

AGENDA

Title of Meeting	Trust Board Meeting (Public)
Date	30 th April 2020
Time	9.30am – 12.30pm (including 15 minute break)
Venue	Video Conferencing

Agenda Item	DL	Description	FOR	Format	Lead	Time
TB/20-21/1	1.	Welcome, Introductions & Apologies			Chair	09:30
TB/20-21/2	2.	Declaration of Interest			Chair	
STANDING ITEMS						
TB/20-21/3	3.	Minutes of the previous meeting – 30/04/2020	FA	paper	Chair	09.45
TB/20-21/4	4.	Action Log & Matters Arising	FN	paper	Chair	
TB/20-21/5	5.	Chair's Report	FN	paper	Chair	
TB/20-21/6	6.	Chief Executive Officer's Report	FN	paper	CEO	
STRATEGY						
TB/20-21/7	7.	Trust Strategy	FD	Paper	VB2	
OPERATIONAL ASSURANCE						
TB/20-21/8	8.	Integrated Quality & Performance Report (IQPR)	FD	paper	CEO	10.30
TB/20-21/9	9.	Finance Report: Year End	FD	paper	SS	
TB/20-21/10	10.	Mortality Report (Quarter 4)	FD	Paper	MM	
TB/20-21/11	11.	MHAC Chair Report	FD	Paper	VB	11.45
TB/20-21/12	12.	QC Chair Report	FD	paper	JC	
TB/20-21/13	13.	FPC Chair Report	FD	paper	MB	
CONSENT ITEMS						
TB/20-21/14	14.	Any Other Business <ul style="list-style-type: none"> • A token of gratitude for staff 			Chair	12.00
TB/20-21/15	15.	Questions from Public			Chair	12.15
Date of Next Meeting: <i>Thursday, 28th May 2020 at Farm Villa</i>						

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

Members:		
Dr Jackie Craissati	JC	Non-Executive Director (Vice Chair)
Anne-Marie Dean	A-MD	Non-Executive Director
Mark Bryant	MB	Non-Executive Director
Tom Phillips	TP	Non-Executive Director (Senior Independent Director)
Rod Ashurst	RA	Non-Executive Director
Venu Branch	VB	Non-Executive Director
Catherine Walker	CW	Non-Executive Director
Helen Greatorex	HG	Chief Executive Officer (CEO)
Vincent Badu	VB2	Executive Director of Partnership and Strategy/(Deputy CEO)
Dr Afifa Qazi	AQ	Executive Medical Director
Jacque Mowbray-Gould	JMG	Chief Operating Officer
Mary Mumvuri	MM	Executive Director of Nursing & Quality
Sheila Stenson	SS	Executive Director of Finance & Performance
Sandra Goatley	SG	Director of Workforce & Communication
Kelly August	KA	Assistant Director of Communications
In attendance:		
Tony Saroy	TS	Trust Secretary (Minutes)
Apologies:		
Julie Nerney	Chair	Trust Chair

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

Kent and Medway NHS and Social Care Partnership Trust Board of Directors (Public)
Minutes of the meeting held at 0930 – 11:40 hrs on Thursday 26th March 2020
via video conferencing.

Members:			
	Dr Jackie Craissati	JC	Non-Executive Director (Deputy Chair)
	Mark Bryant	MB	Non-Executive Director
	Catherine Walker	CW	Non-Executive Director
	Tom Phillips	TP	Non-Executive Director (Senior Independent Director)
	Anne-Marie Dean	A-MD	Non-Executive Director
	Rod Ashurst	RA	Non-Executive Director
	Venu Branch	VB	Non-Executive Director
	Helen Greatorax	HG	Chief Executive (CEO)
	Vincent Badu	VB2	Executive Director Partnerships & Strategy/Deputy CEO
	Mary Mumvuri	MM	Executive Director of Nursing and Quality
	Dr Afifa Qazi	AQ	Executive Medical Director
	Jacquie Mowbray-Gould	JMG	Chief Operating Officer (COO)
	Sandra Goatley	SG	Director of Workforce and Communications
	Sheila Stenson	SS	Executive Director of Finance and Performance
Attendees:			
	Tony Saroy	TS	Trust Secretary (Minutes)
Observers:			
Apologies			
	Julie Nerney	Chair	Trust Chair
	Kelly August	KA	Head of Communications

Item	Subject	Action
TB/19-20/171	<p>Welcome, Introduction and Apologies</p> <p>Due to national social distancing requirements during the Covid-19 pandemic, Trust Board took place via video conferencing. JC welcomed all to the meeting. A-MD joined the meeting at 10.35am via telephone.</p> <p>JC confirmed that the Non-Executive Directors had received a Covid-19 update the day before; therefore, the Board's focus would be split between highlighting key points from the agenda items and then looking at Covid-19's impact on the item. All Committee Chair reports have been received and noted by the Board..</p>	
TB/19-20/172	<p>Declarations of Interest</p> <p>There were no conflicts of interest raised.</p>	
TB/19-20/173	Minutes of Previous Meeting	

Item	Subject	Action
	The minutes of the previous meeting were accepted.	
TB/19-20/174	<p>Action Log & Matters Arising</p> <p>The Board agreed that the following amendments and closure of actions be made:</p> <p><u>Action Item: TB/19-20/157 – Chair’s Report – Discussion regarding sports activities:</u> AHP lead Julia Wilson is reviewing all activities and as part of Covid-19 issue, there is a review as to what activities can continue. Action to be closed</p> <p><u>Action Item: TB/19-20/161 – IQPR – clarification regarding the number of Serious Incidents to be signed off by third parties:</u> the Board considered that Quality Committee has oversight of the issue. The numbers are dropping significantly and Quality Committee was pleased to hear of the number of actions that had been closed.</p> <p><u>Action Item: TB/19-20/161 – IQPR – Grade 1 & 2 commentary to be included in future IQPRs:</u> Action due date to be altered to April 2020.</p> <p><u>Action Item: TB/19-20/120 – Trust Chair to contact TP:</u> Events have overtaken this and this will be closed. Finance and Performance Committee received a paper regarding the Transformation Team this month. TP was not in attendance at Board in November 2019. The Chair undertook to contact TP but this was not done.</p> <p>Action: TS to contact Executive Directors to find Autumn dates for some of the non-urgent issues within the Action Log.</p>	
TB/19-20/175	<p>Chair’s Report</p> <p>The Board NOTED the Chair’s Report.</p>	
TB/19-20/176	<p>Chief Executive Officer’s Report</p> <p>The CEO highlighted the following matters:</p> <ul style="list-style-type: none"> • The impact of Covid-19 is clearly a challenge, which has led to more integrated working. The final of the four Task and Finish Mental Health System Integrator meetings took place yesterday by telephone conference. A positive outcome was agreed, with an emphasis on inter-agency working. Next steps will be a paper to the System Transformation Executive Board when it meets later in the year. This however would not impede getting improved integration underway • The Chelsea garden won by the Trust will now be received next year as the event is cancelled this year. • Approximately 10% of staff members are off work for Covid-19 related reasons. This rate is likely to increase over the next few weeks and will be monitored daily. In addition to the 10%, there is just over 4% absence rate for non-Covid-19 reasons. <p>The Board discussed closer working with the third-sector, given that initially the level of mental health support that most people will need will be low-level.</p>	

Item	Subject	Action
	<p>Action: JC to contact Lona Lockerbie regarding how KMPT can link up with Samaritans' NHS England funded emotional support service for NHS staff.</p> <p>The Board also discussed how KMPT could support its NHS partners by providing psychological support to their medical staff.</p> <p>The Board NOTED the Chief Executive Officer's report.</p>	
TB/19-20/177	<p>Participation and Involvement Strategy</p> <p>The Board received the Participation and Involvement Strategy, which was taken as read.</p> <p>The Board discussed the importance of engaging with patients and carers and the ambition of the new strategy was warmly welcomed and endorsed.</p> <p>The use of tried and tested, national good practice was endorsed</p> <p>In light of Covid-19, the Board considered whether the timeline for delivering the Participation and Involvement Strategy should be re-set allowing time for the organisation to respond to the unprecedented national crisis first, and roll out the strategy later in the year.</p> <p>The Board formally extended its thanks to the Patient and Carers' group for their input into the development of the strategy, as well as Holly Till for her work on writing it.</p> <p>The Board agreed the Participation and Involvement Strategy. The Board reset the timeline to October, with further engagement work to be done in the interim.</p>	
TB/19-20/178	<p>Integrated Quality & Performance Report (IQPR)</p> <p>The Board received the IQPR, which was taken as read.</p> <p>The CEO highlighted the third successive month that readmission rates of patients within 28 days had reduced. The volume and complexity of complaints has also reduced, with there being a reduction in complaints regarding the Community Mental Health Teams. The Length of Stay data also continues to reduce. The CEO informed the Board that NHSE/I had this week confirmed that that the Trust is to be given £1m to include in KMPT's year-end position.</p> <p>The Board considered each of the IQPR's sections.</p> <p><u>Safe</u></p> <ul style="list-style-type: none"> • Care Programme Approach review target of 95% was met in February; • Jacqui Wilson is helping with the Trust's Out of Area work and she will begin to engage with the CPA reviews from a clinical perspective; • The clinical audits for readmission rates have been stepped down to allow staff to focus on Covid-19 related matters. • There was a reduction in the number of breaches in serious Incidents review targets. The centralised team is starting to take some of the load off care groups in dealing with the Serious Incidents. Due to Covid-19, the Trust is waiting for NHSE approval to see if any new SIs can be 	

Item	Subject	Action
	<p>closed off at the 72-hour stage. It is anticipated that the number of breached SIs will reduce over the medium term.</p> <ul style="list-style-type: none"> • As part of the Trust's Covid-19 response, staff are undertaking physical health observations of patients, as well as including Covid-19 checks in addition to MRSA and C-difficile checks. • For the purposes of Board, there was a discussion regarding the possible merger of Quality Digest and IQPR for the next few months, in order to simplify the reporting tasks. Bed usage should include infection rates. <p><u>Effective</u></p> <ul style="list-style-type: none"> • The Board discussed data quality issues regarding Out of Area bed usage and how staff members were recording placement end dates within RiO. The more accurate picture is that there has been a reduction in the number of people Out of Area. Regarding the Out of Area provider of choice, Jacqui Wilson is carrying out a review regarding its staffing levels. A number of female patients have already transferred over, but KMPT is in its last due diligence stage • In response to the Covid-19 issue, the Trust is also looking at the RiO-lite program and what data can be extracted for reporting purposes. The Trust is also looking at adopting a CliQ check-lite, which will maintain standards but will give staff greater capacity to deal with Covid-19. <p><u>Workforce</u></p> <ul style="list-style-type: none"> • The Trust deferred this to the separate Workforce report item. <p><u>Finance</u></p> <ul style="list-style-type: none"> • The Trust deferred this to the separate Finance report item <p><u>Caring</u></p> <ul style="list-style-type: none"> • The Acute Care Group maintains a strong performance in terms of compliments, Friends and Family Test (FFT) and Patient Reported Experience Measure (PREM). More widely, the Trust has very good response rate to the FFT, but for first time there is a strong PREM response trust-wide – now at 95%. • Care Planning work continues to be an area that requires improvement. Led by the Chief Operating Officer, it will be the main Quality Account Priority for Patient Experience in 2020/21; and • MM has chaired some of the Patient and Carers Group to ensure that there is engagement with the care planning work. <p><u>Responsive</u></p> <ul style="list-style-type: none"> • There is a good picture across all of the Responsive data sets. Early Intervention and Liaison Psychiatry teams have done really well. Support is being provided to Liaison Psychiatry to ensure services are not overwhelmed due to Covid-19 reasons. • The Care Quality Commission continues to be involved regarding safeguarding notifications, and monitors this virtually. • The Board reflected on the number of GP referrals that were then rejected by the Trust. There is a Quality Improvement project looking at this issue, which can be joined up with the e-Referrals work that the Trust is about use. The Board reflected on the expectation that the number of referrals will increase due to Covid-19 and a discussion ensued regarding 	

Item	Subject	Action
	<p>the ongoing work to improve the relationship with GPs.</p> <ul style="list-style-type: none"> The Board considered the issue of Cancellations and how to report this to Board so that Board remains sighted, particularly in regards to how Covid-19 is affecting delivery of services <p>Action: The Executive Management Team is to review if there should be one simplified data report (by merging the Quality Digest and IQPR) over the next 4 months and advise Acting Trust Chair of the decision by April 2020.</p> <p>The Board NOTED the Integrated Quality and Performance Report.</p>	
TB/19-20/179	<p>Chief Operating Officer's Report</p> <p>The Board received the Chief Operating Officer's report.</p> <ul style="list-style-type: none"> AQ, MM, JMG have a daily call regarding the Trust's Covid-19 response. There is a review of the Trust's business continuity plans to look at the creation of a super-management structure at a local base, if staffing becomes an issue. The Trust's priority is focussed on Crisis 24, Acute wards, personality disorder services (video option available for patients), Single Point of Access (much of which can be carried out from home), and assessment of urgent Community Mental Health Team referrals. The Trust is also looking at depot clinics and clozapine clinics. The clinical leadership and operational leadership are working together, overlapping the work done with RiO-lite. The Board discussed the different ways that mental health services can now be delivered via telephone and video technology. <p>The Board NOTED the Chief Operating Officer's Report.</p>	
TB/19-20/180	<p>Finance Report: Month 11 Finance Report</p> <p>The Board received the Finance Report (Month 11), with the following matters highlighted:</p> <ul style="list-style-type: none"> The Trust has a surplus £1.8million (driven by non-current vacancies and unutilised contingency). The Agency Spend remains above cap. The Cost Improvement Programme Savings is expected to deliver £5.6million, which is a gap of £400k from the £6million plan set at the beginning of the year. Single Overview Framework – The Trust continues to report a rating of 2 Cash in bank is £14.3million, which is a £8.2million variance against plan. The Forensic Care Group is acknowledged for delivering all their planned savings and on a recurrent basis; The Trust's Forecast is a £3million surplus. The Trust has been contacted by NHS Improvement (NHSI) and is set to receive £1million additional funding so the expected surplus is likely to be £4million. The one off funding is part of a national initiative for all Mental Health Providers, KMPT have received one of the largest shares The Trust's final Financial Plan is to be moved from April to an anticipated date in July. The Annual Accounts timetable remains unchanged, however the 	

