Paper	DHS	10.45
TB/24-25/97	16.	Health Inequalities Dashboard	FD	Paper	AR	10.55
TB/24-25/98	17.	Delivering Social Value and Net Zero – An Update	FN	Paper	NB	11.05
TB/24-25/99	18.	Improving the Working Lives of Doctors in Training Update	FD	Paper	AQ	11.10
TB/24-25/100	19.	Mortality Report	FD	Paper	AC	11.20
CONSENT ITEMS						
TB/24-25/101	20.	Use of Trust Seal	FN	Paper	TS	11.35
TB/24-25/102	21.	Report from Quality Committee	FN	Paper	SW	
TB/24-25/103	22.	Report from People Committee	FN	Paper	KL	11.40
TB/24-25/104	23.	Report from Finance and Performance Committee	FN	Paper	MW	
TB/24-25/105	24.	Report from Mental Health Act Committee	FN	Paper	SBK	

TB/24-25/106	25.	Report from Charitable Funds Committee	FN	Paper	SBK	
		CLOSING ITEMS				
TB/24-25/107	26.	Any Other Business			Chair	
TB/24-25/108	27.	Questions from Public			Chair	11.50
		Date of Next Meeting: Thursday 30th January 2025				

Members:		
Dr Jackie Craissati	JC	Trust Chair
Peter Conway	PC	Non-Executive Director
Mickola Wilson	MW	Non-Executive Director
Sean Bone-Knell	SBK	Non-Executive Director
Kim Lowe	KL	Non-Executive Director
Stephen Waring	SW	Non-Executive Director
Dr MaryAnn Ferreux	MAF	Non-Executive Director
Sheila Stenson	SS	Chief Executive
Donna Hayward-Sussex	DHS	Chief Operating Officer and Deputy Chief Executive
Dr Afifa Qazi	AQ	Chief Medical Officer
Andy Cruickshank	AC	Chief Nurse
Nick Brown	NB	Chief Finance and Resources Officer
Sandra Goatley	SG	Chief People Officer
Dr Adrian Richardson	AR	Director of Partnerships and Transformation
In attendance:		
Tony Saroy	TS	Trust Secretary
Hannah Stewart	HS	Deputy Trust Secretary
Jane Hannon	JH	Programme Director- Kent and Medway Collaborative
Kathryn Harris	KH	Physiotherapy Team Lead
Sarah Atkinson	SA	Deputy Director of Transformation & Partnerships
Eric Barratt	EB	Health and Wellbeing Lead

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

Louise Hurley	LH	Staff Nurse
Hannah Key	HK	Transformation & Partnerships Business Manager
Chelsey Wahoviak	CW	Operational Excellence Improvement Support Coordinator
Apologies:		
Catherine Walker	CW	Non-Executive Director (Deputy Chair & Senior Independent Director)
Kindra Hyttner	KH	Director of Communications and Engagement

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

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 28th November 2024

Title of Paper: Innovation Den

Author: Chelsey Wahoviak, Hannah Key, Improvement Team

Executive Director: Adrian Richardson, Director of Transformation and Partnerships

Purpose of Paper

Purpose: Noting

Submission to Board: Board requested

Overview of Paper

On 16th October KMPT held the Innovation Den, an initiative across KMPT for staff with innovative ideas to outline their project and the impact it would have for our people and patients.

Issues to bring to the Board's attention

23 applications were received across KMPT with 11 shortlisted and five winners who will be provided with support from the Improvement Team and other services to deliver their project within the timeframes they have set out.

Governance

Implications/Impact: not applicable

Assurance: not applicable

Oversight: not applicable

Version Control: 01

The Innovation Den

Results of Cohort 1
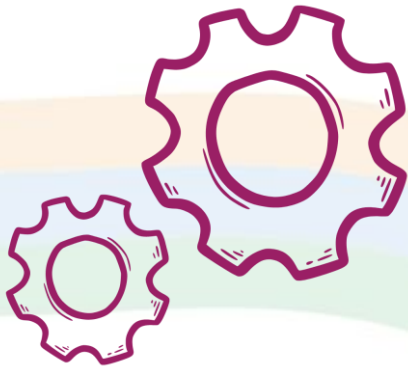
Sarah Atkinson
Louise Hurley
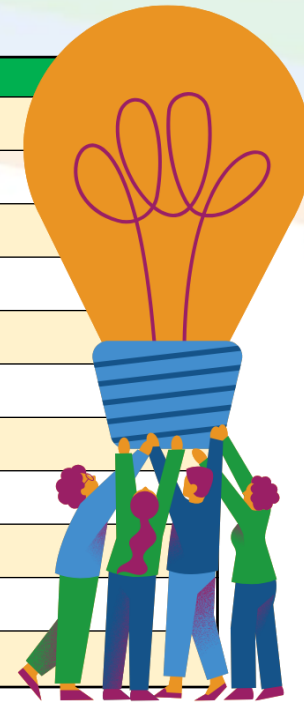**Eric Barratt**

Brilliant care through brilliant people

Shortlisted Candidates

- **23** applicants total, **11** shortlisted:

Applicant	Idea
Eric Barratt	Top Behaviour Trumps
Louise Hurley	Charging Cables & USB Ports
Vicky Cooper	Oakwood
Fleur Hinds	Therapeutic Garden Space
Kate Merlini-Moorcroft	Minimal Risk Activity Packs
Danielle Anderson	Electronic Signature Software for Recruitment
Fiona Scullion	Non-invasive Treatment for Depression
Terry James & Angela Nebbe	Wellbeing Packs
Kirsty Matthews	Complete Health Improvement Programme (CHiP)
Vanessa Cooper	PaUSE
Peter Millard & Julie Earle	Early Walking Aid for Primary Amputees

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RESPECT   OPEN   ACCOUNTABLE   WORKING TOGETHER   INNOVATIVE   EXCELLENCE

- Of the **11** presenters, **5** were selected to receive funding to help drive their innovative ideas forwards.

Louise Hurley
Staff Nurse - Bluebell Ward

Charging Cables & USB Ports

Eric Barratt
Health & Wellbeing Lead

Top Behaviour Trumps

Vicky Cooper
Energy & Environmental Compliance Manager

Oakwood Recovery Space

Kate Merlini-Morrcroft
Occupational Therapy Assistant

Minimal Risk Activity Packs

Fleur Hinds
Occupational Therapist

Therapeutic Garden Space

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Louise Hurley
Staff Nurse - Bluebell Ward

Charging Cables & USB Ports

Charging Cables & USB Ports

- **Idea:** To have USB sockets and provide service-users short-length charging cables to charge their devices with.

- **Goal:** To reduce the reliance service-users have on staff to charge their devices (i.e. phones, tablets, etc). Doing so could save staff a lot of time, reduce frustration and potentially incidents of **Violence & Aggression** on the ward, **transforming patient and staff experience**.

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Eric Barratt
Health & Wellbeing Lead

Top Behaviour Trumps

Top Behaviour Trumps

Idea: An innovative gamification approach to making health and wellbeing information accessible and engaging.

Goal: To raise knowledge around impactful health behaviours, enhance cognisance about own health behaviours and the benefits of change.

Also enable an indirect upskilling of health and wellbeing skills and knowledge amongst staff.

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Any questions?

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Kent and Medway
NHS and Social Care Partnership Trust

Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)
Minutes of the Public Board Meeting held at 10.10 to 12.40hrs on Thursday 25th September 2024
Via MS Teams

Members:

	Dr Jackie Craissati	JC	Trust Chair
	Sean Bone-Knell	SBK	Non-Executive Director
	Stephen Waring	SW	Non-Executive Director
	Kim Lowe	KL	Non-Executive Director
	Dr MaryAnn Ferreux	MAF	Non-Executive Director
	Sheila Stenson	SS	Chief Executive
	Nick Brown	NB	Chief Finance and Resources Officer
	Donna Hayward-Sussex	DHS	Chief Operating Officer/Deputy Chief Executive
	Andy Cruickshank	AC	Chief Nurse
	Sandra Goatley	SG	Chief People Officer
	Dr Afifa Qazi	AQ	Chief Medical Officer
	Dr Adrian Richardson	AR	Director of Partnerships and Transformation

Attendees:

	Kindra Hyttner	KH	Director of Communications and Engagement
	Tony Saroy	TS	Trust Secretary
	Amanda Hatfield-Tugwell	AHT	Deputy Service Director – item 64 only
	Georgina Stevens	GS	Service User – item 64 only
	Gonjan Kaur	GK	Medical Student – item 65 only
	Prem Ojha	PO	Medical Student – item 65 only
	Hannah Stewart	HS	Deputy Trust Secretary

Apologies:

	Catherine Walker	CW	Deputy Trust Chair (Senior Independent Director)
	Peter Conway	PC	Non-Executive Director
	Mickola Wilson	MW	Non-Executive Director

Item	Subject	Action
TB/24-25/62	**Welcome, Introduction and Apologies** The Chair welcomed all to the meeting and apologies were noted as above. All written reports were taken as read.	
TB/24-25/63	**Declarations of Interest** None declared.	
TB/24-25/64	**Personal Story – SUN (Service User Network) Service in Thanet** The Board welcomed AHT and GS, who is a service user. AHT set out the role of the SUN Service in Thanet, highlighting that this was a new service created through the Community Mental Health Transformation. The service is open access and does not require a referral. GS recalled her experience of the SUN service in Thanet. The format of the group is structured, with a check in period, a group discussion, and a check out	

Page **1** of **10**

Item	Subject	Action
	period. The main session allows those in attendance to give a personal humanised experience, which is well received. There is no length of time for the programme, and service users can attend for as long as they need, and also drop off as they feel necessary. GS recognised that there had been teething problems when initially setting up the service. These included the importance of ensuring there is continuity and appropriate training of facilitators, so that the group does not become therapy focused, as it is a peer support group. Also, the online booking in process can cause issues at times, as it is required to be done a minimum of 24 hours online before the session. The Board discussed the importance of ensuring that valuable feedback such as this is is well received and utilised throughout the organisation. The Board expressed its gratitude for the presentation and thanked GS and AHT for attending. The Board **noted** the Personal Story – SUN (Service User Network) Service in Thanet.	
TB/24-25/65	**Continuous Improvement Story – Reducing DNA (Do Not Attend) Rates in the Community** The Board received the continuous improvement story from GK and PO. This project focussed on reducing DNA rates within in the community, with a focus on Dartford, Gravesham and Swanley. The project had a number of interventions, including an online training programme for staff in Arndale House to ensure staff recorded telephone numbers and consent for contact appropriately on RiO, so appointment reminders could be sent via text. Other interventions included increasing the frequency of appointment reminders, to include a seven day reminder. The project saw a reduction in DNA rates from 18% to 11.6%. As part of the project, a secondary analysis was undertaken of those who DNA, and this found those from a black, ethnic and minority (BAME) background, and those with mood disorders, such as anxiety and depression were most likely to DNA an appointment. The Board highlighted the importance of rolling this project out across the organisation. The Board expressed its gratitude for the presentation and thanked GK and PO for attending. The Board **noted** the Continuous Improvement Story – Reducing DNA (Do Not Attend) Rates in the Community.	
TB/24-25/66	**Minutes of the previous meeting** The Board **approved** the minutes of the 25th July 2024, subject to minor typographical amendments.	
TB/24-25/67	**Action Log & Matters Arising**	

Page **2** of **10**

Item	Subject	Action
	The Board **approved** the action log, noting that all actions were completed or in progress.	
TB/24-25/68	**Chair's Report** The Board received the Chair's Report. The Board formally recorded their thanks to AB, for whom it was their last Board meeting. The Deloitte Well Led action plan was discussed and approved, subject to the re-wording of action 6 of the plan, to show that an integrated workplan will be produced for this item. The Board **noted** the Chair's Report and **approved** the Deloitte Well Led action plan.	
TB/24-25/69	**Chief Executive's Report** The Board received the Chief Executive's Report and the following items were highlighted: • The plans the Trust immediately put in place following the riots over the summer. Since the riots, listening events have taken place, with over 500 staff attending. • The Care Quality Commission (CQC) recently published its review into the treatment of Valdo Calocane (VC), after the tragic deaths of three people, and injury of three others, in Nottingham last June. The Trust has undertaken a gap analysis against the CQC recommendations, which forms part of the Chief Executive's Report. • The Lord Darzi report has recently been published, which outlines 22 summary findings, which will form part of the new 10 year plan for the NHS. The Board discussed the importance of ensuring there is an Open Dialogue approach across all teams, and assurances were given that more funding has been given for training however, this will take time to roll out. The Board agreed that the CQC Gap Analysis should go to the next Quality Committee for oversight, with an additional column being added to show why the Trust is prioritising each of the actions. **ACTION: AC to take the CQC Gap Analysis to the next Quality Committee meeting, with an additional column being added to the report show why the Trust is doing each of the actions.** The Board **noted** the Chief Executive's Report.	
TB/24-25/70	**Board Assurance Framework (BAF)** The Board received the BAF, noting that a recent review has taken place of the risks on the BAF, with a number of the risks being re-worded and re-phrased. The Board reflected on the following matters: • Seven risks have been added to the BAF since reporting to the Audit and Risk Committee (ARC) in September.	

Page **3** of **10**

Item	Subject	Action
	o Risk ID 04706 – Organisational Risk - Transport Accident/Incident (including border flow disruptions at Port of Dover and Dartford crossing) (Rating of 12 (High)) o Risk ID 08065 – Inpatient Flow (Rating of 16 (Extreme)) o Risk ID 08146 – Maintenance of a Sustainable Estate (Rating of 12 (High)) o Risk ID 08157 – Community Mental Health Framework Achieving Outcomes to Evidence Success (Rating of 16 (Extreme)) o Risk ID 08173 – Delivery of a fit for purpose Estate (Rating of 16 (Extreme)) o Risk ID 08174 – Delivery of Financial Targets (Rating of 12 (High)) o Risk ID 08175 – Delivery of Underlying Financial Sustainability (Rating of 12 (High)) • One risk has changed their risk score since the BAF was reported to ARC in September o Risk ID 04347 – Implementation of the Community Mental Health Framework across Kent and Medway (reduced from 8 (High) to 6 (Moderate)) • Four risks are recommended for removal o Risk ID 04347 – Implementation of the Community Mental Health Framework across Kent and Medway (reduced from 8 (High) to 6 (Moderate)) o Risk ID 00410 – Increased level of Delayed Transfer of Care (DToC) (Rating of 20 (Extreme)) o Risk ID 00256 – Long Term Financial Sustainability (Rating of 12 (High)) o Risk ID 00119 – Capital Projects – Availability of Capital (Rating of 12 (High)) The Board discussed the new risks, recognising that each of these are either discussed by the Board or one of its Committees. The Board **approved** the Board Assurance Framework.	
TB/24-25/71	**Strategy Delivery Plan Priorities Progress Report** The Board received a six month update on year two of the Trust Strategy. Good progress has been made in terms of violence and aggression, culture and staff experience. It was noted that the results of the staff survey, which are due in March 2025, will be vital in determining progress against each of the priorities. The Board recognised the good progress to date, but also noted the need to gain more traction in relation to patient flow, dementia and Mental Health Together wait times. The Board **noted** the Strategy Delivery Plan Priorities Progress Report.	
TB/24-25/72	**Mental Health, Learning Disability and Autism (MHDLA) Provider Collaborative Progress Report** The Board received the MHLDA Provider Collaborative Progress Report and it was noted that Programme Director for Provider Collaborative would be joining the Board in October for a seminar. The Board recognised that the equality	

Page **4** of **10**

Item	Subject	Action
	impact assessment has not been completed in some areas for various workstreams, and it was confirmed DHS would pick this up outside of the meeting. **ACTION: DHS to follow up with the provider collaborative as to when the missing equality impact assessments will be completed, ahead of the next Board meeting.** The Board **noted** the MHLDA Provider Collaborative Progress Report.	
TB/24-25/73	**Trust Name Change** The Board were made aware of the engagement work carried out with staff, patients and partners, which identified that people find the current Trust name confusing, and not clear. Staff also voiced that they were proud to work for a mental health trust however, they felt that the current Trust name does not reflect that. It was confirmed that all associated costs had been considered, and also combines ongoing estates work regarding signage that was due to be addressed. The Board **approved** the request to apply to the Department of Health and Social Care (DHSC) change the name of the trust from Kent and Medway NHS and Social Care Partnership Trust (KMPT) to Kent and Medway Mental Health NHS Trust (KMMH), and to give the Chief Executive delegated authority to respond to any DHSC consultation on the name change.	
TB/24-25/74	**Violence and Aggression Update** The Board received the violence and aggression update, recognising that in most teams, when compared to rates of incident reporting in 22/23 there are strong early signals of improvement. However, work is ongoing to ensure that all positive work embeded to date is sustained going forward and it is estimated that this will take up to a year. Violence and aggression is regularly discussed at both the Quality Committee and People Committee, and this will continue to have oversight on behalf of the Board. The Board commended the report author for the excellent data-driven analysis of the work. The Board **noted** the Violence and Aggression Update.	
TB/24-25/75	**Integrated Quality and Performance Review** The Board received the Integrated Quality and Performance Review (IQPR) and were informed that there were three areas of concern: 1. Patient flow, and how the Trust manages beds, as we move into autumn/winter. 2. Dementia diagnosis times continues to be an area of concern. It is too early to tell at this stage the impact the new Memory Assessment Service (MAS) model will have on the diagnosis rate as this has not yet finished being rolled out across all teams. 3. The significant increase in demand for Mental Health Together (MHT). This is approximately 10% higher than comparable levels pre MHT and has resulted in a waiting list exceeding 5,000 as at mid-September.	

Page **5** of **10**

Item	Subject	Action
	The Board was also made aware of areas of success including the reduction in the workforce vacancy gap and leavers rates. The Board complimented SG and her team for their work. In terms of patient flow, the Board was informed that there are two main issues: 1. There continues to be a delay in being able to discharge patients who are considered to be clinically ready for discharge. The Trust is working with a housing provider to help people who need housing support. 2. Readmission rates are too high and the Trust is seeking to ensure there is better support in the community. The Trust's roll out of Mental Health Together (MHT) has led to the generation of unexpectedly high numbers of referrals into KMPT – sometimes seven times higher than previously; as a result waiting lists have developed. For a variety of reasons, individuals are not being triaged to other services, and newly identified individuals with severe mental health needs are being identified. Not all our treatment pathways are fully up and running. However, 40% of referrals should be seen by services other than KMPT. The Trust's ambition to rollout a website to support patients in the community, via digital means, has been hindered to date and therefore the Trust is considering the purchase of some licenses for the applications that Talking Therapies use. The Board noted the recently improved performance of the 'six-week referral' data for memory assessment, which has benefited from a standalone model being rolled out. The first phase has commenced in the Thanet area and the second phase and third phase will be a system-wide approach. The Trust's Did Not Attend rates for patients continue to be high and the Board queried why the Trust has not rolled out the successful work as detailed in the Continuous Improvement item. AR confirmed to the Board that the Trust will be rolling out text messaging function, which is at the scoping stage. The Board pressed the Trust to roll out the text message reminder service by December 2024. The Board was informed that the use of out of area beds remains an act of last resort as the best care for patients is when they remain in their own area with their support network nearby. However, the Executive team are maintaining a close scrutiny of patient safety concerns to ensure that risks to waiting patients are kept to a minimum. The Board **noted** the IQPR.	
TB/24-25/76	**Finance Report** The Board received the Finance Report and noted the following: • The Trust continues to see a higher than planned level of temporary staffing; in Month the Trust has seen a slight increase in agency spend (£0.04m), with the main increase in nursing spend. The Trust is also seeing	

Page **6** of **10**

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Item	Subject	Action
	increased use of bank nursing spend. One of the main areas of spend is within inpatient nursing, the Chief Nurse is actively reviewing the ward rotas to ensure appropriate controls are in place. • The trust continues to use external beds, in particular the use of non-contracted Female PICU and male acute beds. The Trust's financial plan is based on no male acute beds being used, and this represents a financial pressure. • The Trust's capital programme remains on plan; however, a potential delay has been identified in the s136 redevelopment programme. This position is being reviewed. • The Trust's cash position has improved in month, with its cash balance £18.10m. The improvement relates to VAT receipts received in month. The Board **noted** the Finance Report.	
TB/24-25/77	**Workforce Deep Dive: Re-modelling and reshaping the workforce for the future** The Board received the workforce deep dive paper. The Board noted that across all disciplines, there has been good progress on recruiting to posts within all the core disciplines. Where needed, the Trust has adopted new roles and ways of working. There will be further remodelling required going forward, to ensure services meet the national standards in a range of clinical settings. Ensuring timely recruitment is not only essential for the Trust but also our partners in the Community Mental Health Framework. It was highlighted to the Board this was the first time the Trust has not had any band 5 nursing vacancies, which has been aided by international recruitment. However, going forward there are a number of band 6 nurses due to retire, and work is ongoing to develop those in band 5 roles to take over these positions. The Board requested that the Trust develops an analysis of the likely skills required to deliver mental health services over the next 2-5 years, and considers how we may adjust and fill gaps on the basis of competences rather than professions. **Action: By November 2024, the People Committee is to receive an analysis of the likely skills required to deliver mental health services over the next 2-5 years, and considers how we may adjust and fill gaps on the basis of competences rather than professions.** The Board **noted** the Workforce Deep Dive Paper.	
TB/24-25/78	**Improving how we engage patients and communities** The Board received the 'Improving how we engage patients and communities' paper.	

Page **7** of **10**

Item	Subject	Action
	The Board was informed that there has been some positive work achieved but there need to be changes made as set out within the paper. The Trust recognises that these changes are difficult for some of the current Patient and Carer Engagement Council. The Board sought assurance that the new model will be an improved one. The Trust stated that benchmarking had taken place at Trusts where engagement has been successful, and the Trust's proposed model will emulate those successes. The Board highlighted that a key function of the Patient and Care Engagement Council is to hold the Board to account, and any new strategic work plan will need to incorporate this. The Board was informed that it will be updated in future regarding the finalised plans. The Board **noted** the 'Improving how we engage patients and communities' paper.	
TB/24-25/79	**Annual Freedom to Speak Up Report, with Management Response** The Board received the Annual Freedom to Speak Up Report, with Management Response. The Board was informed that improvements are being rolled out as detailed within the report. However, many of the referrals to the Freedom to Speak Up Guardian could have been resolved locally rather than managers suggesting to staff to make a FTSU referral. Although FTSU has greatly improved compared to three years ago, the Trust still needs to empower local leaders. The Trust now needs to move into the 'listen up and follow up' phase. The Board was informed that it can take an organisation up to five years before it is a mature Freedom to Speak Up organisation. The Board reflected on its own experiences of hearing staff concerns, one theme relating to hybrid working. The Board was informed that the Trust is willing to review its hybrid working policy to address some of those concerns. The Board **noted** the Annual Freedom to Speak Up Report, with Management Response.	
TB/24-25/80	**Business Continuity and Emergency Planning Report** The Board received and **approved** the Business Continuity and Emergency Planning Report.	
TB/24-25/81	**Medical Revalidation Report** The Board received and **approved** the Medical Revalidation report.	
TB/24-25/82	**Register of Interests**	

Page **8** of **10**

Item	Subject	Action
	The Board received and **noted** the Register of Interests. It was agreed the following changes should be made: • The removal of SS' declaration of 'Chair HFMA Kent, Surrey and Sussex' • The addition of Chair of the South East Finance Academy and Partner Non-Executive Director to the Kent and Medway Integrated Care Board and one of their Board Sub-Committees to SS's declaration.	
TB/24-25/83	**Use of Trust Seal** The Board received and **noted** the use of the Trust Seal report.	
TB/24-25/84	**Report from Quality Committee** The Board received and **noted** the Quality Committee Chair's report, including the Infection, Prevention and Control Annual Report and Declaration.	
TB/24-25/85	**Report from Audit and Risk Committee** The Board received and **noted** the Audit and Risk Committee Chair's report. The Board **approved** the Audit and Risk Committee Terms of Reference.	
TB/24-25/86	**Report from People Committee** The Board received and **noted** the People Committee Chair's report.	
TB/24-25/87	**Report from Finance and Performance Committee** The Board received and **noted** the Finance and Performance Committee Chair's report.	
TB/24-25/88	**Any Other Business** None.	
TB/24-25/89	**Questions from Public** A member of the public raised the importance of communication, which the Board advised is currently being addressed through the identity work. The Mental Health Together waiting lists were discussed, and it was clarified that that individuals are assessed quickly, but the waiting lists relate to waiting for interventions. The use of international nurse recruitment was discussed, recognising the work put in by the Trust to support the nurses transitioning over to England. Members of the public voiced that they do not always hear about the positive outcome of strategic work. The use of those with lived experience within the organisation and the patient engagement council were raised by several members of the public. The Board re-confirmed their thanks for the hard work of engagement council members,	

Page **9** of **10**

Item	Subject	Action
	encouraging those who were members of the council to continue to be involved as the Trust moves to its new engagement model. The Board gave re-assurance of the importance of lived experience within the organisation. It was confirmed that the decision to use an external agency to gather experience and views for the Mental Health Framework Co-Production, was made by the Integrated Care Board. The use of external provider beds was discussed, and it was confirmed that the Trust follows a rigorous process when placing those out of area. The Trust is currently one of the best in the area for the limited use of external beds; however, this may raise over winter. Assurances were given that daily check ins take place with those patients and their loved ones to ensure their safety. The Chair thanked the members of the public for attending and for their questions.	
	Date of Next Meeting The next meeting of the Board would be held on Thursday 28th November 2024 via MS Teams.	

Signed …………………………………………………….. (Chair)

Date ……………………………………………………..

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 20/11/2024

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
			ACTIONS DUE IN NOVEMBER 2024					
30.05.2024	TB/24-25/11	Mental Health Learning Disability and Autism (MHLDA) Provider Collaborative Report	TS to arrange a Board seminar in the future, with a date to be agreed outside of the meeting, with the Programme Director of the Provider Collaborative, updating on the three main areas of the Collaborative.	TS	October 2024		This took place in October 2024.	**In Progress**
30.05.2024	TB/24-25/18	Social Value Update	NB to bring an update on the social value work to the Board in November, with a focus on compliance, equality and diversity, health inequalities and the Trust's desire to be an anchor institution.	NB	November 2024		This is on the agenda for discussion.	**In Progress**
30.05.2024	TB/24-25/16	Patient Survey Results	KH to bring an updated Patient and Participation Strategy to the Trust Board in November.	KH	November 2024	March 2024	Work on the updated Patient and Participation Strategy is underway, and the Quality Committee are being kept up to date. The final Strategy will come to the Board in Spring 2025.	**In Progress**
25.07.2024	TB/24-25/49	IQPR	By November 2024, AC to produce a thematic review of compliments for the Quality Committee.	AC	November 2024		This went to the Quality Committee in November 2024.	**In Progress**
25.07.2024	TB/24-25/50	Finance Report – Month 3	NB to produce a paper addressing the continued use of external beds for the September Quality Committee.	NB	September 2024	January 2024	This will go to the January 2024 Quality Committee	**In Progress**
26.09.2024	TB/24-25/69	Chief Executive's Report	AC to take the CQC Gap Analysis to the next Quality Committee meeting, with an additional column being added to the report show why the Trust is doing each of the actions.	AC	November 2024		This went to the Quality Committee in November 2024.	**In Progress**
26.09.2024	TB/24-25/72	Mental Health Learning Disability and Autism (MHLDA) Provider Collaborative Report	DHS to follow up with the provider collaborative as to when the missing equality impact assessments will be completed, ahead of the next Board meeting.	DHS	November 2024		This is completed and has been added to the relevant documents.	**In Progress**
26.09.2024	TB/24-25/77	Workforce Deep Dive: Re-modelling and reshaping the workforce for the future	By November 2024, the People Committee is to receive an analysis of the likely skills required to deliver mental health services over the next 2-5 years, and considers how we may adjust and fill gaps on the basis of competences rather than professions.	SG	November 2024	January 2025	The People Committee will receive a verbal update as part of the Talent and Resourcing item at November's meeting on the approach to workforce planning, and then a full report will go to the January 2025 meeting.	**In Progress**

Action Log v2

1

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 20/11/2024

NHS
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Key	DUE	IN PROGRESS	NOT DUE	CLOSED

Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
ACTIONS NOT DUE OR IN PROGRESS								
25.01.2024	TB/23-24/122	IQPR	By December 2024, DHS and AQ to deliver a Board Seminar in the future on those clinically ready for discharge, and how this links to the Purposeful Admissions Programme.	SS/AQ	December 2024			
25.07.2024	TB/24-25/47	Right Care Right Person Report	AR to produce an end of project evaluation report for the Right Care Right Person programme, which includes evaluation of the costs of implementation. The report is to be presented at the January 2025 Board meeting.	AR	January 2025			
25.07.2024	TB/24-25/49	IQPR	By January 2025, AC to include commentary regarding compliments, along with appropriate level of compliments data, within the IQPR.	AC	January 2025			
CLOSED AT LAST MEETING OR COMPLETED BETWEEN MEETINGS								
25.01.2024	TB/23-24/124	Finance Report – Month 9	AC to bring an update on zonal observations to the Quality Committee in May.	AC	May 2024	September 2024		**CLOSED**
30.05.2024	TB/24-25/4	Quality Improvement (QI) – Violence and Aggression	AR to bring back a further update on the Violence and Aggression to the September Board meeting.	AR	September 2024			**CLOSED**
25.07.2024	TB/24-25/49	IQPR	DHS to produce a report for FPC in September 2024 setting out the Trust's plans to address the Liaison Service performance.	DHS	September 2024			**CLOSED**
25.07.2024	TB/24-25/50	Finance Report – Month 3	NB to produce a Loss-Making Services Paper for the September confidential Board meeting.	NB	September 2024			**CLOSED**
25.07.2024	TB/24-25/53	Annual Freedom to Speak Up Report	TS to amend September Board agenda to include Annual Freedom to Speak Up Report, with Management Response.	TS	September 2024			**CLOSED**

Action Log v2

2

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**28th November 2024**
Title	**Chair's Report**
Author	**Dr Jackie Craissati, Trust Chair**
Presenter	**Dr Jackie Craissati, Trust Chair**
Purpose	**For Noting**

1. Introduction

In my role as Trust Chair, I present this report focusing on key matters of significance.

2. Kent & Medway system and national activity

In October, I attended an in person NHS England (South East Region) all day event for senior leaders in the region. The focus was on evidence-based out of hospital approaches to managing winter pressures on hospital beds, and on priorities for the 10 year health plan. This was followed by an NHS Providers mental health network event at which we were updated regarding the amendments to the Mental Health Act, and its likely passage through Parliament.

In November I was invited to join an NHS Providers Roundtable discussion with the Chair of the Care Quality Commission. As might be expected, the discussion centred on the ways in which the CQC can refresh its approach to regulation, with an improved partnership approach with providers.

3. Non-Executive Director Changes

Last month we said goodbye to our Associate Non-executive Director, Asif Bachlani, and this month, we are saying goodbye to our longstanding NED, Catherine Walker. Catherine and I joined KMPT's Board in the same year – 2016 – and Catherine has been a very important part of KMPT's leadership and a highly valued member of the Board team. She has been our Senior Independent Director and, more recently, Vice Chair as well, and I would like to thank Catherine personally for the support that she has provided to me, as well as to the Board.

We will be welcoming our new NED, Julius Christmas, to the Board in December. We are also in the process of recruiting two new Associate NEDs who I hope will be able to join us in February 2025.

4. Board

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

The AGM, held in late September, was a spirited affair, well attended by the public, and greatly enhanced by our speaker, Dr Hatim Abdulhussein to whom we are extremely grateful for his inspiring talk on digital innovation in mental health. Our October Board seminar day

focused largely on housing, and opportunities for creative partnerships that can improve our patient flow.

5.   Anti-Ligature Business Case

On 30th October, Sheila Stenson and I approved an Anti-Ligature Business Case for the Trust under Standing Order 7.2, which reserves certain powers to us as Chief Executive and Trust Chair respectively. Prior to the use of the power, we consulted with three Non-Executive Directors who all agreed with the business case.

I request the Board to ratify the use of that power.

6.   Trust Chair and NED visits

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

Where	Who
October 2024	
Jasmine Ward	Jackie Craissati
Allied Health Professionals online conference	Jackie Craissati
Mental Health Learning Disability team (MHLD), & Rapid Response & Home Treatment Team, N. Kent	Jackie Craissati
Engagement Council lunch	Jackie Craissati
Long Service Awards	Jackie Craissati
November 2024	
Clinical Summit Conference	Jackie Craissati

Chair visits

This has been a busy two months for visits. In terms of picking out a few highlights from the academic events, I would like to commend the Occupational Therapy team for initiating a really engaging and well thought through job rotation between physical and mental health for qualified Ots; I also appreciated hearing about NHS England's developing approach to patient reported outcome measures (PROMs) and a presentation on our new Crisis Houses and Safe Havens.

Sheila Stenson and I had lunch with our Engagement Council: as ever, their insights and contributions were invaluable, and we had an honest but very constructive conversation about the changes that we are making to our patient engagement approach. I very much hope that Council members will continue to stay closely connected to the Trust and continue their contributions.

It is always an absolute pleasure to hand out awards to our long serving and immensely loyal staff. We had a wonderful uplifting day; I sat on a table with staff who had served 40-50 NHS years, and it was amazing to hear their anecdotes about the history of mental health in Kent & Medway.

Finally, I had three very rewarding clinical visits. Jasmine ward in located in North Kent and provides services to older adults. The ward atmosphere is delightful, and the staff very dedicated. However, they are rather isolated from other KMPT services and at times this can leave staff feeling overwhelmed when patients are very unwell, particularly if staff are newly qualified.

Page **2** of **3**

My visit to the MHLD team was hugely informative, and I'm delighted to say that this team have now won MHLD team of the year at the Royal College of Psychiatry Awards. The team clearly works closely with social care and the community trust. Their main concern was that they felt a strategic vision for neurodiversity was insufficiently developed across Kent & Medway Integrated Care System.

Finally, I sat with the crisis team who were all completing their admin in the office. Disappointingly, they reported no sense that administrative tasks were becoming less onerous – one of our strategic ambitions. However, on a positive note, the rapid response team were settling in and improving in terms of meeting their KPIs. My key take away from this visit was that the Home Treatment team felt that they were being under used by inpatient wards in terms of the in reach role; this is a role that is key in assisting with the smooth flow of patients from the wards to the community.

There have been other Non-executive Director visits since the last Board Meeting.

NED Well-being Champion update – Kim Lowe

The challenge is getting messages to all staff about all that is happening. Key developments include:

- Plans for a section to be created on Staff Room.
- New Occupational health provider, now in place after a protracted gap.
- A focus on taking responsibility for your own heath with support modules in place.
- Platinum Menopause Accreditation achieved for the Trust
- New charity funding pot available to support staffs' H&Wellbeing from NHS England & NHS Charities Together. We would now qualify to apply under Hope Health Heart.
- New Employee Assistant Programme in place. Personal and work related support available, 6 sessions available, which can be extended. Face to face or virtual sessions.

Page **3** of **3**

BOARD SELF-ASSESSMENT RESULTS REPORT 2023/24

1.   Introduction

The NHS Well-Led guidance, issued by the healthcare regulator NHS England, recommends that an annual self-assessment exercise is carried out by Boards of Directors of NHS Organisations. In line with this guidance, the Trust Board has completed its review and the results are enclosed for Board discussion. The well-led framework is structured around eight key lines of enquiry (KLOEs) and Board members have been asked to undertake a self-assessment around these KLOE. As Board members will see, recommendations have been made to continue to improve the Board's effectiveness and performance.

The NHS Well-Led guidance has been renewed from April 2024 however, guidance on developmental reviews and self-assessments are yet to be issued. As the survey relates to the 2023/24 financial year, all questions have remained the same as previous self-assessments, and the 2024/25 self-assessment process will reflect the updated guidance once this has been issued.

2.   Summary of Board Responses

Board members were asked to provide a rating between strongly disagree to strongly agree for each question (1 = strongly disagree, 5 = strongly agree). The results have been analysed by averaging the scores for each KLOE and cross referenced with the NHSE well led rating framework.

Overall, the rating and comments received from Board members demonstrated a positive response to the Board's function and performance. Most Board members scored four or five across all the KLOEs, with additional positive comments made regarding the Trust's Strategy and the visibility of risk and how this is used to aid Board discussions.

Areas for improvement were identified as follows:

1. The Board's score decreased this year in relation to understanding the performance of the Trust relative to other healthcare providers. Committee members commented that although this has improved in some areas, additional benchmarking is required to allow Board members to really understand this and take this into consideration when making decisions.

2. The Board agreed that although the skills, experience and knowledge amongst the Board members works well, as Non-Executive tenures comes to an end this will need to be reviewed. A number of comments were made focusing on the need for additional digital experience on the Board, as well as the need to have a more diverse Board that is representative of the population KMPT serves.

3. The Board reported awareness of improvements made in understanding the role of the Board Committees however, more work needs to be done to ensure time is given to the Committee Chair reports at Board meetings, to allow the concerns of the Committee to be discussed.

4. When considering service development or efficiencies, insufficient attention is given to the ways in which sustainability is assessed and monitored, although there are governance mechanisms to consider quality.

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Kent and Medway
NHS and Social Care Partnership Trust

5. Engagement with stakeholders such as patients and carers via the Engagement Council requires a refreshed approach.

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

6.   Average Scores

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

Key Line of Enquiry (KLOE)		Board's View 22/23 (Average scoring)	Board's View 23/24 (Average scoring)	Risk Rating
KLOE 1	Is there the leadership capacity and capability to deliver high quality, sustainable care?	4.2	4.1	🟢
KLOE 2	Is there a clear vision and a credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	4.2	4.0	🟢
KLOE 3	Is there a culture of high quality, sustainable care?	4.1	4.0	🟢
KLOE 4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?	4.4	4.0	🟢
KLOE 5	Are there clear and effective processes for managing risks, issues and performance	4.1	4.0	🟢
KLOE 6	Is appropriate and accurate information being effectively processed, challenged and acted on?	3.9	4.0	🟢

Key:

4 score – Green

3-4 score - Amber Green

2-3 score - Amber Red

1-2 score - Red

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

KLOE 7	Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	4.2	3.9	
KLOE 8	Are there robust systems and processes for learning, continuous improvement and innovation:	3.7	3.8	
Additional question	Board operation/administration/governance	4.2	3.8	

7.   Outcomes from last Action Plan

From this year's self-assessment, some scores have reduced and others improved across the KLOEs. One action from the previous year was to give a greater understanding of the role of each of the Board Sub-Committees and ensuring there is no overlap between Committees. Following the outcomes of the external Well Led review, and one of the Trust Strategic Objectives, all Committees recently moved over to be managed centrally by the Trust Secretariat. Positive feedback has been received regarding this move within the self-assessment, with the recognition that as this is taken forward, improvements will continue to be seen.

A further action from the previous year was to continue to develop the Trust's equality and diversity position to aid the Trust in becoming an anti-racist organisation. In the last year, an external facilitator led a piece of work focusing on the Trust's equality and diversity position, which the Board continues to receive regular updates on, which is also cascaded across the organisation. The Board recognises that further work needs to be done to become an anti-racist organisation.

The final action was to gain further confidence in the Trust's systems and processes in place for learning, continuous improvement and innovation, which now forms part of the Trust's Strategy, which the Board and its Committees receive regular updates on. In addition, there was an action for the Board to receive a range of patient stories including times when there have been problems in the care provided, which has taken place.

8.   Proposed Action Plan (with comments)

The Trust Board will focus on the following three key areas in the forthcoming year:

1. To gain further understanding of the performance of the Trust relative to other healthcare providers when appropriate, particularly through the use of additional benchmarking. ***In particular, access to model hospital and national mental health benchmarking data will enable comparison not only with neighbouring trusts but also with outstanding providers who we aspire to emulate.***

2. To ensure digital experience at Board level is improved and the diversity of the Board is more representative of the population KMPT serves, as new Board members are recruited.

   This action is now complete, as we have recruited a non-executive director with digital and transformation expertise (commencing in December 2024). The recruitment campaign for associate non-executive directors who are more representative of the community we serve is underway.

3. To provide more focus at Trust Board meetings on the Committee Chair reports, with the Committee Chairs highlighting the concerns of the Committee.

   The new Committee report format should facilitate greater focus on areas of concern, with the Board Chair ensuring there is sufficient time left for partial assurance items.

4. To consider sustainability as well as quality when considering service developments and business plans.

   There is a plan in place for the quality and people committees to consider the implications of such plans at an early stage in their development; however this is not yet embedded in practice.

5. To refresh our engagement approach to patients and carers.

   This is already in train, with an expectation of an updated patient and carer engagement strategic workplan in early 2025.

Chief Executive's Board Report

Date of Meeting: 28th November 2024

Introduction

As I write my CEO report this month, I celebrate my first full year in post as Chief Executive of KMPT. It is an absolute privilege leading the trust, I have met so many staff over the last year, I want to say a massive thank you for sharing your time with me. I am starting to hear from many of you that it feels like things are changing; you are being listened to more and we are acting on your feedback. I recognise there is more to do and you have my full commitment to making KMPT a great place to work and for our patients to be cared for. This is the main driver for me.

National and Regional Update

Mental Health Act (MHA)

Long-awaited changes to the Act were introduced to Parliament on 6 November. The MHA has only been reformed twice previously (in 1959 and again in 1983), with amendments to the 1983 act being made in 2007. In 2018 an Independent Review commissioned by Department Health Social Care (DHSC) concluded that the current legislation goes too far in removing people's autonomy and does not do enough to protect and support people's ability to make decisions about and influence their own care. The recommended changes will focus on the following:

- Choice and Autonomy
- Least restriction
- Therapeutic benefit
- The person as an individual

After the Bill has been passed, there is no fixed date yet for this to happen, it will take an estimated 8 years to fully implement all the reforms included in the Mental Health Act Reform Bill. I will keep you updated on the progress of the bill in the coming months.

National CEO and Secretary of State for Health & Social Care Briefing

All Provider CEOs and Chairs were invited to virtually meet with the NHS England (NHSE) CEO and Secretary of State to discuss the impact of the recent government budget and the immediate and future plans for the NHS. The national CEO set out very clearly five key tasks for every part of the NHS in the immediate future:

1. Maintaining quality and safety
2. Embedding improvement
3. Living within the money
4. Working better with primary care
5. Making the most of the opportunities we have

Insightful Boards

Published in the last week has been an [Insightful Board Guides for ICBs](#) and [providers](#), this is designed to provide senior leaders in the NHS, including non-executives with best practice on how to most effectively use the wealth of data and guidance we have to lead and oversee organisations. I will be working with the Trust Chair to ensure that KMPT is performing at its best.

Management and Leadership Framework

Again, in the last few weeks the national NHSE team have set out details of what the Management and Leadership Framework will offer going forward. The framework has been designed following the pledge to staff, both to support their careers and importantly contribute to better services and workplaces for our patients and staff.

NHS Operating Model

Work is being undertaken by NHSE Chief Delivery Officer and one of the ICB CEO to review the current operating model. The key aim is to provide greater clarity on roles and responsibilities for providers, systems and NHS England. Therefore, ensuring we each focus on the things we do best and where we can add the most value. The four actions that will guide the refresh are:

1. Simplify and reduce duplication, clarifying roles and responsibilities and being clear on the place of performance management.
2. Shift resources, time and energy to neighbourhood health, creating momentum that makes clear the role of the provider sector in neighbourhood health and how to work with local partners.
3. Devolve decision-making to those best placed to make changes, clarifying the role of integrated care partnerships (ICPs) and health and wellbeing boards.
4. Enable leaders to manage complexity at a local level, supporting leaders with new strategic commissioning frameworks to include national best practice.

Integrated Care System and Provider Collaborative Update

K&M NHS Strategy

I am delighted to say that included in todays Board papers is the first ever NHS Strategy for the Kent and Medway system. This has been led by the CEOs in the system working with our teams for the patients and staff of Kent and Medway to ensure we transform our services and create services that are sustainable for the future and make the Kent and Medway system an attractive place to work.

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Provider Collaborative (PC) Board Update

The Provider Collaborative Board met and discussed the following:

- The Community Better Use of Beds programme with a focus on delivery of bed days saved for East Kent and finalising the mobilisation plans for other HCP areas.
- The Acute provider collaborative held a CEO workshop in October which reviewed Endoscopy capacity and demand data and agreed a strategic way forward in terms of both working more effectively to make best use of capacity and developing a business case for more capacity where required. The Acute PC is also working closely with clinicians and senior leaders to review and improve our system model for ENT and will be working up plans with partners for Outpatient transformation. The latter is following a review of acute sector variation.
- Mental Health PC updated on the work being undertaken as part of the community transformation, the urgent care pathway initiatives and the Out of Area (OOA) Learning, Disability and Autism (LDA) patient pathways, ensuring patients receive care closer to home.
- Colleagues are preparing to bring a proposal for a Kent and Medway Health and Care academy to the December PC board, which would streamline our administration of the apprenticeship levy.
- The Board also received an update on the review of Information Governance across the ICB and providers and how things can be done differently and more efficiently.

Operational Update

KMPT Update

Long Service Awards

In October I was thrilled to join other members of the executive team and some of our non-executive directors at our first annual NHS Long Service Awards, celebrating our staff. Staff repeatedly told us how important it is to be recognised for your full NHS service and it was a joy to spend time with those of you celebrating significant milestones. In total this was an impressive 2,805 years! I am already looking forward to next year's awards.

Value in Practice Staff Awards

Since launching the Values in Practice Recognition awards in June we have had a total of 449 nominations (228 individual employees and 161 team). This therefore means, in total 1007 colleagues have been directly recognised as part of the awards which is truly amazing! As a trust 75% of our colleagues are female, 25% are male, our winners currently are reflective of this with 77% of employee of the month winners being female. I recognise we do have some work to do, as the analysis we have completed so far shows that we have further opportunities in recognition of our more junior colleagues and also those from a BAME background.

In the appendix attached to this report, are the winners for September and October. A massive well done to all, you truly deserve this recognition.

Identity / New Name

I am pleased to confirm we have now submitted the request to change the Trust name to Kent and Medway Mental Health NHS Trust following Board approval in September to the Department of Health and Social Care (DHSC). I will keep the Board updated in the coming months on the progress of

this. We hope to be able to formally change the Trust name in quarter 1 of the next financial year as part of our wider work to launch a new identity. We have been challenged by a local media outlet regarding our decision to do this work now and a handful of staff have also expressed whether it's a good use of taxpayer's money. The change of name is to ensure effective communications with the public in light of the overwhelming feedback we heard and, of course, the prominent, public facing role that the government and NHS England rightly want mental health services to have, as I heard this week from Wes Streeting and Amanda Pritchard. The vast majority of our stakeholders agree that the proposed new name provides a clearer, less complicated and accurate sense of what we do. I have assured the Department and our people that we will minimise any associated costs in changing our name and will deliver value for money by being pragmatic about how we roll it out, capitalising on planned improvements we need to make for our patients and staff regardless. We have done exceptionally well to manage the trust finances, breaking even, having no deficit, and contributing towards the financial challenges faced across our system. This change is critical for our patients and our communities and their feedback and support has been loud and clear to which I cannot ignore.

Black History Month

I was proud that we hosted the system wide Black History month during October, and to be asked to open and close the event. This year's theme was "reclaiming our narrative". It was fantastic to hear the stories that our staff and staff from across the system shared with us all. I would like to say a special thank you to Sirina Blankson our BAME Network lead for leading Black History Month celebrations for the system this year. Equality, Diversity and Inclusion (EDI) is very important to me. I was very clear that this cannot just be a one-off month where we listen and share stories. This needs to be part of our everyday life and our way of being together, recognising difference and celebrating diversity and the strength this brings to the NHS in being a truly inclusive place to work and receive care.

EDI Launch

Last week I finally launched our Equality, Diversity and Inclusion (EDI) action plan. This is really important to me and that is why I made this one of my organisational priorities when I came into post. The last year has been about listening to our staff to ensure we developed the correct action plan to tackle the racism that we know sadly exists in our organisation. I am confident the action plan we have set out will do this. I am keen for all staff to be involved so we make a real difference and staff can feel the impact it is having every day. I want to thank staff that have taken the time to be involved in this work so far. We will be continuing the listening events that have taken place over the past few months, your feedback and ideas are invaluable. The action plan has six workstreams:

- Reducing incident relating to racism, violence and aggression on inpatient wards
- Improving leadership accountability through cultural competence
- Enhancing the EDI strategy through workforce engagement and data
- Review and enhance all people policies
- Connecting with the workforce through effective communications and engagement
- Improving the end-to-end incident logging system and process

I look forward to continuing this work and making KMPT a truly inclusive organisation.

Engagement Council Lunch

On 23rd October, myself, the Trust Chair and Kindra Hyttner, Director of Communications and Engagement met with the Engagement Council to discuss how we take forward the next stage of the

Trusts engagement approach. The time spent with the council was invaluable and I thank them for their honest feedback on how we have worked together so far and what we must learn and do differently going forward. We will be bringing the engagement approach based on co-production back to the March Trust Board for approval.

Clinical Summit Conference

The first clinical summit at KMPT was held on 8 November. This was a multi-disciplinary and thought-provoking summit that started the discussions regarding the importance of clinical outcomes. The event was attended by over 100 delegates from across all clinical disciplines (medical, nursing, psychology, pharmacy, OT, physio, other AHPs, social work, ACP), non-clinical staff and external system partners. There were presentations from the five communities of practice. We also had a fantastic presentation from a patient highlighting the benefits of the combined passport and this generated interest with our ICB and KCC colleagues. The presentations were varied covering wide ranging areas like tackling racism, quality accreditation, collaborative system working for people with neurodiversity, mental health training packages for acute hospital colleagues and newer research insights into understanding delusions. In addition to the presentations and talks, clinicians showcased their work from across the trust and displayed some of their work as posters.

Going forward there will be two clinical summit days every year in June and November. Our aim is to have larger audiences as the summits develop. The clinical summit offers the opportunity to our clinicians to share and learn best practice and will support in improving clinical outcomes and excellence.

National Awards

I also want to take a moment to celebrate some of the personal successes of our people. Just last week we saw incredible success at the RCPsych (Royal College of Psychiatrists) 2024 awards. Our former associate non-executive director Asif Bachlani, who only recently left the trust, won UK Psychiatrist of the Year and Dr Rachel Daly, our Director of Medical Education, received the Psychiatric Educator of the Year of the year award. I was also so proud to see our Intellectual Disability team - under the leadership of our consultant and Clinical Director Dr Mo Eyeoyibo, be successful in the Psychiatric Team of the Year: Intellectual Disability category. Well done all – you should be super proud of yourselves.

As well as this our Chief Medical Officer, Dr Afifa Qazi, is a finalist for the prestigious HSJ Clinical Leader of the Year award and earlier in the year our Deputy Chief Medical Officer. Our pharmacy team have also been shortlisted for the important HSJ award for innovative work improving the prescribing of medications and inpatient safety. We look forward to hearing the final results.

Summary and Conclusion

We are in the winter period now and our focus in the next few months will continue to be our patient flow priority. The trust has been, and continues to face, significant challenges providing people in mental health crisis timely access to a psychiatric bed. I know none of us want to be in this position and this is due to a number of factors, some of which are external to KMPT. I appreciate how hard everyone has been working on managing our bed flow and we cannot underestimate the challenge we face with the system this winter. I know this will be a focus for the Board via our Integrated Quality and Performance Report (IQPR) in the coming months.

As I said as the beginning of this report, I celebrate my first year in post this month, I encourage our staff, patients and partners to keep talking to me – your feedback and ideas are vital to help me shape the

future of our organisation. I look forward to year 2, we have an exciting year ahead with lots of great things planned.

Sheila Stenson
Chief Executive

APPENDIX

<u>Executive Team Visits</u>

Sheila Stenson:
ECT Team
Clinical Summit
TGU World Mental Health Day Event (Lakeside Lounge)

Donna Hayward-Sussex
Highlands House
Archery House

Nick Brown:

Ruby Ward
Britton House

Andy Cruickshank

Littlebrook Hospital – All Wards

Sandra Goatley

Highlands House
The Community Team at Eureka place and the Community Mental Health Services for Older People,
Eureka Place
Liaison & Psychiatry Services at William Harvey Hospital

Dr Afifa Qazi:

Fern, Foxglove and Bluebelll Wards

Value in Practice Awards – September and October 2024

Directorate		September	October
North	Individual	Jasmine Dickens, Operational Team Manager	Mawa Ayolie
	Team	NK Governance Team	Paula Maggi and Psychology Staff
East	Individual	Lorraine McGarry	Robyn Daniels
	Team	Ashford and Canterbury Admin, CMHSOP	East Kent Rapid Transfer Dementia Service
West	Individual	Carol Jarvis	Sascha Kelly
	Team	NHS 111 press 2	Maidstone CMHT
Forensic	Individual	Ellen Fellows, Social Work Assistant	Catherine Griggs, Therapy Technician
	Team	Penshurst Ward, Medium Secure Services	FOLS, OT
Support services	Individual	Louise Giles	Rebecca Porter
	Team	IT Staff Room Project Team	Patient Safety Team
Acute	Individual	Adekunle Sanyaolu – Ward Manager (Orchards)	Warren James – OT, Sevenscore Ward
	Team	Boughton Ward	Pinewood Ward

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TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 28th November 2024

Title of Paper: Board Assurance Framework

Author: Louisa Mace, Risk Manager

Executive Director: Andy Cruickshank, Chief Nurse

Purpose of Paper

Purpose: Approval

Submission to Board: Regulatory Requirement

Overview of Paper

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

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

Issues to bring to the Board's attention

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

- No risks have been added to the BAF since reporting to Board in September:

- One risk has changed their risk score since the BAF was reported to ARC in September
  - Risk ID 08157 – Community Mental Health Framework Achieving Outcomes to Evidence Success (Increased from 16 (Extreme) to 20 (Extreme))

- 1 risk is recommended for removal
  - Risk ID 04706 – Organisational Risk - Transport Accident/Incident (including border flow disruptions at Port of Dover and Dartford crossing) (Rating of 12 (High))

Governance

Implications/Impact: Ability to deliver Trust Strategy.

Assurance: Reasonable Assurance

Oversight: Oversight by the Audit and Risk Committee and Board level risk Owners (EMT)

Version Control: 01

The Board Assurance Framework

The BAF was last presented to the Board on 26th September 2024.

The Top Risks are

- Risk ID 00580 - Organisational inability to meet Memory Assessment Service Demand (Rating of 20 – Extreme)
- Risk ID 08157 – Community Mental Health Framework Achieving Outcomes to Evidence Success (Rating of 20 – Extreme)
- Risk ID 08173 – Delivery of a fit for purpose estate (Rating of 16 – Extreme)
- Risk ID 07891 – Organisational Management of Violence and Aggression (Rating of 15 Extreme)
- Risk ID 08065 – Inpatient Flow (Rating of 15 – Extreme)

Risk Movement

One risk has changed their risk score since the Board Assurance Framework was presented to Board in September:

- **Risk ID 08157 – Community Mental Health Framework Achieving Outcomes to Evidence Success (Increased from 16 (Extreme) to 20 (Extreme))**
  This risk has been reviewed and has increased in risk score. This is as a result of the impact on referrals to the Trust from the 'No Wrong Door' approach. The East, North and West Directorates have also added a risk to their local risk registers reflecting the increased demand

Risks Recommended for Removal

One risk is being recommended for removal at this time:
- **Risk ID 04706 – Organisational Risk - Transport Accident/Incident (including border flow disruptions at Port of Dover and Dartford crossing) (Rating of 12 (High))**
  This risk is being recommended for removal from the BAF due to the delay in the implementation of the changes to the Entry and Exit system at the Port of Dover, which was due in November. This date has now been postponed due to implementation delays on the EU side. No further date for this to be implemented has been identified. This risk is being kept under review and will be updated as and when there are any changes.

New Risks

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

Emerging Risks

No new emerging risks have been identified for the BAF at this time.

Version Control: 01

Other Notable Updates

- **Risk ID 05075 – Community Psychological Services Therapy Waiting Times**
  Significant reduction shown in psychology waits by 50% (June '24) continuing to monitor this. All other plans to move patients on step care pathway and increase throughput with group work and expansion of junior workforce in place.

Recommendations

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

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

Version Control: 01

Updated: 18 November 2024

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

NHS Kent and Medway
NHS and Social Care Partnership Trust

Definitions:

Initial Rating = The risk rating at the time of identification

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

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

Action status key:

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

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	Initial rating L	C	Rating	Controls Description	Top Five Assurances	Current rating L	C	Rating	Trend	Planned Actions and Milestones				Action owner	Confidence Assessment	Target rating L	C	Rating	Target Date (end)

1 - We deliver outstanding, person centred care that is safe, high quality and easy to access

1.1 - Improving Access to Quality Care

| 12/01/2022 | BAF Risk Opened | The demand for memory assessment services has been reflected on the care group risk register since October 2020. This has been escalated to the BAF due to the need for a whole system response, from the Kent and Medway system partners as agreed at Board in November 2021. | 31/10/2022 | Since the introduction of the ICB, the clinical lead role for Dementia across K&M has been dissolved. This has created a gap in system leadership that casts doubt on the whether the Dementia workstreams in progress thorgh the SIG will be delivered on target. | 15/05/2024 | This risk has been reviewed and reframed. There remains an ongoing need for a system response to the demand for Memory Assessment services. Risk scores have increased due to the current position and anticipated growth in demand over the coming years. |

ID 00580	Jan 2022	Director of Partnerships and Transformation	**Organisational inability to meet Memory Assessment Service Demand** If KMPT remain the sole provider of Memory Assessment Services, despite the internal work to redesign services, Then there is a risk that patients will not receive a diagnosis in a timely manner and access to treatment and services. Resulting in continued failure to achieve Dementia Diagnosis Rate across Kent and Medway, potential harm to patients and their families who are unable to access necessary treatment of services, increased regional or national scrutiny, financial and reputation impact to the organisation and system, given the expectation of increased demand from population over the coming years.	5	5	25	System wide response to achieve improved Memory Assessment services across Kent and Medway through the Mental Health Learning Disability and Autism (MHLDA) Provider Collaborative and Ageing Well Board.	**2nd Line** Highlight report to Strategy Deployment Group on internal standalone Memory Assessment Service 6 week performance reported to organisation IQPR to Trust Board As requested progress report and performance to FPC and QC **3rd Line** As part of internal audit review for 25/26 planned Referral to Assessment Scoping internal scrutiny, audit to be confirmed Externally forming part of dementia diagnosis rate for Kent and Medway ICB	4	5	20	←→	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Director of Partnerships and Transformation	3	4	12	31/03/2026
													Power BI reporting to support Improvement	Director of Partnerships and Transformation	01/10/2024	A					
													Phase 1: Pilot of standalone Memory Assessment Service in line with Community Mental Health Framework rollout	Director of Partnerships and Transformation	13/09/2024	A					
													Phase 2: Launch of multi-disciplinary assessment model within KMPT	Director of Partnerships and Transformation	24/12/2024	A					
													Dementia Service Improvement Group to agree actions and deliver on actions to meet system demand for Memory Assessment	Director of Partnerships and Transformation	31/03/2025	A					

| 30/08/2023 | BAF Risk Opened | | | | | | | | | | | | | | | | | | | | |

| ID 05075 | Aug 2023 | Chief Operating Officer | **Community Psychological Services Therapy Waiting Times**

IF the demand on psychological services outstrips the services capacity.

THEN there will be an increase in the number of clients waiting for assessments and therapy.

RESULTING in an increase in waiting times. While patients wait they may experience a deterioration in the mental health symptoms. Therefore there is a risk of harm to self, including suicide may increase, poor patient experience, possible increase in complaints, increased stress for staff, reputational damage to the Trust. | 4 | 4 | 16 | Waiting list review | Assurances from dashboard data | 3 | 3 | 9 | ←→ | **Actions to reduce risk** | **Owner** | **Target Completion** (end) | **Status** | Chief Operating Officer | 1 | 2 | 2 | 30/08/2025 |
| | | | | | | | | | | | | | Waiting list review for mental health together | Director of Psychological Therapies | 23/12/2024 | A | | | | | |

| 12/06/2024 | Risk Opened | | | | | | | | | | | | | | | | | | | | |

ID 08065	Jun 2024	Chief Operating Officer	**Inpatient Flow** If the long waits in ED, Community and the Place of Safety remain in excess of 12 hours for an inpatient admission to an acute psychiatric ward Then treatment maybe delayed, Resulting in risk of harm, poor patient outcomes and potential longer length of stay. Reputational damage with partners organisations and the wider NHS system is a risk.	5	3	15	Patient flow team jointly working with acute hospital colleagues, Liaison Psychiatry, Home Treatment and community services on case by case basis	Weekly CRFD report Daily Bed state including Place of Safety and A&E Breaches	3	5	15	←→	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Chief Operating Officer	1	3	3	12/09/2025
													Accurate recording and reporting of 12 hour breaches	Director of Digital	30/08/2024	A					
													Countywide safe Haven Provision	Deputy Chief Operating Officer	30/12/2024	A					
													CRFD Programme	Deputy Chief Operating Officer	31/03/2025	A					
													High Intensity User Programme	Director of Psychological Therapies	31/03/2025	A					
													Implementtion of CORE 24 across all Hospital Liaison Services	Deputy Chief Operating Officer	30/06/2025	A					
													Crisis Houses across the County	Deputy Chief Operating Officer	28/07/2025	A					

				Initial rating						Current rating												Target rating			

ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend	Planned Actions and Milestones				Action owner	Confidence Assessment	L	C	Rating	Target Date (end)

12/05/2024 — Risk Opened

| ID 08157 | Aug 2024 | Chief Operating Officer | **Community Mental Health Framework Achieving outcomes to evidence success** IF we don't complete enough paired DIALOG+ and are not able to meet the 4 week wait THEN we will a) not be able to assess outcomes for our service users and will b) delay commencement of treatment, RESULTING IN poor patient experience. | 5 | 5 | 25 | Fortnightly review of waiting lists at programme management level (1d) with measures for mitigation shared with all partners. Amendments to the front door are underway, the interface with GP's is undergoing improvement and the voluntary sector are moving resources to entry points to enable improved triage. | Robust team level management Dashboards Caseload management tool Partnership Forums | 5 | 4 | 20 | ⬆ (red up) | | | | | Chief Operating Officer | | 3 | 3 | 9 | 28/06/2025 |

Actions to reduce risk table (ID 08157):

Actions to reduce risk	Owner	Target Completion (end)	Status
Review of Mental Health Together Processes	Deputy Chief Operating Officer	31/01/2025	A
Review of people waiting to be seen (up to end September)	Deputy Chief Operating Officer	Completed	G
Integration of Provider workforce to aid skill mix and new ways of working	Deputy Chief Operating Officer	31/01/2025	A
Recruitment of 35 Assistant Psychologists on a 6 month contract to support the management of waiting lists.	Deputy Chief Operating Officer	06/01/2025	A

1.2 - Creating safer and better experiences on our wards

04/12/2014 — BAF Risk Opened — 20/07/2023 — Risk returned to BAF

| ID 04232 | Dec 2014 | Chief Nurse | **Management of Environmental Ligatures** IF we do not have effective means for measuring, monitoring and assessing the risks associated with anchor points THEN we will be exposing patients to patient safety risks RESULTING IN self harm and suicide from ligature points and may mean patient safety, financial penalty, reputational damage and prosecution. | 3 | 5 | 15 | Program for removing anchor points and restricting access to staff only areas | Ligature reduction programme Health and Safety and Ligature Risk Assessment Audits Therapeutic Observations Reduction in severe harm patient safety incidents related to anchor points and self strangulation National report on the prevention of homicide and suicides internal validated audit tool CCG Quality visit Health and Safety Audits Ligature Audits Prescribed observations in place Quality Digest reporting to Quality Committee IQPR reporting to Board | 3 | 4 | 12 | ↔ (amber) | | | | | Chief Nurse | | 1 | 4 | 4 | 31/03/2025 |

Actions to reduce risk table (ID 04232):

Actions to reduce risk	Owner	Target Completion (end)	Status
Capital Expenditure on Environmental Ligature risk areas	Head of Capital Planning	31/03/2025	A

04/12/2014 — BAF Risk Opened — 20/07/2023 — Risk returned to BAF

| ID 07891 | Jan 2024 | Chief Nurse | **Organisational Management of violence and aggression** IF KMPT do not manage violence and aggression effectively THEN staff and patients will be exposed to physical injury and psychological harm RESULTING IN increased incidents of seclusion and restraint; longer recovery times for patients; lack of staff confidence to report and in managing incidents of Violence and Aggression; increased staff sickness, reduced staff capacity to manage incidents and provide quality care, reduced staff retention, reputational damage, difficulties recruiting, reluctance of agency staff to work on wards with high levels of violence and aggression, reduced staff engagement with violence reduction strategies. | 5 | 3 | 15 | Restrictive Practice policy and guidance | Incident reporting via InPhase Quality Improvement Data | 5 | 3 | 15 | ↔ (red) | | | | | Chief Nurse | | 2 | 3 | 6 | 31/03/2026 |

Actions to reduce risk table (ID 07891):

Actions to reduce risk	Owner	Target Completion (end)	Status
Quality Improvement project in place to implement and test evidence based interventions to reduce violence and aggression across all inpatient services.	Chief Nurse	30/03/2026	A
Regular, scheduled engagement with all participating inpatient teams	Chief Nurse	30/03/2026	G
Use of data and sharing ideas and learning across services via the QI team and senior leaders	Chief Nurse	30/03/2026	A
Weekly review of data and incidents with Trust leaders in Trust Safety Huddle	Chief Nurse	30/03/2026	G

1.3 - Actively involving service users, carers and loved ones in shaping the services we provide.

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

2 - We are a great place to work and have engaged and capable staff living our values

2.1 - Creating a culture where our people feel safe, equal and can thrive

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

2.2 - Building a sustainable workforce for the future

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

2.3 - Creating an empowered, capable and inclusive leadership team

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

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

3.1 - Bringing together partners to deliver location-based care through the community mental health framework transformation

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

3.2 - Working together to deliver the right care in the right place at the right time

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

					Initial rating					Current rating							Target rating			
ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend	Planned Actions and Milestones				Action owner	Confidence Assessment	L	C	Rating	Target Date (end)

3.3 - Playing our role to address key issues impacting our communities

25/01/2019 | Risk Opened | Risk added to the BAF due to concern about the impact of the change to the entry and exit arrangement at Dover on the ability to deliver services | 08/08/2024

| ID 04706 | Jan 2019 | Chief Nurse | **Organisational Risk - Transport Accident/Incident (including border flow disruptions at Port of Dover and Dartford crossing)**

 IF an incident occurs that affects the transport network of the county, including incidents of Civil Disturbance THEN this will have an impact on staff and patients travelling to their required locations RESULTING IN increased stress and delays in attending appointments, leading to poor service delivery and poor patient experience | 4 | 3 | 12 | Significant Incident and Business Continuity Plans | EPRR Annual Assurance Programme (Significant Incident Plan and Business Continuity Plans) TWEPRRWG Minutes | 4 | 3 | 12 | ⟷ | | | | Chief Nurse | | 2 | 2 | 4 | 01/09/2025 |

Actions to reduce risk	Owner	Target Completion (end)	Status
Exercise against reasonable worst case scenario EES prior to October 2024	EPR Lead	Cancelled	G
Understand reasonable worst case scenario for Port Entry and Exit system go live - traffic impact	EPR Lead	Completed	G
Map and take assurance on new BCPs - Transformation in East Kent where KMPT is principle contractor	EPR Lead	15/11/2024	A

4 - We use technology, data and knowledge to transform patient care and our productivity

4.1 - Have consistent, accurate and available data to inform decision making and manage issues

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

4.2 - Enhance our use of IT and digital systems to free up staff time

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

4.3 - Effective digital tools are in place to support joined-up, personalised care

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

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

5.1 Achieve financial sustainability

25/06/2024 | Risk Opened

| ID 08174 | Jun 2024 | Chief Finance and Resources Officer | **Delivery of Financial Targets**

 IF the Trust is unable to deliver its financial targets THEN additional scrutiny will be attached to its financial position RESULTING IN sanctions from NHS England | 3 | 5 | 15 | Standing Financial Instructions | Trust Board Reporting to NHSE Monthly Finance Reporting Finance position and CIP Update Internal Audit | 3 | 4 | 12 | ⟷ | | | | Chief Finance and Resources Officer | | 2 | 4 | 8 | 31/03/2025 |

Actions to reduce risk	Owner	Target Completion (end)	Status
Finalisation of the Cost Improvement Plan and Timetable	Chief Finance and Resources Officer	31/07/2024	G
Forecast of the Trust Agency Position and Required Actions	Associate Director of Finance	31/10/2024	G
Review of the use of temporary staffing and identify appropriate mitigations	Chief Finance and Resources Officer	31/10/2024	G
Review of Trust Reporting Pack	Associate Director of Finance	20/12/2024	A
Alignment of Service line reporting (SLR) and Budget Reporting	Associate Director of Finance	31/03/2025	A

25/06/2024 | Risk Opened

| ID 08175 | Jun 2024 | Chief Finance and Resources Officer | **Delivery of Underlying Financial Sustainability**

 IF the Trust does not focus on cost saving, productivity and efficiency to contain its run rate THEN funds will not be available to support the investment in services RESULTING IN the Trust potentially moving into financial deficit and unable to support the delivery of the Trust Strategy | 3 | 4 | 12 | Long term sustainability programme | Trust Board Reporting to NHSE Monthly Finance Reporting Finance position and CIP Update Internal Audit | 3 | 4 | 12 | ⟷ | | | | Chief Finance and Resources Officer | | 3 | 3 | 9 | 31/03/2025 |

Actions to reduce risk	Owner	Target Completion (end)	Status
Development of Service line reporting to improve understanding	Associate Director of Finance	30/12/2024	A
Review of Cost Improvement reporting	Associate Director of Finance	31/03/2025	A
Review of Trust controls on Non Pay	Associate Director of Finance	31/03/2025	A
Review of Trust controls on Pay	Associate Director of Finance	31/03/2025	A
Review of Trusts Longer term planning cycle	Associate Director of Finance	31/03/2025	A

5.2 Exceed the ambitions of the NHS Greener programme

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

5.3 Transform the way we work

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

6 - We create environments that benefit our service users and people

6.1 - Maximise our use of office spaces and clinical estate

| | | | No Risks Identified against this Strategic Objective | | | | | | | | | | | | | | | | | | | |

		Initial rating							Current rating							Target rating		
ID / Opened / Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	L	C	Rating	Controls Description	Top Five Assurances	L	C	Rating	Trend	Planned Actions and Milestones				Action owner	Confidence Assessment	L	C	Rating	Target Date (end)

6.2 - Invest in a fit for purpose, safe clinical estate

29/03/2024 ▸ Risk Opened

ID 01873 | Mar 2024 | Chief Finance and Resources Officer

Delivery of a fit for purpose estate

If the Trust is unable to invest in its estate
Then the clinical and workplace environments may not be fully fit for purpose
Resulting in the loss of services

L 4	C 4	Rating 16

Controls Description: Identifications of needs of Estates

Current rating: L 4, C 4, Rating 16 — Trend: ⬌ (red)

Actions to reduce risk	Owner	Target Completion (end)	Status
Identification of potential next steps steps on high cost estates development	Director of Estates and Facilities	30/06/2024	
Implementation of a rolling, multiyear estates capital programme	Director of Estates and Facilities	31/12/2024	A

Action owner: Chief Finance and Resources Officer

Target rating: L 3, C 3, Rating 9 — Target Date: 31/12/2024

01/04/2020 ▸ Risk Opened

ID 01846 | Aug 2024 | Chief Finance and Resources Officer

Maintenance of a Sustainable Estate

If the Trust is unable to support the maintenance of its estate
Then clinical and workplace environments may not be fully fit for purpose
Resulting In the loss of operational capacity

L 3	C 4	Rating 12

Controls Description: Robust design and specification processes and capital programme management

Top Five Assurances: Reporting to FPC / TiAA Audit / Contract Monitoring Minutes

Current rating: L 3, C 4, Rating 12 — Trend: ⬌ (orange)

Actions to reduce risk	Owner	Target Completion (end)	Status
Review of the implementation of the new maintenance contract	Director of Estates and Facilities	31/12/2024	A
Review of the present backlog maintenance position	Director of Estates and Facilities	31/12/2024	A

Action owner: Chief Finance and Resources Officer

Target rating: L 2, C 3, Rating 6 — Target Date: 31/03/2025

NHS
Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	28 November 2024
Title of Paper:	Mental Health Learning Disability and Autism Provider Collaborative (MHLDA) Update
Author:	Jane Hannon, Programme Director Provider Collaborative
Executive Director:	Sheila Stenson, Chief Executive Officer

Purpose of Paper

Purpose:	Noting
Submission to Board:	Board requested

Overview of Paper

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

Issues to bring to the Board's attention

The report outlines key themes from the recent Board Seminar discussions and programme updates

The out of area placements work has further exceeded its target for patients being discharged from hospital settings. A service user story is included here

Updated programme charters are included in the appendix

Governance

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

1

Kent and Medway Provider Collaboratives - Update for KMPT Board

Board development seminar 31 October 2024

A deep dive session was held at the Board development seminar on 22 October 2024. This included updates on four live MHLDA programmes and a discussion about the Urgent and Emergency Care metrics.

This paper will therefore be briefer than normal to reflect our deep dive at last month's seminar, and data from the next reporting cycle will be included in the report to the January Board.

Themes from the board seminar

There was a helpful discussion across programmes. Below are a few of the follow up actions that are being taken:

- The membership of the joint urgent and emergency care meetings has been strengthened. This alongside the monitoring metrics will support joint oversight of the programme's effectiveness.
- The need to ensure there is a full multidisciplinary model for dementia diagnosis will be fed into the systemwide work.
- We have confirmed that A&E footfall can be reported by site for inclusion in future reports.
- We continue to develop our work with HCPs.
- There is a brief update on our corporate enablers in this report.

Mental Health Urgent and Emergency Care

A workshop is taking place on 22 November 2024 with colleagues from KMPT liaison and from acute trusts to review how we can improve care for people with mental health needs who spend time in acute settings, either because of their physical health or as part of the Urgent Care pathway.

This will be chaired by the KMPT Chief Nursing Officer (CNO) and is intended as the first step towards:

- agreeing consistent standards of care with partners
- putting in place enablers to implementation
- establishing a governance structure that feeds into the Provider Collaborative

Dementia

The improvements in proportion of people diagnosed within 6 weeks have continued and reached 18.3% in October 2024.

As of August 2024, there was some improvement in the proportion of people diagnosed, although this remains within control limits (please see below).

The provider collaborative and KMPT are working closely with partners to agree timelines for the system-wide dementia diagnosis work. The workshop to ensure clinical buy in to the model is now expected to take place in January.

2

Dementia Diagnosis Rate

Dementia Diagnosis % over time
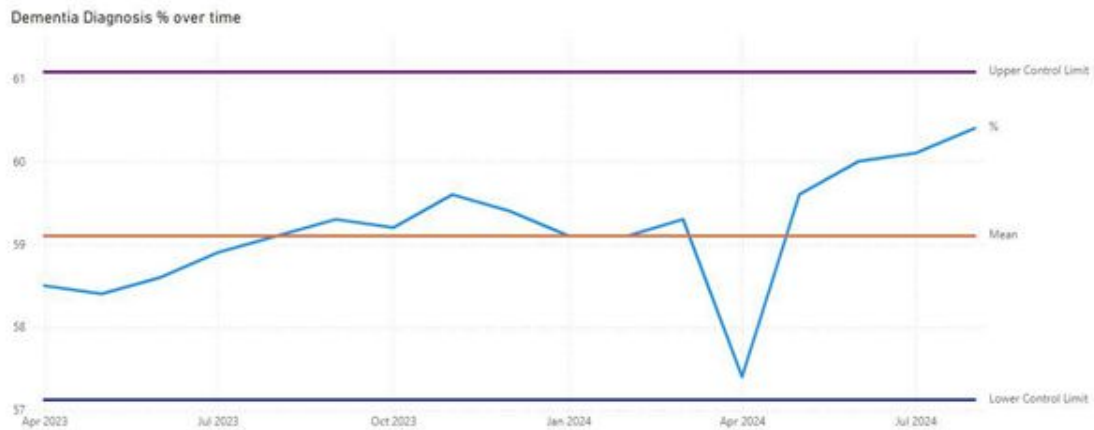
Reducing out of area placements for autistic inpatients

Since we last reported to Board, there has been a further discharge, bringing the total number of discharges to 11. Colleagues have worked with partners and one of the service users involved to gather the story shared below.

Service user story

The Review and Resettlement Team (RTT) were able to work with a service user who had been in a PICU for nearly 4 years. Their ongoing difficulties had made discharge to the community challenging.

The RRT undertook a review and held professionals' meetings with all stakeholders (social services, CMHT and PICU clinical team). They agreed to start the process of the discharge as all acknowledged that the current environment was no longer appropriate. RRT being consistent in advocating for discharge helped to remain focused on the discharge.

The individual was discharged from hospital in August 2024 to a supported house with a wraparound package of care. RRT continued to support and is part of the transition process. This individual is now settled and is experiencing fewer incidents.

Since discharge to the community, the individual has been able to undertake normal day to day activities such as going for walks and shopping. On occasion they have also been supported by staff to attend church and they using the sensory room.

The Review and Resettlement Team played the role of bringing stakeholders together and focusing on the discharge. They managed and intervened in issues that could lead to a breakdown of the placement. The RRT provided some training to other professionals on how to interact with the individual regarding their neurodiversity.

3

HACT - K&M plans for mental health and housing

Kent and Medway ICB have commissioned HACT to support the system in understanding the opportunities, key issues, and priorities towards greater collaboration with housing. There is a particular focus on:

- Understanding how housing and housing related support issues impact length of stay and flow through clinical pathways, toward reducing delays for those clinically ready for discharge.
- Understanding how housing needs are currently identified, recorded, and addressed across mental health care pathways
- Identifying gaps and opportunities associated with the lack of purposeful strategic engagement across mental health and housing
- Understanding the strengths, weaknesses and gaps in current local housing and support provision and developing a roadmap to priorities and address issues
- Engaging key stakeholders around housing to co-produce and deliver a transformational work programme to improve integration, improve service user outcomes and experience and deliver financial efficiencies
- Informing local pathway development of transformation work through a housing integration perspective

Mental Health Housing Strategy Timeline

The timeline is shown below. The discovery phase involved extensive stakeholder engagement and took place in October 2024. HACT will be finalising the report and presenting to stakeholders between November 2024 and January 2025. Strategy development, including an associated plan is anticipated to have been co-produced by May 2025. We will need to agree how we then work together to implement the strategy as a system.

HACT plan to work with system partners to develop a reference group, which would be a key governance mechanism for overseeing the strategy development and implementation. The provider collaborative team will be a key enabler in supporting to ensure this programme delivers on time.

Housing Strategy Development Timeline

Discovery
October 2024

Presenting findings
January 2025

Strategy development
May 2025

Implementation
June 2025 onwards

Update on provider collaborative corporate enablers

There are currently four workstreams in place or in development in the corporate enabling space:

- We have appointed a system head of procurement who is working with colleagues to capture opportunities in year and build a collaborative plan for 2025-26. He is working to support existing procurement work and develop new areas of opportunity with clear leads and governance.

4

- There is a system lead for Information Governance who reports to the PC Board. He has brought staff together to improve system resilience and reduce duplication in processes. At the October Provider Collaborative Board, he gained support from the board to develop a virtual Information Governance hub.
- The KCHFT Chief People Officer is working with the provider collaborative team to develop a proposal for a Kent and Medway Health Academy which would bring together the administration of apprenticeships, starting with a test and learn exercise for one area. This is being discussed with the Chief People Officers and is expected to come to the PC Board in December 2024.
- The DGT CEO has been confirmed as SRO for Digital strategy and will be overseeing work to scope collaborative priorities. This work is in its early stages and the intention is that by having a clear roadmap and strategy we will be better positioned to take advantage of any funding opportunities and national funding initiatives that may arise.

Conclusion

We look forward to sharing further updates at future boards including the next set of metrics. The updated programme charters are shown below.

5

Appendix: Updated Programme Charters

Dementia Charter
Date Updated: 14 Nov 2024   **Updated By:** Victoria Nystrom-Marshall

1. Governance
Exec Sponsors: Adrian Richardson (KMPT)
Clinical leads: Rakesh Koria (Ageing Well) Efiong Ephraim (KMPT)
Information Lead: Poppy Whitehead (ICB) and Nigel Lowther (KMPT)
Finance Lead: Kevin Tupper (ICB) and Rebecca Melia (KMPT)
Project Managers: Wendy Lakin (ICB) and Alex Gilbert (KMPT)

2. Description
Aim: The overarching aim of the Kent and Medway Dementia Programme is to increase the level of pre and post-diagnostic support for people affected by dementia by 1) Supporting people to live healthy lives, 2) Supporting people with dementia to receive their diagnosis, 3) Improving the care for people with dementia or suspected dementia, and 4) Providing support for carers and families.

24/25 System Objectives: Increase diagnostic capacity across the system towards a rate of 66.7%, with in year target of 63%. This programme will collectively report to Ageing Well and MHLDA PC to look at ways to improved the dementia diagnosis rates across Kent and Medway.