Item	Subject	Action
	<p>Auditors will be given additional time to June;</p> <ul style="list-style-type: none"> Substantial supplies of Personal Protective Equipment have now arrived, managed by the Procurement Team and is being used by frontline staff,. <p>The Board discussed the ongoing cultural shift within the local health care system and the expectation that different organisations consider the system when delivering services and financial performance. In terms of the System Integrator, there will be an expectation that money will flow from the Clinical Care Groups directly into the system integrator. The Mental Health Investment Standard uplift is still going to be given by the Clinical Care Groups even in the context of the Covid-19 response.</p> <p>The Board noted the Finance Report for Month 11 (February 2020).</p>	
TB/19-20/181	<p>Workforce Report</p> <p>Report taken as read.</p> <p>The Board was updated regarding the finalisation of the people strategy and the review of the cultural heart. There was a very strong set of results from the Staff Survey with the Trust shown in the upper quartile of similar organisations. The Trust's Hate Crime Strategy has been approved.</p> <p>The Trust's sickness rate (excluding Covid-19 related absence_) is just above 4% and staff turnover is just below target. The Board discussed the vacancy gap and the ongoing data cleansing regarding vacancy data.</p> <p>Nationally, Workforce Teams have been given a clear steer by national guidance and priority is to be given to statutory matters and Covid-19. The Board discussed the number of staff members who were self-isolating, how many were working from home and how many had returned to the workplace. The Workforce Team has switched to a seven-day service and supporting staff, including working with local councils regarding schooling for key workers.</p> <p>The Trust is looking to increase workforce numbers by using 'off-framework' agencies as well as improving the welfare of staff. There will be an HR helpline, for staff to ring to take pressure off senior staff re HR issues</p> <p>Discussion was had regarding the accelerated recruitment processes, which is continuing. KMPT had contacted a number of staff who had recently left the Trust to see if they would return. Staff members continue to be engaged directly and through unions. Ward staff are receiving hot meals plus offers from a local coffee shop to deliver sandwiches and coffee.</p> <p>Disclosure and Barring Service data is now giving reports within 24 hours. The Trust continues to work well with volunteers who have assisted in many ways, including the delivery of Personal Protection Equipment.</p> <p>The Board discussed the testing of staff for Covid-19 and the support MTW is providing regarding the training of staff to swab patients.</p> <p>The Board noted the Workforce Report.</p>	

Item	Subject	Action
TB/19-20/182	<p>Quality Committee (QC) Report</p> <p>The Board noted the content of the QC report</p>	
TB/19-20/183	<p>Workforce and Organisational Development Committee (WFODC) Report</p> <p>The Board noted the WFODC Report</p>	
TB/19-20/184	<p>Integrated Audit and Risk Committee (IARC) Report</p> <p>The Board noted the IARC Report.</p>	
TB/19-20/185	<p>Finance and Performance Committee (FPC) Report</p> <p>The Board noted the content of the FPC report</p>	
TB/19-20/186	<p>Board Assurance Framework</p> <p>The Board received the Board Assurance Framework and noted that there was not much change since the last iteration, save the risk regarding Covid-19. The next version of the Board Assurance Framework will include a risk related to the Financial Recovery Fund.</p> <p>The Board agreed that risk 5966 regarding the St Martins site be closed as the performance matrix had been met.</p> <p>The Board complimented the work that Samantha Chalmers, Trust Risk Manager had done whilst in post and wished her well in her new role.</p>	
TB/19-20/187	<p>Any Other Business</p> <ul style="list-style-type: none"> • Tony Saroy has been appointed as the Trust Secretary; and • Kent Community Health Foundation Trust has fund to support isolated people and the Trust will check to see if that can be accessed. 	
	<p>Date of Next Meeting</p> <p>The next meeting of the Board would be held on Thursday 28th May 2020 at Farm Villa.</p>	

Signed (Chair)

Date

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 17/04/2020

Key	DUE	IN PROGRESS	NOT DUE	CLOSED
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Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
ACTIONS DUE								
27/11/19	TB/19-20/117	Integrated Quality and Performance Report	DN&Q to provide Board in January 2020 with suggested metrics for customer service.	DN&Q	Jan 2020	April 2020 May 2020	This is still under consideration. Patient and Carer experience groups have been asked for their feedback about the indicators we would need to look for to check customer experience. Alongside this, the Executive Director of Finance is reviewing our telephone system to ensure that as upgrades are done, they consistently have the same standard set up which informs callers that they are waiting. This is an interim position while the Trust telephone strategy is developed. Date to be revised due to Covid-19	Not due
30/01/20	TB/19-20/138	IQPR	CEO to produce a refined set of local targets within the IQPR by April Board.	CEO	April 2020		Date to be revised due to Covid-19	Completed
27/02/2020	TB/19-20/161	Integrated Quality & Performance Report	MM to provide commentary within future IQPRs to explain that Grade 1 & 2 mean No Harm & Low Harm respectively.	MM	March 2020	April 2020	Included in the IQPR	Completed
27/02/2020	TB/19-20/160	KMPT Quality Improvement Strategy	JC, CEO and TS to create a Quality Improvement workshop as part of the Board Development Day, which is to be held in April 2020.	JC	April 2020		Due to Covid-19, the Board Development day has been postponed and a revised date will be agreed.	In Progress
27/02/2020	TB/19-20/160	KMPT Quality Improvement Strategy	VB2 and AQ to present to Quality Committee in April 2020 an implementation plan for the Quality Improvement Strategy. The implementation plan will be appended to the QC Chair report.	VB2 & AQ	April 2020		Date to be revised due to Covid-19.	In Progress

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 17/04/2020

Key	DUE	IN PROGRESS	NOT DUE	CLOSED
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Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
26.03.2020	TB/19-20/178	Integrated Quality and Performance Report	The Executive Management Team is to review if there should be one simplified data report (by merging the Quality Digest and IQPR) over the next 4 months and advise Acting Trust Chair of the decision by April 2020.	EMT	April 2020		IQPR to be used, with Covid-19 matters to be looked at by QC in terms of patient safety matters.	Completed
26.03.2020	TB/19-20/176	Chief Executive Officer's report	JC to contact Lona Lockerbie regarding how KMPT can link up with Samaritan.	JC	April 2020		JC has spoken to Lona Lockerbie who has taken up the offering of support to Kent and Medway-wide staff, which includes signposting to the NNHS emotional support service.	Completed
ACTIONS NOT DUE OR IN PROGRESS								
30/01/20	TB/19-20/141	Annual Inpatient Establishment Review	Paper on HCA retention to return to Board in May 2020.	MM	May 2020			Not Due
30/01/2020	TB/19-20/146	WFODC Report	CEO, SG and TS to allocate Board time for self-assessment in relation to Freedom To Speak Up	TS	Mar 2020	October 2020	TS has discussed with the Freedom To Speak Up Guardian the logistics of the self-assessment. As a result of that discussion, TS will liaise with the Freedom to Speak Up Guardian and contact some of the Board Members to discuss and arrange the self-assessment process to take place in Autumn.	Not due
27/02/2020	TB/19-20/161	Integrated Quality & Performance Report	TS to invite Joanne Hand to give a presentation to Board regarding the Promoting Safe Services Policy.	TS	June 2020			Not due
CLOSED AT LAST MEETING OR COMPLETED BETWEEN MEETINGS								
25/07/2019	TB/19-20/56	IQPR	Participation and Involvement Strategy to be brought to Board in the autumn	DoS&P	Oct 2019	Nov 2019 Dec 2019 Feb 2020 Mar 2020	Approved at Board in March 2020	Closed

BOARD OF DIRECTORS ACTION LOG
UPDATED AS AT: 17/04/2020

Key	DUE	IN PROGRESS	NOT DUE	CLOSED
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Meeting Date	Minute Reference	Agenda Item	Action Point	Lead	Date	Revised Date	Comments	Status
27/02/2020	TB/19-20/157	Chair's Report	JMG to discuss sport activities on the Wards with MM.	JMG/MM	March 2020		AHP lead Julia Wilson is reviewing all activities and as part of Covid-19 issue, there is a review as to what activities can continue. Action to be closed	Closed
27/02/2020	TB/19-20/161	Integrated Quality & Performance Report	JMG to clarify the number of Serious Incidents that are with outside organisations for sign off.	JMG	March 2020		the Board considered that Quality Committee has oversight of the issue. The numbers are dropping significantly and Quality Committee was pleased to hear of the number of actions that had been closed.	Closed
27/11/19	TB/19-20/120	Integrated Audit and Risk Committee (IARC) Report	Chair to discuss with IARC Chair: a) Whether another form of review of the Transformation Team is more appropriate than the use of Internal Audit; b) That workforce matters should be monitored by the Workforce and Organisational Development Committee.	Chair	Jan 2020	Feb 2020 March 2020	Events have overtaken this and this will be closed. Finance and Performance Committee received a paper regarding the Transformation Team this month. TP was not in attendance at Board in November 2019. The Chair undertook to contact TP but this was not done.	Closed
30/01/2020	TB/19-20/145	MHAC Report	The Board is to receive an update about Street Triage following NHS England's review via the COO report.	COO	May 2020		This Action is Closed – ST Triage has been decommissioned as set out in the COO Board report Jan/Feb 2020	Closed
26/03/2020	TB/19-20/174	Action log	TS to contact Executive Directors to find Autumn dates for some of the non-urgent issues within the Action Log.	TS	April 2020		Email to Executives sent out on 17.04.2020	Closed

TB/19-20/xx

Title of Meeting	Board of Directors (Public)
Meeting Date	Thursday 30th April 2020
Title	Chair's Report
Author	Dr Jackie Craissati, Deputy Trust Chair
Presenter	Dr Jackie Craissati, Deputy Trust Chair
Purpose	For Information

1. Introduction

In the Trust Chair's absence, I continue to cover the role and provide this report, addressing three key areas;

- Current Circumstances;
- Non-Executive Director (NED) recruitment; and
- NED communications with clinical staff.

2. Current Circumstances

In order to respond to the issues caused by Covid-19, the Trust's Executive Management Team has daily meetings that are held virtually. I have been joining those meetings twice a week and ensuring that there are good lines of communication between the Executives and the Non-Executives.

It is clear how hard everyone across the Trust is working and the Executive Team's responsivity to, and quality of communication with, the wider trust has been exemplary.

Despite all the logistical concerns clearly identified in the national media, KMPT staff have managed uncertainties and anxieties in a mature manner, and have unfailingly focused on patient care throughout this difficult time. We are enormously grateful to them.

3. Non-Executive Director (NED) recruitment

NED recruitment continues, and we are on track for final interviews at the end of April. We are grateful to David Highton, Chair at Maidstone & Tunbridge Wells Acute Trust for his input to the interview process

4. NED communications with clinical staff

All the NEDs have been making phone calls to the leaders across the Care Groups within the organisation. These appear to have been well received, and have provided

TB/19-20/xx

a wealth of feedback - including some constructive suggestions for changes - which we have shared with the Executive Management team.

Front Sheet

Title of Meeting	Trust Board meeting	Date	30 th April 2020
Title of Paper	Chief Executive's Report		
Author	Helen Greatorex, Chief Executive		
Executive Director			

Purpose: the paper is for:	<ul style="list-style-type: none"> • Delete as applicable
<ul style="list-style-type: none"> • Discussion 	

Recommendation:	
The Board is asked to consider the content of the report, asking any questions of the Chief Executive and her team.	
Summary of Key Issues:	<ul style="list-style-type: none"> • No more than five bullet points
<p>This is the Chief Executive's thirtieth report to the Board.</p> <p>Key Items include</p> <ul style="list-style-type: none"> • An update on the Trust's response to Covid 19 	
Strategic Objectives:	<ul style="list-style-type: none"> • Select as applicable
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Consistently deliver an outstanding quality of care <input checked="" type="checkbox"/> Recruit retain and develop the best staff making KMPT a great place to work <input checked="" type="checkbox"/> Put continuous improvement at the heart of what we do <input checked="" type="checkbox"/> Develop and extend our research and innovation work <input checked="" type="checkbox"/> Maximise the use of digital technology <input checked="" type="checkbox"/> Meet or exceed requirements set out in the Five Year Forward View <input checked="" type="checkbox"/> Deliver financial balance and organisational sustainability <input checked="" type="checkbox"/> Develop our core business and enter new markets through increased partnership working <input checked="" type="checkbox"/> Ensure success of our system-wide sustainability plans through active participation, partnership and leadership 	

Implications / Impact:
Patient Safety: N/A.
Identified Risks and Risk Management Action: N/A
Resource and Financial Implications: N/A
<i>Legal/ Regulatory:</i> N/A
<i>Engagement and Consultation:</i> N/A
<i>Equality:</i> N/A
Quality Impact Assessment Form Completed: Yes/ No

1. Introduction

This report is written in the midst of a global pandemic and at a point in time that the NHS is more than ever focused on keeping people safe and supporting recovery. KMPT is playing its part in this national work and I and my team have been endlessly inspired and impressed by the creativity, courage and expertise of our KMPT colleagues.