Not currently resourced:
Scoping to be confirmed pending identified opportunities

Key Interdependencies:
- KMPT Dementia Improvement Programme (sitting internally within KMPT) looking at stand-alone Memory Assessment Services.
- Mental Health Together, Mental Health Together +
- Ageing Well Dementia Programme (three themes will be impacted)

3. Timeline and key milestones

Lead	Milestone/ Target Description	Date	RAG
AR/RK	Dementia workshop in collaboration with Ageing Well	Jul 24	Complete
AR/RK	Scoping Opportunity	Aug 24	Complete
AR/RK	Task and Finish Group	Sep 24	Launched
NL/PW	Full modelling carried out to inform capacity and demand. KMPT modelling delayed due to MHT+ workforce interdependency to be confirmed Nov24. Revised date Dec24.	30 Nov 24	Off Target revised to Dec24
WL	Clinical workshop to finalise model	Jan25	On track

4. Key Risks

Risk	PRE-MITIGATING SCORING	Mitigating Action	POST-MITIGATING SCORING
IF the waiting list is not reduced THEN the 6 week to diagnosis ambition will not be met, leading to patients not receiving cholinesterase inhibitors that will delay the progression of dementia RESULTING IN lack of effective management of symptoms, not maintaining independence in own homes and a rise in crisis situations leading to avoidable hospital/care home placements	20	One of six of KMPTs strategic priorities is to reduce the time to diagnosis. Waiting time has reduced from 189.9 days in Jul24 to 151.6days (28Oct24). KMPT aims to quantify the amount of activity that can be processed and the backlog by Dec24. Additional capacity will be required to deliver 6 weeks across the System.	20
IF recurrent funding is not approved THEN a community-based MAS will not be possible RESULTING IN insufficient diagnostic capacity in K&M, loss of skills developed in primary care, and reputational risk	15		15

5. Impact Assessment

Impact Assessment	RAG	Date completed	Date approved	Review date	Key issues raised (if applicable)
Quality Impact Assessment		TBC			This will be completed prior to model is implemented.
Equality Impact Assessment		2023			To be reviewed ahead of procurement

6. Activity Assumptions
Achieve 66.7%: 1,865 additional people need to be diagnosed.
Sustain 66.7%: Estimated flow 110 diagnosis per week
Dementia Diagnosis Gap: As of Sept 24 the dementia diagnosis rate is 60.4%. An estimated 25,808 people in Kent and Medway will have dementia. Of these, only 15,536 people or 60.4% are on the Dementia Register.
Diagnostic Capacity:
Acute MAS services are currently the main source of diagnostic capacity in Kent and Medway. It has experienced sustained high levels of demand since 2020 that outstrip capacity. The combined service responds to both organic and functional needs. A stand-alone service was rolled out between July-September 2024 with the intention of generating consistent capacity to support the diagnosis of patients who cannot otherwise be diagnosed in local care using DiADeM or via a community based service. At present, the interdependency with MHT+ workforce means that capacity cannot be finalised. GPwERs are currently working within the acute MAS to support system capacity.

Project RAG

7. Financial Overview
The acute MAS model is built into the CMHSOP block contract that services both functional and organic activity.

DiADem in care homes is built into the EHCH contract but it is not felt that funding is sufficient to mobilise.

8. Route to Market
Community Model. Procurement method TBC
Existing provision within KMPT block contract.

9. Non Financial Benefits and Quality Metrics
- %age of >65s with a Dementia Diagnosis. Nat 65.5%, SE 63.1%, KM 60.2 (Sept24)
- %age of people under 65 on the Dementia Register. Nat 6.9%, SE 5.3%, KM, 6.5% (Sept24).
- %age of people with antipsychotic prescription w/o a psychosis diagnosis: Nat: 26.4%, SE: 22.3%, KM 17.7% (Sept 24)
- %age diagnosed within 6 weeks: 16.4% (28Oct24)

To be added
- %age of people in care homes with a dementia diagnosis
- %age dementia diagnosis by ethnic group
- %age dementia diagnosis by local authority
- Care Plan/Care Plan Review
- Medication Review

10. Communication and Stakeholder Engagement

Model of primary/community assessment codesigned with primary care and secondary care clinicians by Dec24. Consultation commences Feb25

6

Programme Name: CMHF

Date Updated: 07 Nov 2024   Updated By: Tanya Parker

Project RAG

1. Governance

Exec Sponsors: Donna Hayward –Sussex (KMPT)
Clinical leads: James Osborne
Information Lead: Nigel Lowther
Finance Lead: Jenny Grover
Quality Lead: James Osborne
Project Managers: Sophie Brett, Sue Taylor

2. Description

Aim: CMHF transformation, which is called Mental Health Together, will respond to mental health referrals in a timely and knowledgeable manner, providing an appropriate, responsive and safe outcome. Outcomes are focused on the needs of the person and includes both urgent and routine responses, along with onward transition to more appropriate services when required.

24/25 System Objectives: Implement Mental Health Together to improve peoples mental health for older and younger adults across Kent and Medway through the provision of integrated mental, physical, and social care support that is designed with and for people in their local community; improved access to support with better experiences of care. Delivered via a place-based model with a multi-agency approach centred on an integration of primary care, secondary care, social care and the Voluntary, Community and Social Enterprise Sector (VCSE) able to respond to local demographics and address health inequalities.

Not currently resourced: Full model will not be implemented recruitment of additional staff has been carried out.

Key Interdependencies:
MAS Roll out; NHS 111 roll out; HCP Estates strategies; Collaborative working with PCNs; Interoperability of digital systems

3. Timeline and key milestones

Lead	Milestone/ Target Description	Date	RAG
Phil Lawrence	VCSE recruitment complete	Nov 24	Slipped from Sep '24
Vicky Stevens	MHT+ roll out	January 25	
Tanya Parker	PMO handover	March 25	
Vicky Stevens	Test and learn	March 25	
Vicky Stevens	Evaluation	May 25	
Vicky Stevens	Transition and sustainability	Sept 25	

4. Key Risks

Risk	Consequence	Likelihood	PRE-MITIGATING SCORING	Mitigating Action	Consequence	Likelihood	POST-MITIGATING SCORING
IF referral numbers continue to increase at the front door and the current triage/allocation process continues 'as is' THEN waiting lists will continue to increase and patients will have to wait longer to receive intervention support RESULTING IN increased levels of risk for patients on the waiting list and KMPT; reduced patient outcomes; demotivation and workload pressures for staff and a reduction in the quality of the service delivered	5	4	20	Improvement focus on the front door to ensure that the model includes an MDT approach and to ensure patients are allocated to the right person at the right time. Working with VCSE partners to recruit and onboard Navigators asap to enable locality determined targeting of highest risk areas. Size of the waiting list poses significant concerns and will take time to address. The addition of 35 Assistant Psychologists from Jan 25 on short term contracts will also support reduction of the waiting list	4	4	16
IF the recruitment for additional staff in MHT is further delayed THEN there is a clinical risk to quality and safety for people waiting for interventions in MHT RESULTING IN delays to patient care and potential for clinical risk (also added to Issue Log)	4	4	16	Practice guidance issued for 'Reviewing Risk at the start of MHT' to incorporate assessing risk while waiting or if they need to step directly into MHT+ Review practice of directing patients to specific (historic) interventions and considering all of MHT support. Active review waiting lists to be reviewed immediately to ascertain if there is capacity within MHT+ to provide additional resource into MHT	3	4	12
IF Clinical Pathway Leads and other key staff in MHT do not have access to the primary care system, Egton Medical Information Systems (EMIS) THEN it may not be possible to access the Primary Care record for all patients RESULTING IN incomplete patient records, duplication of entries and delays in processing referrals	3	4	12	Digital colleagues identifying options for using Kent Medway Care Record (KMCR) instead of EMIS. 21/06/24 - EMIS group established to arrange access for key KMPT staff as an interim measure pending the outcome of the KMCR options work.	3	3	9

5. Impact Assessment

Impact Assessment	RAG	Date completed	Date approved	Review date	Key issues raised (if applicable)
Quality Impact Assessment		Due 15 Nov 24			
Equality Impact Assessment		Apr 24			

6. Activity Assumptions

Productivity modelling underway re CMHT and CMHSOP resource and transition to MHT+. Gap analysis being carried out to understand requirements to deliver the clinical model in MHT and MHT+. Pilot underway for Care Connector role to ascertain effectiveness of role and difference with Link Navigator role.
Review of previous demand and capacity work carried out by Attain to commence as activity data is now available via established performance dashboards and report.

7. Financial Overview

£2.6m from ICB 2023/24. 24/25 will be the remaining £8m. Spend will be driven by contract award and subsequent recruitment. Spend will not limit delivery. First contract signed off end of March 2024.

8. Route to Market

N/A

9. Non Financial Benefits and Quality Metrics

- Dialog+ and 4 Week Wait are the metrics used for quality and performance measures.

10. Communication and Stakeholder Engagement

MHT stand at KMPT AGM 26/09/24
Planning roll out of staff drop in Q&A virtual sessions – one per month across county
Development of Information Bulletin – one source of truth approach for staff in the teams to reduce information overload
Longer term development of MHT Hub on KMPT staff room website – to include access for partners
Widened membership of MHT ODG
ICB Website MHT page currently being updated

7

Programme Name: Mental Health UEC
Date Updated: 6 Nov 24   Updated By: Louise Clack

Project RAG

1. Governance
Exec Sponsors: Lee Martin (ICB)
Senior Responsible Officer: Louise Clack
Clinical leads: Dr Jihad Malasi
Information Lead: Poppy Whiteside
Finance Lead: Kevin Tupper
Quality Lead: Ian Brandon
Project Managers: Jacqui Davis, Louise Piper, Julie Savage, Sarah Parker, Laura Jones

2. Description
Service Users experiencing mental health crisis/illness can contact NHS 111 Select Mental Health via a text messaging service (in addition to telephone) by 2025.
80% of Service Users experiencing a mental health crisis that requires clinical assessment will wait no more than 4 hours to receive this.
100% of Acute Trust Hospitals will be CORE 24 compliant by 2024.
Service Users experiencing a mental health crisis or illness can access a suite of community crisis alternatives including Safe Havens and Crisis Beds over a 24hr period.
Service Users requiring primary conveyance to a hospital following a community mental health act assessment will be conveyed safely and with dignity by a bespoke transport service.
80% Service Users experiencing acute mental illness who cannot be cared for at home, will be admitted to a bed within 12 hrs of the decision made to admit.
Service Users admitted to an inpatient bed will experience a purposeful and trauma informed, therapeutic admission and wait no longer than 48hrs to be discharged once clinically ready for discharge.
Service Users contacting SECAMB with primary mental health crisis will receive mental health intervention at home by mental health clinicians either by telephone or face to face or conveyed to a Safe Haven to avoid conveyance to an Emergency Department.
Service Users with mental health crisis and in contact with Kent Police will receive mental health intervention by mental health clinicians either by telephone or face to face or conveyed to a Safe Haven; incidence of Section 136 will reduce by 30%.
Service Users detained on Section 136 will be conveyed to a Health Based Place of Safety by Ambulance 80% of the time, and on arrival in a HBPoS and will be looked after solely by health care professionals within 1 hr of arrival and will be discharged from the HBPoS within 24hrs of arrival.

3. Timeline and Key Milestones

Lead	Milestones	Date	Target
ICB	**Ashford Crisis Recovery House planned Go Live**	Nov 2024	
ICB	**Bespoke conveyance and sit and wait planned Go Live**	Sep 2024	
ICB	**See and Treat 2 hr response planned**	Mar 2025	
ICB	**Full Recruitment to CORE 24 in all Hospitals**	Mar 2025	
ICB	**Publishing of revised Crisis 136 Standards**	Mar 2025	
ICB	**Margate Crisis Recovery House Planned Go Live**	Apr 2025	
ICB	**Centralised HBPOS Go Live**	May 2025	(red)
ICB	**Maidstone Crisis Recovery House Planned Go Live**	Oct 2025	

4. Key Risks

Risk	Consequence	Likelihood	PRE-MITIGATING SCORING	Mitigating Action	Consequence	Likelihood	POST-MITIGATING SCORING
IF there are increased numbers of inpatients clinically ready for discharge **THEN** people are waiting for admission in environments that are not able to meet their clinical and safety needs and at times have their deprivation of liberty deprived, **RESULTING IN** possible major injury and poor patient experience and corporate risk to Providers and Commissioners within the Provider Collaborative.	4	4	16	Crisis Recovery House, Safe Havens, Step Down bed procurement, MH and Housing Strategy development. Use of private beds clinical risk assessment and clinical management of individual patients.	4	4	16
IF there are insufficient number of trained AMHPs then there will be delays in the AMHP Service to respond to requests for MHA Assessments, resulting in challenges to timely patient flow for patients accessing the right care at the right place, for example in the Health Based Places of Safety.	4	3	12	Training request made to KMPT.	4	3	12
If safe havens receive inappropriate referrals there is the risk the service will be required to manage inappropriate levels of complexity putting people accessing the service, staff and members of the public at risk.	4	3	12	Reinstate weekly pathway meetings for QEQM. Engagement with local referral partners, review clinical support and escalation pathways and update local service procedures. Implement new MRT tool when available.	4	3	12

5. Impact Assessment

Impact Assessment	RAG	Date completed	Date approved	Review date	Key issues raised (if applicable)
Quality Impact Assessment		August 23			NA
Equality Impact Assessment		August 23			NA

6. Activity

What are we measuring?	Measure (adult only)	Target	Current Position
Timely crisis support	4-hour crisis assessment	90% (national target)	76.5%
Overall flow	Inpatient bed occupancy %	92% (in year)	95.9%
Core 24 compliance	A&E triages within 1 hour	Establishing baseline	84%
Core 24 compliance	Compliance across 6 sites	6 out 6	2/6
Improved discharges	Reduction in clinically ready for discharge (younger adults 18-64 yrs)	7.5%	15.2%
Success of A&E alternatives	Reduced MH A&E attendance and increase in attendance at safe havens	Reduction	A&E = 903 Safe Haven = 1423
Success of Hear and Treat / See and Treat	Reduced primary mental health presentation conveyances in ambulance/police to A&E	Reduction	Ambulance = 372 Police = 38
	Reduction in incidence of Section 136 (AMHP data does include under 18's but is minimal)	Reduction	68
Overall flow	Reduction in MH A&E delays 12 hours +	Reduction	28.1% (190 people)

7. Financial Overview

Adult Safe Havens	£3.7m
Crisis Recovery Houses	£1.2m
Mental Health and Housing Consultancy	£70K
Liaison Psychiatry	TBC
Liaison Psychiatry uplift	£1.4m
Patient flow enablement (e.g. step down beds)	£1m
Mental Health Conveyance	£1.2m
External consultant to lead on a mental health and housing strategy	£70K
Hear and Treat/See and Treat	£800K

8. Route to Market
Direct award for incumbent Medway Crisis House. Full procurement for Bespoke MH transport.

9. Non Financial Benefits and Quality Metrics
- Right Care delivered by the Right Person
- Improved service user experience
- Improved patient safety
- Improved Carer experience
- Least restrictive care provision
- Enhanced system integration and innovation

10. Communication and Stakeholder Engagement
- 6 weekly multi-agency/partners Urgent and Emergency Mental Health Oversight Group
- Service user and stakeholder engagement, including workshops to develop the revised crisis alternative service model
- Lived experience leads employed as project group members and evaluators on Safe Haven, Recovery House and MH transport procurements.
- Ongoing lived experience involvement in service mobilisation.
- Extensive system and stakeholder engagement on Right Care Right Person.

8

Project Name: Out of Area Autistic In-Patient Placements (12 month Pilot)
Date Updated: 12 Nov 24   Updated By: A.Sigfrid

1. Governance

Exec Sponsors: Nick Brown (KMPT CMO)
Clinical leads: George Matuska
Information Lead: Holly Partridge
Finance Lead: Geoff Lawrence
Quality Lead: Alice Sigfrid
Project Managers: G.Matuska, G.Lawrence, A.Sigfrid, J.Kerrigan

2. Description

Aim:
By the end of the pilot (April 2025), reduce the number of autistic in-patients unsuitably placed outside the Kent and Medway geographical location by 25% and reduce the number of all autistic in-patients by 10% through a comprehensive review and resettlement program that includes clinical reviews of every patient and quality review of every provider.

24/25 System Objectives:
- To reduce the OOA cohort by 25% and the entire cohort by 10% by the end of the 12-month pilot
- To reduce the unsuitable admission of Autistic people
- To reduce the length of stay for Autistic people admitted to mental health in-patient settings
- To realise any identified savings and reinvest them into community services.
- Support Autistic people to access mental health services

Currently resource:
For the project trial to succeed, three additional roles (the complex care coordinator for autistic people) The three additional roles have been recruited and they all commenced the secondment

Key Interdependencies:
- The trial's success depends on working collaboratively and transparently with all system partners to achieve the objectives set out. Communication is key.
- The re-procurement of a lead provider to develop and deliver a Kent and Medway Neurodevelopmental pathway during early 2025
- The Kent and Medway Dynamic Support System continues to flag and track autistic people with escalating needs

3. Timeline and key milestones

Lead	Milestone/ Target Description	Date	RAG
AS	Cohort complete and 50% of reviews undertaken	Jul 24	Complete
AS	100% of reviews undertaken and discharge plans completed	Sep 24	Complete
AS	5% of cohort either stepped down or EDD in next 3 months	Dec 24	On Track
AS	10% of cohort stepped down or EDD established.	Mar 25	On Track

4. Key Risks

Risk	Consequence	Likelihood	PRE-MITIGATING SCORING	Mitigating Action	Consequence	Likelihood	POST-MITIGATING SCORING
IF the Kent and Medway Dynamic Support System do not maintain communication with all system partners as well as ensuring that the project team are kept informed of newly identified autistic people in inpatient settings THEN the team cannot review, the autistic person's needs, review the placement provider, support the planning for discharge RESULTING IN a further increase of autistic people potentially unsuitably placed in inpatient settings	5	4	20	The Deputy Director for Learning Disability and Autism in the ICB is part of the project team and joins all project planning/ review meetings providing a link between the trial team and dynamic support system. The trial team manager is also now part of the Dynamic support forum meetings, which are crucial to success.	2	2	4
IF the project is unable to recruit and retain the desired number of complex care coordinators THEN there may not be enough capacity during the planned trial period to review the autistic people's needs, review the placement provider, and support the planning for discharge RESULTING IN autistic people who might be ready to be discharged or are receiving poor quality care to remain inpatient and/or remain poor quality care	4	3	12	The RRT manager will continue to repost job advertisements as it is known from the RRT's previous setup trial for MH that it can take several rounds of recruitment to fill team posts	3	2	6
IF the trial project cannot evidence its effectiveness in assuring that autistic people are receiving good quality inpatient care and or can be supported to be successfully discharged THEN the commissioner of the trial will not have any evidence to support future developments RESULTING IN an end to the trial without becoming BAU	4	5	20	The collection of evidence re: the effectiveness is being collected from the trial start is being shared with commissioners regularly and will be shared as part	2	2	4
IF the Community Mental Health Framework transformation is not fully embedded across Kent and Medway THEN the CMH teams will not be in a position to ensure the smooth transition of patients from their inpatient setting RESULTING IN delayed transfers of care, inappropriate placements and poor patient experience	4	5	20	The RRT manager and Complex Co-Ordinator will ensure that community Mental Health processes and procedures are in place and will work with CMH to ensure a smooth transition upon step down/discharge	2	2	4

5. Impact Assessment

Impact Assessment	RAG	Date completed	Date approved	Review date	Key issues raised (if applicable)
Quality Impact Assessment		23/4/24	7/5/24	23/4/24	
Equality Impact Assessment		30/10/23	28/11/23	30/10/24	
Privacy Impact Assessment		30/4/24			

6. Activity Assumptions

The caseload has now be collated and agreed. All patients have been prioritised with this placed in Out of Area providers given the highest priority. It is important to realise that activity can only be measured against those patients that are commissioned by Kent and Medway ICB and where provision of care is their responsibility and not the Provider Collaborative nor NHS England.
A report is being carried out monthly detailing the entire cohort and the elements within it so that senior management completely understand the scale of the project but simply and easily. It demonstrate performance against target, admissions, discharges, changes in diagnostic presentation, gatekeeping and monitoring length of stay.
In July 2024 the cohort was at 29 patients. Those patients who are receiving S117 aftercare or are the commissioning responsibility of NHS England or the Provider Collaborative have been removed. Recruitment is now complete and the team were fully staffed as of 8th July.

Project RAG

7. Financial Overview

Budget is monitored on a monthly basis and will be reported to the project group identifying surplus or shortfall. Over 11 discharges and more than £2 million of bed day cost savings achieved.

8. Route to Market

N/A

9. Non Financial Benefits and Quality Metrics

- Reducing or assuring the length of stay for treatment of a MH need
- Facilitating discharges of autistic people unsuitably placed in inpatient settings
- Gain assurance of the quality of placement providers that are out of area
- Autistic people experience and or report a better outcome for them
- Autistic people with escalating community needs are better support to prevent the need for inpatient admission for assessment and or treatment

10. Communication and Stakeholder Engagement

- A steering group including all system partners will be introduced to discuss and report the months activities and also any issues that arise from conducting reviews or where the Complex Care Co-ordinators have experienced issues with Providers.
- A full report of the months activities will be circulated to all stakeholders including the MHLDA PC, the ICB and KMPT, ensuring good governance is maintained.
- Stakeholder communication will be promoted by undertaking several sessions with teams in KMPT to explain the role of RRT and the processes that we have put in place. This also included a a session on "how to do an application to OATS panel". Link workers from CMHTs who are partnered with each Care coordinator from RRT are encouraged on a monthly basis to discuss any matters of concern.
- In Q2 of the project the neurodiversity directorate leads will be introduced to the Complex Care Coordinators.

9

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	28th November 2024
Title of Paper:	Kent and Medway NHS Strategy 2024/25 – 2029/30
Author:	Sheila Stenson, Chief Executive Officer
Executive Director:	Sheila Stenson, Chief Executive Officer

Purpose of Paper

Purpose:	Approval
Submission to Board:	Board requested

Overview of Paper

This paper sets out the first ever Kent and Medway NHS Strategy. NHS provider organisations, primary care and NHS Kent and Medway ICB have worked together to produce our NHS Strategy 2024/25-2029/30. This strategy is designed for us to work collaboratively to meet the health needs of our population and outlines our ambition and vision for NHS services in our system.

The strategy document describes the shared ambition, our strategic themes, goals and how we will work together in delivery to improve the health outcomes of our population. The strategy has four main pillars which are:

- Patient access, outcomes and experience
- People
- Sustainable services
- Financial sustainability

The NHS Strategy is attached to this cover sheet. The more detailed A3s that underpin the development of this strategy are available in the diligent reading room.

Issues to bring to the Board's attention

It is important to note that this strategy does not replace our organisational strategies, nor does it seek to replicate the work of provider collaboratives (PCs) or health and care partnerships (HCPs).

Governance

Implications/Impact:	N/A
Assurance:	Reasonable
Oversight:	Provider and ICB Board

1

NHS

Kent and Medway NHS Strategy 2024/25 – 2029/30

Version 9.1
8 October 2024

Contents

Foreword

> **Responsive, sustainable healthcare with equity of access and outstanding patient experience and outcomes for everyone in Kent and Medway.**

This is our shared ambition for the NHS system in Kent and Medway.

The NHS in Kent and Medway provides healthcare services to our 2 million population. In 2023/24, we offered almost 11 million GP appointments, provided day case and inpatient surgery for 189,000 people, and supported over 18,000 births. We are proud of the care that we provide but recognise that we do not always get it right.

We are clear that we need to work together and differently. While we provide excellent healthcare across Kent and Medway, there is variation in access, experience and outcomes for patients. We cannot meet existing demand, and this will grow in future years. Our services are not sustainable. We also increasingly spend more than we receive.

These challenges cannot be overcome by sovereign organisations working separately. Acting together, Primary Care, NHS providers and NHS Kent and Medway ICB have produced this strategy. We have used data and feedback from our patients, the public and our stakeholders to identify four strategic themes.

This strategy will guide our way to equitable, sustainable and responsive healthcare.

Paul Bentley
NHS Kent and Medway, the Integrated Care Board

Mairead McCormick
Kent Community Health NHS Foundation Trust;
Chair of Primary & Community Provider Collaborative; SRO for East Kent Health & Care Partnership

Jayne Black
Medway NHS Foundation Trust; Chair of Acute Care Provider Collaborative

Miles Scott
Maidstone and Tunbridge Wells NHS Trust; SRO for West Kent Health & Care Partnership

Dr Jonathan Bryant
GP Partner Member, NHS Kent and Medway

Sheila Stenson
Kent and Medway NHS and Social Care Partnership Trust; SRO for Provider Collaboratives and Chair of Mental Health, Learning Disabilities & Autism Provider Collaborative

Tracey Fletcher
East Kent Hospitals University NHS Foundation Trust

Jonathan Wade
Dartford and Gravesham NHS Trust; SRO for Dartford, Gravesham and Swanley Health & Care Partnership

Page 3 of 13

Executive Summary

In each of our strategic themes we will achieve:
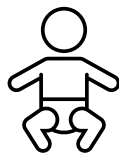
	Our Vision	Year One
Patient experience, access and outcomes	Patients in Kent and Medway will experience good, comparable outcomes, irrespective of where they live or what their background is. They will be partners with the NHS in their healthcare and we will support them with high quality, timely and accessible services.	Reduce variation in access to circulatory disease pathways, particularly for vulnerable groups. Focus on Making Every Contact Count.

Page 4 of 13

People	We will have a skilled, healthy, engaged, productive and affordable workforce who are reflective of our local population that can meet the operating model and patient need. We will develop the right workforce for the long-term Kent and Medway model through workforce planning, enabling digital and by working as a single NHS team across the area, including primary care. Staff will move easily between organisations feeling safe and valued. Our workforce will be digitally capable, aided by common systems across our organisations and always seeking to use technology to free time to care.	Design an affordable system workforce plan which supports the needs of the clinical operating model. Develop our Health and Care Academy and work with our local medical school to develop our future workforce. Focus on the digital ability of our workforce.
Sustainable Services	We will provide sustainable, resilient healthcare that allows people to live, age and die well. We will empower people to self-manage where they can and deliver timely proactive services enabling care at home for our older population.	Focus on identifying vulnerable people who have the greatest need for unplanned care using risk stratification at local level. Each of these people will have a comprehensive assessment and tailored plan for their care in an emergency.
Financial Sustainability	We will have a financially sustainable system with sector-leading levels of productivity. Services will be supported by adequate resources, and funds will be directed towards their intended purpose and be able to support the other strategic themes. The approach to this will be developed in alignment with the themes of the Darzi review most applicable to financial recovery: re-engage staff and patients, shift care closer to home in a neighbourhood NHS, drive productivity and tilt towards technology. We will create a financial environment that enables future investment, both revenue and capital, in prevention and service provision.	Deliver year one of our agreed Financial Recovery Programme.

Page 5 of 13

Where are we now?

About us – key facts

2 million people	Over **40,000** people working in the NHS	**6** NHS provider trusts and **1** integrated care board
11 million appointments in GP surgeries, **2.1 million** outpatient appointments	**164,000** day case and **25,000** inpatient surgeries	**Over 18,000** births
Over **£4.2** billion spent in 2023/24	**4** Health and Care Partnerships	**3** provider collaboratives
Over **2,000** mental health service users are treated in hospitals, and **54,000** in the community	**325** pharmacies, offering more than just prescriptions	Over **2.2 million** community care contacts
407 dental practices, **800,000** patients treated	**149** optometrists	**185** GP practices in **42** primary care networks

Page 6 of 13

Why we need to work differently together

Some of our key challenges now and into the future are:

Spending £250million a year more than we have; we are £100million 'overfunded'.

Highest prevalence of frailty in over 50s in the south east.

14.9% of children & young people in Kent & Medway have depression, the highest rate in the south east.

£500million estate maintenance backlog. Large parts of estate and infrastructure not fit for 21st century effective healthcare.

Digital innovation is challenging to embed and scale.

Variability in staff experience and performance. High vacancies in primary care.

Circulatory diseases, cancer and dementia are the leading causes of poor quality of life and death in the Kent and Medway.

Demand is greater than capacity and long waiting times impact outcomes. By 2030, we will need 1.7million more GP appointments and acute demand will increase by 19 per cent for those aged over 65.

Patient experience is inconsistent and inequitable. Not everyone can get primary care appointments when they need them.

In five years, 70 more older people will be presenting to EDs every day and 30 more will be admitted to acute beds. The 85+ year age group is growing at the fastest rate.

Significant health inequalities, particularly in coastal areas – 12-year lifespan gap.

NHS

Where do we want to get to?

Almost all our patients will start a healthcare journey with an appointment in primary care, whether that's general practice, dentistry, pharmacy or optometry. For the overwhelming majority, there will be no need to go anywhere else. As the NHS changes to meet future challenges, more conditions will be treated in primary care or the community.

Our strategy is focused on improving the health outcomes of our population and shifting care from hospitals to primary and community care. This will require changes in our services, our workforce and how our funding flows. For each of our strategic themes this document describes our vision, our goals and how we plan to reach these.

Theme 1: Patient Experience, Access and Outcomes

Vision	Goals
Patients in Kent and Medway will experience good, comparable outcomes, irrespective of where they live or what their background is. They will be partners with the NHS in their healthcare and we will support them with high quality, timely and accessible services.	To reduce unwarranted variation against national measures, and within Kent and Medway, of: • patient outcomes • patient experience • patient access

Across Kent and Medway some people have a lower life expectancy; some wait longer than others; some receive poorer care; and for some their experience is poor. We will work together to reduce waiting times and raise outcomes to match the best in the region. We will initially focus on circulatory disease, which in Kent and Medway is increasing at a faster rate than the national average and is a leading cause of the life expectancy gap.

From primary care to referral to very specialist centres, all parts of the NHS play a critical role in the diagnosis and management of circulatory disease.

We will focus on circulatory disease because:

- It is the leading cause of the life expectancy gap in the South-East Region, and Kent and Medway has a higher prevalence of key risk factors than the national average.
- We can be better at every level of the health service from GP to specialist.
- Risk factors and access issues are similar for other health conditions, which will increase our impact.

We will: improve diagnosis rates, reduce admission rates, improve disease management, and work with patients to co-design our approach across public health, primary, community and acute care.

Theme 2: People

Vision	Goals
We will have a skilled, healthy, engaged, productive and affordable workforce who are reflective of our local population that can meet the operating model and patient need. We will develop the right workforce for the long-term Kent and Medway model through workforce planning, enabling digital and by working as a single NHS team across the area, including primary care. Staff will move easily between organisations feeling safe and valued. Our workforce will be digitally capable, aided by common systems across our organisations and always seeking to use technology to free time to care.	• To be recognised as anti-discrimination employers. • To have an attraction and retention strategy that targets key roles, making them a career of choice. • To deliver the NHS workforce across the system within the agreed cost, improving workforce productivity and eliminating duplication. • To maximise training and development opportunities for a range of routes including apprenticeships and through our Health and Care Academy. • To develop a shared workforce that supports new operating models, including a shift to primary and community care. • To realise a year-on-year improvement in the levels of staff engagement, staff survey results and inclusivity.

Our people, leadership and organisations work in silos. People often have different experiences of work and inequity of opportunity. This is particularly true for colleagues with protected characteristics. There is variation across Kent and Medway in the availability of some skills, leading to unsustainable services. The current workforce model is unaffordable and therefore we need a smaller workforce with more targeted skills.

We will plan for a workforce that is affordable. To do this, we will make the NHS a career of choice in Kent and Medway where a shared workforce targets particular skills. We will reduce duplication and improve productivity while training and developing our staff for the roles of the future. This will include increasing our digital capabilities and needing more staff in primary and community care, and fewer in secondary care.

Our national staff survey and quarterly pulse survey results will provide us with the measurements we need to target changes and track our improvements. We will focus on improving staff engagement, promoting a good work life balance and being an anti-discrimination system.

In the first year of our strategy, we will design an affordable system workforce plan, which supports priorities identified through the 'Patient, Access and Outcomes', 'Sustainable Services' and 'Finance and Resources' themes.

Theme 3: Sustainable Services

Vision	Goals
We will provide sustainable, resilient healthcare that allows people to live, age and die well. We will empower people to self-manage where they can and deliver timely proactive services enabling care at home for our older population.	We will make services sustainable by: • Promoting self-care which is digital-first and supported by integrated neighbourhood teams or wider multidisciplinary teams in primary care and communities. Focusing on optimal care for long term conditions. • Supporting children's mental wellbeing • Only admitting to hospital people whose needs cannot be met elsewhere and who we will discharge as soon as they could be treated somewhere else. • Co-ordinating clinical pathways across providers, removing duplication of clinical activity and allowing more patients to be seen quicker and less often. • Having a shared responsibility to plan for the end of life that allows people to die with dignity and comfort in their preferred place of death. • Working with the 'Financial Sustainability' theme to ensure our changes make financial sustainability possible.

The way we currently work does not meet demand, now or into the future. The population of Kent and Medway is increasing, with the over 85year age group growing at the fastest rate. Frailty, dementia, ageing well and long-term conditions are the areas with greatest demand on our services. 56% of the population registered with a GP has at least one long-term condition, which is the highest across the South-East Region.

We will provide sustainable services by promoting self-care and using digital technologies. We will focus on optimal management of long term conditions, working with people to prevent deterioration of health equitably, informed by Core20PLUS5. We will only admit to hospital people whose needs cannot be met elsewhere, and we will discharge them as soon as they could be treated somewhere else. Across our services we will seek to reduce the duplication we know exists.

Our key areas of focus will be: children who are obese, children's mental wellbeing; self-management and secondary prevention for people with long term conditions; keeping people that call 999 out of hospital; and maximising care in the community.

In the first year we will focus on identifying vulnerable people who have the greatest need for unplanned care using risk stratification at local level. Each of these people will have a comprehensive assessment and tailored plan for their care in an emergency.

Page 10 of 13

Theme 4: Financial Sustainability

Vision	Goals
We will have a financially sustainable system with sector-leading levels of productivity. Services will be supported by adequate resources, and funds will be directed towards their intended purpose and be able to support the other strategic themes. The approach to this will be developed in alignment with the themes of the Darzi review most applicable to financial recovery: re-engage staff and patients, shift care closer to home in a neighbourhood NHS, drive productivity and tilt towards technology. We will create a financial environment that enables future investment, both revenue and capital, in prevention and service provision.	• The system and all partners are in recurrent financial balance, having reduced the cost base by £300million, creating headroom to invest in prevention and service transformation (including strategic capital investment) • Improved productivity across all services, including the reduction in waste and duplication not just doing more for the same cost. • Equitable services that all improve outcomes. • An engaged population that take personal responsibility for health prevention and self management of long term conditions, reducing health service interventions and treatments • A digitally enabled and transformed effective operating model that supports a system-wide recurrent balance whilst improving quality and operational performance. • Early prevention and intervention to reduce reactive and resource-intensive health interventions. • Integrated commissioning with Local Authorities to reduce overall health and care costs.

Despite ambitious efficiency plans, we continue to spend more money than we have available, and the position is deteriorating. In addition, the current operating model doesn't achieve equitable access, outcomes and experience, resulting in health inequalities and poor workforce morale.

We will change our operating model to focus on value, prevention and empowering the population to manage their own health. By improving our productivity and reducing late, reactive and resource-intensive health interventions, we will bring our NHS system into financial balance and reduce the cost base.

In the next year we will: identify 75% of our Cost Improvement Plans for 2025/26 before the end of 2024, review the viability of our least value-adding services by March 2025 and ensure wherever services are available patients are treated in Kent and Medway rather than other areas, review how we provide back-office services, develop plans for a secondary care estate supported by a plan to prioritise delivery of care out of hospital and deliver our environmental sustainability targets, review our approach to interoperability for our electronic patient records, and work with the 'Sustainable services' theme to identify how a shift in funding from acute to primary, community and preventative care, along with the above plans, achieves financial sustainability.

Page 11 of 13

How will we get there?

We recognise and welcome the role of the sovereign organisations in all parts of our NHS system. This strategy is focused on the additional effort that we can collectively achieve to go further and faster in tackling our shared challenges and meet the health needs of our population.

To deliver our strategy we will:

- recognise the value in our organisations and NHS system, using existing governance arrangements, rather than creating additional layers. For example, our Health and Care Partnerships, Provider Collaboratives and transformation programme boards such as Urgent and Emergency Care, Elective, Diagnostics etc.

- use our current Chief Executives' Group as an overarching Programme Board.

- continue to look to our Chief Executive Senior Reponsible Officers (SRO) to lead the implementation of our plans in each theme.

- resource a programme management office to co-ordinate planning and deliver a standardised process for reporting against delivery

We have taken a continuous improvement approach to the development of this strategy and will continue to use improvement tools in the delivery. But improvement does not stop there. We need to be a self-improving system. A system that learns from what works well and shares that rapidly and widely, as well as a system that learns from what does not work well to adapt and try again.

We will use an agreed set of principles and behaviours to support our work which will align with NHS Impact best practice.

Page 12 of 13

Appendices

Strategic theme A3s and enabler proposals

The following appendices are the outputs of the continuous improvement methodology we have used to co-produce our strategy. They have been developed and approved by the SROs and the executive teams dedicated to each strategic theme and enabler. As we develop our countermeasures, or implementation plans, they will remain live documents which we will share with each other regularly to achieve the aims of our strategy.

Page 13 of 13

TRUST BOARD MEETING – PUBLIC

Meeting details

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

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Standing Order

Overview of Paper

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

Issues to bring to the Board's attention

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

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

Governance

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

Integrated Quality & Performance Report
(IQPR)
November 2024

Contents

2

1. Chief Executive Overview

This report highlights trust performance, focussing on areas of concern, improving performance and where continued focus is required to ensure we improve at pace. My six priorities set out clearly our areas of focus, the 3 areas of particular focus for this month are mental health together, dementia and patient flow as we enter into the winter period.

Mental Health Together

We are now routinely capturing the baseline outcome measure for Mental Health Together (MHT) patients, which is informing us clinically of the main factors contributing to our patient's poor mental health. We have been reviewing demand in the last month against the original forecast capacity and demand model to understand what is driving some of the longer waits. The initial work has identified that demand is at least 15% higher than comparable levels across KMPT and partner organisations prior to the MHT implementation. Sadly, this is leading to a significant waiting list, it is important to note that this waiting list is against the new national measure which requires patients to commence intervention within four weeks. Of the 6,000 patients waiting for the clock to stop as at mid November, 3,069 (51%) have received an initial contact with 75% of these having successfully received an initial outcome measure at their appointment. It is recognised that nationally, reducing thresholds into services has also had an impact on people being accepted for a mental health together social intervention or treatment. A breakdown of waiting lists as at 19th November by locality can be found on page 22 of this report.

Immediate actions being taken to reduce our waiting times include:

- Increased resources (always part of the original roll out model) for our partner organisations
- The recruitment of five assistant psychologists in each locality (35 in total) to deliver initial meetings, dialog+ and initial interventions
- Overtime utilising existing staff.

These immediate actions aim to significantly reduce waiting list in the first quarter of 2025, a trajectory is in place (shown below) which will be monitored via existing governance processes for the MHT programme.

3

Estimated Patients awaiting Initial Meeting & Dialog+
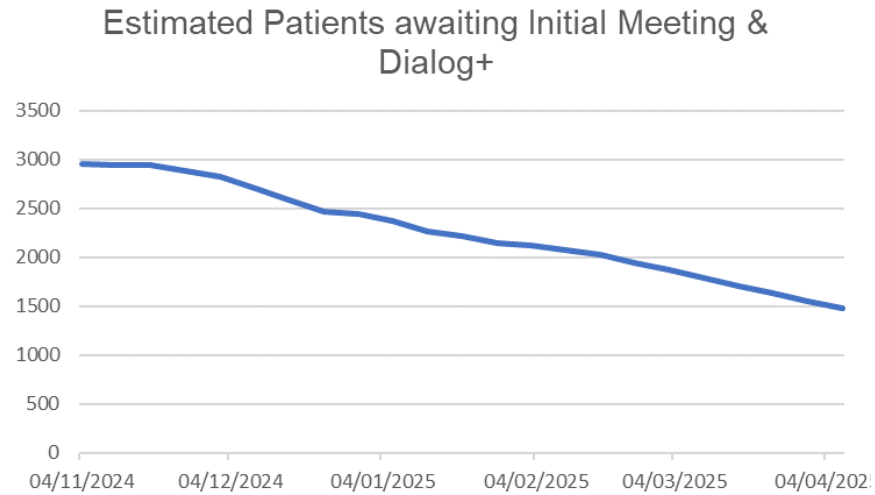
Mental Health Together Plus is currently being implemented across all localities in November and December, these teams will replace the historic CMHT and CMHSOP teams.

Patient flow

Managing flow has become increasingly difficult in recent months with bed occupancy and the use of non-contracted external beds at the highest position during the year. There is a robust programme in place with five workstreams under two pillars:

- Pillar one is Readmissions which will address Avoidable Readmissions and supporting High-intensity Users in the community with an enhanced offer rather than an admission.
- Pillar two focusses on Clinically Ready for Discharge via workstreams covering Purposeful Admission, Red 2 Green and Transfer of Care Hub.

We undertook a clinically led review of readmissions over the summer which resulted in a correction to our methodology which is included in the report for the first time. The measure now reflects all readmissions as opposed to the previous measure of unplanned readmissions only. An audit is underway to review all readmissions as part of the programme and a review of admissions codes has commenced. This work will enable us to have a clean data set of true re-admissions.to enable us to tackle the underlying problem.

4

Other key tasks underway include the Purposeful Admission protocol in development for completion by Dec 24 which will be followed by robustly embedding this protocol into services so that we are only admitting patients where a clear purpose for admission is identified. Also, a revised and enhanced Red 2 Green roll out will embed processes in our wards commencing 2nd December.

12 hour wait in A&E

We will be implementing new 12 hour wait measures for Emergency Liaison Services. In the future, we will measure the time spent in an A&E from the point of the Liaison Referral and the time it takes to admit a patient to a mental health bed. These two measures better align with mandatory A&E reporting into NHS England from Acute Trusts and will better serve the system to manage mental health patient flow across the system. This measure will be included within the IQPR from February next year. Whilst we are in the processes of amending systems to accommodate these new measures we will continue to report using Acute data.   Whilst not a direct comparison for our liaison services we are able to utilise published A&E attendance data to help us better understand the current position. In September there were approximately 210 presentations at A&E with a primary diagnosis of Mental Health per week which equates to 1.3% of all A&E attendances. Approximately 50% are conveyed by ambulance and 10% result in an admission to the acute trust beds. Over the last 12 months the average time in department for MH presentations is 10.5 hours compared to an A&E average of approximately 5 hours.

Dementia

The new Memory Assessment Service (MAS) service is now live in all localities, which will allow the implementation of standardised processes. Following a monthly high of 642 diagnosis being recorded in July, compared to 195 in April, there has been a reduction to an average of 365 in the subsequent three months. Weekly reporting is in place to the executive team on progress.

The focus now has turned to reducing variation across the teams and ensuring that every patient receives the same standard of care. There are four areas of focus as we move forward.

- Medical engagement and leadership and staff buy-in to the new model
- Data quality and dashboard to support to manage the service effectively
- Review the triage process
- Review standards of practice and reduce variation

5

Diversifying the workforce to ensure that a wider range of staff with appropriate capabilities are able to support memory assessments in a key part of phase 2. Phase 3 of the programme is focussed on the system model for dementia, work is progressing as part of the system provider collaboratives. .

Further areas I'd like to note;

- Clinical appointments resulting in Did Not Attends (DNAs) have been steadily increasing in recent months. A deep dive analysis identified a wide range of factors that impact DNA's. There is a DNA policy review group that has commenced which will look at service specific approaches alongside the overarching policy. In additional there is a workstream within the Getting the Basics Right programme which will target DNAs through an A3 approach, initial work to build our understanding of the 'current state' is underway to identify any potential trends impacting DNA's. The work also will aim to understand admin processes for booking and responses to DNAs/cancellations. At the same time, we are reviewing our practice in relation to SMS appointment reminders and letters.

- On a positive note, there are some areas of performance to be celebrated. Firstly, ongoing achievement of targets for those presenting in crisis within 4 hours and those requiring triage by liaison teams.
- Secondly our vacancy gap continues to be below the target we have set ourselves and we are seeing continued progress in recruitment. Importantly our leave rate (voluntary) is passing our target, which is an encouraging sign linked to all the culture work we are undertaking across the organisation.

6

2. Report Guide

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

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

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

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

7

3. Integrated Quality and Performance Summary

Variation Summary (where targets exist)

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

		Assurance		
		(P) Variation indicates consistently (P)assing the target.	(?) Variation indicates inconsistently passing and falling short of the target.	(F) Variation indicated consistently (F)alling short of the target.
Variation	(H)(L) Special cause of improving nature of lower pressure due to (H)igher or (L)ower values.	3.1.02: Vacancy Gap - Overall 3.1.05: Leaver Rate (Voluntary) 3.1.06: Safer staffing fill rates	1.3.01: Mental Health Scores from Friends And Family Test – % Positive	1.1.14: Care spell start to Assessment within 6 weeks (MAS only)
	Common cause – no significant change.	3.1.03: Essential Training For Role	1.1.07: People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral 1.1.13: Care spell start to Assessment within 4 weeks (Excl. MAS) 1.2.01: Average Length Of Stay (Younger Adults Acute) 1.2.02: Average Length Of Stay (Older Adults - Acute) 1.3.08: Complaints acknowledged within 3 days (or agreed timeframe) 1.4.04: Restrictive Practice - No. Of Prone Incidents 2.1.06: Ave LoS for Clinically Ready for Discharge (at discharge) 3.1.01: Staff Sickness – Overall 4.1.07: Agency spend as a % of the trust total pay bill	1.1.15: Care spell start to Treatment within 18 weeks 1.4.05: Decrease Violence and aggression on our wards 2.1.04: Clinically Ready for Discharge: YA Acute
	(H)(L) Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	3.1.07: Increase percentage of BAME staff in roles at band 7 and above	1.2.06: Readmissions within 30 days (YA & OP Acute) 1.2.11: % Patients with a CPA Care Plan which is Distributed to Client 1.3.09: Complaints responded to within 25 days (or agreed timeframe)	1.2.10: %Patients with a CPA Care Plan 1.2.12: %Patients with Non CPA Care Plans or Personal Support Plans 2.1.05: Clinically Ready for Discharge: OP Acute 4.1.01: Bed Occupancy (Net)

8

Variation Summary (No targets)

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

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

(The left label "Variation" spans all rows)

9

4. Trust Wide Integrated Quality and Performance Dashboard

People We Care For: Access

Measure Name	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
1.1.01: Open Access Crisis Line: Calls received		5,473	5,380	5,842	4,737	4,900	3,604	3,258	3,022	3,640	3,415	3,607	3,509
1.1.02: Open Access Crisis Line: Abandonment Rate (%)		44.9%	43.7%	42.3%	39.5%	42.3%	37.1%	34.1%	25.0%	28.1%	22.5%	23.2%	24.1%
1.1.03: Assess people in crisis within 4 hours		75.3%	75.7%	71.4%	76.0%	66.5%	75.8%	70.5%	83.8%	76.0%	76.5%	86.6%	90.7%
1.1.04: People presenting to Liaison Services: triaged within 1 hour		0.2%	2.3%	4.4%	5.2%	9.9%	30.1%	46.0%	58.4%	69.5%	77.4%	81.1%	81.5%
1.1.05: People presenting to Liaison Services: admitted to a psychiatric bed within 12 hours where required				0.0%	0.0%	1.4%	1.6%	1.1%	0.0%	1.4%	0.0%	0.0%	2.7%
1.1.06: Place of Safety LoS: % under 36 hours		76.7%	78.6%	50.0%	56.0%	40.5%	60.5%	57.8%	74.5%	69.8%	79.7%	61.7%	56.0%
1.1.07: People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60.0%	64.7%	94.1%	71.4%	61.5%	66.7%	53.3%	76.5%	100.0%	61.1%	60.0%	61.9%	59.1%
1.1.08: % of people referred for a dementia assessment diagnosed within 6 weeks		15.5%	9.7%	4.6%	6.2%	7.5%	7.7%	8.8%	25.5%	11.1%	16.9%	14.5%	18.3%
1.1.09: % MHLD referrals commencing treatment in 18 weeks		73.6%	60.0%	80.0%	67.7%	84.2%	62.5%	78.6%	79.3%	67.7%	78.1%	75.0%	72.1%
1.1.10: Perinatal assessments (against annual target)	2,103	163	118	145	139	113	485	138	157	160	114	127	155
1.1.13: Care spell start to Assessment within 4 weeks (Excl. MAS)	75.0%	63.7%	57.6%	54.5%	72.5%	72.5%	71.5%	71.0%	52.3%	58.9%	60.2%	50.8%	59.4%
1.1.14: Care spell start to Assessment within 6 weeks (MAS only)	75.0%	37.0%	34.4%	29.2%	37.9%	41.1%	41.7%	43.3%	47.2%	46.2%	45.5%	41.7%	47.6%
1.1.15: Care spell start to Treatment within 18 weeks	95.0%	75.2%	74.4%	73.2%	75.5%	77.8%	74.1%	72.2%	67.5%	66.8%	70.3%	68.2%	70.5%

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

10

Areas of Improvement & Sustained Achievement of Target

1.1.02: Open Access Crisis Line: Abandonment Rate (%)
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
	24.1%	44.8%	34.5%	24.2%		
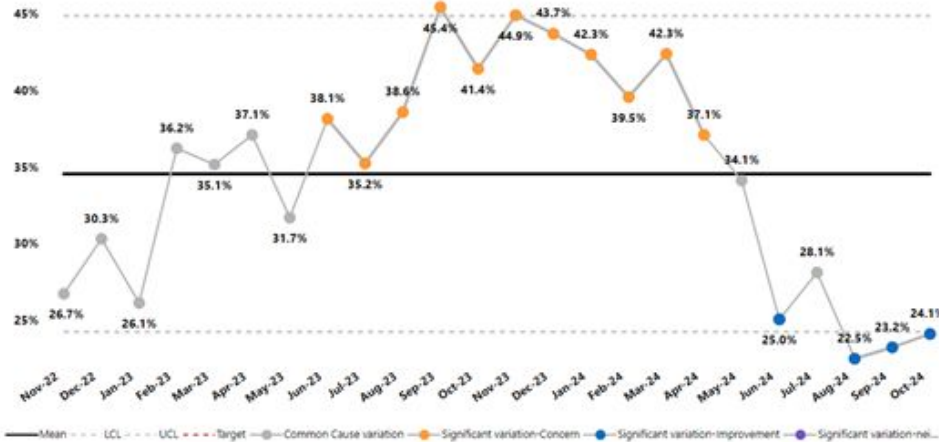
Data Source
8 by 8

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

Data Quality Confidence
No known Issues.

What is the data telling us?
There has been a significant improvement in the previous five months, this corresponds with an approximate 30% reduction in total call volumes compared to 2023/24 levels.

1.1.03: Assess people in crisis within 4 hours
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
	90.7%	96.8%	63.1%	29.5%		
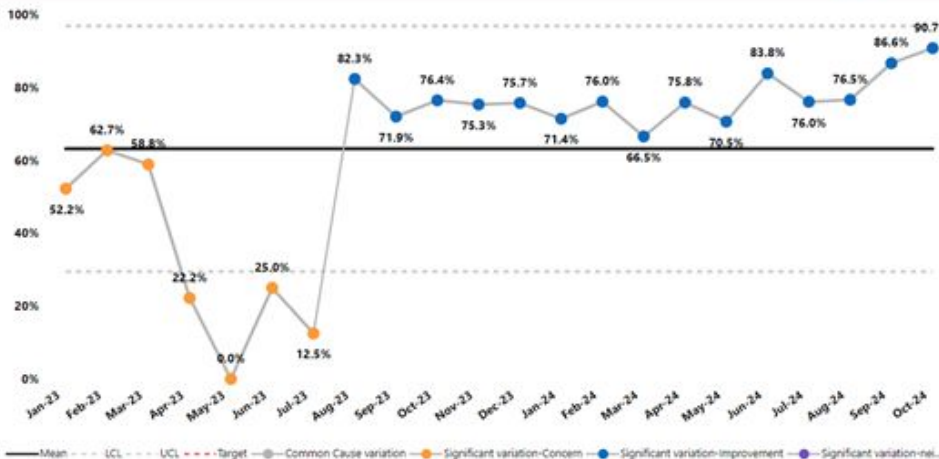
Data Source
Rio

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

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

What is the data telling us?
Overall trust activity for this measure reflects 200 crisis assessments in month. West Kent remains an outlier at 80.7% in October compared 93.9% and 94.9% in East Kent and North Kent respectively. Performance in West Kent is affected by referrals to the Home Treatment Team being incorrectly coded as "emergency" and therefore driving down the RTT response compliance. The directorate are implementing routine validation processes to reduce the possibility going forward.

11

1.1.04: People presenting to Liaison Services: triaged within 1 hour
SPC Chart: Trust Wide

	Target	Actual	UCL	Mean	LCL	Variation	Assurance
		81.5%	31.5%	21.2%	10.9%	🙂	
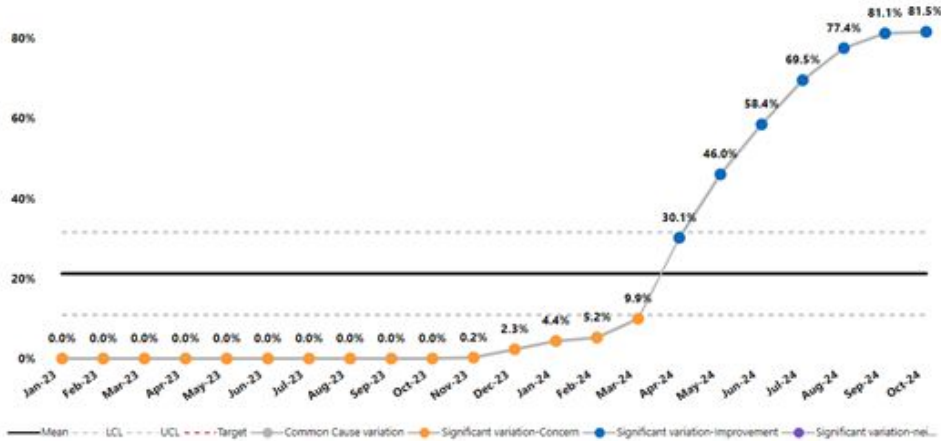
Data Source
Rio
What is being measured?
Time from referral to a 'triage' assessment within 1 hour.
Data Quality Confidence
A new code of 'Triage' was implemented to support a new model of care. This took some time to embed but increasingly reflecting a level of completeness in line with comparable historic data. Small variations continue to be investigated individually

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

1.1.08: % of people referred for a dementia assessment diagnosed within 6 weeks
SPC Chart: Trust Wide

	Target	Actual	UCL	Mean	LCL	Variation	Assurance
		18.3%	20.0%	10.3%	0.7%	🙂	
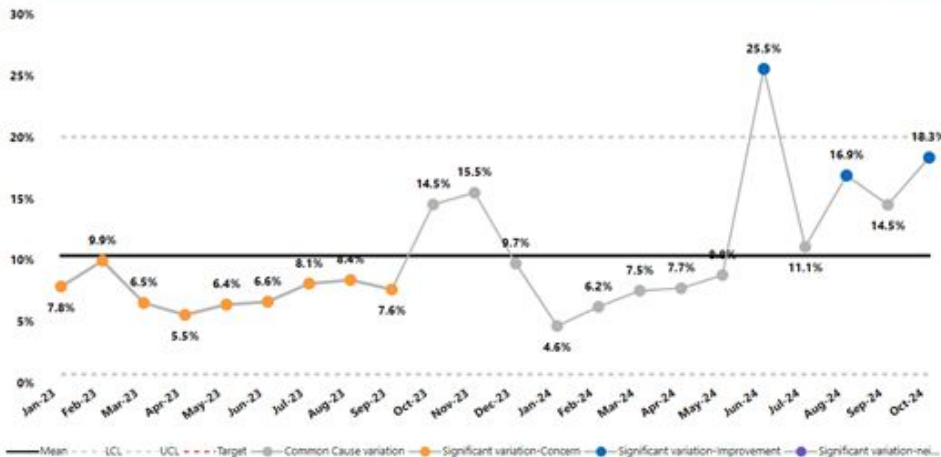
Data Source
Rio
What is being measured?
Time between a referral into the Memory Assessment Service and a confirmed diagnosis.
Data Quality Confidence
A confirmed diagnosis is not always recorded correctly on Rio, even though the diagnosis may have been confirmed with the patient and the GP via a letter.
What is the data telling us?
An improvement in the number of diagnosis recorded and % within 6 weeks is shown. 393 diagnosis were recorded in October, compared to a high of 642 in July. Wait times for diagnosis (where this was recorded) was on average 21.7 weeks in October, slightly below the year to date average of 22.7 weeks.

12

Areas of Concern

1.1.14: Care spell start to Assessment within 6 weeks (MAS only)
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
75.0%	47.6%	50.4%	38.7%	26.9%		
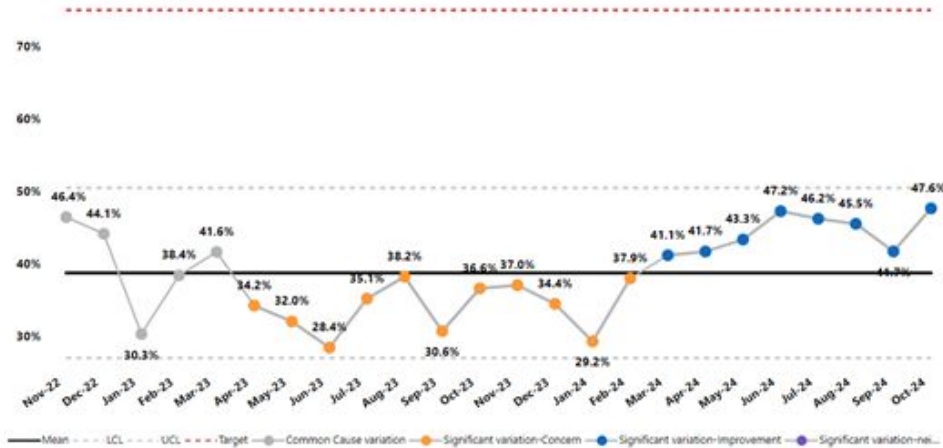
Data Source
Rio

What is being measured?
Time from referral to 1st contact (initial assessment). Excludes the new Memory Assessment Service pilot in South Kent Coast.
This measure provides additional assurance alongside the wait for diagnosis whilst DQ is improved but will be retired upon full roll out of MAS services in all localities

Data Quality Confidence
Due to the roll out of MAS services and commencement of MHT+ services the methodology and team inclusions requires review. Data currently reflects a reduce denominator

What is the data telling us?
On full implementation of MAS this indicator will be retired with focus on time to diagnosis.
As CMHSOP teams move into MHT+ ongoing data variation limits drawing any conclusions from this data

13

People We Care For: Care Delivery

Measure Name	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
1.2.01: Average Length Of Stay (Younger Adults Acute)	34.0	32.1	27.2	45.2	37.8	31.9	44.7	35.9	42.9	36.7	43.2	36.8	34.0
1.2.02: Average Length Of Stay (Older Adults - Acute)	77.0	107.9	80.7	95.8	80.8	96.5	107.4	81.2	97.9	101.1	79.8	83.6	85.8
1.2.03: Adult acute LoS over 60 days % of all discharges		10.3%	9.2%	16.3%	12.8%	10.8%	17.5%	11.9%	15.3%	15.5%	14.9%	12.9%	13.9%
1.2.04: Older adult acute LoS over 90 days % of all discharges		45.5%	34.8%	32.0%	34.6%	46.2%	38.7%	29.0%	34.8%	37.0%	44.4%	37.9%	42.3%
1.2.05: Patients receiving follow-up within 72 hours of discharge		78.1%	81.0%	79.7%	85.1%	88.9%	83.3%	81.6%	77.5%	85.6%	80.3%	84.8%	78.4%
1.2.06: Readmissions within 30 days (YA & OP Acute)	8.8%	11.7%	18.4%	6.3%	9.8%	13.1%	13.8%	11.0%	13.1%	10.4%	13.2%	12.7%	18.0%
1.2.07: Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		250	204	263	350	280	242	291	245	340	377	454	373
1.2.08: Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs) at period end		5	8	9	12	9	9	8	9	13	13	17	11
1.2.09: Dialog assessment completed in Community Service (MHT/CMHT/CMHSOP/EIS/Com.Rehab/Inpt.Rehab)		57	50	108	190	281	448	898	1,166	1,441	1,160	1,263	1,362
1.2.10: %Patients with a CPA Care Plan	95.0%	83.1%	81.0%	81.6%	83.3%	85.4%	86.4%	86.0%	87.8%	86.6%	85.6%	82.5%	80.6%
1.2.11: % Patients with a CPA Care Plan which is Distributed to Client	75.0%	79.2%	77.4%	77.1%	77.4%	75.6%	76.8%	75.2%	73.8%	73.7%	72.9%	72.3%	71.4%
1.2.12: %Patients with Non CPA Care Plans or Personal Support Plans	80.0%	73.3%	70.9%	69.8%	69.9%	68.6%	70.9%	68.8%	69.0%	67.0%	65.0%	64.0%	62.3%

Notes: *1.2.06 Readmissions within 30 days: Measure has been adjusted to reflect all readmissions as opposed to unplanned readmissions due to identified issue with recording of unplanned admission codes.*

1.2.07 & 1.2.08 Out of Area Placements – these figures include beds used for Females PICU under contracted beds due to the absence of female PICU beds in Kent and Medway. 373 bed days were used in October 2024, 154 were female PICU patients within contracted beds resulting in 219 out of area placements days as an accurate reflection of trust performance.

14

Areas of Improvement & Sustained Achievement of Target

1.2.09: Dialog assessment completed in Community Service (MHT/CMHT/CMHSOP/EIS/Com.Rehab/Inpt.Rehab)
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
1,362	647	387	128			
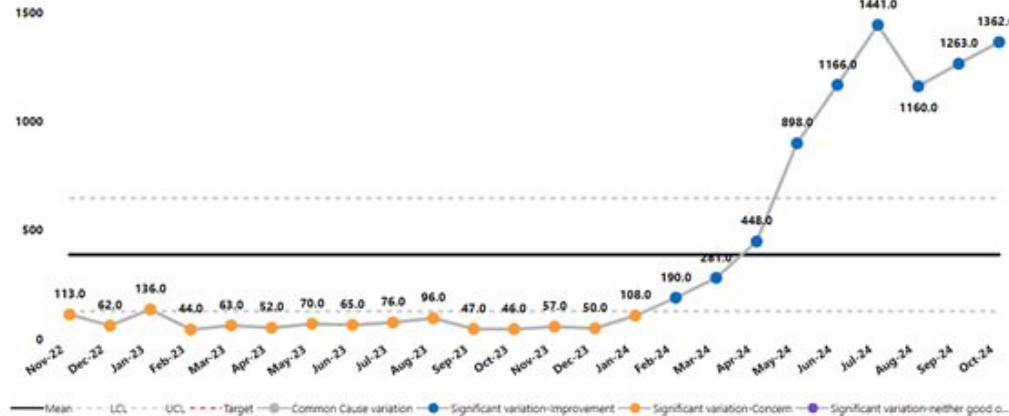
Data Source
Rio

What is being measured?
The number of Dialog+ assessments recorded on Rio for all community teams.

Data Quality Confidence
No known issues

What is the data telling us?
The ability to benchmark across teams is emerging now that MHT has been implemented in all localities.
A significant increase in the number of Dialog+ assessments across community team was observed up to July with August seeing a reduction across all three directorates. Subsequent months have shown a recovery towards previously observed levels.
Subsequent work is underway to monitor paired scores, insights into patient presentations and measurable improvements. These measures will become more robust as more Dialog+ roll out continues and more patients' complete interventions.

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

The current measure demonstrates in excess of 1,300 dialog assessments per month, this will allow increased analysis of paired scores once interventions have been completed.

15

Questions showing Average Scores for First and Last DIALOG
(Where a patient has a paired score recorded)
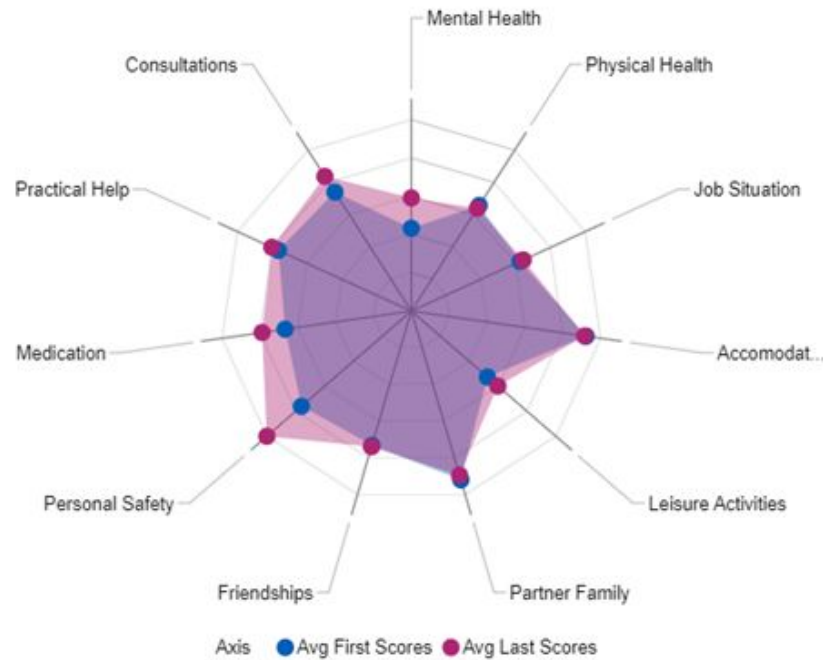
The results of each question in the radar chart above are displayed on a scale of 1 to 7

Questions showing numbers by outcome between First to Last DIALOG
(Where a patient has a paired score recorded)

	Improved	NoChange	Worsened
Mental Health	47.2%	37.7%	15.1%
Physical Health	20.8%	47.2%	32.1%
Job Situation	39.2%	35.3%	25.5%
Accomodation	24.5%	47.2%	28.3%
Leisure Activities	41.5%	32.1%	26.4%
Partner Family	30.2%	37.7%	32.1%
Friendships	28.3%	45.3%	26.4%
Personal Safety	56.9%	31.4%	11.8%
Medication	44.7%	36.2%	19.1%
Practical Help	31.4%	39.2%	29.4%
Consultations	45.3%	32.1%	22.6%
Total Score	62.3%		34.0%

16
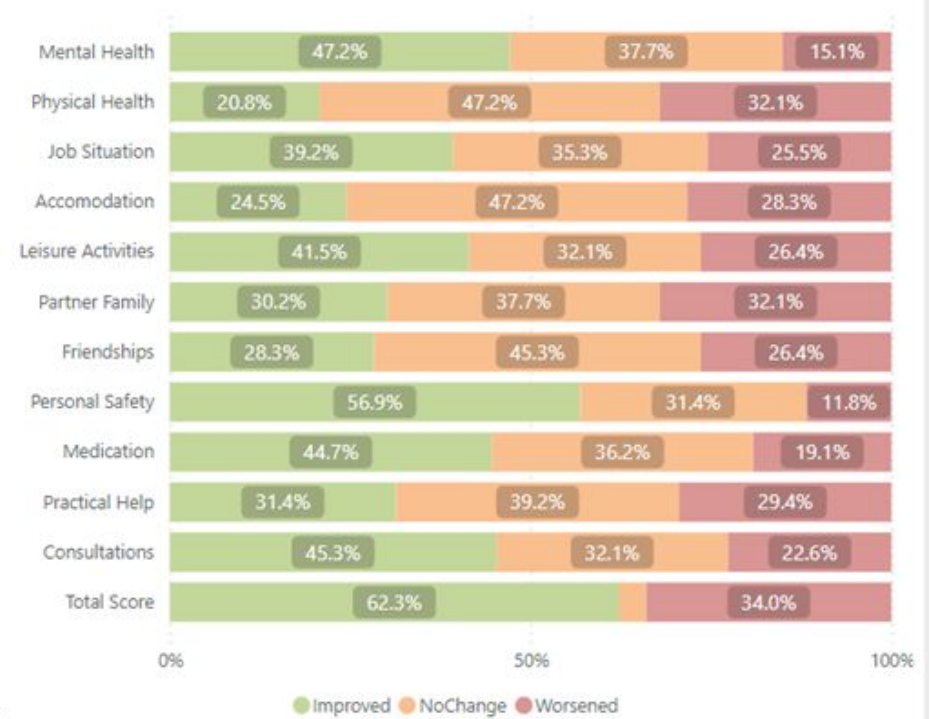
Areas of Concern

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

Target	Actual	UCL	Mean	LCL	Variation	Assurance
95.0%	80.6%	88.8%	85.0%	81.3%		
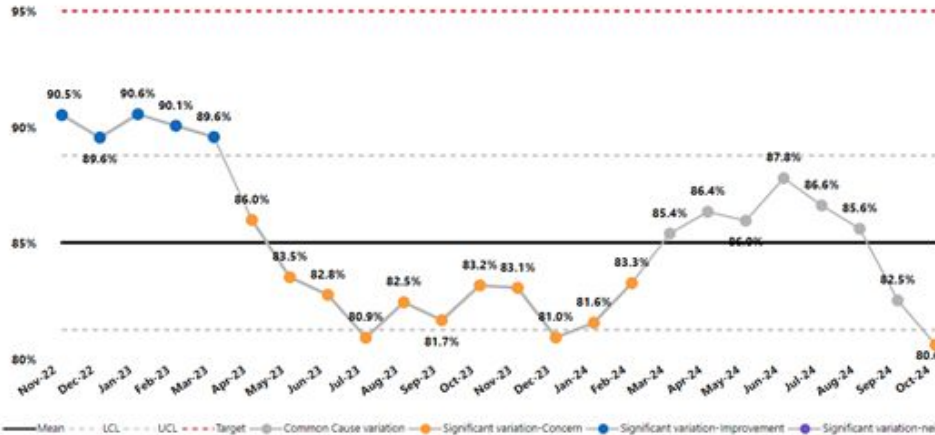
1.2.12: %Patients with Non CPA Care Plans or Personal Support Plans
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
80.0%	62.3%	72.4%	69.1%	65.7%		
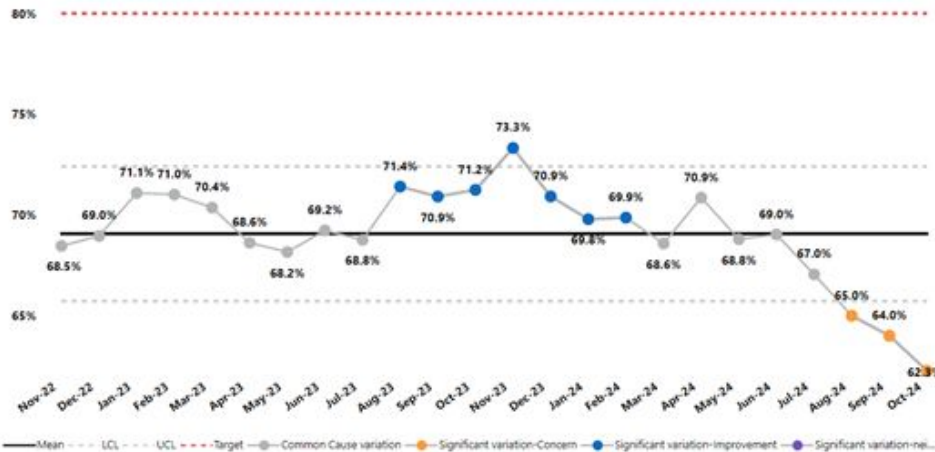
Data Source
Rio

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

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

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

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

What is the data telling us?
KMPT is consistently and significantly below targets set by ourselves and has been for the past 12 months for both measures.

Workstreams are underway to define future requirements for care planning.,.

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

People We Care For: Patient Experience

Measure Name	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
1.3.01: Mental Health Scores From Friends And Family Test – % Positive	86.0%	89.2%	87.4%	85.9%	86.5%	87.9%	87.6%	89.8%	89.4%	89.0%	89.5%	88.5%	88.8%
1.3.02: Complaints - actuals		48	27	44	44	35	42	43	40	46	56	38	37
1.3.03: Compliments - actuals		131	115	112	82	126	120	110	119	133	110	125	133
1.3.04: Compliments - per 10,000 contacts		38.5	41.2	30.6	24.9	39.3	35.8	32.3	37.1	37.9	34.8	37.4	35.9
1.3.05: Patient Reported Experience Measures (PREM): Response count		631	532	417	452	496	596	674	538	721	542	478	580
1.3.06: Patient Reported Experience Measure (PREM): Response rate		4.2	4.0	3.0	3.1	3.4	4.0	4.5	4.0	4.7	3.8	3.2	3.6
1.3.07: Patient Reported Experience Measure (PREM): Achieving Regularly %		8.6	8.5	8.3	8.1	8.5	8.4	8.4	8.5	8.5	8.5	8.2	8.5
1.3.08: Complaints acknowledged within 3 days (or agreed timeframe)	100%	95%	97%	98%	100%	99%	100%	99%	100%	97%	98%	100%	92%
1.3.09: Complaints responded to within 25 days (or agreed timeframe)	100%	79%	78%	87%	91%	100%	95%	96%	95%	95%	89%	79%	63%

18

Areas of Improvement & Sustained Achievement of Target

1.3.01: Mental Health Scores From Friends And Family Test – % Positive
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
86.0%	88.8%	91.2%	87.3%	83.4%		

Data Source
Gthr

What is being measured?
Feedback tool for people who use NHS services to 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.

Data Quality Confidence
No known issues

What is the data telling us?
The trust continues to perform above target overall, monthly variation exists between directorates with the Acute directorate patient group generating lower scores than the other directorates.

19

People We Care For: Safety

Measure Name	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
1.4.01: Occurrence Of Any Never Event	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4.02: All Deaths Reported And Suspected Suicide		159	173	162	154	150	160	144	127	144	97	144	131
1.4.03: Restrictive Practice - All Restraints		44	58	67	78	99	129	107	69	78	61	70	97
1.4.04: Restrictive Practice - No. Of Prone Incidents	0	0	2	3	5	10	23	1	5	2	4	6	6
1.4.05: Decrease violence and aggression on our wards	(7.5%)	(20.7%)	(7.1%)	11.6%	24.4%	19.9%	36.7%	29.6%	30.9%	55.4%	18.6%	1.2%	34.8%
1.4.06: Medication errors		106	57	55	40	50	30	49	53	60	43	49	25

Areas of Concern

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

20

Partners we work with

Measure Name	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
2.1.01: Referrals to MHT & MHT+ commence treatment within 4 weeks					100.0%	40.0%	32.6%	44.2%	30.9%	25.6%	12.6%	9.7%	9.8%
2.1.02: MHT & MHT+ waiting list size				49	193	387	772	1,687	2,493	3,705	4,280	5,072	5,595
2.1.03: MHT 2+ contacts		16,406	16,348	16,455	16,459	16,385	16,493	16,590	16,559	16,627	16,684	16,602	16,833
2.1.04: Clinically Ready for Discharge: YA Acute	7.0%	21.3%	21.2%	22.3%	24.3%	20.8%	20.9%	16.4%	14.8%	12.2%	15.2%	19.8%	20.9%
2.1.05: Clinically Ready for Discharge: OP Acute	12.0%	25.3%	25.9%	28.1%	34.2%	33.5%	32.9%	30.0%	28.0%	31.9%	31.1%	27.4%	37.7%
2.1.06: Ave LoS for Clinically Ready for Discharge (at discharge)	44.0	71.0	89.3	69.0	61.0	71.4	99.3	74.7	89.2	89.9	45.1	46.8	46.7

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

MHT & MHT+ waiting list size (2.1.02) The following tables show the overall waiting list by locality and of those awaiting their first appointment by their length of wait to date. Currently all waits are measured against the MHT teams, this will be developed further to measure waits across episodes of care for team within the Community Mental Health Framework following new national guidance clarifying methodology.

21

Waiting list position as at 19/11/2024

Directorate	Team	Within 4 Weeks	4 to 12 Weeks	12 to 18 Weeks	18 to 24 Weeks	24 to 52 Weeks	Total
East Kent	Total	931	977	372	272	143	2,695
	MHT - Ashford & Canterbury	404	451	151	104	60	1,170
	MHT - South Kent Coast	293	235	88	29	3	648
	MHT - Thanet	234	291	133	139	80	877
North Kent	Total	761	706	218	72	12	1,769
	MHT - DGS	288	225	70	34	4	621
	MHT - Medway & Swale	473	481	148	38	8	1,148
West Kent	Total	561	602	299	154	33	1,649
	MHT - Maidstone	276	307	172	76	12	843
	MHT - South West Kent	285	295	127	78	21	806
Total		2,253	2,285	889	498	188	6,113

The above table shows the total waiting list for a clock stop, this includes those that have been seen for their initial meeting and dialog+ but are awaiting the commencement of an intervention, of these 3,075 have had their initial meeting. Despite the increased referral rate, assessing and managing risk remains a central part of Mental Health Together. Every person referred into MHT is initially reviewed by senior clinical staff. If there are any concerns around safety to themselves or others then direct contact is made by mental health clinicians to assess and support prior to treatment commencing. For those with very complex mental health needs, and/or, who are at high clinical risk they are stepped up to Mental Health Together +, where they receive swift and regular ongoing support from the multidisciplinary team

Of those awaiting their initial meeting the folloiwng table shows 63.2% have waited less than 4 weeks.

Details on actions in place to address these waits can be found within the Chief Executive's Summary at the front of this report

Patients awaiting 1st contact as at 19/11/2024

	Within 4 Weeks	4 to 12 Weeks	12 to 18 Weeks	18 to 24 Weeks	24 to 52 Weeks	Grand Total
MHT - Ashford & Canterbury	61.1%	31.5%	5.2%	1.8%	0.3%	596
MHT - DGS	79.2%	20.1%	0.3%	0.3%	0.0%	313
MHT - Maidstone	54.0%	39.0%	5.7%	1.3%	0.0%	474
MHT - Medway & Swale	62.6%	35.0%	1.8%	0.7%	0.0%	612
MHT - South Kent Coast	82.9%	15.1%	1.7%	0.3%	0.0%	292
MHT - South West Kent	64.5%	31.2%	4.4%	0.0%	0.0%	321
MHT - Thanet	51.4%	39.3%	5.1%	4.0%	0.2%	430
Grand Total	63.2%	31.7%	3.7%	1.3%	0.1%	3038

Waiting list sizes vary daily, as a result figures in this and other reports will incorporate small variations depending on extract date

Areas of Concern

2.1.04: Clinically Ready for Discharge: YA Acute
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
7.0%	20.9%	22.8%	17.6%	12.4%		
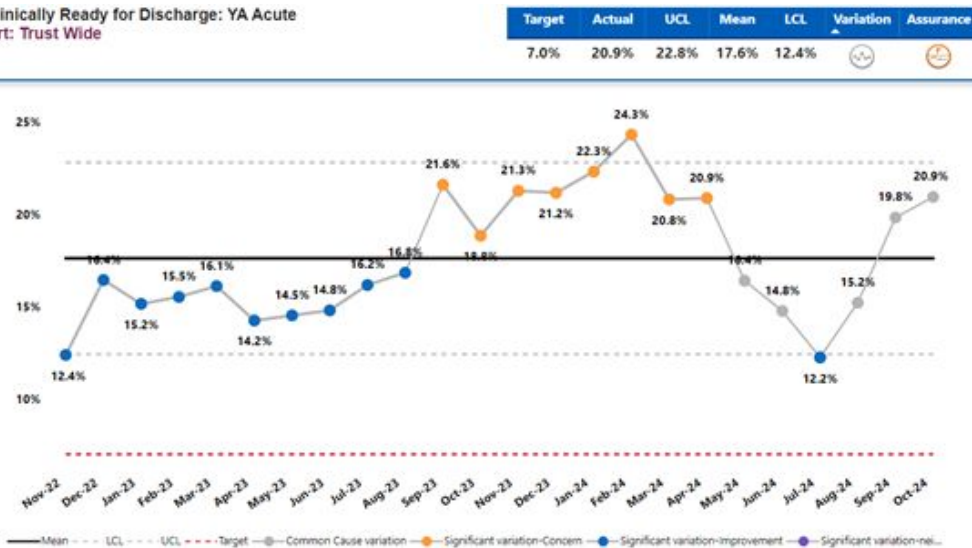
2.1.05: Clinically Ready for Discharge: OP Acute
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
12.0%	37.7%	34.7%	27.2%	19.7%		
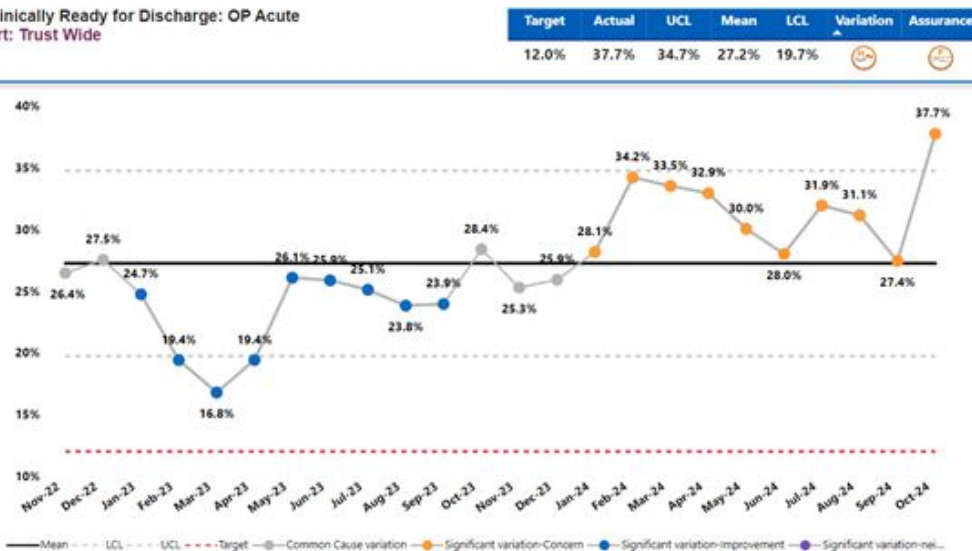
Data Source
RiO

What is being measured?
% of bed days lost to CRFD's of all occupied bed days

Data Quality Confidence
No known issues

What is the data telling us?
YA CRFD has increased for the third successive month. 998 bed days were lost in October (32 beds per day), the greatest impact continues to be housing
OP Acute bed days lost in October is the highest position of the last year. 1036 bed days were lost in October (33 beds per day), the greatest impact continues to be those awaiting nursing home placements and funding decisions.

As of 12th November there were 61 CRFD's in acute beds of which 49 required support from Social Care. The main reasons for delays accounting for 50% of CRFD's are awaiting residential placements, public funding, care packages in patient homes and housing.
In order to achieve the targets set CRFD would be required to reduce to an average of 11 beds per day for each of YA acute and OP acute wards.