Our Infection Control Team, led by Director of Infection Prevention and Control (DIPC) Mary Mumvuri have ensured that the organisation is clear about how to keep staff and patients safe, that the right equipment is available when needed and that we play our part in the wider NHS system. My sincere thanks to them all.

Because the Covid-19 position changes daily, the Chief Executive will provide a verbal update at the board meeting.

2. National, Strategic

Weekly conference calls for Chief Executives with the National Director for Mental Health, Claire Murdoch continue. The emphasis of these conversations is moving now to the theme of Recovery and Recuperation. As required by NHSE/I, we have appointed an executive to lead this work. Deputy Chief Executive Vincent Badu has been confirmed as our Recovery Director, and will work alongside Executive Director of Finance Sheila Stenson to ensure that we are properly prepared to respond to the anticipated demand for services after the pandemic. Updates on this work will be shared with the board as it unfolds.

3. County Wide

Integrated Care Partnership (ICP) and Integrated Care System (ICS)

The System Transformation Executive Board has resumed meeting, though now on a video conference basis and a reduced length this feels important if we are not to lose the opportunity to capture and cement some of the improvements that have been made as a result of the pandemic.

System Integrator

Whilst the Task and Finish Group meetings have concluded, the work to test the concept has been accelerated in part because of the pandemic. An update will be shared with the board later in the year.

4. In House

Jasmine Ward Changes

The need for a dedicated Covid-19 ward was recognised early on and Jasmine ward identified as the most appropriate to serve this function. With remarkable speed, attention to detail and expertise, a small multidisciplinary team repurposed this ward in a matter of days in order that it could safely care for our most vulnerable patients. Housekeepers, estates staff, clinicians and practitioners all worked extraordinarily hard, often significantly over their ordinary working hours in order to achieve this. My heartfelt thanks to all of them.

Recruitment and Induction

The Board was updated at the March meeting about the innovative work that our recruitment team had been doing in order to ensure that our fortnightly rolling programme of welcoming new starters was not impeded as a result of Covid. An enormous amount of complex, focused and creative work has led to a fully on-line induction for new starters now running every two weeks. Feedback from recipients has been extremely positive, as has that from the teams that they are able to join as originally planned.

Daily Message and Feedback

The daily message continues to be positively received with ever more contributions received for each edition. The Executive Management Team is working with the Communications Team to think about how to sustain and harness this renewed sense of KMPT connectedness after the pandemic. It would be an opportunity missed to allow it to fade.

Front Sheet

Title of Meeting	KMPT Board – April 2020	Date	30/04/2020
Title of Paper	Trust Strategy and 2020/21 Delivery Plan		
Author	Vincent Badu, Executive Director Partnerships and Strategy		
Executive Director	Vincent Badu, Executive Director Partnerships and Strategy		

Purpose: the paper is for:	<ul style="list-style-type: none"> • Delete as applicable
<p>The Board to note the final report on Operational Plan Priorities delivered in 2019/20.</p> <p>To note actions and updates made to the draft strategy documents subsequent to the February and March Board meetings.</p> <p>Approve a revised timeframe for sign off of the Trust Strategy 2020 – 2023 and approve The Delivery Plan for 2020/21</p>	

Recommendation:	
<p>That the Board agree to:</p> <ul style="list-style-type: none"> - Pause the development and sign-off of the Trust Strategy until Q3 2020/21 - Approve the plan to review, revise and sign-off the Trust Strategy in Q3 2020/21 - Approve the Delivery Plan – against which the delivery of our strategic aims in 2020/21 can be measured 	
Summary of Key Issues:	<ul style="list-style-type: none"> • No more than five bullet points
<p>2019/ 20 marked the final year of the Trust’s previous 5 year strategy. During this period a significant amount of progress has been delivered and a number of improvements to care quality and the stewardship of resources achieved. A summary of the outcomes achieved against priorities agreed for the last year are attached for information.</p> <p>Work on development of a new Trust Strategy has also continued and a draft was reviewed by the Board in February and March 2020.</p> <ul style="list-style-type: none"> • Subsequent to further development after the February and March Board 	

meetings, the draft Strategy document has been revised to reflect the feedback of the Board, executive team colleagues and some partners. The updated document is available for reference in the Board's reading room (Diligent system). A broader exercise to engage staff and service users has commenced. Further engagement will need to be planned for later in 2020/21 in light of current national and local pressures

- The demands and challenges of responding to COVID-19 present the trust with the opportunity to learn from what they have delivered and experienced. It has also demanded that we accelerate the delivery of several our own initiatives and those with partners. Time to reflect on what we learn from these activities and what we have and will achieve over the coming months, before signing off our organisational strategy for the coming three years
- The national and local landscape is also likely to change in light of COVID-19. We are expecting guidance on 'restoration and recovery' in the coming weeks and the NHS Long-Term Plan is likely to be revised and reissued later in the year. It will be important to reflect on any impact on the trust business before setting out our longer-term strategy
- In light of the above, it is proposed that signing off the Trust Strategy is paused to Q3 2020/21, at which time we will be able to review and revise the current draft and sign-off a new version
- A 2020/21 Delivery Plan has been developed to support the continued delivery and measurement of our priorities this year. The plan (attached), for approval is based on the new strategic framework and aims set out in the 2020/23 Strategy – **quality, using our expertise to lead and partner, integration and growing our capability to deliver**. The Executive management teams have led on the development of the plan with engagement of senior leaders across from across the organisation.
- Reporting against the plan is proposed to be via Board committees and twice yearly to the Board. Separate reports will be created for each committee and a consolidated overarching report to the Board.
- A number of the KPIs and measure will evolve as projects are delivered. We will need to reflect on the factor that recovery planning (nationally/ locally) is emerging and we will need to consider in terms of impact on the plan as we progress.

Report History:

The KMPT Strategy and Delivery Plan 2020/21 have been reviewed by:

- *Vincent Badu, Executive Director Partnerships and Strategy*
- *Sheila Stenson, Executive Director of Finance & Performance*
- *Executive Management Team*

Strategic Objectives:

- **Select as applicable**

- Consistently deliver an outstanding quality of care
- Recruit retain and develop the best staff making KMPT a great place to work
- Put continuous improvement at the heart of what we do

<input checked="" type="checkbox"/> Develop and extend our research and innovation work <input checked="" type="checkbox"/> Maximise the use of digital technology <input checked="" type="checkbox"/> Meet or exceed requirements set out in the Five Year Forward View <input checked="" type="checkbox"/> Deliver financial balance and organisational sustainability <input checked="" type="checkbox"/> Develop our core business and enter new markets through increased partnership working <input checked="" type="checkbox"/> Ensure success of our system-wide sustainability plans through active participation, partnership and leadership

Implications / Impact:
Patient Safety: N/A
Identified Risks and Risk Management Action: <i>There is a risk that the ongoing challenges presented by managing our response to COVID-19, the review, revisions and sign-off of the Trust Strategy in Q3 2020/21 will be delayed. To mitigate against this, the 2020/21 Delivery Plan will underpin the delivery of our strategic priorities this year and enable us to continue to progress our ambitions.</i>
Resource and Financial Implications: N/A
Legal/ Regulatory: N/A
Engagement and Consultation: <ul style="list-style-type: none"> • Board Chair • Non-Executive Directors • Executive Management Team • Senior Leaders
Equality: N/A
Quality Impact Assessment Form Completed: No

Strategy Delivery Plan 2020-2021

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Helping local people live their best life

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Context

The Trust have undertaken an exercise to develop a new organisational strategy for April 2020 to March 2023. In light of COVID-19, and the opportunities it presents to learn and evolve, the Board has taken the decision to delay signing off the new strategy until the autumn of 2020.

To support us to maintain momentum on our key initiatives and support our staff, we have developed a Delivery Plan for 2020/ 21. This will provide clear outcomes and measures upon which staff, Executive Team and Board can focus. It will be underpinned with detailed milestone plans for quarters one to four.

In the autumn of 2020, we will undertake a short exercise to:

- Evaluate which elements of this Plan we have delivered so far this year
- Identify what we have learnt from COVID-19 – including what new processes/systems/structures/activities we want to keep, do better and stop
- Understand what the ‘new’ post COVID-19 NHS system might look like
- Engage further with and involve our staff, wider partners (e.g. PCNs) and service users and carers in tailoring our priorities, especially with the mental health system integrator pilot to build primary and community mental health model of care
- Evolve our draft strategy and sign it off

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Our vision

To deliver brilliant care through brilliant people.

This includes our users and people important in their lives, our staff and our partners.

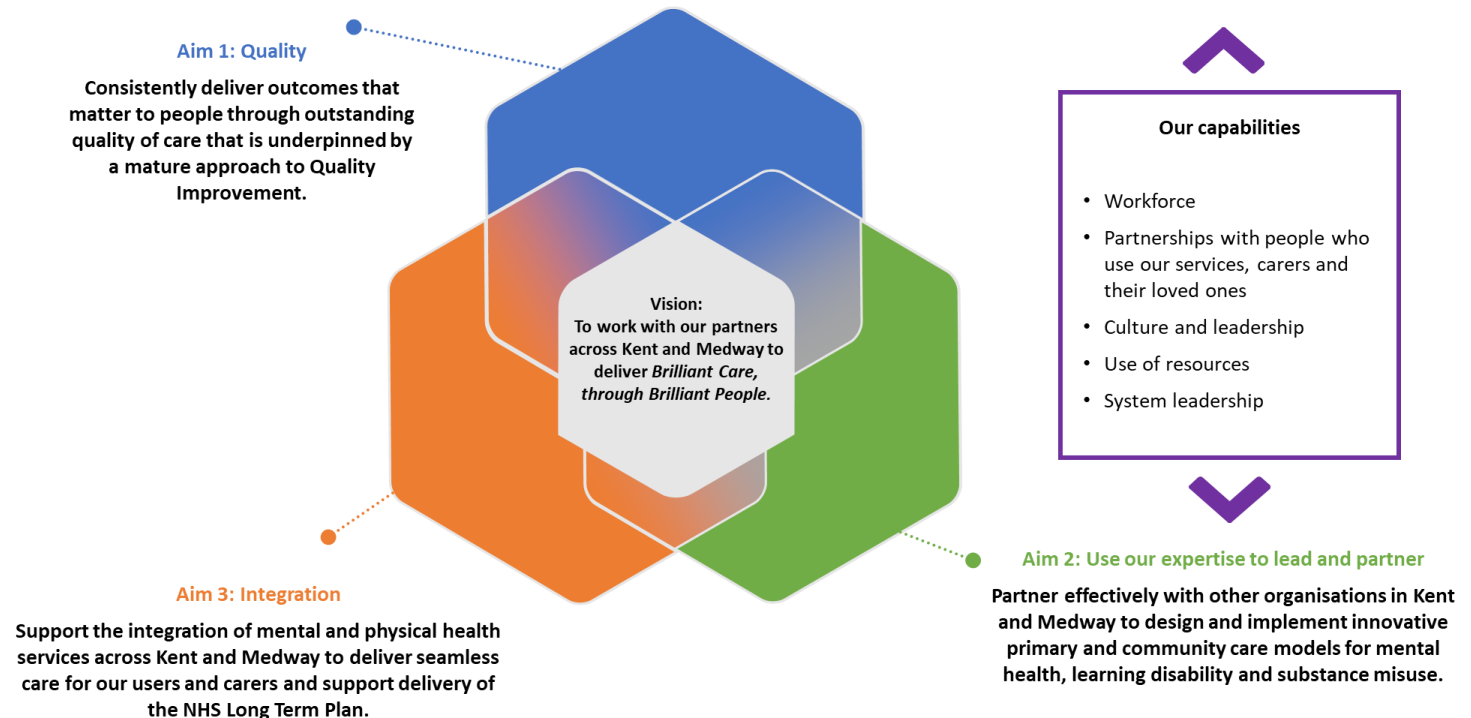


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Our strategic framework 2020-23

- Our three overarching aims underpin our vision by describing what we will do to get there,
- Our objectives set out how we will do this, and
- Our capabilities will support and enable the achievement of our three aims.