People who work for us

Measure Name	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
3.1.01: Staff Sickness - Overall	5.3%	5.1%	5.3%	4.8%	4.2%	4.5%	4.4%	4.5%	4.4%	4.5%	4.4%	4.8%	5.1%
3.1.02: Vacancy Gap - Overall	15.5%	11.8%	11.8%	11.8%	11.9%	11.9%	12.5%	12.6%	12.6%	12.8%	12.2%	11.8%	12.0%
3.1.03: Essential Training For Role	90.0%	93.7%	94.1%	94.0%	94.3%	93.9%	94.0%	94.2%	94.4%	94.7%	94.8%	93.8%	94.3%
3.1.04: Leaver Rate	16.5%						14.7%	14.6%	14.6%	14.6%	14.6%	14.3%	14.1%
3.1.05: Leaver Rate (Voluntary)	15.0%	11.3%	11.8%	10.8%	10.7%	10.7%	9.9%	10.5%	10.4%	10.3%	10.4%	9.5%	9.5%
3.1.06: Safer staffing fill rates	80.0%	109.3%	106.1%	108.1%	112.5%	111.7%	112.4%	108.9%	103.7%	114.8%	116.4%	108.2%	112.0%
3.1.07: Increase percentage of BAME staff in roles at band 7 and above	26.5%	14.7%	14.4%	14.6%	14.7%	14.0%	13.6%	15.5%	15.2%	26.2%	26.7%	26.7%	27.0%
3.1.08: The number of minority ethnic staff involved in conduct and capability cases: variation against the numbers of white staff affected.	0.75%	0.53%	0.59%	0.14%	0.06%	0.42%	0.54%	0.47%	0.80%	0.44%	0.31%	0.63%	0.02%

Notes:

3.1.02: Vacancy Gap, there was a discrepancy identified in the establishment that was being used to calculate the Vacancy and has therefore been recalculated and backdated. Variance was <1% in all cases.

3.1.07: Increase percentage of BAME staff in roles at band 7 and above. At the Board's request, a revised figure has been provided to reflect the totality of the workforce, rather than just those staff on Agenda for Change terms and conditions as was previously the case. A refreshed target is to be agreed by the Executive to take into account this change in calculation.

24

Areas of Improvement & Sustained Achievement of Target

3.1.02: Vacancy Gap - Overall
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
15.5%	12.0%	14.1%	13.2%	12.4%		
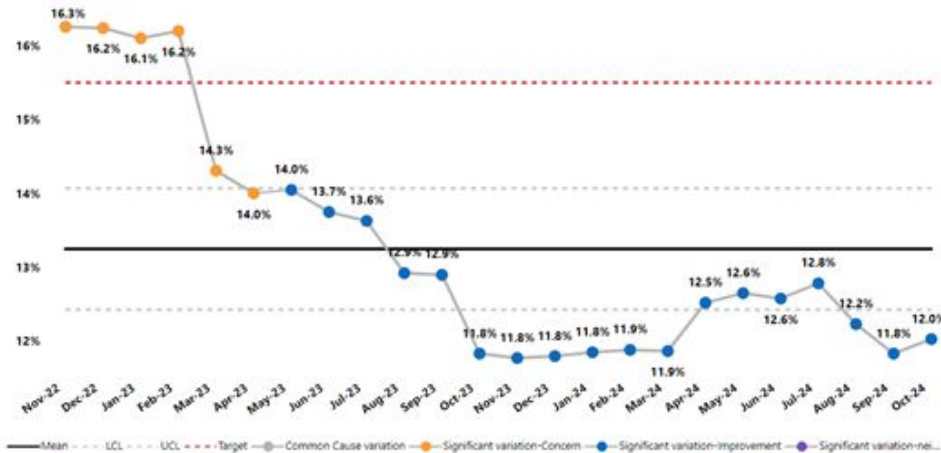
3.1.02: Vacancy Gap - Overall
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
15.5%	12.0%	14.1%	13.2%	12.4%		
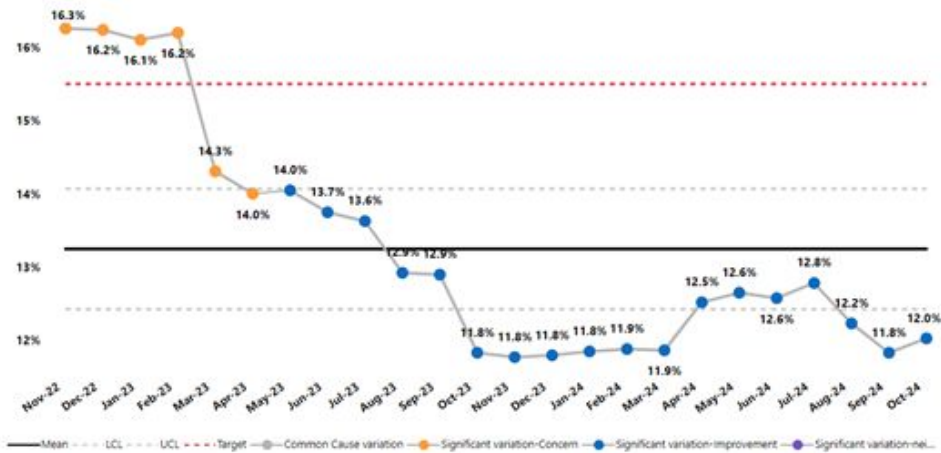
Data Source
ESR

What is being measured?
Vacancy- Calculated using in post FTE against the Vacant FTE on the 1st of each month.

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

Data Quality Confidence
No known issues

What is the data telling us?
Sustained improvements below mean of last 24 months in both indicators.

Individual targets exist for each directorate based on historic performance, all directorates achieving their vacancy gap target with exception of East Kent who are within 1%.

All directorates achieving leaver rate targets with North Kent experiencing the lowest rates at 7.6% in June

25

3.1.06: Safer staffing fill rates
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
80.0%	112.0%	114.3%	106.9	99.5%		
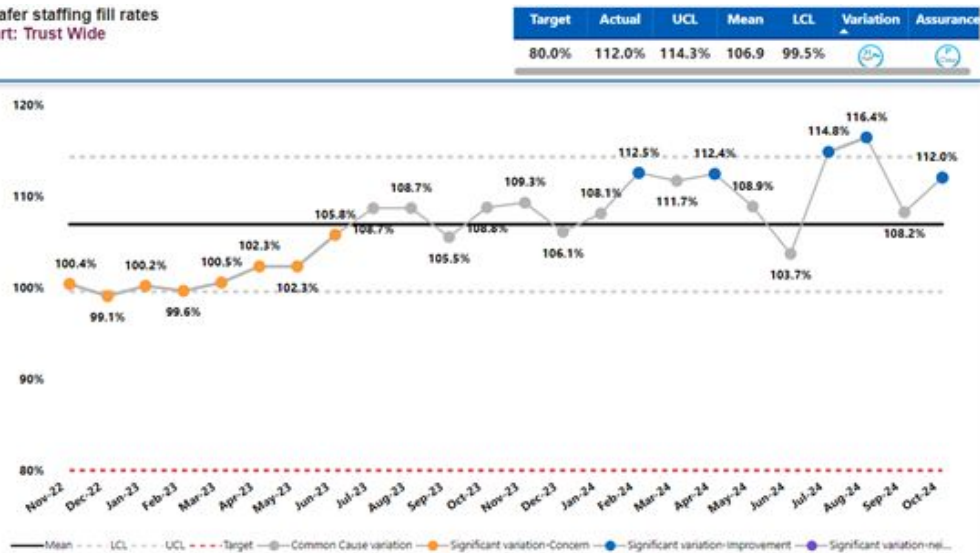
Data Source
Eroster & NHSP

What is being measured?
Planned vs Worked hours

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

What is the data telling us?
An increase in fill rates since February. The target of at least 80% fill rate for the safe staffing return is met throughout

26

Efficiency

Measure Name	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
4.1.01: Bed Occupancy (Net)	92.0%	92.4%	93.4%	95.2%	96.9%	96.7%	95.8%	95.8%	96.5%	97.6%	95.9%	96.4%	97.2%
4.1.02: DNAs - 1st Appointments		11.0%	9.8%	10.0%	10.1%	9.9%	10.2%	10.9%	11.6%	10.5%	10.4%	10.5%	10.4%
4.1.03: DNAs - Follow Up Appointments		8.9%	9.3%	9.4%	9.3%	9.6%	9.8%	9.2%	10.0%	9.9%	9.6%	9.5%	9.5%
4.1.04: In Month Budget (£000)	0	(13,941)	(13,756)	(13,746)	(13,746)	(13,754)	(13,524)	(13,619)	(13,850)	(13,767)	(13,735)	(14,233)	(19,323)
4.1.05: In Month Actual (£000)		(13,702)	(13,581)	(14,226)	(14,201)	(14,630)	(14,080)	(14,655)	(14,437)	(13,900)	(14,555)	(13,822)	(18,717)
4.1.06: In Month Variance (£000)		239	175	(480)	(456)	(876)	(556)	(1,035)	(587)	(133)	(820)	411	606
4.1.07: Agency spend as a % of the trust total pay bill	3.2%	4.0%	4.2%	4.0%	3.4%	2.3%	3.0%	3.6%	2.9%	3.5%	3.8%	3.5%	2.9%

Areas of Concern

4.1.01: Bed Occupancy (Net)
SPC Chart: Trust Wide

	Target	Actual	UCL	Mean	LCL	Variation	Assurance
	92.0%	97.2%	98.0%	95.5%	92.9%		
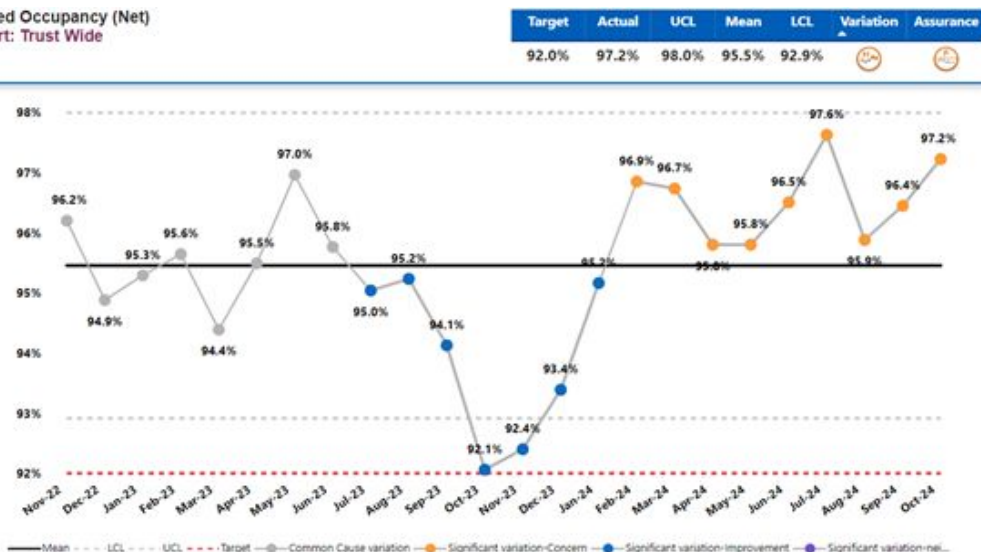
Data Source
RiO

What is being measured?
Occupied bed days as a % of available bed days. Acute wards only.

Data Quality Confidence
No known issues.

What is the data telling us?
Levels of bed occupancy are driven by other aspects such as CRFDs, numbers of admissions and length of stay.

The 92% target is the level the trust hopes to achieve by March 2025 requiring improvements in the remainder of 2024/25. All wards were above target in August with the exception of Fern and Sevenscore

Level of occupancy between YA acute and OP Acute were identical at 97.2% in October. In October this equates to an average of 153.6 beds occupied out of 158 available YA acute beds and 88.5 beds occupied out of 91 available OP acute beds.

4.1.02: DNAs - 1st Appointments
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
10.4%	11.1%	10.0%	8.9%			
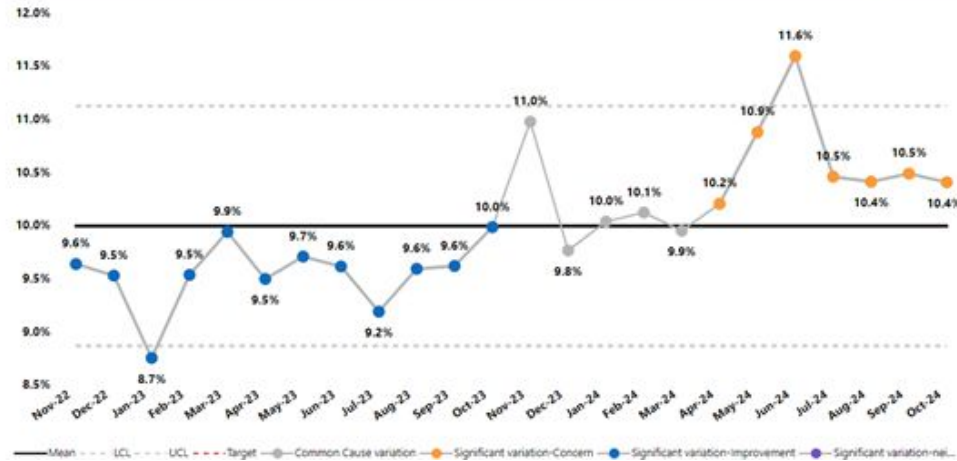
4.1.03: DNAs - Follow Up Appointments
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
9.5%	9.7%	9.0%	8.2%			
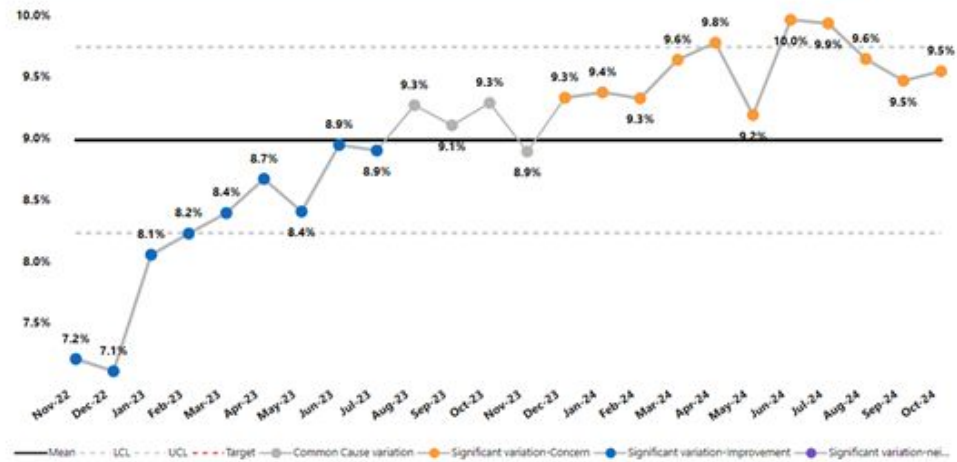
Data Source
RiO

What is being measured?
% of appointments outcomed on RiO as DNA

Data Quality Confidence
No known issues.

What is the data telling us?
This equates to approximately 600 1st appointments and 2,750 follow up appointments being recorded as DNA's per month.

As is to be expected there is wider variation in DNA levels across different service types, MHT services accounted for 60% of 1st contact DNA's in October and are above trust average significantly with DNA rates for first appointments consistently around 19% in recent month. This is being investigated and could correspondent with large volumes of referrals of which approx.

For follow up appointments CMHT's account for 32% of all DNA's followed by MHT with 18%

28

5. Appendices

System Oversight Framework

Overview

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

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

NHSI monitor providers' performance under each of these themes and consider whether they require support to meet the standards required in each area. Individual trusts are segmented into four categories according to the level of support each trust needs. KMPT's current segmentation is 2 as highlighted below, this is the default segment that all ICBs and trusts will be allocated to unless the criteria for moving into another segment are met:

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

29

The following tables represent the latest position for KMPT's Provider Oversight against which the trust responds to Key Lines of Enquiry. It is recognised that delays exist in nationally published data for a number of metrics, many as a result of being reflective of the annual staff survey results.

Aggregation Source	Indicator	Period Frequency	Period	Value	National Value	Target / Standard (not met if)	Change from previous period	3 period continuous change	Rank
MH Provider	S000a: NHSOF Segmentation	Month	2024 09	2:Flexible support					
MH Provider	S035a: Overall CQC rating	Month	2024 09	3 - Good					13/67
MH Provider	S059a: CQC well -led rating	Month	2024 09	3 - Good					13/67
MH Provider	S063a: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from a) managers	Annual; calendar year	2023	8.88%	9.94%		↑		53/71
MH Provider	S063b: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from b) other colleague	Annual; calendar year	2023	15.2%	17.7%		↑		53/71
MH Provider	S063c: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from c) patients / service users, .	Annual; calendar year	2023	28.1%	25.1%		↓		63/71
MH Provider	S067a: Leaver rate	Month	2024 08	8.31%	7.25%		↓		60/71
MH Provider	S068a: Sickness absence rate	Month	2024 05	4.48%	4.75%		↑		11/49
MH Provider	S069a: Staff survey engagement theme score	Annual; calendar year	2023	6.89/10	6.89/10		↓	↓	61/71
MH Provider	S071a: Proportion of staff in senior leadership roles who are from a BME background	Annual; calendar year	2022	13.1%		12%	↓		24/69
MH Provider	S071b: Proportion of staff in senior leadership roles who are women	Month	2024 07	60.8%		62%	↓		36/45
MH Provider	S071c: Proportion of staff in senior leadership roles who are disabled	Annual; calendar year	2023	7.22%		3.2%	↑		12/69
MH Provider	S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientatio..	Annual; calendar year	2023	57.5%	56.4%		↓	↓	49/70

30

Aggregation Source	Indicator	Period Frequency	Period	Value	National Value	Target / Standard (not met if)	Change from previous period	3 period continuous change	Rank
MH Provider	S086a: Inappropriate adult acute mental health placement out -of-area placement bed days	Month	2024 03	0		0			1/56
MH Provider	S121a: NHS Staff Survey compassionate culture people promise element sub-score	Annual; calendar year	2023	6.88/10	7.09/10		↓		66/71
MH Provider	S121b: NHS Staff Survey raising concerns people promise element sub-score	Annual; calendar year	2023	6.5/10	6.46/10		↓		56/71
MH Provider	S125a: Adult Acute LoS Over 60 Days % of total discharges	Month	2024 03	13%					5/53
MH Provider	S125b: Older Adult Acute LoS Over 90 Days % of total discharges	Month	2024 03	38%			↑		21/53
MH Provider	S133a: Staff survey - compassionate and inclusive theme score.	Annual; calendar year	2023	7.42/10	7.3/10		↓		57/71
MH Provider	S134a: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants (WRES).	Annual; calendar year	2023	1.9		1	↑		50/69
MH Provider	S135a: Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants (WDES)	Annual; calendar year	2023	1.2		1	↓		54/69

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

Following a national consultation an updated version of the Single Oversight Framework is expected in late 2024.

31

Exception Reporting Guide

The IQPR identifies exceptions using Statistical Process Control (SPC) Charts. SPC charts are used to study how a process changes over time. Data is plotted in time order. A control chart always has a central line for the average, an upper line for the upper control limit and a lower line for the lower control limit. By comparing current data to these lines, you can draw conclusions about whether the process variation is consistent (in control) or is unpredictable (out of control, affected by special causes of variation). Full details on SPC charts can be found at: https://improvement.nhs.uk/resources/making-data-count/.

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

32

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 28th November 2024

Title of Paper: Finance Report for Month 7 (October 2024)

Author: Jenni Grover, Deputy Director of Finance

Executive Director: Nick Brown, Chief Finance and Resources Officer

Purpose of Paper

Purpose: Discussion

Submission to Board: Regulatory Requirement

Overview of Paper

The attached report provides an overview of the financial position for month 7 (October 2024).

Items of focus

For the period ending 31st October 2024, the Trust is reporting delivery against its financial plan.

The board are asked to note:
- Year to date (YTD) agency spend is £4.16m which equates to 3.3% of Trust pay spend compared to an agency cap of 3.2% for the year. The highest usage is in East Kent medical agency and West Kent nursing agency.
- There is an increased usage of external beds with unfunded external Acute beds averaging 6 beds through October.
- Delays in the capital programme predominantly due to delays in the consultation process for the centralised s136. The majority of this scheme is expected to be delayed into 2025/26 and the associated funding will need to be managed accordingly.
- The Trust's cash position has improved in month, with its cash balance £21.87m. The improvement predominantly relates to the NHS pay award, with some commitments not being paid until November 2024.

NHS England use a monitoring mechanism to assess the financial position of systems. In month, due to the run rate pressures within Kent and Medway, the integrated care system was moved into Level 4 (the lowest). This will increase the level of challenge and support within the system, with external support being put in place to support the delivery of the system financial plan.

Governance

Implications/Impact: If the Trust fails to deliver on its 2024/25 financial plan then this could impact on the long-term financial sustainability agenda.

Assurance: Reasonable

Oversight: Finance and Performance Committee

Finance Report
October 2024

Trust Board

Brilliant care through brilliant people

Contents

Brilliant care through brilliant people

Executive Summary

Key Messages

For the period ending 31st October 2024, the Trust has reported a surplus of £0.27m excluding technical adjustments. The trust is forecasting to deliver its financial plan and deliver a £0.72m surplus in year.

NHS England use a monitoring mechanism to assess the financial position of systems. In month, due to the run rate pressures within Kent and Medway, the integrated care system was moved into Level 4 (the lowest assurance). This will increase the level of challenge and support within the system, with external support being put in place to support our delivery of the financial plan.

The key financial challenges for the Trust are:

- YTD agency spend is £4.16m which equates to 3.3% of Trust pay spend compared to an agency cap of 3.2% for the year. The highest usage is in East Kent medical agency and West Kent nursing agency.
- There is an increased usage of external beds with unfunded external Acute beds averaging 6 beds through October.
- Delays in the capital programme predominantly due to delays centralised s136 consultation process. The majority of this scheme is expected to be delayed into 2025/26 and the associated funding will need to be managed accordingly.

Income and Expenditure

Key points for October included the following:

- Agency spend was £0.64m in month, an increase of £0.04m. The Trust is now £0.10m above its phased plan, and will need to reduce its present run rate by £0.11m per month to not exceed the cap.
- Nursing agency spend remains high in Liaison, CMHT and Crisis. Short term agency is being used to support the CMHF waiting lists for a 3 month period as substantive recruitment continues.
- Bank spend has increased by £0.03m in month but continues to be lower than the 12 month average following successful recruitment to Acute wards.
- In month, the Trust utilised 6 external female PICU beds and 1 male PICU bed (7 PICU beds funded). External Acute usage increased again to an average of 6 beds (5 male, 1 female) and this is forecast to continue which will cause a pressure through the Winter months.

At a Glance - Year to Date

Income and Expenditure 🟢
Efficiency Programme 🟢
Agency Spend 🟡
Capital Programme 🟡
Cash 🟢

Key

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

Capital Programme

As at 31st October the overall capital position is £0.59m underspent, with a forecast capital spend position of £15.38m, which is as per plan.

Shortfalls in Estates schemes and delays in the Section 136 project drive the underspend. Schemes are in development to offset some of the S136 shortfall.

Cash

The closing cash position for September was £21.87m which was an increase in month of £5.23m.

£3.70m of the increase relates to commitments within the pay award which will be spent next month. The remaining movement relates to the Health Education England quarterly payment (paid in advance) and funding relating to the perinatal provider collaborative.

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Income and Expenditure

Statement of Comprehensive Income

	Annual	Current Month			Year to date		
	Budget	Budget	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000
Income	281,960	27,212	27,601	389	163,993	163,701	(292)
Employee Expenses	(212,489)	(20,897)	(21,659)	(762)	(124,167)	(125,682)	(1,515)
Operating Expenses	(64,120)	(5,869)	(5,573)	296	(36,704)	(35,726)	978
Operating (Surplus) / Deficit	**5,352**	**446**	**368**	**(78)**	**3,122**	**2,293**	**(829)**
Finance Costs	(5,352)	(446)	(277)	169	(3,122)	(2,020)	1,102
System control Surplus / (Deficit)	**0**	**(0)**	**91**	**91**	**(0)**	**273**	**273**
Excluded from System control (Surplus) / Deficit:							
Technical adjustments	0	0	35	35	0	(329)	(329)
Surplus / (deficit) for the period	**0**	**(0)**	**126**	**126**	**(0)**	**(56)**	**(56)**

Cost Improvement 2024/25

	Year to Date			Forecast		
	Recurrent	Non Recurrent	Total	Recurrent	Non Recurrent	Total
	£000	£000	£000	£000	£000	£000
Service Redesign	1,795	1,948	3,743	2,678	3,322	6,000
Corporate Service Transformation	1,038	650	1,688	1,779	1,789	3,568
Non Recurrent Measures	972		972	972	200	1,172
Total Cost Improvement	**3,804**	**2,598**	**6,403**	**5,429**	**5,311**	**10,740**

Commentary

The Trust has a small, planned surplus of £0.27m for the period ending 31st October 2024.

At month 7, there is an adverse pay variance to budget of £1.52m. This includes a significant underspend on substantive pay of £12.20m due to the level of vacancies, which is offset by agency and bank usage.

Agency spend in October totalled £0.64m which represents a 7.0% reduction on spend seen for the same period in 2023/24 but a 5.8% increase on spend in September. Nursing and Other agency increased in month, with medical agency costs reducing. Spend levels were highest in East Kent, with 39% of overall agency spend, due to medical vacancies, but also West Kent (27%) and North Kent (23%) due to pressures within Liaison services, CMHTs and Crisis teams. The current forecast is for total agency spend of £7.07m against a cap of £6.58m, exceeding cap by £0.49m. This position is under review and mitigations being identified.

The Trust utilised 437 bank WTE in month, 3% higher than usage in September, but were 7.5% lower than the level seen in October 2023.

Pay awards have been transacted in October for all staff except Resident doctors whose pay award will be transacted in November. Additional funding has been received from commissioners but conversations remain on-going to mitigate an identified shortfall.

Non-pay
Other non pay includes a higher level of spend on external placements compared to budget, with additional PICU & Acute beds utilised.

Commentary

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

Progress on the schemes remains on-going with delivery confirmed within

- Low and Medium Secure - £1.10m in year
- MH LD Services - £0.80m in year

Work remains on-going with a number of areas, with in year delivery ensuring the savings are delivered on a non-recurrent basis. Recurrent delivery will be confirmed once the final models of care are known, this covers

- Early Intervention, where the consultation is anticipated to be completed in November 2024.
- Community Teams, where the modelling associated with the community mental health transformation is on-going.
- And Crisis Teams, where the implementation of the new model of care is being reviewed against update service modelling

Work remains on-going within support services and inpatient services, with opportunities for recurrent savings being worked through to ensure robust models moving forward.

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RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

Exception report

Temporary Staffing Spend

As at the end of August the Trust reported a year to date overspend on pay of £0.38m. This consists of an underspend on substantive pay of £9.65m, offset by overspends on temporary staffing which total £10.03m; £7.11m on bank staff and £2.92m of agency spend.

Agency

Agency spend to month 7 totalled £4.16m and this is forecast to continue due to both vacancies and operational pressures. Agency spend increased in month by £0.04m. Spend levels were highest in East Kent, with 39.0% of overall agency spend, due to medical vacancies, but also West Kent (27.0%) and North Kent (22.6%) due to pressures within Liaison services, CMHTs and Crisis teams. The current forecast is for total agency spend of £7.07m against a cap of £6.58m, £0.49m over the cap.

The current forecast outturn for agency is £0.49m above the 3.2% spending cap.

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

Bank

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

Bank spend in month was higher when compared to September levels but is lower than at the same time last year and in line with the 12 month average.

Trust Wide Bank Usage (WTEs)

	Actual £'000				
	23/24 Qtr 3	23/24 Qtr 4	24/25 Qtr 1	24/25 Qtr 2	24/25 Oct
Nursing	2,114	2,560	2,339	2,291	657
HCAs	3,086	3,568	2,955	2,881	946
Other	390	370	282	332	95
Total	**5,590**	**6,498**	**5,576**	**5,505**	**1,699**

External placements

In month, the Trust utilised 6 external female PICU beds and 1 male PICU bed (7 PICU beds funded). External Acute usage increased again to an average of 6 beds (5 male, 1 female) and this is forecast to continue which will cause a pressure through the Winter months.
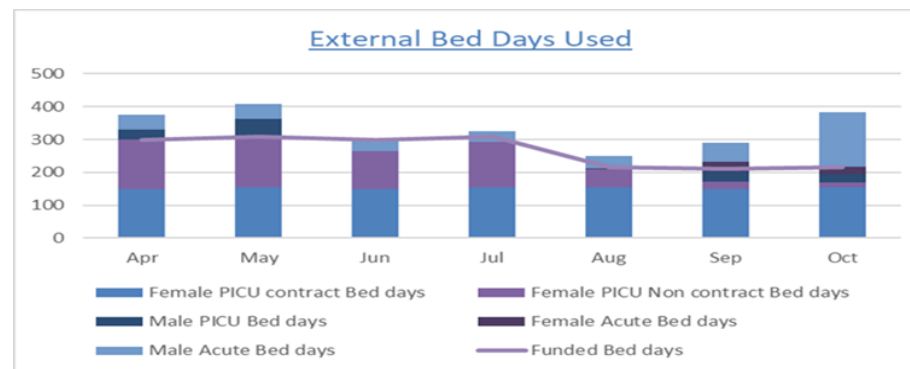
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Appendices

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Balance Sheet

Statement of Financial Position

	31st March 2024	30th September 2024	31st October 2024
	Actual	*Actual*	*Actual*
	£000	**£000**	**£000**
Non-current assets	169,254	168,291	167,560
Current assets	23,068	24,966	30,052
Current liabilities	(29,558)	(33,491)	(38,785)
Non current liabilities	(47,291)	(44,483)	(43,417)
Net Assets Employed	**115,473**	**115,284**	**115,410**
Total Taxpayers Equity	**115,473**	**115,284**	**115,410**

Commentary

Non-current assets
Non-current assets have decreased by £0.65m since September made up of capital expenditure of £0.23m, and depreciation of (£0.88m).

Current Assets
Current assets have increased by £5.09m as the cash position has increased by £5.23m and trade and other receivables have decreased by £0.14m. Further detail is provided in the Cashflow (for cash) and treasury management (for receivables) sections.

Total Liabilities
Overall total liabilities has increased by £4.23m as a result of the following:
Increase in deferred income of £2.10m for HEE training posts quarterly in advance and ICB income for investment monies where costs have delayed start dates.
Increase in Tax and NI payable of £2.10m due to the backdated pay award.

Cash Balances

Aged Debt position
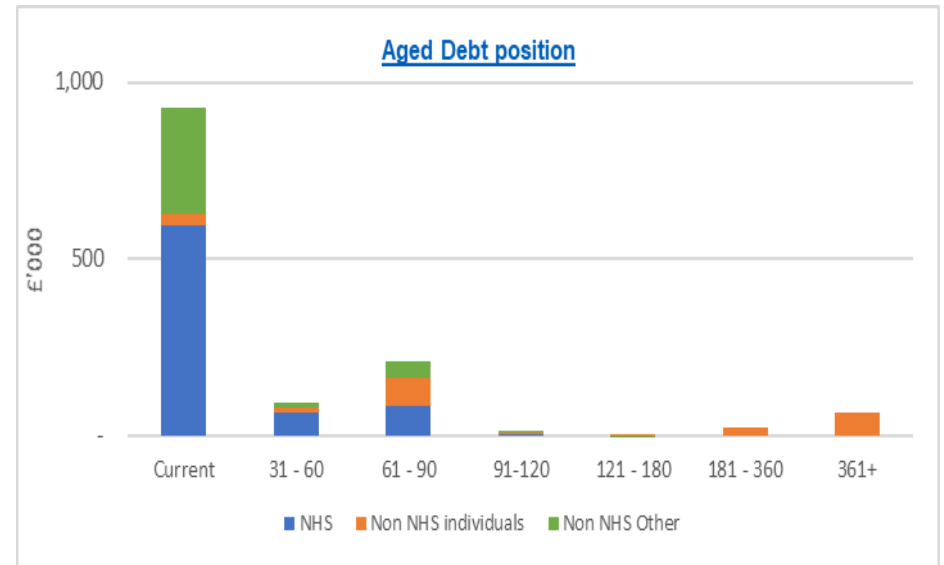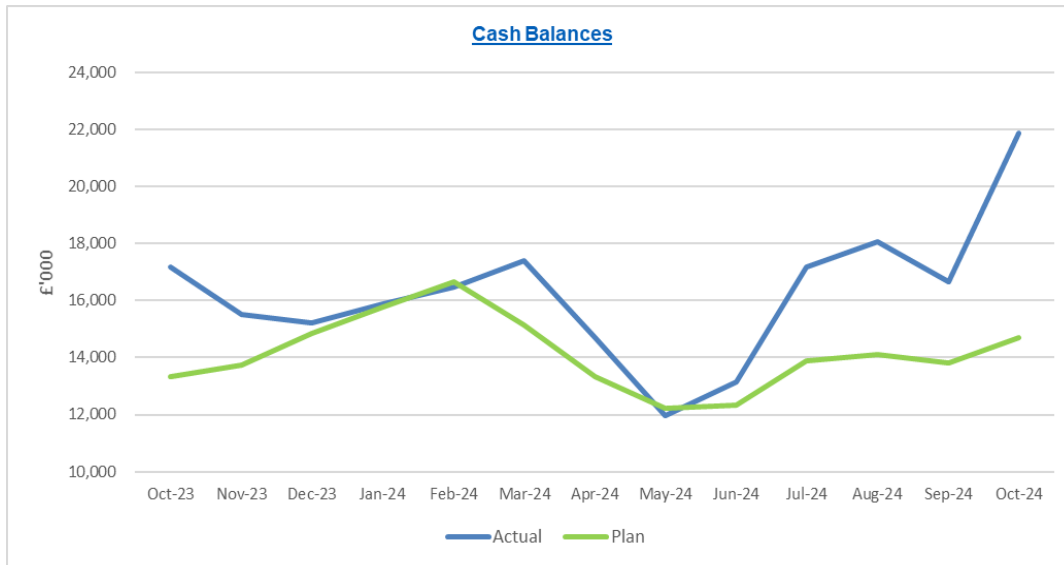
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Capital Position

	Full Year			In Month			Year to Date		
	Plan £000	Forecast £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
System Capital Funding:									
Information Management and Technology	2,000	1,908	(92)	0	0	0	108	162	54
Capital Maintenance and Minor Schemes 2024/25	5,115	6,457	1,342	389	75	(314)	1,504	733	(771)
EPR IT	0	92	92	0	0	0	0	(5)	(5)
MHRV (Ambulances)	29	95	66	0	0	0	29	0	(29)
Total System funding	**7,144**	**8,552**	**1,408**	**389**	**75**	**(314)**	**1,642**	**890**	**(751)**
PDC funding :									
Section 136 development	2,708	1,300	(1,408)	200	89	(111)	200	391	191
EPR IT	1,736	1,736	0	0	24	24	397	422	26
MHRV (Ambulances)	198	198	0	0	0	0	48	68	20
Total PDC funding	**4,642**	**3,234**	**(1,408)**	**200**	**113**	**(87)**	**645**	**882**	**237**
Other Capital Funding:									
PFI 2024/25	117	116	(1)	10	10	0	68	68	(0)
Leases New	605	609	4	0	0	0	34	44	10
Leases Remeasurement	2,872	2,869	(3)	0	0	0	2,872	2,788	(84)
Total Other Capital Funding:	**3,594**	**3,594**	**0**	**10**	**10**	**0**	**2,975**	**2,900**	**(75)**
Total Capital Expenditure	**15,380**	**15,380**	**0**	**599**	**197**	**(402)**	**5,261**	**4,672**	**(589)**

Capital Funding

The capital programme is made up of three main funding streams, primarily System Capital Funding from the ICB which is derived from our depreciation and amortisation plans, PDC Funding which is an injection of additional capital investment from NHS England, and other capital consisting of technical sources of non-cash funding such as the impact of IFRS16.

In Month

The Capital Programme in October 2024 is under spent by £0.4m, which brings the overall year to date position to a £0.6m underspend. The capital forecast remains the same as the previous month at £15.38m which is per the plan submitted to NHS England.

Year to date and forecast

To date the Capital Maintenance and Estates schemes underspent by £460k. The Section 136 project is also underspent at £120k this project will not meet its planned spend and discussions are underway about mitigations.

Brilliant care through brilliant people

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 28th November 2024

Title of Paper: Workforce Deep Dive – Flexible Working

Author: Marne Cheeseman, Deputy Chief People Officer

Executive Director: Sandra Goatley, Chief People Officer

Purpose of Paper

Purpose: For discussion

Submission to Board: Board requested

Overview of Paper

Following changes in legislation around flexible working that came into effect on 6th April 2024 this paper explores some of the opportunities that exist in KMPT and makes suggestions to support the colleague experience going forward.

This paper summarises:

- The legislation changes
- Kent and Medway NHS and Social Care Partnership Trust's and Kent's demographic profile
- Future workforce considerations
- Current Flexible working policy.

Finally, the paper makes a number of suggestions for consideration.

Issues to bring to the Board's attention

As a trust we do not record any flexible working requests that are made by our colleagues, this poses a challenge to understand how successful the current processes are and importantly why colleagues are requesting flexible working so that we can use this insight to inform future actions. We are looking at our systems and will start to record, however this will be going forward and not retrospectively this will be achieved by using Electronic Staff Record Manager Self-Serve which we are looking to rollout early next year. We do however record the number of flexible working appeals that have taken place, we have been doing this since January 2024.

Governance

Implications/Impact: Financial; recruitment and retention

Assurance: Reasonable

Oversight: Board

1.0 Background:

On 6th April 2024 new legislation was introduced and changed the current process for requesting flexible working. KMPT current process for flexible working already meets the new proposed legislation. Provisions to make flexible working the default from day one with employers expected to accommodate "as far as reasonable". The Government is committed to introduce a new deal for working people to ban exploitative practices and enhance employment rights. Some other aspects of the bill are:

- Banning exploitative zero-hour contract – KMPT does not use zero-hour contracts so should not be affected by this however, we need to ensure our partners such as National Health Service Professionals are addressing this
- Ending fire and re-hire and fire and replace – KMPT does not use this process within the Trust
- Making parental leave, sick pay and protection from unfair dismissal available from day one on the job for all workers – KMPT will need to review current probation processes to ensure that they are robust
- Strengthening statutory sick pay – As part of agenda for change terms and conditions colleagues already receive sick pay from day one.
- Strengthening protection for new mothers – KMPT has already updated its policies to support this.

For the Employment Relations (Flexible Working) Act, the reforms are:

- Employees may make 2 requests in any 12-month period, instead of the previous one
- An employer must not reject a request without first consulting the employee
- A decision about a request must be made and communicated within 2 months of the request, instead of the previous 3 months
- There is no longer a requirement on an employee to explain the effect of their request on the employer and how that might be dealt with.

2.0 KMPT

KMPT at the time this paper was written employs 3971 colleagues. As you can see from the charts KMPT's demographic is currently:

KMPT split by gender

996

2975
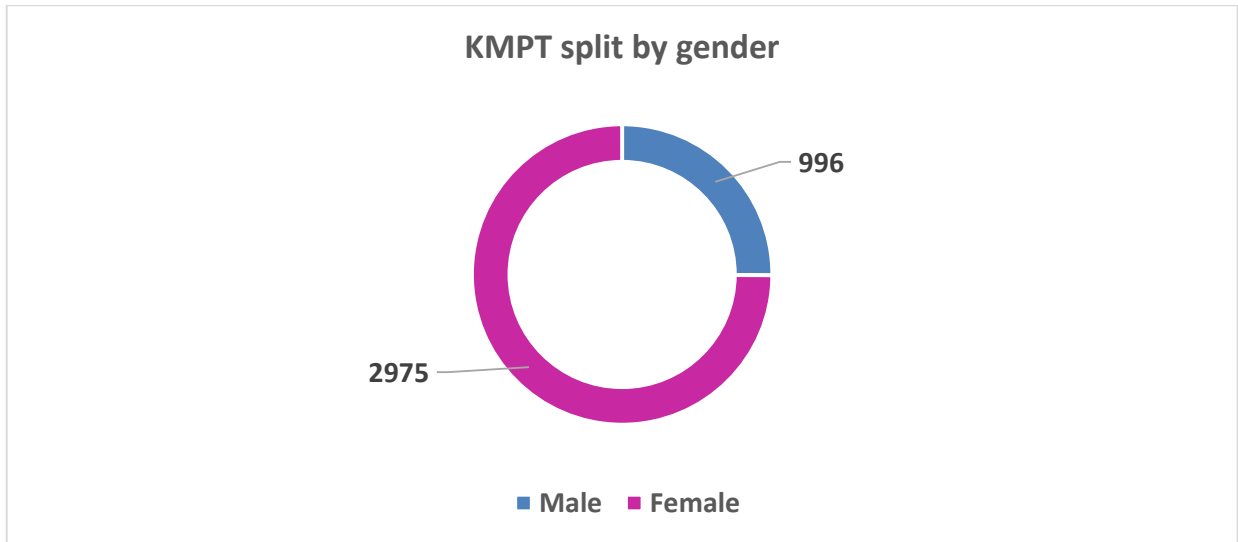
■ Male ■ Female

KMPT Staff Listing, October 2024

As is with most healthcare settings the majority of colleagues that work for us are female. According to an article published by the Trades Union Congress (TUC) in November 2022 women are three times more likely than men to request flexible working.

KMPT SPLIT BY AGE

UNDER 20	21-25	26-30	31-35	36-40	41-45	46-50	OVER 50
10	192	311	343	305	382	373	1041
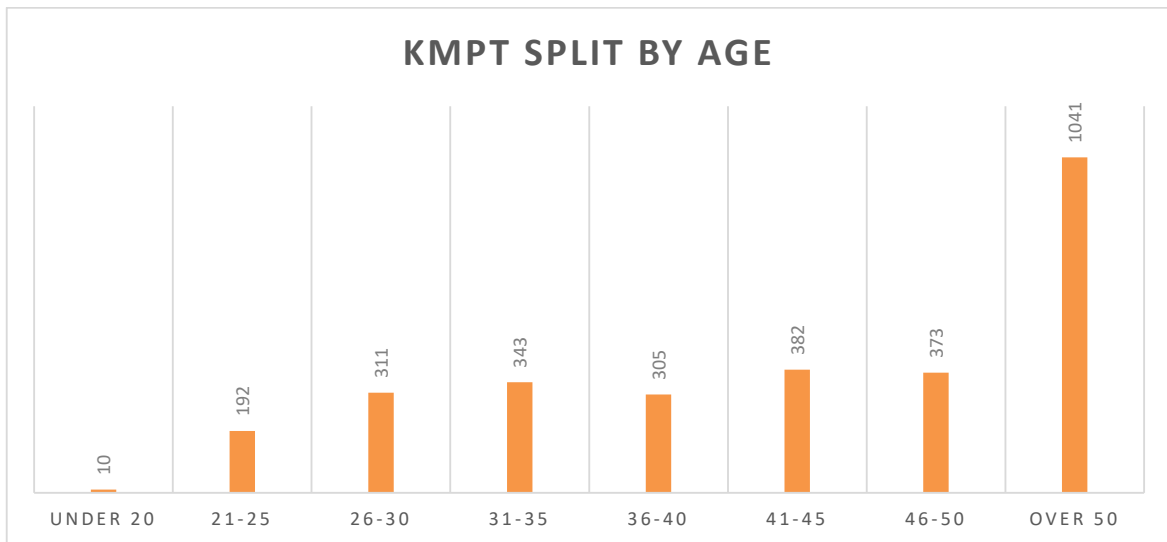
KMPT Staff Listing, October 2024

Research shows that people at different ages might have different reasons for requesting flexible working. Research conducted by Age UK in 2017 found that two-fifths (40%) of the nation's grandparents over the age of 50 (5 million), have provided regular childcare for their grandchildren. 1 in 10 (12%) looking after their grandchildren at least once a day; a fifth (18%) look after them 4-6 times a week and two-fifths (40%) look after then 2-3 times a week. Just over half (51%) of these grandparents providing regular care did so for up to five years and a further 28% did so for 5-10years.
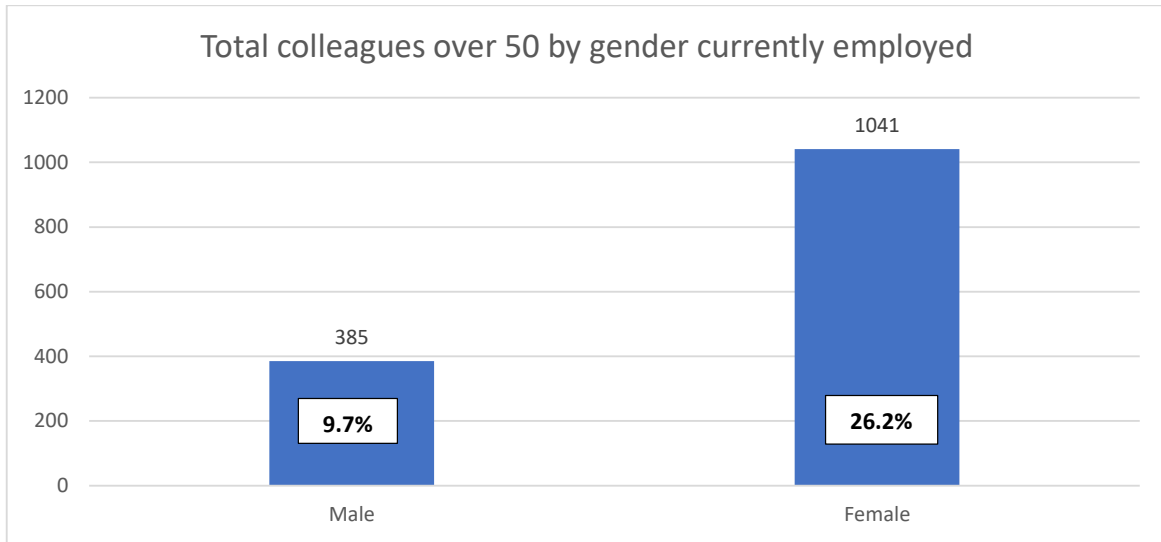
Total colleagues over 50 by gender currently employed

Male: 385, 9.7%
Female: 1041, 26.2%

KMPT Staff Listing, October 2024

Colleagues broken down into working Days

FTE 5 days: 2745
4-5 days: 215
3-4 days: 230
2-3 days: 542
less than 2 days: 239

KMPT Staff Listing, October 2024

WORKING DAYS BROKEN DOWN BY DIRECTORATE

■ FTE 5 days ■ 4-5 days ■ 3-4 days ■ 2-3 days ■ less than 2 days
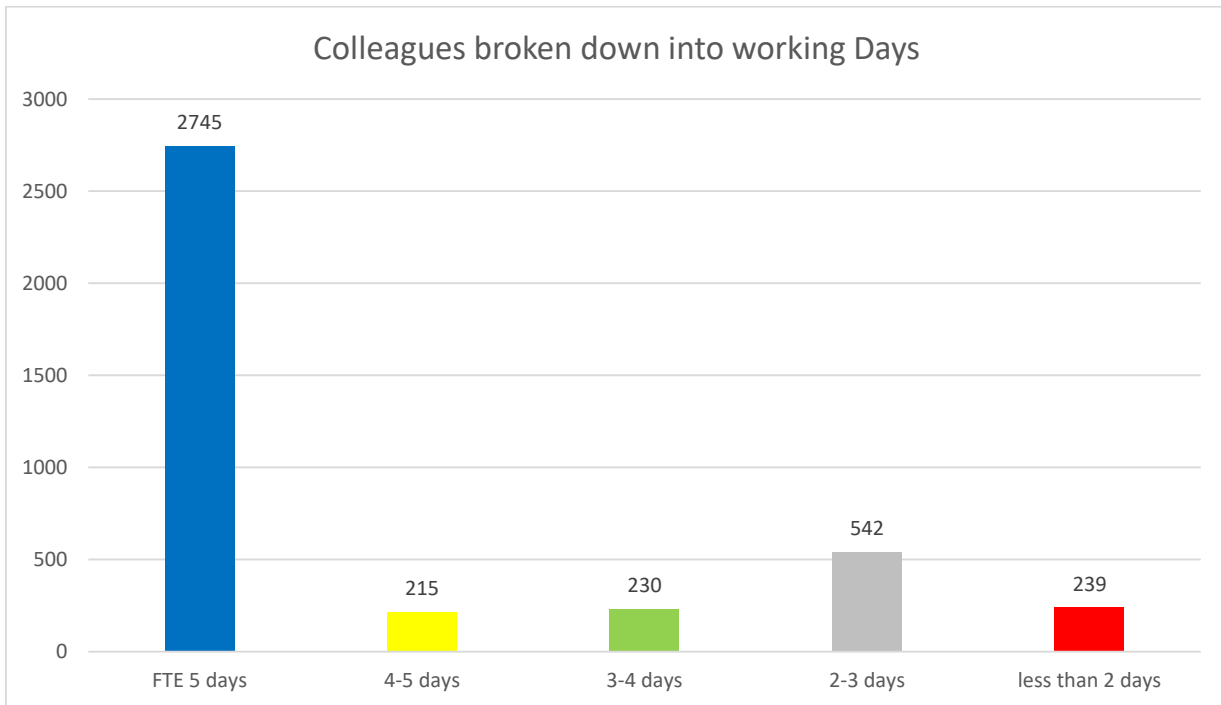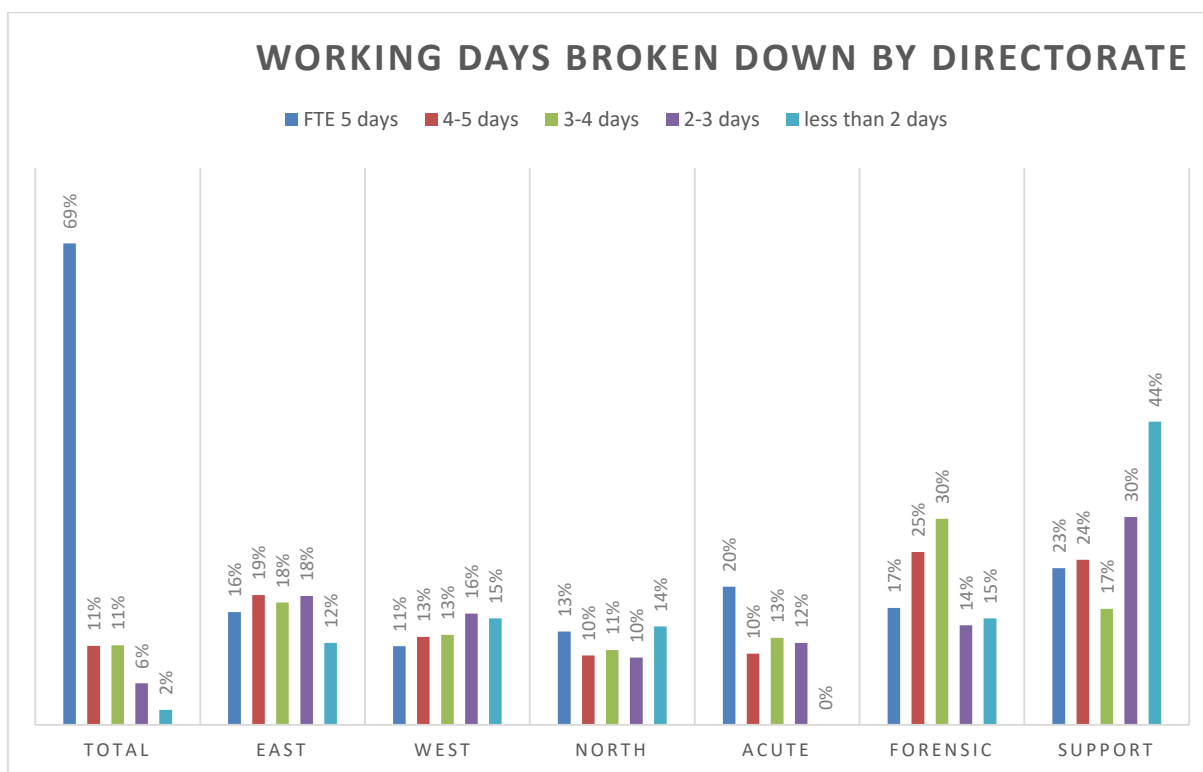
KMPT Staff Listing, October 2024

As you can see the majority of the workforce at KMPT are working full time over 5 days (69%). For this population it is hard to ascertain what flexible working arrangements are in place such as Hybrid working as an example as we do not currently record this information, it is held locally. It would be safe to assume that the majority of Corporate Support Services benefit from some form of hybrid working, this would equate to approximately 23% of colleagues. We know some colleagues also work compressed hours. If we are going to be able to attract the next generation and attract a more diverse workforce we need to look at how flexible we are in terms of working patterns we offer people.

It is important to understand the demographics of the trust in order to support colleagues with requests that might be received by managers.

3.0 Hybrid Working

Following the pandemic and the Trust's objective to maximise our use of office spaces and clinical estate; the trust has sought to implement a hybrid working policy. In broad terms this has been successful, with the Trust able to release non-clinical estate over the last year.

However, from an NHS perspective hybrid working remains relatively new and the clinical impact of it requires review to fully understand how it's impact can be maximised.

The Trust is presently collating information which considers its present hybrid working policy, reviewing usage across teams and the sites to identify the present approach. Comparing this to clinical delivery metrics the Trust is seeking to identify the most appropriate way to develop the

policy moving forward. The outcome of this review will be discussed through the Trust's Leadership Team to agree the next steps that support service delivery within the Trust.

4.0 Kent

Understanding the environment that we operate in is also important. Looking at where the majority of our workforce live and work also helps us to understand any potential future impacts of the workforce and flexible working requests.

The number of economically active people aged 16-64 in Kent taken from Kent Analytics, Kent County Council (those who are working or are available to work) decreased from 755,300 (79.4%) in 2022, to 752,300 (78.9%) in 2023. 33.0% of all those in employment who live in Kent were employed in the public administration, education and health industry. This is also true for graduate leavers in Kent as shown in the table below taken from Kent Council:

Graduate leavers in employment in Kent by industry

Source: HESA

Presented by: Kent Analytics, Kent County Council
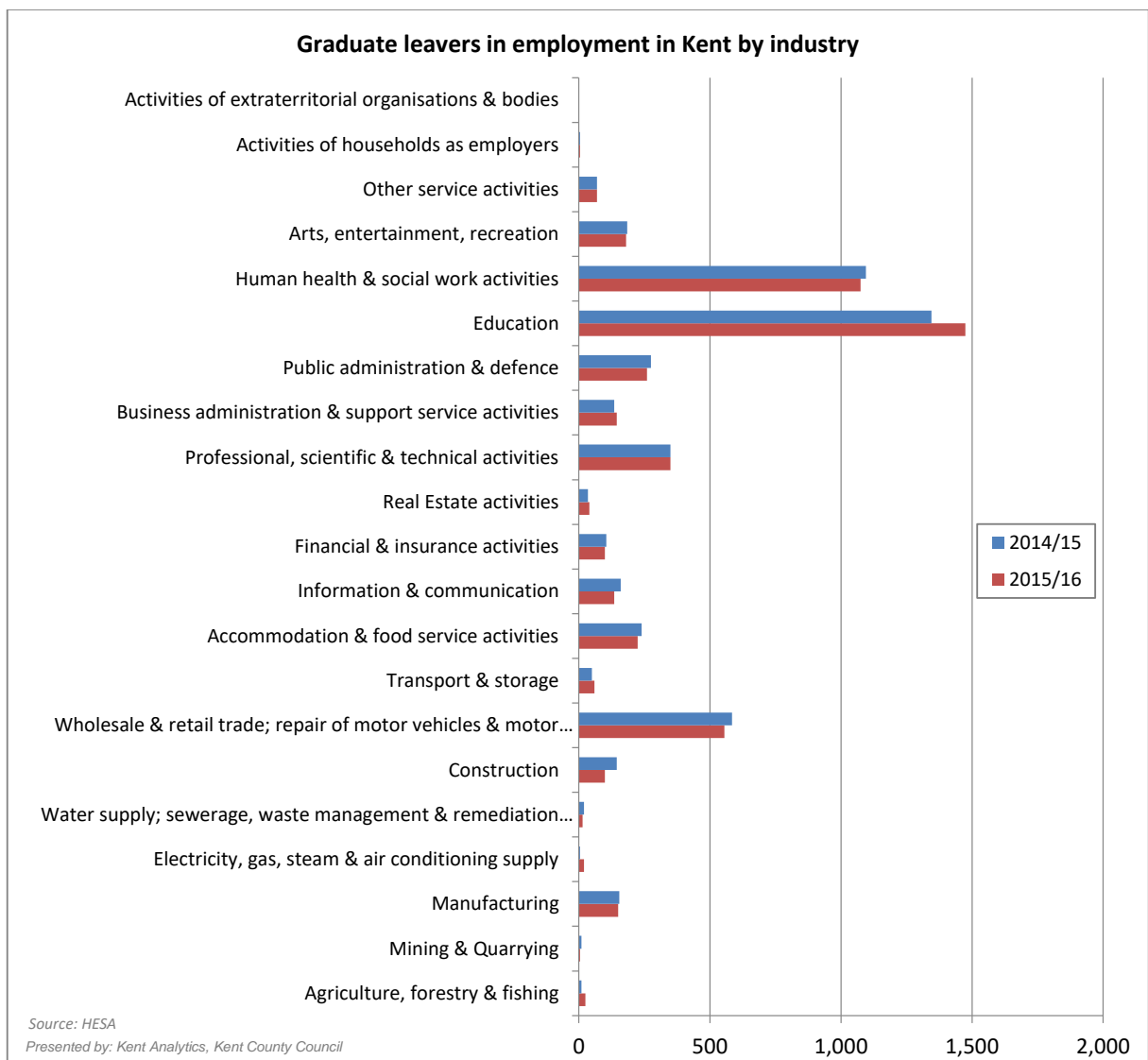
At KMPT 69% of our workforce works 5 days/ 37.5hours, this is higher than the county statistics but could explain why people look for work in Health care as they are more likely to gain full-time employment than in other industries such as retail which in recent years as seen a move towards more part-time roles. Given the cost of living crisis in which the cost of everyday essentials like energy and food is rising much faster than average household incomes and growing childcare costs people are needing to earn more money.

Economic Activity
Source: 2021 Census Custom Table

Kent + Medway	All People		Males		Females	
		% of all people		% of 16+		% of 16+
	Number	16+	Number	Males	Number	Females
Aged 16 and over	1,499,316	100%	722,437	100%	776,890	100%
Economically Active	908,953	60.6%	474,593	65.7%	434,360	55.9%
Employee: Part-time	255,225	17.0%	76,034	10.5%	179,191	23.1%
Employee: Full-time	605,999	40.4%	372,679	51.6%	233,320	30.0%
Self-employed	157,967	10.5%	107,986	14.9%	49,981	6.4%
Unemployed	47,730	3.2%	25,879	3.6%	21,851	2.8%
Full-time student	27,950	1.9%	11,524	1.6%	16,426	2.1%
Economically Inactive	590,374	39.4%	247,844	34.3%	342,530	44.1%
Retired	346,968	23.1%	153,811	21.3%	193,157	24.9%
Student (including full-time students)	68,583	4.6%	33,995	4.7%	34,588	4.5%
Looking after home or family	74,402	5.0%	10,235	1.4%	64,167	8.3%
Long-term sick or disabled	56,680	3.8%	26,039	3.6%	30,641	3.9%
Other	43,741	2.9%	23,764	3.3%	19,977	2.6%

We also need to understand the barriers to people taking up jobs. It has been widely published that the cost of child care is increasing. In an article by Day nurseries UK published in October 2024 (How much does nursery cost in England) the average cost of a part-time nursery place (25 hours) for a child under 2 was £159.61 per week (£8,299.72 per year.) and slightly less for a child over 2 years old, approximately £7,991.00 per year. This is an increase of 7.4% since 2023. As you can see from the table below there are a high percentage of children living in low income families in the South East.

Percentage of children living in absolute low income families in the South East, 2022/23
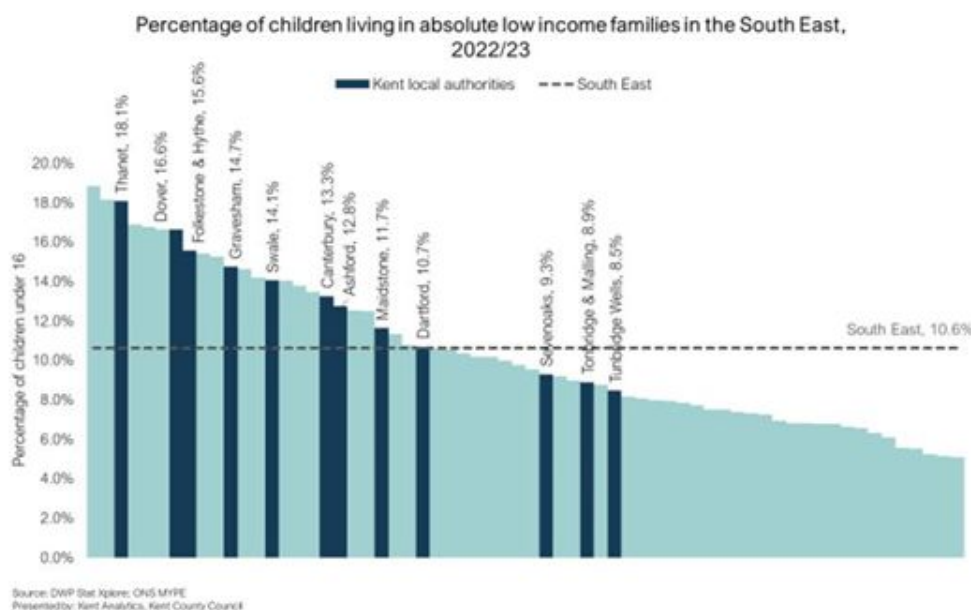
Thanet has the highest number of children living in absolute low-income families that are in working families (3003) whilst Swale has the highest number of families where no adult is working (1617)

Proportion of children in absolute low income families in Kent by family work status, 2022/23

% in Out of work families
35.6%

% in In work families
64.4%
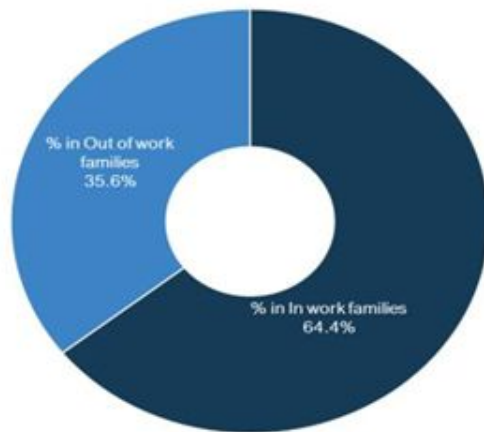
Source: DWP Stat Xplore
Presented by: Kent Analytics, Kent County Council

5.0 Future Workforce:

It is well known that changes in the workforce and what they need have been highlighted for a while now. By understanding this it will help managers develop multigenerational strategies in recruitment, orientation, talent management, retention, and succession planning.

TRADITIONALISTS   Born: 1925 – 1945

Dependable | Straightforward | Tactful | Loyal

Shaped by:
The Great Depression, World War II, radio, and movies

Motivated by:
Respect, recognition, providing long-term value to the company

Communication style:
Personal touch, handwritten notes instead of email

Worldview:
Obedience over individualism; age equals seniority; advancing through the hierarchy

BABY BOOMERS   Born: 1946 – 1964

Optimistic | Competitive | Workaholic | Team-Oriented

Shaped by:
Vietnam War, Civil Rights Movement, Watergate

Motivated by:
Company loyalty, teamwork, duty

Communication style:
Whatever is most efficient, including phone calls and face-to-face

Worldview:
Achievement comes after paying one's dues; sacrifice for success

49%
Baby Boomers who expect to or already are working past age 70 or do not plan to retire

10,000
Baby Boomers reach retirement age every day

GENERATION X   Born: 1965 – 1980

Flexible | Informal | Skeptical | Independent

Shaped by:
The AIDS epidemic, the fall of the Berlin Wall, the dot-com boom

Motivated by:
Diversity, work-life balance, their personal-professional interests rather than the company's interests

Communication style:
Whatever is most efficient, including phone calls and face-to-face

Worldview:
Favoring diversity; quick to move on if their employer fails to meet their needs; resistant to change at work if it affects their personal lives

55%
Startup founders who are Gen Xers—the highest percentage

BY 2028
Gen Xers will outnumber Baby Boomers

Purdue Global, *Generational Differences in the Workplace [Infographic] (purdueglobal.edu)*

Gen Z people born between 1997 to 2012 will make up a third of the workforce by 2025, things that are important for Gen Z are:

- 70% of Gen Zers put pay/salary as a top aspect they want from their next job, this is driven by their concerns about the economy and their financial health
- They want an employer that cares about diversity, equity and inclusion, they care about the values of an organisation
- They care about tech, most Gen Zers had their first smartphone before they were teenagers, in a survey 70% of Gen Zers would leave their current role for better technology. Mundane work where they are not learning anything new, no new skills and not using technology.

70% of Gen Z Employees Would Switch Jobs for Better Tech: Weekly Stat | CFO.com May 2023

- They like working from home, 1 in 5 have never worked in a face to face environment
- They face more mental health challenges, Gen Z struggles with mental health at a higher rate than their generational counterparts and are becoming more vocal about these challenges and advocating for themselves when it comes to taking time off. Top diagnosed mental health conditions are anxiety and depression.
- They won't be afraid to leave a job. 83% of Gen Zers consider themselves as job hoppers, most members of their generation intend to stay with their employer for two years or less.

- They will stay in roles if they can learn new skills, 67% of Gen Zers want to work at organisations where they can learn skills to 'advance their careers'.

Forage, Generation Z Workplace Statistics, Generation Z Workplace Statistics - Forage (theforage.com)

The next generation - Generation Alpha are defined as those born between 2010-2024. There are 2,586,000 born globally each week, there are already almost 2 billion Gen Alphas living in the world. India, China, and Nigeria are the top 3 countries for Gen Alpha births. Based on current projections, Generation Alpha will be the largest generation in history.

65% of Gen Alphas will work in jobs that don't exist today. 49% of Gen Alphas trust influencers as much as family.

Generation Alpha is the youngest generation living on the planet today. By the time they're all born in 2025, they'll be the largest demographic. Alphas are tech-savvy with a deep sense of environmental and social awareness.

As Gen Alpha matures, their expectations from brands, organizations, and governments are sure to have a lasting impact on the next several decades of human history.

Anticipating the likely needs and motivation of this new generation will be key to supporting and sharping the workplace for the future. Generation A will bring about significant shifts in workplace culture, technology adoption and recruitment strategies.

The key changes are they are likely to need greater flexibility and adaptability. According to the Automatic Data Processing (ADP) Research Institute survey 'People at Work 2023' they prioritise more flexibility, along with physical and mental support, remote work and meaningful and enriching experiences over salary, job security and traditional career paths. This is quite a significant shift from years gone by.

5.0 Current Policy:
The current flexible working policy at KMPT was updated in September 2023, the key principles of the policy are a strong commitment to improving working lives and supporting employees in positively exploring ways in which they can better balance their work and personal lives and that we will make every effort to accommodate a request for flexible working. The policy outlines the following options that are available for consideration (this list is not exhaustive):
- Job sharing – the employee and one or more people share responsibility for their current role.
- Part-time working – (any number of hours under 37.5)
- Voluntary reduced working time – working fewer hours for an agreed period.
- Annualised hours (or Average hours working patterns) – working their contracted hours flexibly throughout the year without affecting their regular salary payment.
- Flexi-time – working flexible hours during the day within defined limits.
- Compressed hours working – contracted working hours are compressed into fewer days.
- Job-splitting – two part time jobs created from one full-time post without the need for continuity and communication.

- Term time working – concentrating their work hours within school term times to provide time off to look after children during school holidays.
- Hybrid Working – where all or part of their role is undertaken from home.
- Personalised Annual Leave - This is an arrangement whereby employees can "buy" or "sell" annual leave subject to minimum and maximum ceilings, with a commensurate adjustment to their salary. Please read the annual leave policy for more information has a strong.
- Flexible rostering – this is where an employee may work periods of differing lengths with an agreed overall period.
- Fixed work patterns – this is where by agreement days off can be irregular to enable, for example, access by separated parents to their children
- Flexible retirement – this is where an employee may choose to return by winding down, stepping down or opting out, or bank working. More information can be found in the retirement policy.
- Employment breaks – can be used to provide greater flexibility to employees wanting to balance their working and home life. (Covered in the Employment Break Policy).

The process that is in place already meets the requirements of the changes in legislation:

- A Colleague make an application to change to their line manager
- The Manager meets with the colleague within 28 days. The meeting will provide an opportunity to discuss the desired work pattern in depth and how best it might be accommodated. It will also provide an opportunity to consider other working patterns, should accommodating the desired work pattern in the application prove difficult.
- The Manager confirms in writing within 14 days their decision.

The policy also allows for trial periods which can be up to 3 months. All flexible working requests should be reviewed regularly to ensure that they meet the needs of the colleague and the service.

As described as we do not currently record flexible working requests as they are made and do not have provision to highlight this on ESR. We do not currently know what are the main reasons flexible working requests are being requested here at KMPT as this is held locally.

6.0 Recommended actions:

Investment in flexible working can bring many benefits to employers and employees. It can:
- Help people to better balance their working lives alongside their personal responsibilities, needs and preferences
- Be beneficial for health and wellbeing
- Make employment more accessible for more people
- Help employers address labour and skills shortages
- Improve staff retention and recruitment
- Create more diverse and inclusive workplaces.

Flexible working can bring benefits in workplaces of every size and in all sectors. While not every type of flexible working will be suitable for every role and every organisation, flexible working can take many forms. The starting position should be to consider what may be possible.

Employers must agree to a flexible working request unless there is a genuine business reason not to. A decision to reject a request must be for one or more of the following business reasons which are set out in the Employment Rights Act 1996:

- the burden of additional costs
- an inability to reorganise work amongst existing staff
- an inability to recruit additional staff
- a detrimental impact on quality
- a detrimental impact on performance
- a detrimental effect on ability to meet customer demand
- insufficient work available for the periods the employee proposes to work
- planned structural changes to the employer's business.

What can we do to improve our flexibility and work towards being an employer of choice? Here are some recommendations, some may be quick wins some will require some work, a task and finish group will need to be set up to discuss these further and what the art of the possible will be and what can be progressed, this will be reported back through People Committee by March 25 with key actions.

- Becoming more digital savvy as a trust. The introduction of the Staffroom has been a great step forward for the trust and hopefully the first of many. If we are going to embrace future generations of workers we need to harness the power of digital. We need to look at all our processes and re-engineer them to be smoother and more streamlined before we can embark on digitalisation. Kent Community Hospital Foundation Trust have automated some processes and they have not seen the payback they were hoping for because they did not review and streamline processes prior to automating. We will agree a plan to review our processes and key target areas to support readiness for automation and bring this back to People Committee in March 2025.
- We have engaged with Apira, a consulting company on a HR System, their work needs to be reviewed and support on-going conversations for automation and if we can utilise their findings.
- Digital Network Champions are in place, KMPT has 68 across the trust. Part of their work is digital literacy framework to understand what the minimum is for people to be able to do their jobs. This will support to ensure our colleagues feel confident in their roles as well as the younger generation. Working on making colleague advocates about their jobs and what we do and encourage where we can more social interactions/ profiles as you would get with social media influencers.
- Improved recruitment processes, how do we make it easier to apply for roles? How do we make roles more attractive to applicants? How do we reach the target audience, do we need a more proactive recruitment strategy and not wait for people to come to us? A task and

finish Group has been set up to work through what this could look like and what actions we can take forward again we will report back to People Committee in March 2025.

- Better career opportunities, people want to continue to learn, how do we develop colleagues, keep them interested and help them grow. How do we create the ethos of a career for life not a job for life. HR Business Partners working with their directorates to be advocates of flexible working utilising what the demographics of Kent to support what might be needed in different areas of the county and supporting career fairs.

- Different ways of working rather than traditional full-time roles, how do we embrace multi-discipline roles, flexible working contracts rather than traditional fixed shift patterns that lets people choose when they work. This might support the older generation and also encourage more part-time workers especially those from economically challenged areas. It might also help the trust be more agile and reduce some overtime costs.

- More supportive policies, how can we help people with their health and wellbeing, balance their work and life better. We have recently launched a new employee assistance provider that is more digital in its interactions with colleagues and has the scope to be built upon. Work is continuing on improving our policies and making them less punitive and antiquated.

- Having generation mentors, supporting the older workforce with younger mentors and vice a versa. Engaging local colleges and setting up focus groups to listen to the voice of the future workforce and what they need, we can achieve this alongside our career fares. Igniting a spark that will encourage younger people to think about careers in the care and the opportunities that are available for them.

- Better data collation, improved data on flexible working from requests and trends to help inform future policies/ strategies. Launching ESR Manager self-serve will support this.

- Offering Clinicians the chance to work virtually, we have seen a significant shift in GP services with e-consults, could this support some of hard to recruit areas such as East Kent. Also from a patient's perspective it might be difficult to attend face to face appointments, improving the choice and availability of service and allowing people to make an appointment to a time that suits them.

- Giving people the choice of when they work, we could extend working hours to include evenings which might benefit our patients as well, moving away from the traditional Monday to Friday service the NHS is known for. This might support our colleagues that wish to retire and return or appeal to our next generation of workforce that want greater work life balance.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 28th November 2024

Title of Paper: Community Mental Health Framework – Quarterly Update

Author: Victoria Stevens, Deputy Chief Operating Office

Executive Director: Donna Hayward-Sussex, Chief Operating Officer

Purpose of Paper

Purpose: Discussion

Submission to Board: Board requested

Overview of Paper

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

Issues to bring to the Board's attention

Referrals continue to be above the original demand modelling undertaken by Attain. This has led to an increase in patients waiting interventions in Mental Health Together. Patients requiring treatment in Mental Health Together + (previous Community Mental Health Teams) are transferred and receive a response swiftly.

A trajectory has been developed to monitor the impact of staff coming in to post. In addition, rapid learning events have taken place across all newly established Mental Health Together Teams to improve responsiveness and data quality. These will continue as the programme moves to phase 2 of the planned implementation.

Progress against all actions and performance is monitored via the Mental Health Together (all agency) Operational Delivery Group.

Governance

Implications/Impact: It should be noted that any slippage in recruitment will have an impact on the planned delivery of the programme. Progress continues to be monitored and measures to address any deviations addressed swiftly.

Assurance: Reasonable

Oversight: Executive Management Team

Community Mental Health Framework

Trust Board – 28 November 2024

CMHF (MHT & MHT+) Timeline

Tasks	2024 - 2025										2025 - 2026							
	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Q3	Q4
Data – baseline metrics and dashboard	▮	▮																
Recruitment process	▮	▮	▮	▮	▮													
Recruitment complete - fully resourced model							◆											
Front door review and action plan (monitor trajectory)					▮	▮	▮	▮										
MHT+ implementation				▮	▮	▮	▮	▮										
Test & learn – full model						▮	▮	▮	▮	▮								
Evaluation planning										▮	◆							
PMO handover										▮								
Evaluation of model (P3 considerations)											▮	▮	▮					
LIST review – data/options		▮	▮	▮														
Sustainability planning – BAU governance agreed						▮	▮	▮	▮	▮								
BAU transition												▮	▮	▮	▮	▮		

Referrals received January – October 2024

Demand model and current forecast
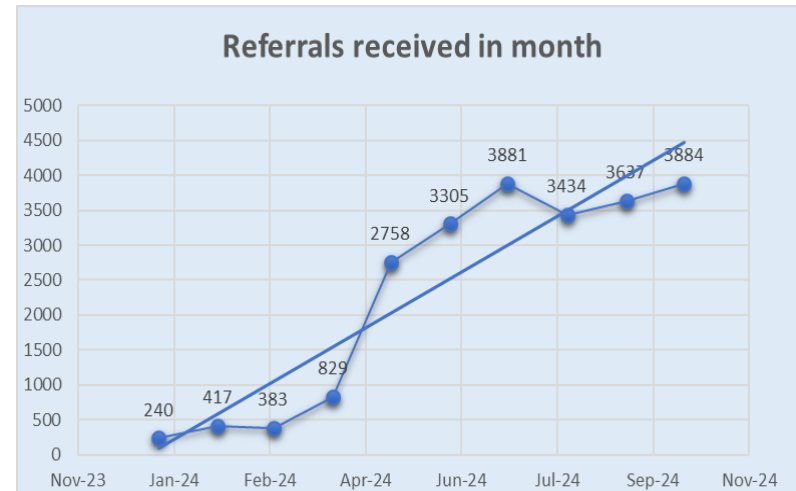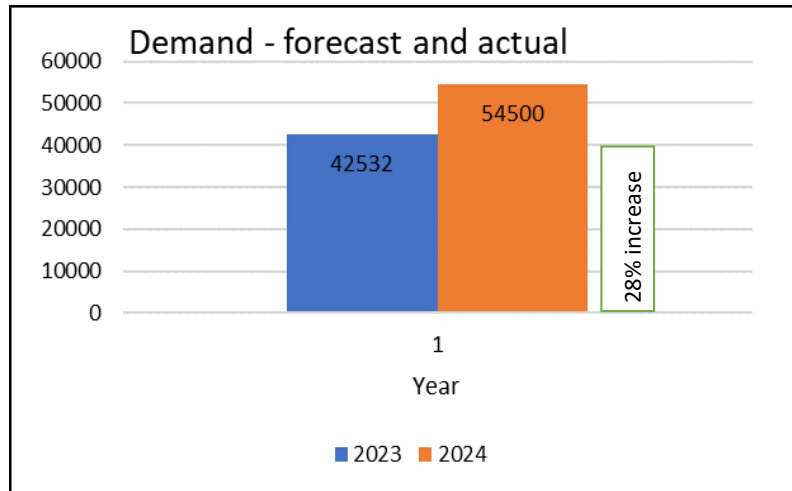
- 2022/23 - modelling predicted 42,532 referrals per annum.

- The current demand is forecasting 54,500, an increase of 28% . This equates to 4,500 referrals per month of which a % will always be awaiting first contact.

Waiting Times

Mental Health Together (new service)

Previously there were 2 community key performance indicators related to 'waits'

- 4 weeks from referral to assessment & 18 weeks from referral to treatment.
- The new 'wait' target within community transformation nationally is now 4 weeks from referral to first intervention.
- Partner agencies are underway with recruitment and onboarding which will support the management of waiting times.
- It is likely to take 6-9 months to achieve this target based on the trajectory developed.

Historical Long Waits

Wait time for interventions (mainly psychological therapies) are reducing as a result of the changes

Active Review Cases Comparison - Month End October 2023 and 2024
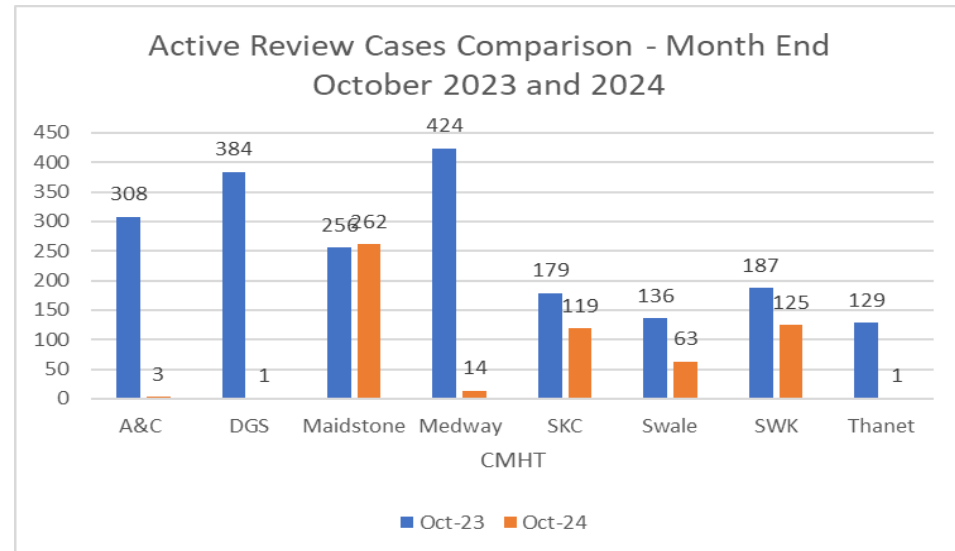
Wait Lists by Locality

Interventions provided by both KMPT and partners.

Patients waiting for first contact

Locality	Value
Grand Total	2935
MHT - Thanet	420
MHT - South West Kent	329
MHT - South Kent Coast	255
MHT - Medway & Swale	583
MHT - Maidstone	474
MHT - DGS	286
MHT - Ashford & Canterbury	588

No of patients waiting for an intervention with first contact

	MHT - Ashford & Canterbury	MHT - DGS	MHT - Maidstone	MHT - Medway & Swale	MHT - South Kent Coast	MHT - South West Kent	MHT - Thanet	Grand Total
Series1	269	130	224	114	369	199	385	1690

ent wait for patients waiting for Clock Stop

Waiting Time Bands ● Within 4 Weeks ● 4 to 12 Weeks ● 12 to 18 Weeks ● 18 to 24 Weeks ● 24 to 52 Weeks

This chart shows the percentage of patients waiting for clock stop against the time they have been waiting from referral in weeks.
Drill through can be used to see what clock stop measures have been complete or are still required.

35.3%   38.5%   14.9%   8.3%

- 35.3% of patients waiting have not breached the new 4 week target.

Trajectory

If the current trend in relation to numbers of referrals continues, this would equate to approximately 4,500 referrals per calendar month.

The graph shows the forecast decrease in numbers of people waiting and the length of time taken to achieve a 50% reduction utilising additional Assistant Psychology staff and predicted overtime for current CMHT staff.

It should be noted there will always be a percentage of people awaiting first contact and commencement of treatment within 4 weeks).

Estimated Patients awaiting Initial Meeting & Dialog+
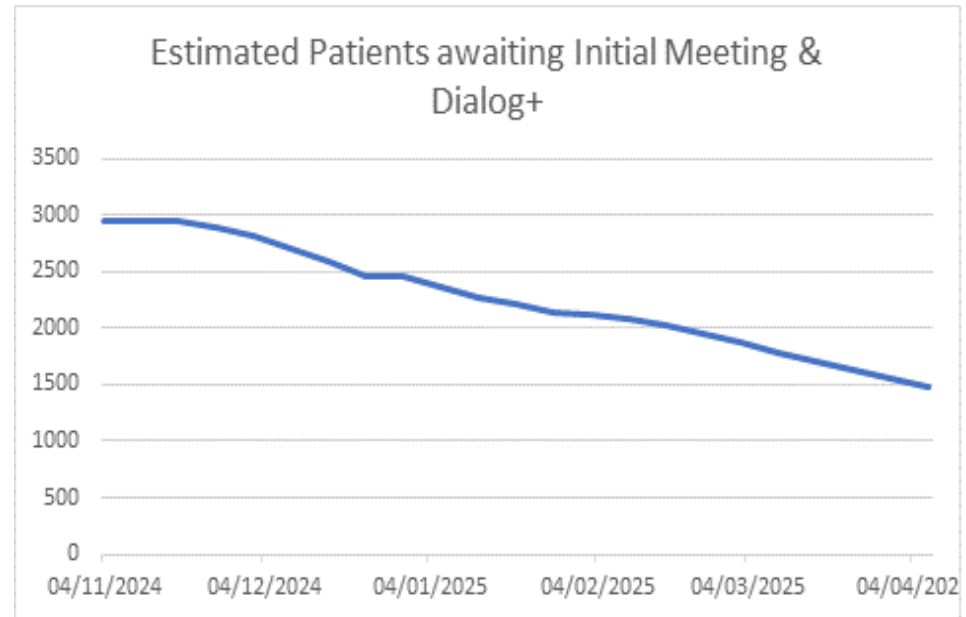
CMHT caseload

Since Mental Health Together was stood up (January to June 2024) a reduction in patients requiring this level of service has been experienced. This would indicate (as predicted) that some patients could benefit more from a multi agency service – Mental Health Together.