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Aim 1: Quality

We will have a coherent approach that will focus on the delivery of five objectives:

1. Achieving our **Quality Account Priorities**
2. Implementing programmes that improve **Care Pathways**
3. Developing and delivering a new **KMPT Clinical Strategy**
4. Embedding **Quality Improvement** in everything that we do
5. Strengthening our approach to **Research and Development** and delivering evidence-based care.

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Quality Delivery Plan

Key priorities for 2020 - 2021

Ref	Goal	Executive lead (Board Committee)	Timeframe				Key Performance Indicators (KPIs)	Outcome
			Q1	Q2	Q3	Q4		
Q 1	To consistently deliver the highest quality care, achieving the best outcomes for service users, their carers and loved ones	Executive Medical Director and Executive Director of Nursing & Quality (Quality)	→				<ul style="list-style-type: none"> • Patient reported experience measures (patient safety, effectiveness of treatments received, and patient feedback about the quality of care) 	Deliver against the Quality Account priorities: <ul style="list-style-type: none"> • Patient experience - care planning • Clinical effectiveness - outcomes measures • Patient safety - violence & aggression Embed service user and carer participation and involvement Delivery of the Triangle of Care
Q 2	Co-produce a new clinical strategy	Executive Medical Director (Quality)	→				<ul style="list-style-type: none"> • Scale of engagement (GP's, PCNs other clinical stakeholders, internal ly and externally across Community and Acute Health and Local Authorities) 	Refreshed strategy for delivery of clinical quality through partnerships..
Q 3	Improve care through better pathways: <ul style="list-style-type: none"> - Community - Acute - Memory assessment 	Executive Director of Nursing & Quality and Chief Operating Officer (Quality)	→				<ul style="list-style-type: none"> • KPIs sit within individual programme documentation – linked to NHS LTP commitments (Appendix at back of this document with some of the detail) 	Agreed clinical and outcome measures which we will consistently apply across the CCP programme and agree any outcome measures which may be pathway specific. The CCP outcomes measures may include HoNOS (PRE AND POST), CROM, ReQoL(-10), PROM (PSYCHLOPS, GSRS), CORE-34

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Aim 2: Use our expertise to lead and partner

We will focus on the delivery of three objectives:

1. Build **active partnerships** with Kent and Medway health and care organisations
2. Partnering **beyond Kent and Medway**, where it benefits our population
3. Build an **ethos of innovation** within the trust to support the development of primary and community care models for mental health, learning disabilities and substance misuse.

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Use our expertise to lead and partner Delivery Plan

Key priorities for 2020 - 2021

Ref	Goal	Executive lead (Board Committee)	Timeframe				Key Performance Indicators (KPIs)	Outcome
			Q1	Q2	Q3	Q4		
E 1	To create a brilliant experience for medical students across the organisation.	Executive Medical Director (Trust Board)					<ul style="list-style-type: none"> Positive feedback from students on placement Numbers of students on placement Recruitment & Retention of medical workforce 	Support the K&M system to attract & educate aspiring doctors to train to deliver 21st century medicine including in KMPT.
E 2	Deliver the Kent Recovery and Wellbeing College in partnership with the Local Authority and third sector partners .	Chief Operating Officer (Workforce & org. development)					<ul style="list-style-type: none"> Delivery against Kent & Medway RC roll out plan Number of people registering and completing programmes Improved Wellbeing scores (CHIME metric) 	Increased uptake of Recovery College places supporting people to make sense of their own experiences and learn how to take care of themselves and others
E 3	Deliver specialised services as part of the NHS-led Provider Collaboratives	Executive Director of Finance and Performance (Finance & performance)					<ul style="list-style-type: none"> 20% reduction of in-patient numbers across the provider collaborative Net reduction of 32 in-patients within KMPT 	Framework established in order to explore and build on opportunities to work with Sussex Partnership FT (e.g. adult secure services)
E 4	Work collaboratively with Kent Police to develop a partnership approach to mental health in the community	Chief Operating Officer (Quality)					<ul style="list-style-type: none"> Develop joint measurable objectives e.g. frequent presenters with a view to offering alternatives to use of Section 136 of the Mental Health Act 	<ul style="list-style-type: none"> Help to reduce police time supporting people with SMI by using collective expertise Improve availability of clinical expertise in police decision making through development of a KMPT clinical police lead role Provide specialist input into police training

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Aim 3: Integration

We are committed to the delivery of three objectives:

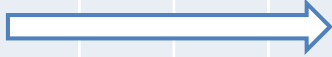

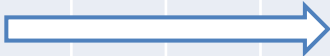
1. Supporting the **ICS to explore how care and systems can be integrated** – with a focus on mental health, learning disabilities and substance misuse
2. Testing and evaluating **models for integrating care and systems** with our partners
3. Driving **integration to become business as usual for the system and for KMPT.**

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Integration Delivery Plan

Key priorities for 2020 - 2021

Ref	Goal	Executive lead (Board Committee)	Timeframe				Key Performance Indicators (KPIs)	Outcome
			Q1	Q2	Q3	Q4		
I 1	Support the Kent and Medway system to transition to an ICS by April 2021 and the development and maturity of the four ICPs	Chief Executive and executive management team (Trust Board)					<ul style="list-style-type: none"> ICS approved by NHSE/I Progression across the ICP maturity matrix (esp. in mental health components) 	KMPT a continued active and influential partner in the development of the K&M health and care system
I 2	Lead the continued development of K&M Mental Health System Integrator, including a new model of integrated primary and community mental health care	Chief Executive (Trust Board)					<ul style="list-style-type: none"> National access, waiting and treatment standards NHS MH LTP commitments KPIs set out for the MHSI proof of concept project (multiple) – Out of Area Placements, Learning Disability and Community Mental Health 	<ul style="list-style-type: none"> Deliver Community MH Implementation Framework Reduction in out of area placements Improved experience for people living with learning disability and autism across Kent & Medway
I 3	Listen to and build positive relationships with Integrated Care Partnerships and Primary Care Networks. Support development and investment in primary mental health care	Executive Director Partnerships and Strategy (Trust Board)					<ul style="list-style-type: none"> Jointly agreed ICP KPIs Increased primary care capacity 	Active relationships with PCNs that help shape the design and delivery of effective and safe mental health care (using DES investment) for the population of K&M

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Growing our capability to deliver

A focus on our capabilities will be critical to the delivery of our aims and objectives. We will focus on:

1. Building a resilient, healthy and **happy workforce**
2. Strengthening **partnerships with people who use our services** and their loved ones
3. Evolving our **culture and leadership**
4. Optimising the **use of resources**
5. Investing in **system leadership.**

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Growing our capability to deliver - Delivery Plan

Key priorities for 2020 - 2021

Ref	Goal	Executive lead (Board Committee)	Timeframe				Key Performance Indicators (KPIs)	Outcome
			Q1	Q2	Q3	Q4		
C 1	Embed a 'just & learning' and one team culture	Director of Workforce and Communications (Workforce & org. development)	→				<ul style="list-style-type: none"> Number of appraisals completed Number of appraisals with a quality objective Delivery of matrix teams 	Engaged staff who are working as a united team to drive innovation in a safe and compliant environment – as a learning organisation
C 2	Continue to support, develop and foster the resilience of our people	Director of Workforce and Communications (Workforce & org. development)	→				<ul style="list-style-type: none"> Refreshed Trust People Plan Recruitment and retention rates Vacancy rates Agency cap 	Motivated, engaged and healthy workforce
C 3	Promote diversity and inclusion	Director of Workforce and Communications (Workforce & org. development)	→				<ul style="list-style-type: none"> Workforce Race Equality Scheme (WRES) and Disability Equality Scheme (DES) Equality Delivery Scheme 	<ul style="list-style-type: none"> Diversity and inclusion conference held Network membership Network meetings/ events

See Appendix for more detail

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Growing our capability to deliver – Delivery Plan

Key priorities for 2020 - 2021

Ref	Goal	Executive lead (Board Committee)	Timeframe				Key Performance Indicators (KPIs)	Outcome
			Q1	Q2	Q3	Q4		
C 4	Support the delivery of breakeven and an organisational and system trajectory	Executive Director of Finance and Performance (Finance & performance)	➔				<ul style="list-style-type: none"> • KMPT control target (£5.4m) • K&M system control target (£130.469m) 	Sustain Trust financial position and support the K&M system financial position
C 5	Deliver the Clinical Technology Strategy	Executive Director of Finance and Performance (Finance & performance)	➔				<ul style="list-style-type: none"> • Video Conferencing • Video Consultations • Electronic Observations 	Digital by default, agile working and system interoperability across Kent & Medway and with partners
C 6	Lead the K&M one public estate initiative	Executive Director of Finance and Performance (Finance & performance)	➔				<ul style="list-style-type: none"> • Optimise estate running costs • Address and reduce backlog maintenance costs • Ensure efficient occupancy levels of Trust accommodation • CAPEX funding secured and allocated • Design and build service development programme agreed • Partnership planning and shared use of public estate • Sustainable development management plan 	Ensure a system approach to estate usage and management across K&M
C 7	Deliver the Informatics strategy	Executive Director of Finance and Performance (Finance & performance)	➔				<ul style="list-style-type: none"> • See Appendix for more detail 	A mature BI function, enabled by technology

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Appendices

Additional KPI detail

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Q 1 – Quality Account Priorities

Quality Account Priorities 2020/21

Domain	Patient Safety	Clinical Effectiveness	Patient Experience
Priority	Violence and Aggression	Clinical Outcomes	Person Centred Care Planning
Executive Lead	Mary Mumvuri (Executive Director of Nursing and Quality)	Dr Afifa Qazi (Executive Medical Director)	Jacque Mowbray-Gould (Chief Operating Officer)
Clinical Lead	Dr Nigel Ashurst (AMD- Acute Care Group)	Dr Kirsten Lawson	Mo Eyeoyibo, Julia Wilson, Peer support (JW)
Q1	<ul style="list-style-type: none"> Baseline data recorded 40% responses gathered from staff survey Training package in place 	<ul style="list-style-type: none"> Agree on Outcome measures: Outcome measures have been agreed – HoNOS Health of the Nation Outcome Scale (CROM) and ReQoL; Recovering Quality of Life (PROM). Identify need for extra support: Discussion with Transformation team and finance has been held and need for additional resource agreed. Project lead (0.3 WTE) has been agreed Agree on implementation plan with working group and book monthly meetings for the year with the working group. 	<ul style="list-style-type: none"> % of Care plans distributed to patients % increase of care plan information in National patient survey satisfaction Agree a bespoke satisfaction questionnaire % CLIQ check improvements Audit improvements % complaint improvement % FFT improvements Development of technology ie person centred care planning app Development of e- learning package
Q2	<ul style="list-style-type: none"> Target of 85% of staff identified on pilot wards trained in Q2 Audit results on use of calming boxes 	<ul style="list-style-type: none"> Start monthly reporting via QPR with “star team” award for the highest scoring team and extra support via project management to teams with low scoring teams. Award for highest scoring individual in the organization. Measure at end of Q2 with a target of 25% completion on HoNOS at admission and discharge and 25% on ReQoL. Report to Board 	<ul style="list-style-type: none"> Develop new current person centred care planning training delivered by people with lived experience. Update service user care information and carer information leaflets Revised care planning protocol completed Revision to RIO care plan or standard letter made ready for test - RiO and Performance team
Q3	<ul style="list-style-type: none"> Target of 95% trained and using tool in Q3 Tool rolled out across all wards 	<ul style="list-style-type: none"> Training at Clinical and operational leads (prioritize Community and Old age care group) in completion of the two outcome measures, identify HoNOS Champions at team level) Continue monthly reporting at QPR with “star team” award for the highest scoring team. Extra support via project management to teams with low scoring teams. Measure at end of Q3 with a target of 75% completion on HoNOS at admission and discharge and 75% on ReQoL 	<ul style="list-style-type: none"> Determine impediments to achieving agreed targets/trust standard of 75% Revise processes to reflect learning Develop patient improvement leads utilizing service users to lead, train, check and challenge (audit processes) and delivery of improved care planning
Q4	<ul style="list-style-type: none"> Improvement in the self-reported sense of safety and confidence on the wards by staff Reduction in reported incidents of restraint, assaults on staff and patient on patient aggression. 10% reduction in moderate to severe harm of incidents related to violence and aggression 	<ul style="list-style-type: none"> Training at Clinical and operational leads (prioritise teams that are behind target at end of Q3) in completion of the two outcome measures). Continue monthly reporting at QPR with “star team” award for the highest scoring team. Extra support via project management to teams with low scoring teams. Measure at end of Q4 with a target of 90-100% completion on HoNOS at admission and discharge and 90-100% on ReQoL Award for highest scoring individual in the organization. 	<ul style="list-style-type: none"> Care plans distributed to patients to meet trust standard at 75% Complaints and SIs with care planning concerns have reduced over the 12 months Sustained Improvement on CLIQ checks on care planning in all CMHTs and CMHSOPs National patient safety improved Patient and staff satisfaction rates positive

Q3 – Care Pathways

Acute

- CRHT - 24-hour urgent response and emergency within 4 hours
- CRHT menu of interventions- KPIs for acute will be developed as projects progress.
- Inpatient menu of interventions (MOI) - Length of Stay - current LoS target is currently 25 days, for Older Adults 52 days (LOS targets subject to review post COVID-19/DTOCs)