As phase 2 is implemented a review of capacity will be undertaken to ensure the right level of staffing is applied across both Mental Health Together and Mental Health Together +.

CMHT Caseload comparison

CMHT	Oct-23	Oct-24
A&C	1364	942
DGS	1404	755
Maidstone	1128	859
Medway	1271	745
SKC	875	728
Swale	474	273
SWK	755	567
Thanet	667	473

Progress update
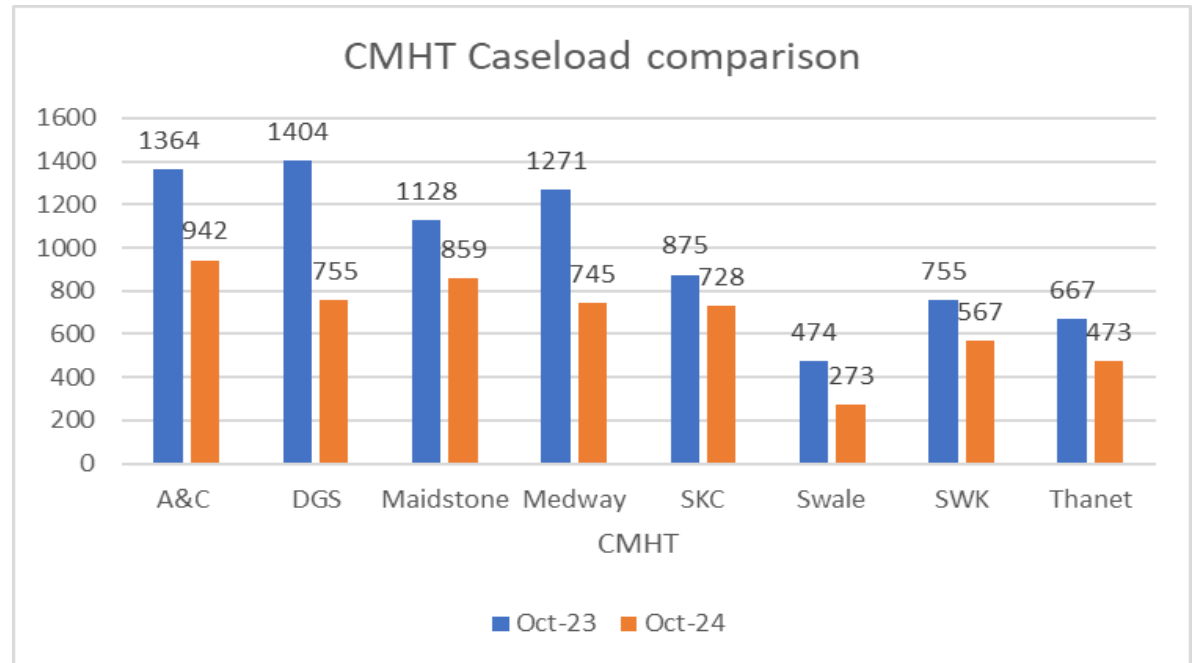
Locality Implementation

- Mental Health Together continues to be implemented across county utilising existing CMHT staff whilst recruitment from other agencies is underway. Rapid learning events are helping to review triage with support from Talking Therapies and Shaw Trust to ensure the appropriate level of response.
- A joint workshop with primary care and ICB colleagues is planned for November 24.

Finance & Contracting

- **Finance:** The 24/25 Integrated Care Board (ICB) contract includes £8.43m for 24/25 which KMPT is lead provider (Community Mental Health Framework) covering Mental Health Together (MHT) and Community Rehabilitation Services. The service has reported underspends in Q1 and Q2 during the recruitment phase. Spend has significantly increased in October and November due to successful recruitment. Current forecast is predicting the service will be fully mobilised from Q4.
- **Contracting:** Contracts with the three partners (Invicta Health, Shaw Trust and porchlight have been agreed and signed; all three partners are actively recruiting to posts. The approach for lived experience and community rehabilitation is under review.

Enablers

- **Estates:** Planning meetings continue with Health and Care Partnerships (HCP). In Medway, healthy living centres are being utilised for MHT and MHT+.
- **Performance and Outcomes**: Performance dashboard and the patient level caseload management report remain in place. A 6 month trajectory is now in place to monitor performance.
- **Workforce:** Partner agencies have almost completed recruitment and the onboarding of staff is monitored bi-weekly.

Key Risks/Issues

Risk	Pre-mitigation scoring	Post-mitigation scoring	Mitigations
IF referral numbers continue to increase at the front door and the current triage/allocation process continues 'as is' THEN waiting lists will continue to increase and patients will have to wait longer to receive intervention support RESULTING IN increased levels of risk for patients on the waiting list and KMPT; reduced patient outcomes; demotivation and workload pressures for staff and a reduction in the quality of the service delivered	20	16	Improvement focus on the front door to ensure that the model includes an MDT approach and to ensure patients are allocated to the right person at the right time. Working with VCSE partners to recruit and onboard Navigators asap to enable locality determined targeting of highest risk areas. Size of the waiting list poses significant concerns and will take time to address. Additional Assistant Psychologists from Jan 25 on short term contracts will also support reduction of the waiting list.
IF the recruitment for additional staff in MHT is further delayed THEN there is a clinical risk to quality and safety for people waiting for interventions in MHT RESULTING IN delays to patient care and potential for clinical risk (also added to Issue Log)	16	12	Practice guidance issued for 'Reviewing Risk at the start of MHT' to incorporate assessing risk while waiting or if they need to step directly into MHT+. Review practice of directing patients to specific (historic) interventions and considering all of MHT support. Active review waiting lists to be reviewed immediately to ascertain if there is capacity within MHT+ to provide additional resource into MHT.
IF Clinical Pathway Leads and other key staff in MHT do not have access to the primary care system, Egton Medical Information Systems (EMIS) THEN it may not be possible to access the Primary Care record for all patients RESULTING IN incomplete patient records, duplication of entries and delays in processing referrals	12	9	Digital colleagues identifying options for using Kent Medway Care Record (KMCR) instead of EMIS. 21/06/24 - EMIS group established to arrange access for key KMPT staff as an interim measure pending the outcome of the KMCR options work.

TRUST BOARD MEETING

Meeting details

Date of Meeting: 28th November 2024

Title of Paper: Health Inequalities Dashboard Approach

Author: Neil West – Programme Director, Improvement Team

Executive Director: Dr Adrian Richardson – Director of Transformation & Partnerships

Purpose of Paper

Purpose: Discussion

Submission to Board: Board requested

Overview of Paper

The paper sets out the principles of the dashboard, identifies prospective user cases, puts forward potential dashboard key performance indicators and demographic metrics, provides illustrative examples, and sets out a phased approach to its continued development.

Issues to bring to the Board's attention

Comprehensive co-production work has led to a proposal which aligns to KMPT's strategic programmes, focuses on embedding health inequalities into operational and improvement reporting, and puts the agenda front and centre of everything staff do.

The detailed review of the current state has identified challenges with the collection of demographic data, and it is proposed that the prioritisation of changes to RiO to simplify this process for frontline staff may be discussed.

Governance

Implications/Impact: Engagement and consultation

Assurance: To be assigned

Oversight: Trust Leadership Team

1

1. **Co-production**

Following a board seminar in June 2024 on health equity, work has been undertaken to progress how KMPT datasets are used to address health inequalities.

This includes a workshop with multidisciplinary participants from across the system, which included lived experience colleagues, discussions with population health management and business intelligence experts from Kent and Medway councils, operational colleagues from KMPT, advisory support from analytics consultancy, Unity Insights, and input from Non-Executive Director, MaryAnn Ferreux.

2. **Improvement opportunities**

The Business Intelligence team has already made significant progress in the collection and visualisation of demographic data, including levels of data completeness. However, up until now some of the below areas of development have yet to be prioritised:

- **Tracking progress** – the new dashboard will visualise the data so progress can be tracked frequently.
- **Comparator data** – data can be compared to Kent and Medway population groups to ensure equitable access, experience, and outcomes for all service users.
- **Outcome and demographic data** – the dashboard will link health outcomes with demographic information.
- **Getting The Basics Right** – inputting data into RiO is time intensive and by improving the system's usability could save frontline staff many hours and improve data collection quality.
- **Digital literacy** – initial conversations suggest that many staff do not recognise the importance of capturing demographic data.

3. **Principles and objectives**

The three principles below, and objectives have been shaped around the guidance documents in Appendix A.

i)   **Strategic alignment**: the health inequalities agenda will be woven into existing strategic programmes and embedded in operational reports to enhance engagement around the agenda. This approach will also reduce the perception amongst frontline staff that there are additional changes to navigate.

ii)   **Data Quality assurance:** there will be a focus on simplifying data collection processes, engaging staff around the importance of data collection, and tracking teams' progress around data completeness.

iii)   **Iterative development:** the plan outlines three key phases for the dashboard's development. It is expected that the dashboard will continuously evolve over time in line with patient and system needs.

The dashboard will look to meet the following objectives:

- **Insightful**: be specific enough to drive better decision-making
- **Shaped by feedback**: will evolve and develop through feedback from all directorates
- **Impactful**: provide actionable insights used to make the case for change for improvement initiatives

4. **User cases**

The dashboard is intended as a resource for three primary user groups:

2

i) **Regular internal usage:** team leaders, clinical leads, and service managers will utilise the dashboard to better understand the demographics of service users, monitor changes over time, and inform decisions regarding patients' access, experiences, and outcomes.

ii) **Punctual internal usage:** senior management, the EMT, and Board members will benefit from a trust-wide overview of health inequalities to monitor changes and track progress using key metrics aligned with strategic programmes.

iii) **Potential external usage:** subject to information governance approval Public Health teams and the Kent Public Health Observatory will gain access to data, aiding KMPT in its journey to becoming an anchor institution through data sharing with system partners.

5. Demographic metrics & Measures

The proposed approach focuses on four key demographic metrics in Phase 1. While the first three demographic metrics are intuitive, for clarification purposes, the fourth is to help us to start building a picture of access rates by deprivation in local/ hyperlocal populations.

The demographic metrics for Phases 2 and 3 are indicative, and will be prioritised depending on feedback from colleagues and their potential impact on the health inequalities agenda.

Phase 1	Phase 2	Phase 3
Age group	Disability status	Employment status
Gender	Accommodation status	Carer registered
Ethnicity	Sexual orientation	
Postcode analysis	Interpreter usage	

The table below sets out the proposed measures for Phase 1 which will focus firstly on Community and then Crisis services, both orientating around Access data. In Phases 2 and 3 we will look to prioritise Experience and Outcome metrics from the strategic programmes.

Strategic programme	Community (Nov 24)	Crisis (Jan 25)
Dementia	• Percentage of people referred for a dementia assessment diagnosed within 6 weeks*	
Mental Health Together	• Percentage of referrals to MHT* • Percentage of referrals to MHT+*	
Purposeful admission		• Percentage of people presenting to Liaison Services triaged within 1 hour
Mental Health Together		• Percentage of people in crisis assessed within 4 hours

3

* - caseload demographics are currently being utilised due to small sample sizes and data currently captures only patients within the service at the time. This will be adapted for Q4.

4

6. Delivery planning and timelines

The three-phase approach to the dashboard development is outlined in the one-pager below. The visual signposts some quick wins already identified to progress the health inequalities agenda (items within 1.4).

Phase 1 - Access

1.1a) Improve usability of RiO for protected characteristics data collection.
1.1b) Embed health inequalities into planning for digital training.
1.1c) Identify and address data quality gaps and continue development of dashboard.

1.2a) Link outcome measures to demographic metrics for Community, enable progress to be tracked, and embed comparator data in visualisations.
1.2b) As above, this time for Crisis KPIs.

1.3a) Integrate HI thinking into White, Yellow Belts, and induction.
1.3b) Upskill Improvement team around health inequalities.

1.4a) A3 on underrepresented patients in dementia services.
1.4b) A3 on DNA rates in MHT – already underway in Getting The Basics Right.
1.4c) A3 on access rates for those from socially deprived areas.

2024/25 — DEC | JAN | FEB | MAR | APR | MAY | JUN

Phase 2 - Experience

2.1a) Continue to iterate and improve data dashboard.

2.1b) Establish system data group for data sharing.

2.2a) Partner with HIKSS* to build out Improvement team Health Inequalities capability.

2.2b) Build a network of health equity change makers across KMPT.

2.3) Identify highest costs of existing inequalities and redress e.g. seclusion or sedation.

2025 — JUL | AUG | SEP | OCT | NOV | DEC

Phase 3 - Outcomes

3.1) Review and refine key performance indicators based on strategic goals.

3.2) Build population health academy with system partners and academics.

3.3) Build health inequalities community of practice across KMPT.

3.4) Continue to pursue improvement initiatives based on greatest inequalities.

2026 | **2027**

*HIKSS = Health Innovation Kent, Surrey, & Sussex

5

NHS
Kent and Medway
NHS and Social Care Partnership Trust

7. Current dashboard and ongoing development

Below, and on the following page is an example of a proposed two-page reporting template for the strategic outcome measure for dementia; these visualisations are now available on BI. Accommodation status has also been demonstrated.

The current draft dashboards for Mental Health Together, Mental Health Together Plus, and the tabulated information for dementia below are in Appendix B, a revised dashboard is currently in development and an example for one of the outcomes can be seen on the following pages. The data for crisis services (triaged in one hour, and assessed in four hours) will form part of the dashboard from January.

6

NHS
Kent and Medway

Dementia waits

% of people referred for a dementia assessment diagnosed within 6 weeks

Performance

1.1.08: % of people referred for a dementia assessment diagnosed within 6 weeks
SPC Chart: Trust Wide

Target	Actual	UCL	Mean	LCL	Variation	Assurance
18.3%	20.0%	10.3%	0.7%			
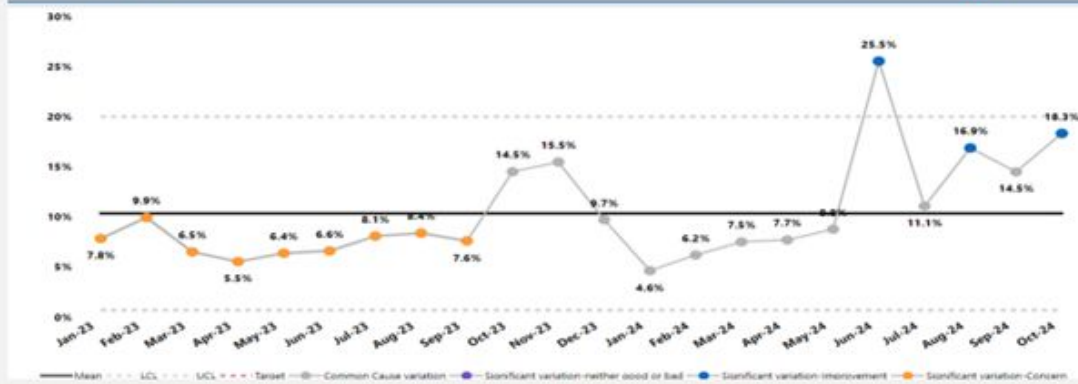
Performance narrative / assurance

For example:

- Although the October performance of 18.3% of patients diagnosed within the 6 week target was still significantly below the target of ?%, statistically this represents significant improvement
- Plans to get closer to the target include x, y, and z

Note: is there is a case for using different date range for the SPC?

Current caseload broken down by Postcode Area
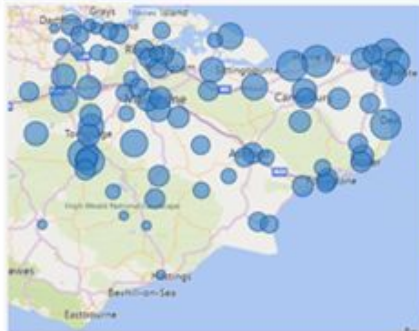
Current Caseload: 3272

*Current caseload is identified as being all open referrals with MAS teams @ 14/11/2024

3272
Total
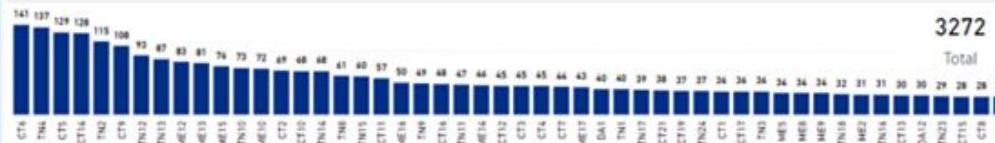
* x% of client records have been synchronised with NHS Spine in last 30days i.e. current address has been validated

Accommodation status

Top 5 categories

Owner occupier
Tenant - Local Authority/registered so...
Tenant - private landlord
Tenant - Housing Association
Care home without nursing

0%   50%

*Accommodation status completed for 24.0% of records
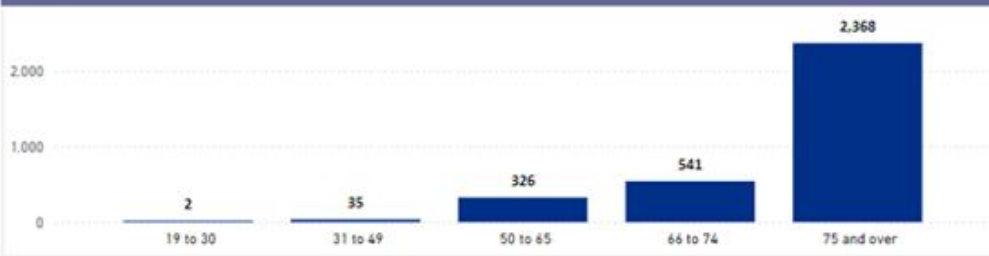
7

NHS
Kent and Medway

Dementia waits

% of people referred for a dementia assessment diagnosed within 6 weeks

Demographic analysis

Current Caseload:

3272

*Current caseload is identified as being all open referrals with MAS teams @ 14/11/2024

Age:

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

Gender:

MAS Caseload / K&M Population (ONS Census 2021)

	MAS Caseload	K&M Population
Female	-55.9%	51.2%
Male	-44.1%	48.8%

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

Ethnicity:

MAS Caseload / K&M Population (ONS Census 2021)

	MAS Caseload	K&M Population
White	-94.1%	88.6%
Mixed	-2.1%	2.4%
Other Ethnic Groups	-1.9%	1.3%
Asian - Asian British	-1.4%	4.7%
Black - Black British	-0.5%	3.1%

* 59.4% of client records have an Ethnic category

8

8. Risks

The business intelligence and RiO teams' capacity to develop the health inequalities dashboard and to simplify the usability of RiO will be dependent on where health inequalities work is prioritised against other Trust priorities.

9

Appendix A – Guidance documents utilised for principles and objectives

Please see the sources below which have helped to shape our strategy:

NHS England » Advancing mental health equalities strategy ; Inequalities in mental health and why this data is a priority - NHS England Digital
Health matters: reducing health inequalities in mental illness - GOV.UK
Mental Health 360 | Inequalities | The King's Fund
NHS England » Tackling inequalities in healthcare access, experience, and outcomes

10

Appendix B – Draft Community Dashboard (November)

Mental Health Together (MHT) Caseload

Caseload by Gender

100% complete.

Gender	% of Current Caseload	K&M ONS Census Data
Female	59%	51%
Male	41%	49%

MHT Caseload by Gender
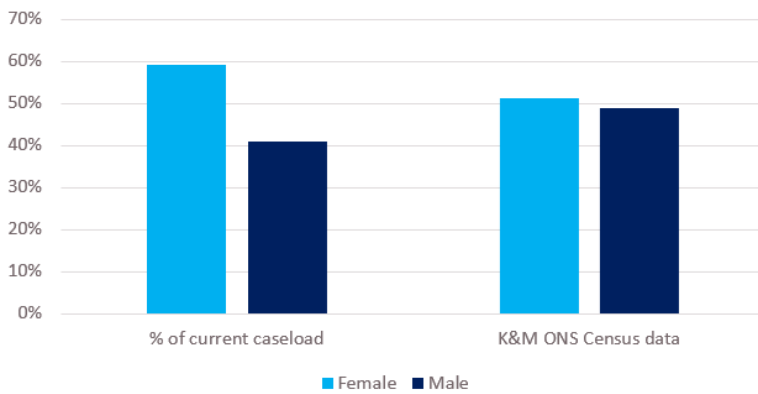
Caseload by Ethnicity

78.1% complete.

Ethnicity	% of Current caseload	K&M ONS Census 2021
White	93%	88.6%
Mixed	3%	2.4%
Black British	1.6%	3.1%
Asian British	1.5%	4.7%
Other Ethnic Groups	0.1%	1.3%

MHT Caseload by Ethnicity

11
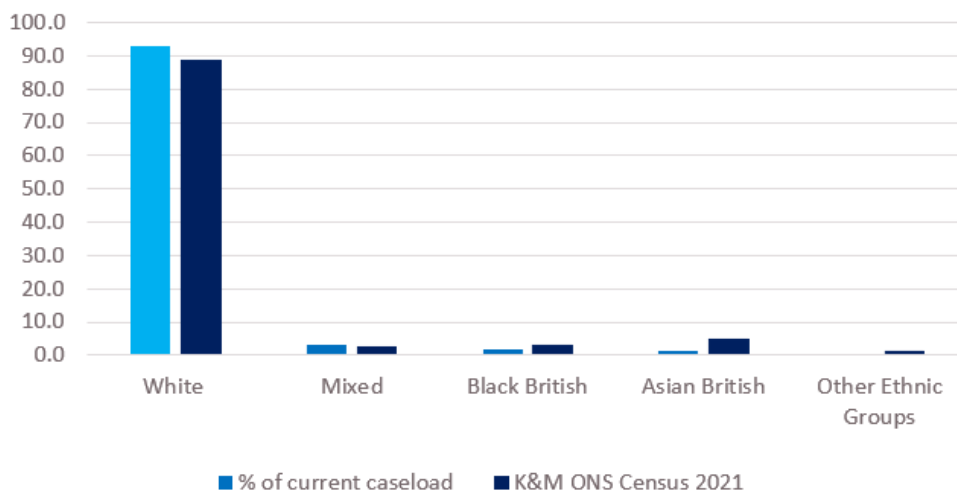
Caseload by Age

100% complete.

Age Group	No. of MHT Referrals	% of Total
11-18	207	3%
19-30	2114	31%
31-49	2768	40%
50-65	1375	20%
66-74	207	3%
75 and over	238	3%

% of MHT Referrals by Age Group
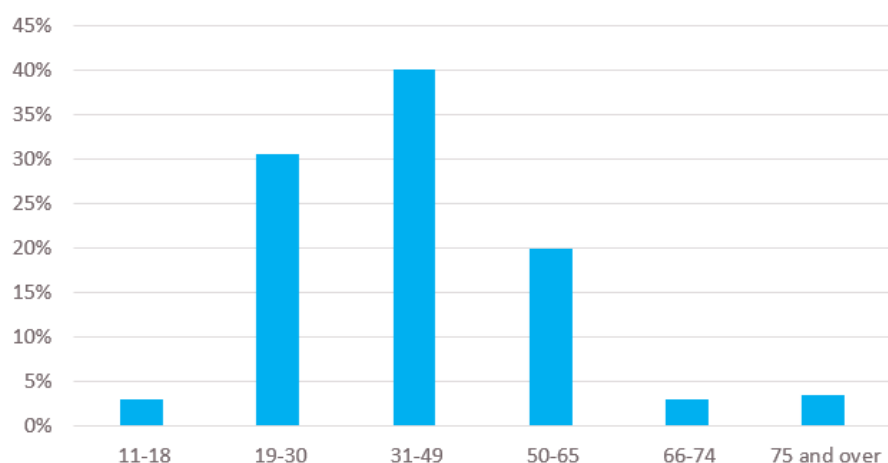
MHT Caseload by Postcode

100% complete.

Postcode	Referrals	%	Postcode	Referrals	%	Postcode	Referrals	%	Postcode	Referrals	%
CT9	366	5.30%	DA11	134	1.90%	TN2	100	1.50%	TN27	58	0.80%
CT11	277	4.00%	TN12	134	1.90%	ME19	91	1.30%	ME20	57	0.80%
ME15	240	3.50%	DA1	126	1.80%	ME13	90	1.30%	TN8	55	0.80%
ME12	193	2.80%	CT10	124	1.80%	CT5	89	1.30%	ME9	54	0.80%
CT6	191	2.80%	ME14	121	1.80%	ME17	86	1.20%	CT21	53	0.80%
CT1	183	2.70%	ME2	118	1.70%	TN9	83	1.20%	DA2	53	0.80%
TN23	183	2.70%	CT19	117	1.70%	ME3	74	1.10%	TN25	52	0.80%
ME10	177	2.60%	CT2	113	1.60%	CT7	73	1.10%	TN14	49	0.70%
ME7	174	2.50%	ME8	113	1.60%	BR8	72	1.00%	TN29	48	0.70%
CT12	169	2.50%	CT17	109	1.60%	TN10	71	1.00%	TN26	44	0.60%
ME5	169	2.50%	ME1	107	1.60%	TN15	71	1.00%	CT13	42	0.60%
TN24	162	2.30%	TN4	107	1.60%	CT3	70	1.00%	CT18	40	0.60%
DA12	138	2.00%	CT14	106	1.50%	TN1	68	1.00%			
ME16	138	2.00%	CT16	105	1.50%	TN13	66	1.00%			
ME4	136	2.00%	CT20	102	1.50%	CT8	58	0.80%			

12

Mental Health Together Plus (MHT+) Caseload

<u>Caseload by Gender</u>

100% complete.

Gender	% of Current Caseload	K&M ONS Census Data
Female	50.1%	51.2%
Male	49.9%	48.8%
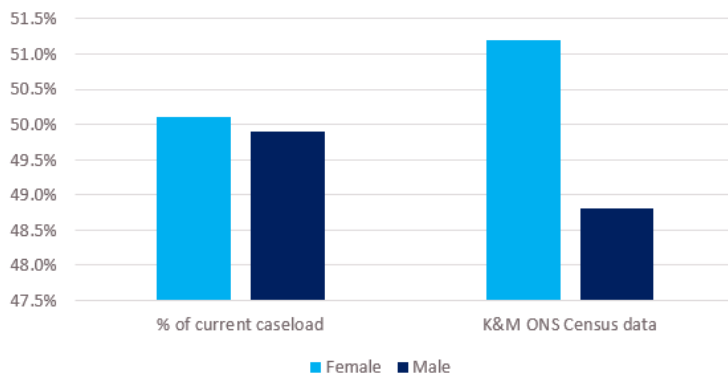
<u>Caseload by Ethnicity</u>

100% complete.

Ethnicity	% of current caseload	K&M ONS Census 2021
White	94.6%	88.6%
Mixed	2.8%	2.4%
Black British	1.3%	3.1%
Asian British	0.6%	4.7%
Other Ethnic Groups	0.6%	1.3%

13

Caseload by Age

100% complete.

Age Group	No. of MHT Referrals	% of Total
11-18	8	1%
19-30	83	10%
31-49	212	26%
50-65	163	20%
66-74	117	14%
75 and over	246	30%

% of MHT+ Referrals by Age Group
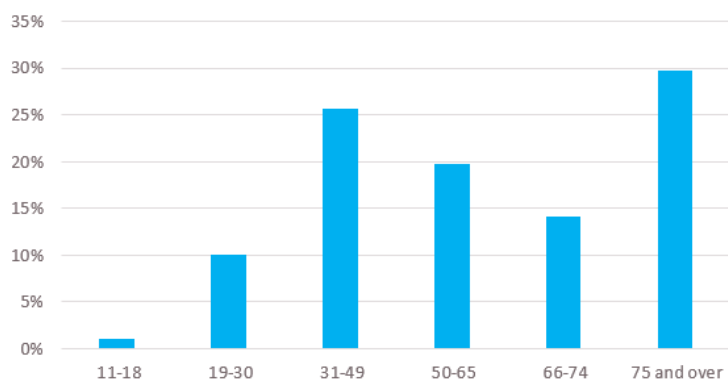
Caseload by Postcode

100% complete.

Postcode	Referrals	%	Postcode	Referrals	%
CT9	295	35.60%	CT13	1	0.10%
CT10	138	16.70%	CT16	1	0.10%
CT11	136	16.40%	CT17	1	0.10%
CT12	98	11.80%	CT20	1	0.10%
CT8	68	8.20%	CT3	1	0.10%
CT7	59	7.10%	DA2	1	0.10%
CT14	4	0.50%	GU27	1	0.10%
ME12	3	0.40%	ME13	1	0.10%
CT6	2	0.20%	ME14	1	0.10%
GU21	2	0.20%	N11	1	0.10%
ME16	2	0.20%	N9 9	1	0.10%
NN1	2	0.20%	OL8	1	0.10%
RG19	2	0.20%	RH6	1	0.10%
CA4	1	0.10%	TN24	1	0.10%
CT1	1	0.10%			

14

Dementia

Please see the data from section 7 in the Board paper in tabular form below:

<u>Caseload by Gender</u>
100% complete.

Gender	% of Current Caseload	K&M ONS Census data
Female	55.9%	51.2%
Male	44.1%	48.8%

<u>Caseload by Ethnicity</u>

59.4% complete.

Ethnicity	% of current caseload	K&M ONS Census 2021
White	94.1%	88.6%
Mixed	2.1%	2.4%
Black British	0.5%	3.1%
Asian British	1.4%	4.7%
Other Ethnic Groups	1.9%	1.3%

<u>Caseload Age</u>

100% complete.

Age Group	No. of Dementia Referrals	% of total
19-30	2	0.1%
31-49	35	1.1%
50-65	326	10.0%
66-74	541	16.5%
75+	2368	72.4%

<u>Caseload by Postcode</u>

100% complete.

Postcode	Referrals	%	Postcode	Referrals	%	Postcode	Referrals	%	Postcode	Referrals	%
CT6	141	4.31%	CT2	69	2.11%	CT4	45	1.38%	ME8	34	1.04%
TN4	137	4.19%	CT10	68	2.08%	CT7	44	1.34%	ME9	34	1.04%
CT5	129	3.94%	TN14	68	2.08%	ME17	43	1.31%	TN18	32	0.98%
CT14	128	3.91%	TN8	61	1.86%	DA1	40	1.22%	ME2	31	0.95%
TN2	115	3.51%	TN15	60	1.83%	TN1	40	1.22%	TN16	31	0.95%
CT9	108	3.30%	CT11	57	1.74%	TN17	39	1.19%	CT13	30	0.92%
TN12	93	2.84%	ME16	50	1.53%	CT21	38	1.16%	DA12	30	0.92%
TN13	87	2.66%	TN9	49	1.50%	CT19	37	1.13%	TN23	29	0.89%
ME12	83	2.54%	CT16	48	1.47%	TN24	37	1.13%	CT15	28	0.86%
ME13	81	2.48%	TN11	47	1.44%	CT1	36	1.10%	CT8	28	0.86%
ME15	76	2.32%	ME14	46	1.41%	CT17	36	1.10%	ME7	28	0.86%
TN10	73	2.23%	CT12	45	1.38%	TN3	36	1.10%	CT12		
ME10	72	2.20%	CT3	45	1.38%	ME5	34	1.04%	CT3		

15

TRUST BOARD MEETING - PUBLIC

Meeting details

Date of Meeting: 28th November 2024

Title of Paper: Delivering Social Value and Net Zero – An Update

Author: Jo Newton-Smith, Associate Director of Procurement

Executive Director: Nick Brown, Chief Finance and Resources Officer

Purpose of Paper

Purpose: Noting

Submission to Committee: Board requested

Overview of Paper

To provide Board with an update on how the Trust is delivering soc\al value and net zero through its supply chain and some of the key deliverables.

Items of focus

Good progress is being made although there is a lack of data and reporting maturity across much of the supply chain portfolio.   An annual social value and net zero report will be published detailing progress against deliverables.

Governance

Implications/Impact: Engagement and consultation

Risk recorded on: N/A

Risk IDs: N/A

Assurance/Oversight: Finance & Performance Committee

Executive Summary

Within NHS Procurement there is a requirement to reduce carbon emissions and drive social value through our contracts, ensuring that we deliver more for our communities, whilst safeguarding our patients and staff by ensuring our supply chain are responsible and ethical employers

Since August 2023, the Procurement team have been using a new model for assessing the delivery of social value and net zero through our supply chain. This model is based on the ambition "to work collaboratively with our supply chain to reduce health inequalities", supported by 4 targeted themes:

- Fighting climate change;
- Healthier and more resilient communities;
- Being a fair and responsible employer with a diverse workforce; and
- Tacking economic inequalities and supporting business growth.

In May 2024, a report was taken to Trust Board which set out the Procurement Team's progress on embedding this approach, lessons learnt, impact and deliverables, and next steps.

As requested by Trust Board, this report sets out the progress made on those actions so far, and the work currently being undertaken in preparation for a detailed annual report in July 2025.

Update on Progress

The May 2024 report established that opportunities to fully implement the Trust's new model for assessing social value and net zero commitments have so far been limited. This is because these requirements can only be incorporated within competitive tender processes, which do not account for the majority of procurement processes undertaken by the Trust. The report also identified a need to develop a framework for monitoring and reporting deliverables on an annual basis.

The Procurement Team have since undertaken a review of contracts which were subject to a competitive tendering process to understand the impact of the social value and net zero assessment model within the tender evaluation process. This review identified that:

- The delivery of commitments specific to the Trust is often constrained by the nature of each contract, with a large variation in the quality of supplier's tender submissions dependent on the scope and value of the contract;
- Whilst we have seen good approaches to the delivery of social value and net zero from some suppliers, there is still further progress that can be made to educate suppliers on the applicable NHS assessment requirements, and ensuring that commitments are specific to the Trust's contracts; and
- Not many suppliers are proactively reporting on their progress against the social value and net zero commitments made at the tender stage, and this is something that we are currently working to improve.

In collaboration with Sirina Blankson, Sustainability and Environment Manager, the Procurement Team have engaged with 10 key suppliers who have been awarded contracts and are subject to reporting and monitoring social value and net zero outcomes. Prior to these meetings, the suppliers were requested to produce a report setting out their progress since the start of the contract against the commitments made at original tender stage, and their future deliverables.

The meetings were very positive, with suppliers enthusiastic to engage with the Trust to implement best practice, and promote their organisation's progress and strategies for delivering against our priorities. Multiple suppliers reported that very few NHS organisations incorporate net zero and social value criteria as part of their contract management approach. As a result, they were complementary about the Trust's work to proactively engage with its supply chain in order to report progress against their tendered

commitments, and collaborative conversations to identify additional opportunities that have an impact on our community.

The meetings identified additional opportunities to share knowledge and improve reporting mechanisms. For example:

- Many suppliers are undertaking a number of positive social value initiatives, but are not reporting on them;
- There is a lack of data and reporting maturity across much of the supply chain portfolio, and these initial meetings have been a good opportunity to provide guidance on best practice and clarity on the information the Trust requires; and
- There is a large variation between suppliers in how they reported data on net zero and social value deliverables, making it challenging for the Trust to report on in a meaningful way.

In order to support suppliers in their knowledge of NHS sustainability requirements, suppliers were encouraged to undertake the Evergreen Sustainable Supplier Assessment, which is a reporting tool that provides a single route for sharing sustainability information and data between suppliers and the NHS. The assessment also assigns them with a sustainability maturity score against NHS priorities, which signposts their current position and pathway to progress.

As a result of the above actions, the Procurement Team has continued to develop its approach to assessing social value and net zero within its procurement processes, making a number of revisions with the goal of obtaining clearly defined commitments from suppliers that are specific to the Trust and the contract scope. This includes a requirement to complete a new SMART delivery plan aligned with the Trust's social value and net zero priorities, which will be used to monitor the delivery of commitments throughout the contract lifecycle. This is an ongoing piece of work, and the impact will not be fully understood until further competitive processes have been undertaken.

Since the previous May 2024 report (which identified 15 contracts that have been subject to a net zero and social value assessment), a further 2 competitive procurement processes have been delivered incorporating the Trust's new assessment model. An additional 2 processes are currently live, and are due to conclude in late November.

The Procurement Team have also improved the information available to suppliers on the Trust's requirements, with a goal to obtain better results from the competitive tender and contract management processes. This includes updates to the tender documentation; incorporating information and education within pre-market engagement exercises; and engaging with suppliers at contract management meetings

to encourage improved reporting practices, and provide training and directing them to useful resources (such as NHS roadmap).

Finally, the reviews undertaken have identified a need to develop a more standardised reporting framework to streamline and find commonality in the data provided by suppliers across varying contract scopes and values. The Procurement Team have been assessing the information provided by suppliers through its recent contract management exercise to develop a set of quantifiable measures which are broadly applicable to most/all contracts.

Commitments and Deliverables

The two largest suppliers subject to the recent social value and net zero model are ISS Mediclean Ltd (catering services) and Mears Ltd (hard facilities management). Following a number of contract management meetings with the Trust's Procurement and Sustainability teams, both organisations have been working to improve their reporting of deliverables specific to our contract, with some highlights including:

ISS Mediclean Ltd

- Employed 3 full time staff who were long-term unemployed (for a year or more);
- Employed 15 full time staff who were previously unemployed;
- Provided 6 weeks of unpaid work experience at Dartford to support a current service user to gain confidence and skills required in the workplace;
- 22,500 travel miles saved through local employment, staff practices, and implementation of 2 electric vehicles;
- 1 tree planted annually; and
- 47 hours of volunteering delivered to the Trust, including clearing of two external wellbeing courtyard gardens at Dartford.

ISS recently participated in Zero Waste Week in partnership with KMPT Trust to support environmental sustainability efforts. Key activities included litter-picking at St Martins in Canterbury, promoting recycling and clutter-free environment.

Mears Ltd

- 97.93% of waste diverted from landfill, with 99% diverted in September.
- 9.2% reduction in Scope 1 (direct e.g. fleet and transport) emissions since 2021;
- 40.3% reduction in Scope 2 (indirect e.g. energy) emissions since 2021;
- Commitment to net zero emissions for Scopes 1 and 2 by 2030, and net zero Scope 3 (supply chain) emissions by 2045;
- 544 hours per annum of volunteering work available to support local communities, with aim to deliver 60% of allocation by end of 2024, and 80% by end of 2025;
- 1 apprentice employed and 4 work experience opportunities delivered per year, with supplier exploring recruitment of an additional 1-2 apprentices in 2025.

In September, a team made up of KMPT Staff and MEARS volunteers worked exceptionally hard clearing the side of the Lake at Oakwood, Maidstone. This now allows the patients of Walmer Ward to view the lake and the wildlife from the lounge area and even some of the bedrooms.

In addition, we have highlighted a number of time bound commitments relating to fighting climate change that have been made by other suppliers following our discussions, including:

- 4 suppliers committing to increased renewable energy use, and reductions in emissions generated from utilities with targets ranging from 30-50%;
- 2 suppliers committing to electrification of their fleet, with targets ranging from 50-75%;
- 4 suppliers committing to reducing transport emissions, with targets ranging from 20-40%. 1 supplier has already reduced their transport emissions by 70%;
- 2 suppliers committing that zero waste will go to landfill, and 84-97% of waste recycled;
- 1 supplier seeking to increase the proportion of manufacturing based within the UK to over 40%

Next Steps

Based on the progress undertaken since May 2024, further development is underway for the following:

- Continuous review and adjustment of tender assessment methodology to obtain desired quality responses from suppliers;
- Further contract management meetings to be held with suppliers in January 2025;
- Development of a standardised reporting schedule which is mapped to the Trust's four key social value and net zero themes, with the aim of capturing a common set of data across varying contracts and suppliers;

- Exploration of the potential use and integration of technology solutions to support assessment and reporting of deliverables;
- Further data collation from existing and new suppliers following competitive procurement exercises;
- Development of standardised KPIs to align with reporting schedule and assessment methodology;
- Continued support for suppliers through provision of useful information and resources, further training, and increased awareness through pre-market engagement activities; and
- Preparation of a detailed annual report for Trust Board for July 2025.

Trust Board are asked to:

i.   Note the further progress since May 2024 on the development and embedding of social value and net zero within the Trust's procurement and contract management activities; and

ii.   To agree to an annualised social value and net zero reporting schedule, with the first detailed annual report prepared for Trust Board in July 2025.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: Thursday 28th November 2024

Title of Paper: Improving the Working Lives of Doctors in Training Update

Author: Dr Rachel Daly, Director of Medical Education and

Dr Bhat Deputy CMO

Executive Director: Dr Afifa Qazi, Chief Medical Officer

Purpose of Paper

Purpose: Board oversight as required by NHSE

Submission to Board: For noting and comment

Overview of Paper

This paper provides an overview of actions taken by KMPT Medical Education in response to letter received from NHS England in April 2024, seeking support to implement a range of actions to improve the working lives of doctors in training. This letter has been received by all NHS trusts and is a strategic priority for NHSE, as made clear in the NHS Long Term Workforce Plan and again in the NHS Priorities and Operational Planning Guidance for 2024/2025.

Issues to bring to the Board's attention

A robust action plan meeting all the recommendation in the NHSE letter has been developed and is being implemented across the organisation. No concerns are being raised, the action plan is being shared for information.

Governance

Implications/Impact: Continuation of work with NHS England on strategic priorities.

Assurance: Reasonable

Oversight: KSS deanery, school of psychiatry via the

KMPT Medical Education team

Version Control: 01

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Medical Education Report October 2024

Improving the Working Lives of Doctors in Training Letter

In April 2024, the Trust received a notification in writing from the NHS Chief Executive, Amanda Pritchard, National Medical Director, Professor Sir Stephen Powis and Chief Workforce, Training and Education Officer, Dr Navina Evans CBE seeking support to implement a range of actions to improve the working lives of doctors in training.   The issue is considered a strategic priority, as made clear in the NHS Long Term Workforce Plan and again in the NHS Priorities and Operational Planning Guidance for 2024/2025.

Dr Rachel Daly, Director of Medical Education has been nominated as KMPT's senior, named individual to oversee the implementation of the action plan (see Appendix 1)

The letter was formulated into three parts as follows:

Part 1 - Increase choice and flexibility: better rota management and deployment

Part 2 - Reduce duplicative inductions and pay errors: streamline and improve HR support

Part 3 - Create a sense of value and belonging for our doctors

With the exception of one element within Part One (which is partially met), all actions/improvements have been met by KMPT with possible improvement measures also identified throughout and an action plan has been formulated for these improvement measures.

In August a proposed update request questionnaire (from NHS England) was due to be despatched to all CPO/CMO's however this has not yet been received.

Further work on the action plan (Appendix 2) is underway and additional information will be provided in due course.

Report Date 21/11/2024   **Page** 1

Classification: Official

NHS England

To:
- NHS trust and foundation trust:
  - chief people officers
  - HR directors
  - chief medical officers
  - medical directors

cc.
- ICB:
  - chief executives
  - chairs
- NHS trust and foundation trust:
  - chief executives
  - chairs
- Regional directors of workforce
- PG Deans

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

25 April 2024

Dear colleague,

Improving the working lives of doctors in training

There is no NHS without the people who work in it, and those people are working incredibly hard to deliver a huge and growing amount for our patients.

Improving the working lives of NHS staff is a key strategic priority, as made clear in the NHS Long Term Workforce Plan, and again in the NHS Priorities and Operational Planning Guidance for 2024/25. It's a priority because it's what staff tell us they need, and also because the evidence is clear that better supported staff deliver better services for patients, better productivity, and they stay with us for longer.

While this commitment extends to improving the working lives of our entire workforce, it is evident from conversations with doctors in training that we collectively need to do better for them. The negotiations with Government about pay are not within our remit, but as the people responsible for training and employing doctors in training, there is much more we can and should do collectively to improve their working and learning experience in the NHS.

The actions outlined here are specifically aimed at addressing the concerns of doctors in training and staff who rotate. Rotations mean that doctors in training can experience low levels of choice and flexibility of when and where they work, high levels of uncertainty and competition about the next steps on the training pathway and duplicative inductions and unacceptable pay errors as they move between employers. As well as frustration and lost productivity, this can result in a reduced sense of belonging, making it harder to retain our future workforce.

In the short term, there are actions we can take now as employers to improve the working lives of doctors in training.

Publication reference: PRN01193

Increase choice and flexibility: better rota management and deployment

Doctors in training are particularly impacted by induction and shift allocation due to multiple employer changes so all employers are required to ensure they:

- **Provide work schedules at least 8 weeks in advance and finalised duty rosters 6 weeks in advance,** as per the current contract. We will support this commitment by ensuring that information regarding incoming doctors is provided to organisations within the **required 12 week time frame** and with improved accuracy.

- **Improve rota management** by exploring the opportunities technology offers to move towards greater self-rostering, so doctors have greater control over their lives while meeting the needs of the service. Where rota changes are required with less than 6 weeks' notice, the doctors in training impacted should be involved in creating the new rota. In such situations all pre-existing leave arrangements must be accommodated.

NHS England will:

- Reinstate monitoring of **compliance with rota requirements.**

- Continue to **highlight examples of best practice** and review the provision of self-rostering options across England as part of Enhancing Doctors' Working Lives (EDWL) Reporting programme which aims to improve flexibility through increasing access to Less Than Full Time training, Flexible Portfolio Training and Out of Programme Pause along with continued Supported Return to Training.

Reduce duplicative inductions and pay errors: streamline and improve HR support

Too many doctors in training currently experience payroll errors. The trainees who learn with us while providing patient care have a right to be paid accurately first time and not suffer hardship or need to spend time trying to rectify errors. All employers should, as a minimum:

- Pay specific **attention to payroll accuracy for all staff,** but particularly doctors in training and others who rotate because rotations and cost of training issues can make payroll errors more frequent and/or acute.

- Develop local Service Level Agreements to include timescales for dealing with individual payroll errors so **payroll queries are handled swiftly** by the end of July 2024 and implement a **board governance framework** for monitoring and reporting payroll errors for all staff by the end of July 2024.

NHS England will:

- Provide **intensive support to providers** with the highest need, including a review and redesign of payroll processes to reduce payroll errors. NHS England will work with Regions to confirm the employers in this category and will write with more details shortly.

2

- Issue **best practice guidance** to identify and address root causes and implications of payroll errors and set out a number of recommendations designed to support organisations in improving their payroll practices.

Create a sense of value and belonging for our doctors

Doctors in training and many other staff have raised concerns about the content and frequency of Statutory and Mandatory (StatMand) Training and having to repeat it when moving organisations. Employers are asked to ensure that they are:

- **Protecting training time, for both learners and educators.** This improves educator and learner retention, especially our doctors in training and when students transition from higher education into permanent health and care roles. For example**,** no member of staff should have to do mandatory training in their own time.

- **Addressing the unique issues caused by rotations**, such as reviewing on-boarding processes, and other practical steps to help foster a sense of wellbeing and belonging such as reviewing the application processes for lockers or car parking spaces, the availability of facilities and inclusion in team photos etc.

- **Aligning to the latest Core Skills Training Framework** (CSTF) by the end of June 2024, confirming with NHS England when your organisation has done so. Details of how to do this have been sent to Chief People Officers/ HR Directors.

- **Using the free eLearning for Healthcare packages** and **shorter e-assessments** by the end of October 2024.

- **Adopting the NHS Digital Staff Passport** at the earliest opportunity.

- **Taking action to improve the experience of trainees** by ensuring the National Training and Education Survey and GMC Survey are treated in the same way as the National Staff Survey results, with reviews by trust boards supported by clear action plans.

- **Identifying a senior, named individual to oversee the implementation of these actions** and be accountable to the trust board. Ensure that any strategies or best practice for improving working lives for staff, ie the People Promise exemplars are extended to Doctors in Training.

- **Considering BMA wellbeing guidance** recently published and implementation at local level.

NHS England will:

- Make it easier for staff to move between organisations on a Memorandum of Understanding (MOU) **for providers to accept each other's training** even if not yet fully aligned to the CSTF. This is a precursor to the Digital Staff Passport and will remove the requirement for staff to repeat the training in a new organisation.

3

- **Reduce the time burden of StatMand** by elongating refresher periods, where safe to do so, by the end of August 2024, and undertake a review of the staff groups and roles required to complete the training by the end of August 2024.

- **Reform the existing approach and create a new non-professional StatMand framework** by December 2024 and a new professional StatMand framework by the end of June 2025, seeking input from our staff as well as Subject Matter Experts (SMEs), NHS Employers, the CQC and the Health Service Safety Investigations Body (HSSIB), NHS Resolutions and key stakeholders.

- **Reverse the system for paying course fees** so that the NHS, rather than the trainee, pays them upfront, avoiding the hardship caused by waiting for reimbursement.

In addition, we will be looking at the following in the longer term:

- Working with partners to consider how we **can improve the experience of rotations in Postgraduate Training**.

- Exploring the **roll out of Lead Employer Models (LEM)** which can reduce errors through the presence of a single employer throughout the whole of the training pathway.

Next steps

We expect every trust board to take responsibility for this agenda. The causes are complex and historic, but bringing NHSE and HEE together is a real opportunity to use our collective levers at all levels to improve how we care for our staff, students, trainees and patients.
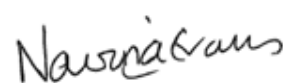
Yours sincerely

Amanda Pritchard
NHS Chief Executive
NHS England

Professor Sir Stephen Powis
National Medical Director
NHS England

Dr Navina Evans CBE
Chief Workforce, Training and
Education Officer

NHS England

4

Improving the Working Lives of Doctors in Training

Part 1 - Increase choice and flexibility: better rota management and deployment

Doctors in training are particularly impacted by induction and shift allocation due to multiple
employer changes so all employers are required to ensure they:

	Actions	Lead Department/Directorate	Comments	Met or Action Plan Required
1.1	Provide work schedules at least 8 weeks in advance and finalised duty rosters 6 weeks in advance, as per the current contract. We will support this commitment by ensuring that information regarding incoming doctors is provided to organisations within the required 12 week time frame and with improved accuracy.	• Medical Education • Medical Staffing	1. Medical Education receive names of new starters at around 12 x weeks before rotation. These come from NHS England for KMPT employed trainees and from main employing Acute Trusts for GP and Foundation Trainees. 2. Medical Education sends final Placement data to Medical Staffing at 10 x weeks before rotation. 3. Medical Staffing sends workplace schedules to all new starters at 8 x weeks before rotation. 4. Medical Staffing sends rotas to all new starters at 6 x weeks before rotation. 5. Medical Staffing confirmed KMPT do adhere to the Terms and Conditions where possible - there can be last minute changes, however, out of KMPT's control. Conversations need to be had with the Deanery regarding their expectations. 6. This point is affected by external stakeholders and not the sole responsibility of KMPT. KMPT will meet this action if the chain functions correctly and external stakeholders are also meeting their key requirements.	Met KMPT will meet this action if the chain functions correctly and external stakeholders are also meeting their key requirements.
1.2	Improve rota management by exploring the opportunities technology offers to move towards greater self-rostering, so doctors have greater control over their lives while meeting the needs of the service. Where rota changes are required with less than 6 weeks' notice, the doctors in training impacted should be involved in creating the new rota. In such situations all pre-existing leave arrangements must be accommodated.	Medical Staffing	1. Medical Staffing reported concerns with implementation of trainees being able to self-roster - the reasons why are that rota change requests may not be compliant and meet T&Cs, if the rota team are not monitoring the changes, and the changes do not meet the required rota rules that need to be adhered to. If self-rostering this will be a concern for the Trust and would impact additional staff time and resources involved in checking and monitoring for compliance which would also raise the risk level. Requests are acted upon pro-actively. Medical staffing has discussed previously with other Trusts and it has been reported back that they have struggled with self-rostering and it led to increased exemption reporting fines. 2. KMPT would welcome a discussion with the Deanery around technology to ensure self-rostering and prevent non-compliance with the rota requirements. Needs to be led by the Deanery. 3. Medical Staffing updated that all rotas are agreed with the Trainees at the Junior Doctor Forum. Specialty reps are included in the process and the templating. There are currently no breaches within the Trust at the moment. Trainees are always engaged with the rotas as part of the JDF. The Trainees are influencing the rotas which is a fluid process. 4. If pre-existing leave arrangements are sent to Medical Staffing prior to the 6 weeks before rotation, these will be accommodated within the rota.	Partially met. See action table.

Improving the working lives of doctors in training

Part 2 Reduce duplicative inductions and pay errors: streamline and improve HR support

Too many doctors in training currently experience payroll errors. The trainees who learn with us while providing patient care have a right to be paid accurately first time and not suffer hardship or need to spend time trying to rectify errors. All employers are required to ensure they

	Actions	Lead Department/Directorate	Comments	Met or Action Plan Required
2.1	Pay specific attention to payroll accuracy for all staff, but particularly doctors in training and others who rotate because rotations and cost of training issues can make payroll errors more frequent and/or acute.	• Medical Education • Medical Staffing • Finance	1. Medical Education to send Medical Staffing any details of trainees on (OOP) Out of Programme from training, and add data to the post list (if they have been notified by trainee) and visa versa. 2. Medical Education to raise with Head of School of Psychiatry issue with Trusts not being notified when OOPs are approved by NHS England. Suggestion to be made that NHS England approval notifications to should include instruction for trainees to update Trusts of status. 3. Finance to review post list and check data for recharges from other Acute Trusts 4. Medical Staffing notify Workforce Information of any Junior Doctor pay awards in a timely manner. 5. The doctors workplace schedule works out basic pay, any premiums are sent to Workforce Information, any changes go out as an adhoc payment. 6. Medical Staffing to support and help to resolve pay errors in a timely manner. 7. Payroll report that the majority of data is inputted outside of the Payroll department there is always the possiblity of quicker payments outside of normal payroll processing. 8. Delays in payments can sometimes be attributed to the Doctors themselves not sending information through in a timely fashion.	Met See action plan for possible areas for improvement
2.2	Develop local Service Level Agreements to include timescales for dealing with individual payroll errors so payroll queries are handled swiftly by the end of July 2024 and implement a board governance framework for monitoring and reporting payroll errors for all staff by the end of July 2024.	• Medical Staffing • Payroll & Workforce Information • Deputy Medical Director for Workforce	1. There is a Governance framework including a regular payroll meeting (monthly) where KPI's are reviewed attendees include Finance and HR and this includes Doctors Pay. 2. Payroll confirmed that there are no current SLA's especially relating to pay queries. 3. The general concensus is that a response will be within 48 hours. (Medical Staffing respond within 24 hours to acknowledge the email and respond with an action plan within 48 hours) 4. The Rota team will give a courtesy call to ensure money has been received if an additional payment has had to be made. 5. Medical Staffing confirmed it is clear who the point of contact is when trainees are experiencing issues with pay. 6. Medical Education confirmed that Core, Higher, MTI and LED Doctors are paid by KMPT. GP and Foundation Doctors are paid by the Acute Trust with checks against the Post Lists held by AP in Medical Education so re-charges can be made and signed off by RSM before finance process invoices.	Met

Improving the working lives of doctors in training

Part 3 - Create a sense of value and belonging for our doctors

Doctors in training and many other staff have raised concerns about the content and

	Actions	Lead Department/Directorate	Comments	Met or Action Plan Required
3.1	Protecting training time, for both learners and educators. This improves educator and learner retention, especially our doctors in training and when students transition from higher education into permanent health and care roles. For example, no member of staff should have to do mandatory training in their own time.	• Medical Education • Learning and Development	1. Trainees have an induction period which includes time for them to undertake their Trust mandatory training. 2. Trainees are not expected to complete mandatory training outside of their work hours. 3. L&D circulates mandatory training to all new starters. If a trainee has already completed training in their previous Trust then they are not expected to repeat that training. 4. Work is continuing around streamlining essential training at a national level NHS England are reviewing all of the core skills training framework (11 core subjects). All Trusts will be signed up to the framework. There are some exceptions, for example, fire training which needs to currently be repeated - although work is being taken forward to deliver local information without the need to complete the entire training session. Frequencies are aligned to the framework. 5. Exception reporting is encouraged if they feel they cannot complete their mandatory training during work time. The Guardian of Safe Working provides details at induction on how to exception report.	Met See action plan for improvements
3.2	Addressing the unique issues caused by rotations, such as reviewing on-boarding processes, and other practical steps to help foster a sense of wellbeing and belonging such as reviewing the application processes for lockers or car parking spaces, the availability of facilities and inclusion in team photos etc. Trainees struggle to find clinical space to undertake Tribunals.	• Medical Education • Estates • Wellbeing Lead	1. Medical Education has provided lockers in doctors' resource rooms at the 4 x main sites but more could be ordered. They are not allocated to individuals and are available on a first come first served basis. Estates / Services would be responsible for providing lockers more widely for staff but to note that the Trust operates from 73 buildings spread across 33 main sites. 2. Free car parking is provided by the Trust and details are provided at induction. Some sites require for cars to be registered on the estate's system to ensure no tickets are issued. Medical Education provides this information at induction. 3. Facilities are provided at each main site for all doctors and available for all to use. 4. Any photos taken at events include everyone and no one is excluded. 5. KMPT Trust has a very proactive Wellbeing Lead and Trust Wellbeing emails and resources available are circulated to all trainees. One current Trainee has produced a well-being pack for all new Doctors at induction. 6. Adequate Clinical Rooms should be available at each site to meet the needs of work requirement commitments for trainees and some sites need room space review. Additional work needs to be completed on room availability and space issues, especially for Tribunals although Tribunals are not Trainee led. However, Trainees do struggle to find space to write up their Tribunal notes. The Trust does have Tribunal rooms and KMPT enables easy booking of hot desks via Matrix Booking which goes some way in addressing this issue. Hot desks can be booked in advance and are not always available at short notice, it is also important to note that hot desking spaces are not in confidential areas to opening discuss clinical and/or confidential matters.	Met See action plan for area of improvement
3.3	Aligning to the latest Core Skills Training Framework (CSTF) by the end of June 2024, confirming with NHS England when your organisation has done so. Details of how to do this have been sent to Chief People Officers/ HR Directors.	Learning & Development	KMPT have been aligned to the CSTF for a number of years. (Evidence provided by Emma Matthews (29/04)	Met

3.4	Using the free eLearning for Healthcare packages and shorter e-assessments by the end of October 2024.	Learning & Development	In progress and KMPT have identified subjects that we do not use the National eLearning for. We have signed up to the National updates and have communicated with our subjects leads to notify them of this requirement by October 2024 (Evidence provided by Emma Matthews on 29/04/24) • National Priorities objective to be completed by end October.	This will be met by October 24. See action plan.
3.5	Adopting the NHS Digital Staff Passport at the earliest opportunity.	Workforce Information, Medical Staffing, Medical Education & Learning & Development	1. Response from Emma Matthews on 29/04/2024: no Trusts are registered in the South East - NHS England Digital. 2. The digital passport has to be implemented at a system level by ICB - there is a lot of information online and the processes are different. There have been some pilots undertaken at different sites who already have the ESR database and can transfer to others who have the same database. Pilots ran, they refreshed the scheme and there was a low uptake across the region. 3. The Digital staff passport has been refreshed recently with limited uptake across the region. No plans for implementation in Kent and Medway. KMPT are awaiting a system position.	See action plan for recommendations.
3.6	Taking action to improve the experience of trainees by ensuring the National Training and Education Survey and GMC Survey are treated in the same way as the National Staff Survey results, with reviews by trust boards supported by clear action plans.	Medical Education and Deputy Medical Director (Workforce)	GMC Results are treated seriously and results and action plans are shared within Local Academic Boards and with the Trust board.	Met
3.7	Identifying a senior, named individual to oversee the implementation of these actions and be accountable to the trust board. Ensure that any strategies or best practice for improving working lives for staff, ie the People Promise exemplars are extended to Doctors in Training.	Deputy Medical Director (Workforce)	• Senior named individual Dr Rachel Daly, DME.	Met
3.8	Considering BMA wellbeing guidance recently published and implementation at local level.	Human Resources, Wellbeing Lead , Medical Education & Medical Staffing.	The guidance looks at a lot of things that have been picked up already. Rest facilities on hospital sites, access to out of hours menus. The 5 BMA priorites are for improving wellbeing in the workplace: 1. **On-call designated parking spaces** - we do have designated on-call parking spaces at a few of our main sites. However, with KMPT consisting of about 76 buildings on 34 sites this is a more challenging ask to implement consistently compared to say a large acute hospital site. 2. **Self-directed learning time to commensurate the training needs of each individual -** trainees are timetabled with self-directed learning time with their Consultants to meet their training needs. 3. **The right to work from home to undertake portfolio and self-directed learning -** KMPT has adopted a very hybrid approach to working and has a Hybrid working policy which affects both clinical and non-clinical staff. 4. **Mess, rest facilities and lockers included in all hospitals including any new hospital builds -** There is a Doctors' Resource Room at each main site, there are On-Call Rooms at each main site where there is a rota, which include a bed and access to IT in a private room. Lockers are provided within the Doctors' Resource Rooms. The Trust also offer Chill Out rooms at each main sites which are not used for work and are purely for rest and relaxation. 5. **Access to an out-of-hours menu 24/7 that includes a hot meal and cold snacks for staff** - during the day KMPT's main sites have access to canteen's and nearby shops and food outlets in addition hot food machines have been implemented at all main sites and are available on the sites where there is an On-Call Doctor. There are also kitchen facilities at each site which include a microwave, fridge, tea and	

Improving the Working Lives of Doctors in Training Update

Rating Key:
Blue: Closed / **Green:** On plan / **Amber:** Minor concerns / **Red:** Major concerns, mitigating action & recovery plan required

Action Number	Date Action Identified	Item No	Action	Outcome Needed	Lead	Due Date	Status	Comments and Progress Reports	Date Closed
1	31/07/2024	1.1	This point is affected by external stakeholders and not the sole responsibility of KMPT. KMPT will meet this action if the chain functions correctly and external stakeholders are also meeting their key requirements - can a caveat be added to the Board report to reflect this?	can a caveat be added to the Board report to reflect this? Summary report to be provided to Dr Bhat and Dr Daly for discussion at Board.					
2	31/07/2024	1.2	KMPT would welcome a discussion with the Deanery around technology to ensure self-rostering and prevent non-compliance with the rota requirements.	To work with the Deanery to ascertain if the technology exists to assist with Self-rostering					
3	31/07/2024	2.1	Consider tracking and logging the potential issues and formulating findings to ensure there are no re-occuring issues and KMPT can better understand the issues behind them.	Payroll issues					
	31/07/2024	3.1	L&D to review mandatory training list with Medical Education for the Junior Doctors going forward.						
4	31/07/2024	3.2	AP to contact Dr Ajiteru to confirm the issues relating to space requirements for Trainees and what the rooms are being booked for.					Completed - confirmed it was prep for the Tribunal rather than undertaking the Tribunal itself.	
5	31/07/2024	3.2	To review areas across the Trust for Trainees with Estates						
	31/07/2024	3.4	L&D National Priorities objective to be completed by end October for elearning for Healthcare.						
	31/07/2024	3.5	Awaiting our system position from ICB						
6	31/07/2024	3.6	Results from the GMC survey to be shared with OD and RSM - Red and Green flags only						
7	31/07/2024	3.7	New People Promise post to be made aware of this item	AP to liaise with Eric Barrett					
8	31/07/2024	3.7	• Dr Daly to be made aware that she will be the named individual • KMPT health and wellbeing guardian to take role in overseeing the implementation of the HWB specific actions.		RD/EB				
9	31/07/2024	3.8	RSM to ask Eric Barrett to cross check against this item and Charter (BMA Doc)						
10	31/07/2024	3.8	AP to send through documents and notes regarding the Charter to Eric Barrett.						
11	31/07/2024	General	Can this letter and action plan be shared with Trainees (in a summarised version?)						
12	13/08/2024	General	It may be helpful to consider protecting time for training relating to health, wellbeing and self-care (linking to point 3 below) and also factor in and support uptake of sufficient breaks.		EB				
13	13/08/2024	3.2	Adapt and distribute a wellbeing leaflet that has recently been developed as part of a QI project to raise awareness of wellbeing support for higher psychiatric trainees to be made relevant for all doctors in training. Also, capture and share good practice from previous experiences of trainees in supporting their wellbeing during rotations.		EB				
14	13/08/2024	3.4	There are a wide-range of health and wellbeing / self-care type course available via eLfH. Working with L&D colleagues we could potentially prepare a catalogue of eLfH programmes that promote key areas of health and wellbeing.		EB				
15	13/08/2024	3.6	HWB questions in the National Training and Education Survey and GMC Survey are reviewed and actions considered by the health and wellbeing group.		EB				
16			RD to feed into Board.						

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 28th November 2024

Title of Paper: Mortality Review Highlight Report

Author: Frances Lowrey, Mortality Reviewer

Executive Director: Andy Cruickshank, Chief Nurse

Purpose of Paper

Purpose: Discussion

Submission to Board: Statutory

Overview of Paper

This is a highlight report from the full Mortality Review Report that is available in Diligent, in the Reading Room

The main areas of interest and concern are highlighted for the Board's attention

Issues to bring to the Board's attention

The Mortality Review report includes patient mortality incidents reported in Q2, 2024/25. The data includes natural causes and unexpected deaths, including suspected suicides.

Data is reviewed and presented monthly at the mortality review group meeting, where discussion on key findings are had. Actions are assigned to members in the group when required.

Governance

Implications/Impact: If the Trust does not regularly review deaths and their causes then learning to improve services and safety may result in harm to future patients.

Assurance: Reasonable

Oversight: Quality Committee

Version Control: 01

Highlight Report

Paper title: Quarterly Mortality Report Q2 2024/25.
Author: Frances Lowrey, Mortality Review Manager.
Executive Director: Andy Cruickshank, Chief Nurse.

Overview of paper
The Mortality Review report includes patient mortality incidents reported in Q2, 2024/25. The data includes natural causes and unexpected deaths, including suspected suicides.
Key areas

Mortality incidents reported each quarter continue to decrease, particularly in August 2024. When comparing to National and local data (ONS), there is an indication that mortality rates do reduce in the spring and summer months. The Mortality Review Group also considered if the reduction was linked to the death notification BI report. We are assured that our systems are working as intended but we will continue to regularly monitor and compare this data with ONS data given the problems that emerged last year.
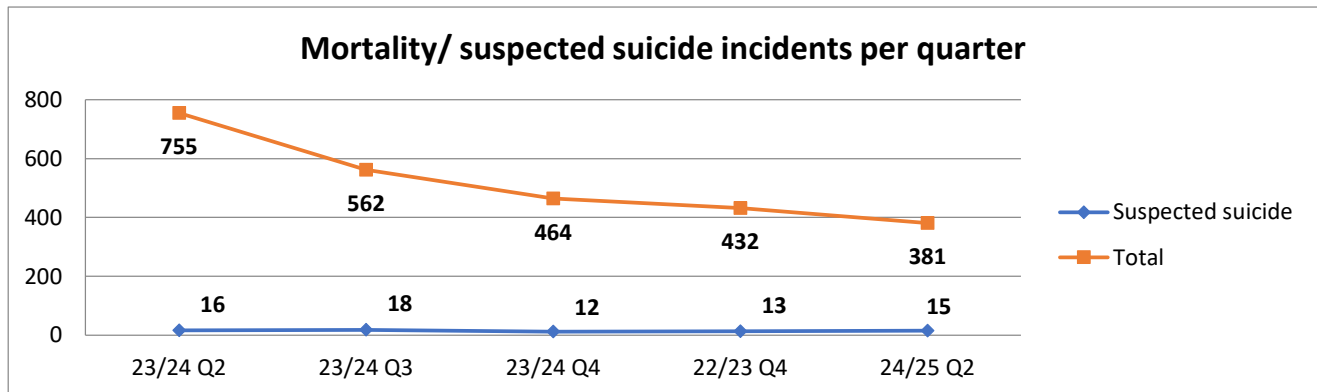
There are 80 outstanding Structured Judgement Reviews. The Trust has agreed to identify a medical practitioner to review a sample of outstanding SJRs, by means of a thematic methodology, whilst an improved robust system of SJR management is developed. Further plans are in development to train a number of senior clinicians in each Directorate, who will undertake SJRs. This matter has arisen as the Patient Safety Team are not senior clinicians and previously this relied on a small number of senior clinicians to undertake these. This changed with some individuals changing roles and has now been redesigned to ensure the backlog is dealt with appropriately and that the process going forward is robust and sustainable and less dependent on only 1-2 individuals. The reviews are important to look at care quality and to score said quality against standards.

From 9th September 2024 the requirement for all deaths to be reviewed by either the medical examiner or coronial service became statutory. KMPT have developed a referral process, with work ongoing to embed this into practice, including communication with medical colleagues on the National changes. Updates to the Learning from Deaths Policy will follow.

The Q1-Q2 bi-annual suicide thematic review found that 32% (9) patients were known to have been impacted by domestic abuse. Research by the Kent and Medway Suicide Prevention Programme and Kent Police, also found around 30% of all suspected suicides in Kent and Medway (between the years 2019 and 2022) were impacted by domestic abuse.

There is a work plan in place for InPhase to pull patient demographics from RiO. This will improve data recording and quality. Developments of this project will be fed into The InPhase steering group and Mortality Review Group.

Version Control: 01

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NHS and Social Care Partnership Trust

Risks / Issues:	
Trust-wide risk. Risk ID: 7668 Learning from Mortality Incidents.	12

Risk description: IF the organisation's staff do not learn from mortality incidents (Structured Judgement Reviews, InPhase investigation and learning, Serious Incident Investigations and Mortality data reports). THEN practice will not change. RESULTING IN same type learning outcomes and no reduction in avoidable deaths.

Current adequacy of controls: Poorly Controlled.
This is due to the lack of staff and resource for there to be a managed process for timely allocation and completion of Structured Judgement Reviews. There is a backlog of unallocated SJRs.

Progress on controls:
A member of the medical team will complete a sample thematic review (25%) of the outstanding SJRs, with the aim of identifying areas of learning to be shared within a learning event delivered to medical, nursing and allied health professional staff. The trust has agreed to this proposed thematic methodology of review and learning. To be progressed by the Deputy Chief Medical Officer and Mortality Review Manager.

Progress has been made in gathering resource for ongoing SJR allocation and review. A selection of senior clinicians from each Directorate will be identified and trained in SJR, who will complete reviews on a rota basis. Learning from reviews will be shared via mortality reports, and trust-wide meetings.

PSIRF is now embedded in the trust. The PSIRF advocates a co-ordinated and data-driven response to patient safety events. It embeds patient safety event response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

Version Control: 01

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting: 28th November 2024

Title of Paper: Trust Sealing Report

Author: Nicola Legge, Head of Legal

Executive Director: Sheila Stenson, Chief Executive

Purpose of Paper

Purpose: Noting

Submission to Committee: Standing Order

Overview of Paper

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

Issues to bring to the Board's attention

Two documents have been signed and sealed as a deed during from Q2 24/25 This process has been undertaken by Legal Services as per the Trust Standing Orders.

Governance

Implications/Impact: No risks/impact

Assurance: Substantial Assurance

Oversight: Board

Version control: 1

Number	Date of Sealing	Description	Signatures	Comments
158	26.09.2024	Lease Renewal for the Beacon	Sheila Stenson Jackie Craissati	Renewal of existing lease as approved by FPC
159	26.09.2024	Manufactures Deed of Warranty for the Beacon	Sheila Stenson Jackie Craissati	Warranty provided by the manufacturer for goods supplied during the refurbishment of the Beacon

Version control: 1

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**28th November 2024**
Title	**Quality Committee Chair's Report**
Author	**Sean Bone-Knell, Non-Executive Director**
Presenter	**Stephen Waring, Non-Executive Director**
Executive Director Sponsor	**Andy Cruickshank, Chief Nurse**
Purpose	**Noting**

Agenda Items

People items	Patient items	Finance & Governance items
• Violence and Aggression Report • Child Protection Conference Attendance	• CMHF Physical Health Development • Patient Involvement/Participation Strategy • Suicide Thematic Report • Compliments Thematic Report • 12-Hour Breach Capturing and Reporting • Quality Digest • Quality Impact Assessments	• Chief Nurse's Quality Report • Quality Risk Register • Research and Innovation Strategy Bi-Annual Update • CQC Report • CQC Review of Nottinghamshire Healthcare NHS Foundation Trust Gap Analysis • Mortality Report • Committee Effectiveness Report

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Agenda Items by exception	Assurance narrative by exception. Key items to be raised to the Board.	None Limited Reasonable Substantial	Actions, mitigations and owners Refer to another committee.
Chief Nurse Report	Following a recent serious incident, an independent review will be undertaken by an external trust, to ensure the Trust's security provisions are sufficient	Limited Assurance	The Committee will be kept updated through the Chief Nurse's Report.
	The CMHF programme has stimulated and unexpectedly high demand at the "front door" of services. This equates to a 28% increase above expected numbers of referrals. A review is due to be undertaken to review the position.	Limited Assurance	
	Zonal observations are now operational across the Littlebrook site and have been well received by staff and patients. The feedback is that this is less restrictive and a more engaging way of managing safety.	Reasonable Assurance	
Violence and Aggression	Significant improvements have been seen across Acute wards since the introduction of the safety culture bundle, with Pinewood Ward having only two incidents of verbal aggression in the last month, and no other violence and aggression incidents. A body worn video camera pilot is due to start at the end of November across two wards. The Committee praised the good work carried out here, and thanked all staff involved.	Reasonable Assurance	The Committee will receive a further update at their March meeting.
Suicide Thematic Report	The Committee noted the report and agreed that the Committee should receive a benchmarking paper at its next meeting to compare how the	Reasonable Assurance	The Committee to receive a benchmarking paper at their January meeting.

	number and types of suicides of service users, to similar NHS Trusts.		
Compliments Thematic Report	Following the Board action, the Committee received a report on compliments, noting that these outweigh the number of complaints received around 10 to 1. The Committee praised the positive feedback received and requested that this should be further built on, to make staff aware of the positive feedback being received.	Substantial Assurance	None.
12-Hour Breach Capturing and Reporting	Following the Finance and Performance Committee action, the Committee received a report on 12-Hour Breach Capturing and Reporting. Data remains a manual process, reliant on verbal feedback which is recoded on a spreadsheet with no ability to retrospectively capture 12+hr breaches. Therefore, reporting on mental health waits in Emergency Departments is currently only possible via acute trust data submissions. Plans are underway to acquire a digital solution to this issue.	Limited Assurance	It has been requested that the Committee Chair agree with the Chief Operating Officer how often reporting should come to the Committee, noting that an update is included within every IQPR.
Research and Innovation Strategy Bi-Annual Update	The Committee praised the positive work carried out against the Research and Innovation Strategy.	Reasonable Assurance	
CQC Report	It was noted that the Littlebrook CQC Report has been received for factual accuracy checking, and will be published shortly.	Reasonable Assurance	The Committee will receive an update at their next meeting.
CQC Review of Nottinghamshire Healthcare NHS Foundation Trust – Gap Analysis	Following the Board action, the Committee received an update on the gap analysis, recognising the work done to date.	Reasonable Assurance	It was agreed that this should come back to the Committee in January and include deadlines for each of the actions.
Free Text - [			

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NHS and Social Care Partnership Trust

Title of Meeting	**Public Board Meeting**
Meeting Date	**28th November 2024**
Title	**People Committee Chair's Report**
Author	**Kim Lowe, People Committee Chair, Non-Executive Director**
Presenter	**Kim Lowe, People Committee Chair, Non-Executive Director**
Executive Director Sponsor	**Sandra Goatley, Chief People Officer**
Purpose	**Noting**

Agenda Items

People items	**Patient items**	**Finance & Governance items**
• **People Committee – Main Report** • **People Risk Paper** • **Medical Management Supervision and Medical Clinical Supervision** • **Employment Bill and Implications for KMPT** • **HR Policies and Procedures**		• **Deep Dive - Talent and Resourcing**

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Agenda Items by exception	Assurance narrative by exception. Key items to be raised to the Board.	None Limited Reasonable Substantial	Actions, mitigations and owners Refer to another committee.
Essential Training Compliance Update	We are currently not compliant in all areas of mandatory training (essential training for your role). A national guide to mandatory training has been shared. KMPT is currently reviewing their training to ensure it really is essential for the role and will look at the frequency. The target rate for compliance will be considered as part of this work. This will then be reviewed against the national guidance and brought back to the People Committee. As part of this our risk appetite will need to be considered.	Limited Assurance	ALERT Risk – of compliance
Staff sickness rates	The staff sickness rate is higher than we anticipated, the main reasons for sickness rates continue to be Mental Health and Musculoskeletal issues	Reasonable Assurance	ADVISE There is a correlation to areas that are in a high change environment and levels of absence. HRBPs are aware and will keep a watch.
People Committee Seminar - Leavers	We had a People Seminar before the People Committee meeting which allowed us to explore the reasons people are leaving KMPT in its broadest sense. We agreed that some of the basics are probably the questions we should explore in more detail. 4 important questions to ask ourselves are our people Am I heard? Can I learn and progress? Am I trusted and recognised? Supported by' how can you make my life easier?	Reasonable Assurance	ADVISE Quality of leadership Quality and impact of one to one's

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Deep Dive - Talent and Resourcing	The Committee saw a presentation looking at how we future proof the ways we recruit, moving from recruiting reactively to recruiting proactively. By doing this there is a business opportunity to save money, improve pace and potentially better results for recruitment at a system levelSome successful case studies were shared with the Committee.	Reasonable Assurance	ADVISE
Employment Rights Bill and Implications for KMPT	The Committee was advised on the Employment Rights Bill and the potential impacts for KMPT. Our legal requirements under this Bill are likely to come into force in 2026. The Bill is under consultation at the moment and therefore subject to change. The People Team will need to provide clear advice on how to navigate challenges and a working group to be set up. It was agreed the changes will be communicated positively to our staff as part of the wider Culture, Identity and Staff Experience work.	Reasonable Assurance	ALERT Action - The change needs to be positively communicated to our workforce along with our narrative for change
Free Text – N/A			

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**28th November 2024**
Title	**Mental Health Act Committee Chair's Report**
Author	**Sean Bone-Knell, Committee Chair**
Presenter	**Sean Bone-Knell, Committee Chair**
Executive Director Sponsor	**Dr Afifa Qazi, Chief Medical Officer**
Purpose	**Noting**

Agenda Items

People items	**Patient items**	**Finance items**
	• Report from MHLOG & MHLOG Attendance List • Mental Health Act Activity Data Quarterly Report • Reports on CQC Actions Arising from MHA Monitoring Visits • Section 136 breaches • Health Inequalities	

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Agenda Items by exception	Assurance narrative by exception. Key items to be raised to the Board.	None Limited Reasonable Substantial	Actions, mitigations and owners Refer to another committee.
Report from MHLOG & MHLOG Attendance List	The Trust currently has no mechanism for collating Independent mental health Advocate referrals. A focus group has been established to report back on this issue. Referrals from Approved Mental Health Professionals are being sent across late from clinical staff. Work is in progress to rectify. There are no male Mental Health Advocates, recruitment is in progress.	Limited	MHLOG will progress and report back to the next Committee.
Mental Health Act Activity Data Quarterly Report	Limited MHA scrutiny visits have taken place due to staff shortages.	Limited	Progress will be monitored at next Committee.
Reports on CQC Actions Arising from MHA Monitoring Visits	Updates were provided on recent CQC visits to Rivendell and Heather wards. Main theme identified is some Sect 132 rights not being documented.	Reasonable	
Section 136 breaches	Sect 136 breaches have occurred mainly due to a lack of beds. This issue is linked to the clinically ready for discharge problem the Trust are currently working on. CQC have requested data from the last 6 months.	Limited	Rachel Town to bring a paper on risk and measures to the next Committee. Risk completed for the Trust risk register.
Health Inequalities	A report on the Mental Health Act and Health inequalities is not yet available. There are issues with the data and business intelligence obtaining information.		Chief Nurse Report to the next Committee.
Free Text			

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Title of Meeting	**Board of Directors (Public)**
Meeting Date	**28th November 2024**
Title	**Charitable Funds Committee Chair's Report**
Author	**Sean Bone-Knell, Committee Chair**
Presenter	**Sean Bone-Knell, Committee Chair**
Executive Director Sponsor	**Adrian Richardson, Director of Partnerships and Transformation**
Purpose	**Noting**

Agenda Items

People items	**Patient items**	**Finance & Governance items**
•	• Quarterly Impact Report	• Finance Report • Charity Operational Plan and Branding • Trustee Involvement • Annual Report and Accounts • Charity Risk Register

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Agenda Items by exception	Assurance narrative by exception. Key items to be raised to the Board.	None Limited Reasonable Substantial	Actions, mitigations and owners Refer to another committee.
Quarterly Impact Report	The Charity has been successful in a £10K bid from National England for wild flowering in the area of Tarentfort Centre. There has been an improvement in the fundraising methods and the Charity is about to launch a Christmas Appeal for the donation of gifts.	Reasonable	The Committee sought clarity on the use of funds for patient hardship and staff hardship purposes. The Committee also highlighted its concerns regarding the slightly different Charity's values compared with the Trust's new values.
Charity Operational Plan and Branding	There is a desire to change the name of the Charity from 'Health, Heart, Hope @ KMPT' to 'Open Minds'.	Limited	The Committee requested that the Charity works with the Trust's Communications and Engagement Team in terms of engagement of key stakeholders for the name change.
Trustee Involvement	The Committee highlighted that there is a need for greater engagement by those individuals who form the corporate trustee.	Reasonable	The Charity/Trust Secretary is to incorporate charity matters in Board member induction
Finance Report	The Charity has sufficient funds to continue to be an ongoing concern for the next year. However, there will come a stage whereby the Trust is no longer supporting the Charity and the Charity needs to be self-sufficient.	Limited	The Committee noted the good work to date but remains concerned that it will meet its target of being self-sufficient by end of the next financial year.
Charity Risk Register	The Committee received the first iteration of the Charity Risk Register. Advice was given regarding the structure of the Risk Register so that it is in the format as used within the Trust.	Reasonable	Charity Lead to work with the Trust Secretary regarding the form of the Charity Risk Register.
Free Text -			