Community

- Referral To Assessment Within 4 Weeks
- 18 Weeks Referral To Treatment
- % Of Patients With Valid CPA Care Plan Or Plan Of Care
- CPA Patients Receiving Formal 12 Month Review
- Care Programme Approach (CPA) proportion of discharge from hospital followed up within 72 hours, not seven days
- Crisis Plans (All Patients)

Memory Assessment Service

- Increase dementia diagnosis rates as part of a collaborative system approach
- Review existing performance metrics with commissioners

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C1 – C3 – People Plan

	Acute Care Group	CR & PCPTS Care Group	Forensic & Spec Care Group	Older Adults Care Group	Support Services	Trust
Staff Turnover (Unplanned)	12.00%	12.00%	11.00%	12.00%	8.00%	10.50 %
Short Term sickness	1.98%	1.65%	1.40%	1.95%	1.25%	1.65 %
Long Term Sickness	2.85%	2.92%	1.97%	3.05%	2.45%	2.57 %
Total Sickness Absence	4.85%	4.57%	3.00%	5.00%	3.70%	4.22 %
Vacancy Rate	14.00%	11.70%	12.90%	7.00%	15.50%	11.85 %
Staff Appraisal	95.00%	95.00%	95.00%	95.00%	95.00%	95.00 %
Medical Staff Appraisal	95.00%	95.00%	95.00%	95.00%	95.00%	95.00 %
Stat/Mand Training	90.00%	90.00%	90.00%	90.00%	90.00%	90.00 %

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C5 – Clinical Technology Strategy (1 of 2)

CLINICAL TECHNOLOGY STRATEGY BENEFITS MATRIX	CLINICAL TECHNOLOGY STRATEGY BENEFITS MATRIX													
	Video conferencing	Video consultations	Electronic observations	Cyber security	Rio developments	Technology refresh	Electronic correspondence	Mobile RIO	Electronic referrals	Electronic prescribing	Bed management	Kent Care Record	Patient mood app	Electronic document management
Reducing time spend using a computer			X		X		X							
Releasing time to care	X	X	X		X		X				X			
Improving patient satisfaction		X	X	X	X		X	X			X	X	X	
Improving clinical outcomes		X	X		X			X		X	X	X	X	
Improving staff productivity	X	X	X		X	X	X	X	X	X	X	X		X
Improving staff satisfaction	X	X	X		X	X	X	X		X	X	X		
Saving or avoiding costs	X	X					X			X	X			
Improving digital maturity	X	X	X	X		X	X	X	X	X	X	X	X	X
Reducing clinical risk & improving patient safety			X				X	X	X	X	X	X	X	
Reducing business risk				X		X								X

Subject to review by FPC board sub-committee

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C5 – Clinical Technology Strategy (2 of 2)

Video-Conferencing

KPI	Metric	Target
Reducing time on the computer	Not applicable	N/A
Releasing time to care	Meeting travel time released	20% reduction in meeting travel time
Improving patient satisfaction	Not applicable	N/A
Improving clinical outcomes	Not applicable	N/A
Improving staff productivity	Travel time released	1 hour released per week per person
Improving staff satisfaction	Releasing time to care	(subjective)
Saving or avoiding costs	Meeting travel costs reduced	Costs saved on journeys avoided
Improving digital maturity	VC adopted routinely	VC use to exceed 1,000 hrs/week
Reducing clinical risk & improving patient safety	Not applicable	N/A
Reducing business risk	Not applicable	N/A

Video-Consultations

KPI	Metric	Target
Reducing time on the computer	Not applicable	N/A
Releasing time to care	Travel time released	20% reduction in travel time
Improving patient satisfaction	Patient journeys reduced	20% of patient appointments by video (subjective)
Improving clinical outcomes	Improved clinical assessment	(subjective)
Improving staff productivity	More appointments offered	5% more appointments
Improving staff satisfaction	Releasing time to care	(subjective)
Saving or avoiding costs	Travel costs reduced	Costs saved on journeys avoided
Improving digital maturity	Ability to offer choice	Video-consultations adopted by 30%
Reducing clinical risk & improving patient safety	Not applicable	N/A
Reducing business risk	Not applicable	N/A

Electronic Observations

KPI	Metric	Target
Reducing time on the computer	Entries by iPad increased	90% of entries by iPad
Releasing time to care	Double entry reduced	Double entry by exception only
Improving patient satisfaction	Confidence in alerts and trends	(subjective)
Improving clinical outcomes	Fewer missed observations	Reduction by 60%
Improving staff productivity	Faster to record on tablet	10% saving on time per observation
Improving staff satisfaction	Easier data recording	(subjective)
Saving or avoiding costs	Not applicable	N/A
Improving digital maturity	Electronic recording	Improved score on maturity model
Reducing clinical risk & improving patient safety	Elimination of charting errors	No errors charting electronic obs
Reducing business risk	Not applicable	N/A

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C7 – Informatics Strategy

#	Strategic Objective	KPI
1	Single Source of the Truth	<ul style="list-style-type: none"> Centralising current Trust data sources Develop a structured reporting repository to support Trust reporting requirements.
2	Evidenced Based Decisions	<ul style="list-style-type: none"> Develop analytical and statistical tools to provide robust evidenced based decision making
3	Extracting Intelligence from Data	<ul style="list-style-type: none"> Implement a new informatics platform to provide quick access and the ability to interrogate the centralised data sources
4	Ease of Access	<ul style="list-style-type: none"> Implement a single informatics portal through which all data needs will be accessible
5	Data Governance	<ul style="list-style-type: none"> Create a Clinical Informatics Group to oversee Developments Develop robust governance strictures along with clear change control mechanisms to support data processing and reporting.
6	Data Quality	<ul style="list-style-type: none"> Develop a suite of reports to manage Data Quality within Trust information systems
7	Enhanced User Experience	<ul style="list-style-type: none"> Develop a suite of products and process to meet business needs. Regular user engagement to assess levels of satisfaction with Informatics provided.
8	Analytical Workforce	<ul style="list-style-type: none"> Develop a structured engagement plan to Trust staff confidence in accessing and using information

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Operational Plan Priorities 2019/20

KPIs and Deliverables

Operational Plan Priorities 2019/20 – KPIs and Deliverables

Priority: Our Services Improve Quality, Save Time and Money	Action	Key Performance Indicator/ Deliverable	Timeframe	Executive Lead/ Board Committee	Progress update																																																																																																																																								
<p>Maximise opportunity for service users to safely achieve and sustain positive outcomes, whilst driving delivery of efficiency and productivity gains</p>	<p>Co-produce and implement Clinical Care Pathways Programme and St Martins Inpatient Changes Programme to ensure we deliver the right pathways, right practice, right place</p>	<ul style="list-style-type: none"> A 10% reduction in number of admissions of adults to acute wards for lengths of stay of 7 days or less 	<p>March 2020</p>	<p>Chief Operating Officer</p>	<p>The introduction of Support and Signposting services and improved 24/7 have supported both an ability to cope with a reduced bed base and there is a positive impact in the number of people being admitted for 7 days or less.</p> <table border="1"> <thead> <tr> <th colspan="12">Younger Adult Acute</th> </tr> <tr> <th></th> <th>2019-01</th> <th>2019-02</th> <th>2019-03</th> <th>2019-04</th> <th>2019-05</th> <th>2019-06</th> <th>2019-07</th> <th>2019-08</th> <th>2019-09</th> <th>2019-10</th> <th>2019-11</th> <th>2019-12</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>Total bed days used by those discharged in period with a LOS 0-7</td> <td>200</td> <td>286</td> <td>288</td> <td>254</td> <td>235</td> <td>248</td> <td>283</td> <td>220</td> <td>282</td> <td>249</td> <td>192</td> <td>154</td> <td>204</td> </tr> <tr> <td>Total bed days used by those discharged in period</td> <td>3862</td> <td>4587</td> <td>5045</td> <td>4593</td> <td>3540</td> <td>4971</td> <td>4376</td> <td>4011</td> <td>4167</td> <td>5383</td> <td>4055</td> <td>3796</td> <td>5248</td> </tr> <tr> <td>% bed days used by those with LOS 0-7</td> <td>5.2%</td> <td>6.2%</td> <td>5.7%</td> <td>5.5%</td> <td>6.6%</td> <td>5.8%</td> <td>6.5%</td> <td>5.7%</td> <td>6.7%</td> <td>4.6%</td> <td>4.2%</td> <td>4.0%</td> <td>3.9%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="12">Older Persons Acute</th> </tr> <tr> <th></th> <th>2019-01</th> <th>2019-02</th> <th>2019-03</th> <th>2019-04</th> <th>2019-05</th> <th>2019-06</th> <th>2019-07</th> <th>2019-08</th> <th>2019-09</th> <th>2019-10</th> <th>2019-11</th> <th>2019-12</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>Total bed days used by those discharged in period with a LOS 0-7</td> <td>4</td> <td>4</td> <td>21</td> <td>4</td> <td>9</td> <td>10</td> <td>21</td> <td>12</td> <td>3</td> <td>11</td> <td>11</td> <td>10</td> <td>10</td> </tr> <tr> <td>Total bed days used by those discharged in period</td> <td>272</td> <td>870</td> <td>1042</td> <td>1014</td> <td>2424</td> <td>2670</td> <td>3068</td> <td>2020</td> <td>1475</td> <td>2700</td> <td>2217</td> <td>1902</td> <td>3104</td> </tr> <tr> <td>% bed days used by those with LOS 0-7</td> <td>1.5%</td> <td>0.5%</td> <td>2.0%</td> <td>0.4%</td> <td>0.4%</td> <td>0.4%</td> <td>0.7%</td> <td>0.6%</td> <td>0.2%</td> <td>0.4%</td> <td>0.5%</td> <td>0.5%</td> <td>0.3%</td> </tr> </tbody> </table>	Younger Adult Acute													2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020	Total bed days used by those discharged in period with a LOS 0-7	200	286	288	254	235	248	283	220	282	249	192	154	204	Total bed days used by those discharged in period	3862	4587	5045	4593	3540	4971	4376	4011	4167	5383	4055	3796	5248	% bed days used by those with LOS 0-7	5.2%	6.2%	5.7%	5.5%	6.6%	5.8%	6.5%	5.7%	6.7%	4.6%	4.2%	4.0%	3.9%	Older Persons Acute													2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020	Total bed days used by those discharged in period with a LOS 0-7	4	4	21	4	9	10	21	12	3	11	11	10	10	Total bed days used by those discharged in period	272	870	1042	1014	2424	2670	3068	2020	1475	2700	2217	1902	3104	% bed days used by those with LOS 0-7	1.5%	0.5%	2.0%	0.4%	0.4%	0.4%	0.7%	0.6%	0.2%	0.4%	0.5%	0.5%	0.3%
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<p>Develop a plan to eliminate out of area placements for females patients requiring PICU.</p>	<ul style="list-style-type: none"> Reduced average length of stay in older adults wards to 73 days Reduce use external bed placements for female requiring PICU admission to eight. 	<p>December 2019</p>	<p>Finance and Performance Committee</p>	<p>LOS on track and as reported monthly in the IQPR to Trust Board and FPC</p>																																																																																																																																									
			<p>March 2020</p>	<p>Chief Operating Officer</p>	<p>The female PICU contract has been awarded and over the past 3 months the number of bed days reduced month on month. This action has been achieved in the financial year of 19/20.</p>																																																																																																																																								

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	Sustain quality and care improvements within our Community Mental Health Teams	<ul style="list-style-type: none"> Increased % of people referred to Community Mental Health Teams assessed within 4 weeks Increased % of people accepted onto caseload commence treatment within 18 weeks 	<p>March 2020</p> <p>March 2020</p>	Finance and Performance Committee	<p>Please see updated reported through IQPR</p> <p>The performance for both of these standards remained static in Jan and Feb 2020. In March 2020 the COVID pandemic escalated and teams were required to commence business continuity planning. This led to a significant reduction in routine referrals as the teams were and are required to respond to 24/7 crisis work due to reductions in staffing (self-isolation). The COO has agreed with the director of finance it remains an imperative to keep an overview of team activity of 4 week waits over March and April as the recovery phase is now in planning.</p>
Deliver 2019/20 Quality Account Priorities	<p>Focus on quality domains to deliver specific improvements in relation to:</p> <ul style="list-style-type: none"> Patient Safety Patient Experience Clinical Effectiveness 	<ul style="list-style-type: none"> To increase the incident reporting of low harm incidents, and associated learning. 	March 2020	Executive Director of Nursing & Quality Committee	<p>The Trust has agreed to focus on three key priorities in 2020-21, one in each of the Quality domains.</p> <p>Patient Safety Reduction in Violence and Aggression – reduction in incidents of violence and aggression in all its forms remains a high priority for the Trust Board, staff and patients. In 2020-21 we will focus on realising the benefits of the Promoting Safer Services Strategy launched in 2019 to measurably reduce the negative impact on quality of incidents of violence and aggression.</p> <p>Patient Experience Collaborative Care Planning – Care planning is fundamental to the quality of care provided and the most critical element of how patients perceive the quality of their experience of care. The Trust has recognised this relationship over several years and in 2020-21 will focus on ensuring patients and carers are engaged and involved in care planning and quality is improved through collaboration.</p> <p>Clinical Effectiveness Clinical Outcome Measures – In 2020-21 we will focus on agreeing and implementing a consistent, meaningful measure of effectiveness taking account of both clinical and patient reported outcomes of the effectiveness of services provided</p> <p>Incident reporting has increased in the last three quarters as reflected in the reports to Quality Committee which showed about target of 10% increase in incident reporting from baseline. Last National Learning and Reporting System report shows that we have moved up from being number 5 from the bottom of Mental Health Trusts to number 9. We expect our position to show an improvement in the next report due after Spring 2020.</p>

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		<ul style="list-style-type: none"> To improve experience of KMPT care for BAME service users. 	March 2020	Executive Director of Nursing & Quality Quality Committee	<p>BAME service users and allies recruited to participate in project. Cultural awareness sessions held which included workshops in four localities- Medway, DGS, Canterbury and Maidstone. The plan was to do a desk top review of care plans but when piloted, it was thought it wouldn't show how diversity was addressed in care a plan which was the aim. Plan now changed to include telephone interviews for people on CPA, script designed and interviewers trained in gathering feedback.</p> <p>Unforeseen restrictions around patient data protection for both the desktop review and the telephone interviews has led to the project being discontinued. A new project will be delivered in the current year with the project participants invited to support.</p> <p>The Patient Experience team have engaged a team of BAME service users and allies and , in conjunction with the BAME staff forum, hope to hold a workshop to promote to BAME service users. However, this is on hold until COVID-19 restrictions lifted.</p>
		<ul style="list-style-type: none"> To improve the quality of Clinical Supervision for nurses – year 2. 	March 2020	Executive Director of Nursing & Quality Quality Committee	<p>Clinical supervision policy was written and training developed to support roll out. Training is jointly facilitated by a senior nurse and a lecturer from the University. Nursing staff identified from each care group and to date 99 staff have completed the training with more session booked up to year end. Plans have been put in place to ensure the trained staff can now deliver local training and these are monitored by Heads of Nursing. Uptake of supervision will be monitored via i-learn reports and these have been requested.</p> <p>Discharge planning process - project members identified and include MDT staff, carer and patient representatives who have all met to review baseline data. Post CPA questionnaire co-produced addressing three areas and this has been rolled out in November.</p>

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		<ul style="list-style-type: none"> To improve service user experience of Discharge planning and process. 	March 2020	Executive Director of Nursing & Quality Committee	<p>Team of Experts by Experience recruited and they co-produced a survey which was circulated and background data gathered e.g. from complaints, performance. Two interventions identified and designed for the community and inpatient projects. For inpatients, Keep Safe plan co-produced and being piloted on Fern ward and will be evaluated after 4 weeks. It includes a discharge checklist, positive feedback received so far. Community intervention involved developing a transfer group, facilitated over 4 weeks period by a Peer Support worker. Intervention is being piloted in Thanet CMHT.</p> <p>The Keep Safe plan work has been completed on Fern Ward with the recommendation that the work is rolled out across all inpatient services. The 4 session transfer group piloted in Thanet CMHT was a success. Reports for both projects are being finalised and plans for further roll out will be discussed further once the COVID-19 restrictions allow.</p>
		<ul style="list-style-type: none"> To increase carer and service user attendance at, involvement in and satisfaction with CPA reviews. 	March 2020	Executive Director of Nursing & Quality Committee	<p>Attendance at CPAs from April-December 19 has been consistent at between 94 – 97 %.</p> <p>A CPA satisfaction survey was conducted between 11/11/19 and 10/01/20 with 30 surveys given to each CMHT. In total 12 responses were received (7 – service user, 3 carer, 2 relatives) of which 9 indicated a positive experience of a CPA review from both a patient and carer perspective. Positive feedback included: "very supportive", "listened to", "pleasant experience" and "time to talk about my Mental Health". 3 responses indicated a less positive experience which included: "not knowing it was a CPA" and "the Social Worker did not turn up".</p> <p>Moving forward CRCG will use the CRCG PREM and Friends & Family Test at each CPA review. Results will be monitored and shared at monthly CRCG Quality meeting and Trust Wide Patient & Carer Experience Group</p>
		<ul style="list-style-type: none"> To improve the use of HoNoS as the Trust's primary Clinical Outcomes recording and monitoring (CROM) 	March 2020	Executive Medical Director Quality Committee	<p>When the data was pulled initially on the recording of HoNOS it was noted that this was 84% on assessment and 12% on discharge. The figures now are 95% on assessment and 30% on discharge. Quarter 3 landmark is to have 90% on assessment and 60% on discharge, it has now been agreed that aim is 50% on discharge by the end of the year. To date there has been no robust project management support on this work and Rosarii Harte and Kirsten Lawson inherited this work. There needs to be a quality element the following financial year around</p>

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<p>Develop and coordinated our approach to Quality Improvement.</p>	<p>Build quality improvement capacity and capabilities of our staff</p> <p>Review Quality Improvement strategy and recommit to quality improvement methodology</p>	<ul style="list-style-type: none"> Develop our improvement capacity and capability through rolling out delivery of NHSI QSIR Programme within KMPT All staff set quality improvement objectives through annual appraisal cycle Sustainability plans supporting share and spread of LEAN RPIW projects 	<p>December 2019</p> <p>September 2019</p> <p>December 2019</p>	<p>Executive Director Partnership & Strategy Quality Committee</p> <p>Executive Director Partnership & Strategy Quality Committee</p> <p>Executive Medical Director Quality Committee</p>	<p>training as some people have not been trained and other trained but a long time ago.</p> <p>The transformation and performance teams are supporting this work as part of the quality account priorities</p> <p>Rates of HoNOS completion are 95% at assessment (cluster start) and 37% at discharge (cluster end). This reflects a relatively static percentage at discharge. There hasn't been any additional engagement or education within quarter 4 so this is not necessarily unexpected. HoNOS has been included as the CROM for all new pathway work within the community teams to date and will be included in all developments going forward.</p> <p>Within CEOG in February 2020 it was agreed that an outcome Steering Group will be needed to take this work forward and Dr Qazi will be discussing this further next month. It was highlighted though that there is interest noted from representatives across care groups and disciplines already. It was also noted at the meeting that it would be good to have a HoNOS Champion in each Care Group and ideally one in each Team.</p> <p>Things to consider for the next financial year:</p> <ul style="list-style-type: none"> This requires a larger piece of work for HoNOS and establishing a Steering Group for outcomes which reports to CEOG, which in turn feedback to the Quality Committee in their bi-monthly report. Project support from the Transformation Team including a dedicated project manager – a draft business case has been agreed at March BCRG and moving to full business case, whilst liaising with performance and transformation Education programme required Update of policy and process document (merge into one) Completion of the national CQUIN in relation to outcome measures – HoNOS as the CROM and REQOL as the Patient Reported Outcome Measure (unless alternatives already agreed within certain services) Outcomes/HoNOS champion in each care group/team Eventual development of a 'suite' of clinical outcome measures tailored to each team/service Clinical outcome measures has been agreed as part of the quality account priorities for 2020/21 and is included in the new strategy delivery plan. <p>A QI Working Group which is co-chaired by the Executive Director of Nursing and Quality and the Executive Director of Partnerships and Strategy has been in operation throughout the year.</p> <p>In February 2020 Trust Board approved the quality improvement strategy which includes a driver diagram and a dosing plan for 2020/21. The dosing plan articulates the number of people within KMPT who will receive development, training or awareness with regards to QI.</p>

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					<p>Alongside the development of the QI strategy KMPT is driving forward quality improvement across the Trust. The following summarizes what we have achieved to date during 2019/20;</p> <ul style="list-style-type: none"> • We are participating in the NHS Improvement Quality Service Improvement and Redesign (QSIR) programme and have supported 13 members of staff to complete the practitioner program to date. Nine more staff are currently undertaking this programme • Two members of staff have successfully undertaken the QSIR facilitation program and achieved the NHS Improvement QSIR teaching faculty associate status • The transformation team have established a joint QSIR academy with KCHFT and throughout 2020 there is a one day training option (80 KMPT staff were scheduled to attend during 2020 including people with lived experience) and a five day training option (36 KMPT staff were scheduled to attend during 2020). Due to COVID 19 this training is now paused and therefore we will not meet our 2020 trajectories with regards to the number of people who will attend the QI training • The Transformation Team and communications have developed a QI communications plan and QI I connect page • The Transformation Team has developed the quality improvement and innovation modules for the Leading the Way programme (although this programme is now on hold due to the COVID 19 situation) • The Transformation Team and Learning and Development Team are working collectively with the provider of QI e-learning for KMPT staff to access through I-Learn. The modular e-learning training is based on NHS Wales' highly tested and successful '1000 Lives Plus' Bronze Level training and takes approximately 2 hours to complete. • We have a KMPT QI logo and a draft KMPT QI approach • We have developed QI tools and templates which are available on the KMPT QI i-connect page • We have drafted a QI poster and we are using QI life • We are working in collaboration with heads of nursing and quality leads to explore how we will use existing networks for QI • We have met with East Kent consultants at their CPD day and are arranging to attend the West Kent consultants CPD meeting • We delivered QI training at the HEE KSS eCLiPS for Psychiatrist development day 2

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					<ul style="list-style-type: none"> We have presented at the leaders event We have undertaken interviews with QI champions We are starting to use social media for QI We are supporting 11 QI projects across the Trust We have submitted an outline business case for additional resource to support more QI projects <p>A Board development day was being held on 30th April 2020 which will include QI (due to COVID-19 this has now been postponed). At this stage 15/30 sponsors are actively engaged with QI projects across KMPT.</p> <p>The draft 20/21 QI objectives are;</p> <ul style="list-style-type: none"> Further build the infrastructure across KMPT including a coherent QI offer which includes the KMPT way Build the culture of QI across the Trust including increasing awareness, confidence and application Build QI capacity and capability across the Trust including a menu of training Develop and deliver a robust and proactive communication plan through multiple channels Develop and deliver a coordinated approach to QI projects which are aligned with strategic priorities and Just and Learning Culture Work in collaboration approach across KMPT and the KM Health and Care system

Priority : Our Resources Finance, Technology that helps us provide better care. Buildings that work for us,	Action	Key Performance Indicator/ Deliverable	Timeframe	Executive Lead/ Board Committee	Progress Update
Deliver financial break even and cost improvement programme	Develop and deliver robust and sustainable CIP based on recurrent savings	<ul style="list-style-type: none"> Cost Improvement Plans for all care groups and services in place 	March 2020	Executive Director of Finance & Performance Finance & Performance Committee	The Trust set a £6m CIP target for 19/20. To date £5.6m has been identified with a £400k gap. This gap will not be found during 19/20. The gap will be covered by non-recurrent items during the financial year, for example unutilized contingency. Work is progressing to convert non recurrent schemes to recurrent, any schemes that are non-recurrent and are not converted the care groups will be asked to fund in 20/21 as part of their CIP targets

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Become more digitally enabled organisation, supporting management and delivery of care	Develop and implement Clinical Technology Strategy and Clinical Informatics Strategy	<ul style="list-style-type: none"> Deliver new IT applications for Electronic Prescription Management and Electronic Clinical Observation 	December 2019	Executive Director Finance & Performance	National EPMA funding was confirmed in October. The DOF is co-chairing the EPMA Board meetings with the Medical Director. The project is progressing and actions are currently being reviewed during the COVID outbreak.
	Increase digital capability of clinical staff Develop digital applications and resources that improve assessment, quality and care management	<ul style="list-style-type: none"> Increase delivery of clinical interventions through digital media 	March 2020	Finance & Performance Committee	Electronic observations, is being rolled out across the organization but is paused during the COVID outbreak. A first draft of the business case for the FLOW system is under development.
Make the best use of the Trust's estate (land and buildings), ensuring they are safe and fit for the future	Implement Estate Strategy	<ul style="list-style-type: none"> Deliver Estates & Capital Assets plan 	March 2020	Executive Director Finance & Performance	The Estates Strategy was approved at the July Trust Board meeting. This is now being implemented. The sale of St Martins was agreed in 18/19. The handover of the building has been completed.
	Safely manage transitions required to deliver our inpatient and community estate improvement programme	<ul style="list-style-type: none"> Maximize use of estate and release surplus land for disposal 	March 2020	Finance & Performance Committee	

Priority: Our People Side by side with service users and carers Productive skilled workforce Great clinicians , managers and teams	Action	Key Performance Indicator/ Deliverable	Timeframe	Executive Lead/ Board Committee	
To ensure services models and strategy are co-produced with service users and carers	Develop KMPT Participation & Involvement Strategy	<ul style="list-style-type: none"> Increase levels of participation and involvement in service development and improvements within care groups 	December 2019	Executive Director Partnerships & Strategy Quality Committee	<p>The Participation and Involvement Working Group is chaired by the Executive Director of Partnerships. In March 2020 the Quality Committee supported the Participation & Involvement strategy which has been approved by Trust Board.</p> <p>We have set the following objectives to ensure we have impact within the first year. After this time, we will review the objectives and outcomes and adapt them, as required, in line with the Trust's model of improvement.</p> <ul style="list-style-type: none"> Conduct a base line audit to establish the numbers of service users and carers currently working at the various levels of the Involvement Pyramid Engagement & Recruitment including design and plan a recruitment campaign to increase the number of service users and carers engaged in Trust business; roll out recruitment campaign; continue to recruit new service user/ carer reps; map key community groups across KMPT's patch; meet with community groups to build relationships and begin to gather feedback; develop

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	Increase the percentage of people with Lived Experience employed in KMPT	<ul style="list-style-type: none"> 100 people with Lived Experience employed in roles across multiple levels across the Trust 	March 2020	Chief Operating Officer Workforce & Organisational Development Committee	<p>and/or engage with networking opportunities for professionals to share information and best practice; develop mechanisms for incorporating feedback gathered into quarterly report and scope current training on co-production for staff</p> <ul style="list-style-type: none"> Training and Support including scope any training, either internally or within partner organisations, that exists to support service users and carers; create staff training on 4Pis and co-production; develop service user/ carer training modules; pilot Service User/ Carer training modules; evaluate and roll out Service User/ Carer training modules. Communication and Marketing including develop website content; create a wider online presence including use of social media accounts for KMPT engagement; introduce a Service User/ Carer bulletin/ newsletter to inform all representatives, and potential reps, on the work being undertaken and to promote new opportunities; plan and hold an event to celebrate the successes of the year and to evaluate and plan for 2021 Process and Practical issues including develop a comprehensive information pack for new service user and carer reps; develop a meeting protocol for involving service users and carers in Trust business; embed co-production within all research development across the Trust <p>In the Personality Disorder pathway the trust has commissioned KUF training which is delivered by experts by experience. All the trainers have lived experience, many have been KMPT patients, and they are now delivering this important training out to our staff</p> <p>Through the Dis(ability) forum we are also working with all staff to ensure they feel confident to have their disability recognized – having only 10 members of staff who have disclosed their mental ill health is low. There are staff at all levels in the organization with lived experience of mental illness however there is some reluctance for staff to identify themselves in this way and this is something that needs further consideration. The Chief Operating Officer as Executive sponsor for the Dis(ability) forum has put a call out to a number of trusts to ascertain the work they do to use the talent of their staff with lived experience.</p> <p>Workforce rolled out an 'update your details' campaign in Feb/March 20 to try and increase the numbers of staff declaring whether or not they have a disability. A staff 'wellness' passport is to be rolled out to allow staff to feel confident in sharing details of their disability and what managers can do to support them. Comms and IT looking into online forums for each of the networks to increase membership.</p> <p>KMPT have visited other trusts to understand what they do to</p>

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Priority: Our People Side by side with service users and carers Productive skilled workforce Great clinicians , managers and teams	Action	Key Performance Indicator/ Deliverable	Timeframe	Executive Lead/ Board Committee	
					<p>support staff with lived experience.</p> <p>In February the Allied Health Professional lead supported the development of the Peer Support worker strategy; the report was due back to the Executive Assurance Group in April however due to the COVID pandemic the meeting was stood down. The intention remains to increase this important group of workers in the next financial year and work will continue. Alongside the strategy the Trust has won an award for increasing the vocational offer to people with SMI – this will very much link in with the Peer Support Strategy as the service develops</p> <p>The Recovery College development has ensured funding for the next financial year to begin a Kent wide roll out. East Kent have committed to finance a full roll out of the service with indications from the wider system further funding in the next 18 months will see this service fully developed and available across Kent. The RC is an important work stream for people with lived experience returning to work</p> <p>HR colleagues are reviewing options on how to bring the staff employed with lived experiences forward into the culture work of the trust – this is staff separate from the peer support workers – it is those who work at any level but have either recovered or still experience mental ill health but are able to work and bring that experience with them into their day to day jobs</p>
<p>To ensure we attract, retain and develop a fit for the future workforce</p>	<p>Remodel workforce through development of new roles and expertise - Advance Practitioners, Independent (non-medical) Prescribers, non-medical approved/ responsible clinicians, peer support workers</p> <p>Develop succession planning and talent identification strategies</p>	<ul style="list-style-type: none"> • Draft Workforce model developed • Workforce plans increase new roles and numbers • Vacancy rate 11.93% • Turnover rate 14.08% • Reduce agency use to meet NHSI target 	<p>December 2019</p> <p>March 2020</p> <p>March 2020</p>	<p>Director of Workforce, OD & Communications</p> <p>Director of Workforce, OD & Communications</p> <p>Workforce & Organisational Development Committee</p>	<p>New roles have been recruited to;</p> <ul style="list-style-type: none"> • Appointed 3 Non Medical Responsible Clinicians and have 4 others in training working in Acute and Forensic care groups • 9 Registered Nursing Associates in post and another 11 in training • Four Advanced Clinical Practitioners appointed and working in Primary Mental Health Care in West Kent • 12 ACPS either in dedicated training posts or sustentative roles across Nursing and Pharmacy with the majority working mainly in Acute Care Group followed by Primary Mental Health Care and Older Adults <p>Deputies to take forward a piece of work looking at a new workforce model to be delivered in 2020/21</p> <p>Mental Health investment standard means roles have been increased</p> <p>Succession planning and Talent identification to be rolled out in 2020 appraisal window.</p>

Operational Plan Priorities 2019/20 – KPIs and Deliverables

Priority: Our People Side by side with service users and carers Productive skilled workforce Great clinicians , managers and teams	Action	Key Performance Indicator/ Deliverable	Timeframe	Executive Lead/ Board Committee	
<p>Ensure all staff are engaged, feel supported, empowered and accountable. The culture of KMPT is as a great place to work, volunteer and participate</p>	Define and implement a Just and Learning Culture	<ul style="list-style-type: none"> Staff Engagement score improved on performance of 2019 compared to other Mental Health Trust 	March 2020	Director of Workforce, OD & Communications	Culture Blueprint designed and awaiting approval from EMT, launch at Leaders event delayed for March 2020 but alternative plans in place, in line with Strategic Objectives for 20/21
	Develop Health & Wellbeing Strategy	<ul style="list-style-type: none"> 95% Staff Appraisals and Personal Development Plans completed 	September 2019	Workforce and Organisational Development Committee	<p>'Thrive @ KMPT' Health and Wellbeing strategy defined and discussed at Brilliant People and Big Conversation. Launch planned round new I-connect but as delayed work is starting/carrying on already.</p> <p>Thrive strategy is embedding, some work has been undertaken to adapt current pages on I-connect. New members have joined the Health and Wellbeing Group to bring a broader spread of skills and representation. Mental Health First Aiders are now trained and live. Digital Wellness Library is now active on I-connect and staff app.</p> <p>99% of staff appraisals completed</p>
	Develop Staff Engagement and Communication Strategy	<ul style="list-style-type: none"> 87.5% compliance with essential training 	March 2020		ETA – end of January 2020 87.87%
	Improve leadership skills throughout the organisation	<ul style="list-style-type: none"> Roll out new leadership development programme 	December 2019		<p>Leadership Pathway and Profile has been designed. Leading the Way programme for Band 7 and 8 Leaders agreed, staff were chosen and the programme commenced in February 2020.</p> <p>One cohort of the Leading the Way programme has started but placed on hold during Covid, the other has been postponed until later in the year. Opening Doors programme (pilot for BAME staff) has started but again placed on hold</p>
	Develop Diversity and Inclusion Strategy	<ul style="list-style-type: none"> Delivery of national targets - Workforce Race Equality Standard (WRES) and Workforce Disability Standard 	March 2020		<p>Diversity and Inclusion Strategy developed and approved and launched.</p> <p>WRES and WDES data submitted and action plans published online. Ongoing work on actions with Care Groups for the WRES AND WDES.</p>

Operational Plan Priorities 2019/20 – KPIs and Deliverables

Priority: Our Future Effective Partnerships Grow our services Research and innovation	Action	Key Performance Indicator/ Deliverable	Timeframe	Executive Lead/ Board Committee	Progress Update/Outcome							
<p>To generate the greatest possible positive impact on the big issues for our population: Improved urgent and emergency care, better access to primary care and community teams for adults with moderate and severe mental illness, veterans mental health and addiction services, suicide prevention</p>	<p>Increase and improve effectiveness of partnership work at both strategic and operational levels</p>	<ul style="list-style-type: none"> Deliver 5 Year Forward View and NHS Long-term Plan transition year priorities relating to mental health 	<p>March 2020</p>	<p>Executive Director Partnership & Strategy</p>	<p>KMPT has provided leadership across Kent & Medway system to support development of Mental Health System Integrator. During November 2019 to March 2020 this work has delivered a new prototype model for the system to be implemented in 2020/21, focused on delivery of the Long Term Plan priorities through improved integrated care in three key areas</p>							
	<p>Be a leading partner in the development of the Kent and Medway Integrated Care System (ICS) and Integrated Care Partnerships</p>	<ul style="list-style-type: none"> Establish and lead Mental Health Providers Alliance to support ICP developments 	<p>September 2019</p>	<p>Strategy Steering Group</p>	<ul style="list-style-type: none"> Reducing specialist out of area placement Community mental health services redesign (primary care, secondary and social care) Learning disability and autism programme 							
	<p>Provide system leadership to Sustainable Transformation Partnership Mental Health Work-stream</p>	<ul style="list-style-type: none"> Partnerships with Primary Care Networks (PCNs), local authorities, voluntary and third sector to increase focus on population health, mental health support and services available within communities 	<p>December 2019</p>		<p>A framework of KPIs and outcome measures have been developed to support the success transition of this work to the new Integrated Care System and ensure oversight on delivery against local and national requirements by March 2021.</p>							
	<p>Lead STP Suicide Prevention programme</p>	<ul style="list-style-type: none"> Deliver national priorities and Kent & Medway multi - agency suicide prevention plan 	<p>March 2020</p>	<p>Executive Medical Director</p>	<ul style="list-style-type: none"> Suicide Prevention Strategy collaborative workshop to be held in 2020 to co-develop a Trust overarching Suicide Prevention Strategy. 							
	<p>Develop KMPT Suicide Prevention Strategy</p> <p>Improve the care provided and outcomes for people at risk of suicide under the care of KMPT</p>	<ul style="list-style-type: none"> Enhanced 7 day follow up post discharge, Enhanced A&E Liaison Self Harm, mandatory suicide prevention training for our staff. Recruit Suicide Prevention Trainer and Coordinator, and recruit Storm Trainer 	<p>March 2020</p>	<p>Quality Committee</p>	<p>STP suicide Prevention December highlights and forward planning</p> <div style="border: 1px solid black; padding: 5px;"> <p>Dec 19th 2019 Suicide Prevention monthly highlight report</p> <table border="1"> <thead> <tr> <th style="background-color: #008080; color: white;">Key achievements in the last month (Particularly busy!!!)</th> <th style="background-color: #008080; color: white;">Look forward (what's coming up in the next month)</th> </tr> </thead> <tbody> <tr> <td style="font-size: 0.8em;"> <ul style="list-style-type: none"> Received confirmation of NHS England funding for 2020/21 and future years (reduced by 47% next year and then eliminated to zero in future years) Developed initial proposal to deliver with reduced resources next year Grant agreements developed and initial meetings held with all Innovation Fund projects Thanet MH Workshop held with 40 stakeholders to design short term comms campaign and 18 month MH Action Plan Developed a proposal to lead Regional Sector Led Improvement work on behalf of LGA and ADPH. 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Operational Plan Priorities 2019/20 – KPIs and Deliverables

Priority: Our Future Effective Partnerships Grow our services Research and innovation	Action	Key Performance Indicator/ Deliverable	Timeframe	Executive Lead/ Board Committee	Progress Update/Outcome
					<p>KMPT - Inpatient Zero Suicide Plan - POSH to report to the Quality Committee in April 2020</p> <p>Inpatient Therapeutic Leave project The National Confidential Enquiry highlights that 55% of all inpatient suicides happen when patients are on agreed leave or left the ward with staff agreement. This project is focusing on three work streams:</p> <ul style="list-style-type: none"> • The MDT process to ensure any leave granted is 'therapeutic an purposeful' • *The Leave form is amended to include further details such as risk, reason for leave and leave review date • Health care assistants to be given training to understand the leave process and feel confident to rescind leave if a patient's condition deteriorates <p>Due to the COVID 19 pandemic, the pilot has currently been paused. The project team is reviewing staffing levels to determine if the pilot has capacity to restart.</p> <p>Suicide Prevention Training Project The purpose of this project is to make suicide prevention training mandatory for all staff groups through the development of a tailored training package that is specific to the job role. The project not only involves delivering training but carrying out a trust wide audit of current training offered; analysing and interpreting data collected; and attending relevant governance meetings to present training findings.</p> <p>Both STORM and HKESS training fully operational since 01 September 2019</p> <p>Due to Covid-19 pandemic, training within the Trust has been suspended and the Suicide Prevention trainer has returned to clinical work within the Acute group. Suicide Prevention training is now part of the Trusts Zero Inpatient suicide plan and will continue and become embedded as Business as Usual thought the Trust.</p> <p>IAPT Project This was a 6 months pilot working with, and supporting Insight Kent (an IAPT service contracted to work across DGS and Swale for clients 18+ and all 4 East Kent CCGS working with clients who are 17+ in clusters 1-3). A full time RMN worker has been working with the service to review and suitably risk assess all referrals into this service. The nature of referrals into Kent IAPT services increases the risk of patients repeatedly signposted between services and understandably feeling more vulnerable, leading to increases in risk taking behaviour. The purpose of this is to utilise the skills and experience of an RMN in deciding where complex care referrals are best signposted to amongst the relevant health and social care services. Further, it increases the opportunity for building relationships and shared learning across the mental health pathway from primary care to secondary care as well as promoting a more cohesive, consistent and transparent pathway</p> <p>Due to the COVID-19 pandemic, and staff being recalled to critical clinical work, the RMN worker has been recalled to their substantive post and the Suicide Prevention Programme Board recommended the pilot is ended. A final project report is to be submitted to the Suicide prevention programme board in May 2020 for approval, with findings and recommendations.</p>

Operational Plan Priorities 2019/20 – KPIs and Deliverables

Priority: Our Future Effective Partnerships Grow our services Research and innovation	Action	Key Performance Indicator/ Deliverable	Timeframe	Executive Lead/ Board Committee	Progress Update/Outcome
					<p>Thanet Community Project A job description has been drafted and agreed by both the multi-agency taskforce and KMPT and ready for approval by relevant KMPT boards. However, due to the COVID-19 pandemic, the pilot has been paused with a view to restarting the project and recruiting in the near future.</p> <p>A&E Self Harm Liaison Psychiatry Pilot Maidstone The purpose of this pilot was to support patients who have self-harmed or shown signs of suicidal ideation, and come into contact with our A&E Liaison services, but who do not meet the criteria for secondary mental health care. The West Kent Local care mental health service was involved in the pilot for patients assessed by Maidstone Liaison Psychiatry team with self-harm/suicidal ideation. The project involved a one-time follow up by a primary care worker. An effective short-term intervention/tool was delivered during the follow up, and training to deliver this intervention was provided by KMPT secondary care staff</p> <p>Due to the COVID-19 pandemic and extra demands on staffing capacity, the Suicide prevention programme board decided the pilot should close on 27th March 2020. Both Liaison psychiatry and Primary care believe the pilot pathway has been beneficial, giving patients reassurance and allowing for a further assessment and referral opportunity after a self-harm presentation. Primary care have highlighted a continuation or roll-out of the pilot would be dependent on extra staffing, as the added strain on capacity the pilot introduced would not be sustainable.</p>
<p>Increase high performing services and opportunities for new business</p>	<p>Develop Commercial Strategy</p> <p>Define new business opportunities aligned to NHS Long term Plan and new care models</p>	<ul style="list-style-type: none"> Develop new services and care models to support local populations closer to home through integrated care pathways. Greater reach in high performing services 	<p>March 2020</p> <p>March 2020</p>	<p>Executive Director Partnership & Strategy</p> <p>Strategy Steering Group</p>	<p>A framework for appraisal of new business opportunities has been developed and approved by Board Finance and Performance Committee in October 2019</p> <p>Work on refreshing organizational strategy 2020- 2025 commenced in December 2019. New strategy framework focused on key aims and supported by an annual delivery plan considered by Board March/ April 2020.</p> <p>Strategic Aims</p> <ul style="list-style-type: none"> Quality, Integration, Using our expertise to partner and Developing our capability to support delivery
<p>Increase staff and service users involvement in research and innovation</p>	<p>Increase submission of research bids (orientated by service delivery), proposed by staff</p> <p>Launch R&D Strategy and set out our ambition for next 5 year.</p> <p>Develop KMPT Innovation Forum</p>	<ul style="list-style-type: none"> Increase participation in local and nation research Improve service quality - research and development support clinical effectiveness and best practice Increased number of patients and carers involved in research and development 	<p>March 2020</p> <p>December 2019</p> <p>December 2019</p>	<p>Executive Medical Director</p> <p>Strategy Steering Group</p>	<p>Four bids submitted and one accepted. NIHR recruitment target exceeded 40 NIHR studies active in FY</p> <p>Strategy to be finalized in April 2020 ratified shortly after 2020. Impact of COVID-19 on Clinical Research has led to decreased resource in R&D. Was put on hold whilst we waited for new EMD to join. To be finalised in February and ratified March 2020.</p> <p>This is an area within the new strategy and will be taken forward in 2020.</p> <p>The Head of Research requests that the actions continue to be reviewed for 20/21.</p>

Title of Meeting	Trust Board	Date	30/04/2020
Title of Paper:	Integrated Performance and Quality Report (IQPR) Performance Update as of: March 2020		
Author:	All Executive Directors		
Presenter:	Helen Greatorex, Chief Executive		
Executive Director:	Sheila Stenson – Executive Director of Finance		

Purpose: the paper is for:	Delete as applicable
<ul style="list-style-type: none"> • Discussion and information. 	

Recommendation:	
<p>The Board is asked to consider March’s Integrated Quality and Performance Report (IQPR) noting the key areas of focus.</p>	
Summary of Key Issues:	No more than five bullet points
<p>Each section has been written by the executive lead for the domain. The report provides Trust-wide performance data, with Care Group and locality data monitored by the Executive and their teams.</p> <p>The report highlights performance that has improved, is on track and has declined.</p> <p>This is the first month that the Trust response to COVID 19 will have potentially impacted on the Trust performance targets, with the impact being felt towards the end of March 2020. To date there is not a significant movement observed, this is being monitored with an impact expected in April 2020. In March the greatest impact has been on the level of staff sickness which increased by 0.8% to 5.2% against a target of 4.2%</p> <p>Of particular note in March, the Trust achieved targets for key national measures including CPA 7 day follow up and EIP waiting times, for the full year of 2019/20.</p>	

Report History:
None

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

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

Introduction

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

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

Each member of the Chief Executive's team provides the commentary to the area for which they are the lead. This adds a further strengthening to the actions outlined, and ownership and accountability where improvements are required.

Importantly the IQPR now includes a dedicated section on workforce. This is an extremely important area of focus for us because without brilliant people, we cannot deliver brilliant care. Reducing our turnover rate, improving the robustness of our appraisal and supervision, and helping our workforce stay fit and at work, are all essential in meeting our strategic objectives.

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

Our nine Strategic Objectives (for 2016-19) are set out at the start of the report under our aim of Brilliant Care Through Brilliant People, along with the Care Quality Commission's five Domains (Safe, Caring, Effective, Responsive and Well Led) helps focus the report on both the national and local context.

Brilliant care through brilliant people



Strategic Objectives:

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



Executive Commentary

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

It is positive to observe that complaints in March were at the lowest level for 12 months and continued the reduced level seen in February. This has resulted in the ability to acknowledge all complaints within three days of receipt and also improved our investigation responses within agreed set times.

The overall sickness rate increased by 0.8% this month to 5.2%. This is largely due to recording of staff having reported sickness due to coronavirus. Both short term sickness and long term sickness increased; by 1% and 0.2% respectively from the previous month. All Care Groups have shown increases in sickness.

The end of year sickness figure is 4.54%, which is above the annual target of 4.17%.

OPMH LoS on acute wards was 69.5 days in March; the 2019/20 full year position was 72.3 days, a 11.4% decrease in LoS when compared to 81.6 days in 2018/19. A continued focus on reducing LoS remains in order to achieve the target and ensure patients are able to be discharged when they no longer need to be in hospital.

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

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

Referral rates decreased in March 2020 following an annual high observed in February. The decrease in the latter half of March is as expected in response to government advice in response to COVID 19. The inconsistent levels of referrals increases the complexity of effectively planning assessments however it is positive to note stable performance against the 4 and 18 week waits in March. The level of referrals received and availability of staff to carry out assessments will continue to have an impact on waiting lists and achievement of waiting time targets in 2020/21.

Of the eighteen Single Oversight Framework targets, throughout the year it has been highlighted that the biggest challenges relate to the organisation's financial performance. The year-end position is a £4.1m surplus, £1.1m better than forecast. This is due to the receipt of £1m additional mental health funding notified in March.

on a non recurrent basis, and whilst there will be a continued focus on this area recruitment and retention is now an area of significant focus. There is an important interface between some aspects of this, and our ability to attract and retain the best people, high spend on temporary staff, and our current above agency cap spend are issues on which the board will want to remain sighted.

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

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

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

Helen Greateorex
Chief Executive

IQPR Change Tracker

Date	Change	Report Reference
June 2019	Additional measures added to Responsiveness Domain: Referrals per working day & Referrals per 10,000 registered Kent and Medway GP population	014.R & 015.R
June 2019	Quarterly CliQ checks included to reflect 2019/20 Q1 (in July's report)	Appendix B
July 2019	Data Quality Maturity Index (DQMI) updated to reflect new definition	004.E
November 2019	Splitting of OPMH LoS to reflect Acute wards and Continuing Care Wards separately	013.E a & 013.E b
November 2019	Amber has been included within the tables when the reported position is within 10% of the identified target.	All Domains (Safe, Effective, Well Led, Caring, Responsive)
January 2020	Data Quality Maturity Index (DQMI) updated to reflect new definition – expanded to 30 items Additional Finance Measure: <i>Distance From Financial Plan YTD (%)</i>	004.E 006a.W-F
February 2020	Settled accomodation and employment indicators retired	002.E & 003.E
March 2020	Additional measures added to Responsiveness Domain: Patient cancellations- 1st Appointments Patient cancellations- Follow Up Appointments Trust cancellations- 1st Appointments Trust cancellations- Follow Up Appointments	009.R 010.R 011.R 012.R
April 2020	Removed safety thermometer as retired as a measure nationally.	014.S

Regulatory Targets – Single Oversight Framework (SoF)

Overview

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

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

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

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

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

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

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

IQPR Dashboard Guide

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

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

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

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

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

IQPR Dashboard: Safe

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

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

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

Statistical Process Control (SPC) Charts Explainer

- SPC Charts are used to study how a process changes over time. Data is plotted in time order. A control chart always has a central line for the average, an upper line for the upper control limit and a lower line for the lower control limit. These lines are determined from historical data, usually over 12 months within this report. By comparing current data to these lines, you can draw conclusions about whether the process variation is consistent (in control) or is unpredictable (out of control, affected by special causes of variation).
- Upper and Lower control limits are set by calculating the average +/- 2 standard deviation (a quantity expressing by how much the members of a group differ from the mean value for the group.)
- Where significant process change is implemented you may recalculate the mean and control limits to reflect this change.
- The SPC charts within this document only apply the basic rule set of identifying breaches of control limits, charts can however be developed further to identify additional triggers for investigation, such as a succession of 9 or more data points on the same side of the mean.

Trust IQPR by CQC Domains, Trust Strategic Objectives & Board Assurance Framework

CQC Domain	Safe
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> Consistently deliver an outstanding quality of care

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

Executive Commentary

CPA Patients Receiving Formal 12 Month Review (002.S)

Following the achievement of the 95% standard in February there has been a slight reduction of 1.1% in March for people subject to CPA receiving a formal 12 month review; The trust position is heavily influenced by the Community Recovery Care Group as it has the highest proportion of people on caseload subject to CPA, CRCG reduced by 1.4% in month. During COVID the senior operational management team are asking the teams to aim to keep the improvement on CPA at the current level by utilising video and conference call facilities where appropriate. Clinical staff able to work from home whilst shielding and self-isolating are to be allocated the more routine day to day work required by the CMHTs and the CMHSOPs.

	2020-01	2020-02	2020-03	Latest Denominator	Total CPA Caseload
Acute Service	85.7%	100.0%	100.0%	11	12
Community Recovery Service	94.5%	95.7%	94.3%	1,454	2,230
Older Adult	98.0%	94.9%	96.8%	94	335
Forensic and Specialist	98.0%	99.3%	98.7%	153	206
Grand Total	95.0%	96.0%	94.9%	1,712	2,783

Serious Incidents Declared To STEIS (006.S)

The number of Serious Incidents declared to STEIS in March was 18, higher than the 12 month average of 10 for 2019/20.

The number of reported Serious Incidents cases, whilst fluctuating month on month was higher than generally reported. There were eight deaths reported, however all but two are within different teams. Of the two in the same community team, one may be requested as a downgrade, but the other continues to be investigated. The other incident types unrelated to mortality were four allegations of abuse on one acute ward, which have been reported as two STEIS cases as they involve two patients and the CCG is aware. Therefore the actual number reported on STEIS was 16. The other Serious Incidents related to physical health care and patients on patients violence and aggression. All are undergoing learning reviews in line with standard practise. The board requested the definition of those SI's declared to STEIS to be included this month for reference:

As per the NHSE Serious Incident Framework 2015:

- Level 1 incident are concise internal investigations suited to less complex incidents, managed by individuals or a small group at a local level.
- Level 2 – comprehensive internal investigations for more complex issues requiring multidisciplinary approaches or specialist investigators

Restrictive Practice (011.S – 013.S)

Restraints

In March 2020 there were a total of 159 restraints which was an increase of 48 from the previous month. The highest frequency was within the Acute Care Group (135); Chartwell Ward (44), Willow Suite (16) and Cherrywood (15). The most restraints occurring on Chartwell Ward (44) were attributable to 9 patients; with one patient being restrained 19 times. This patient has a very complex history and presentation and has previously spent a year in a private PICU. The patient has been accepted by one specialist placement provider and is due to be transferred at the end of April. Another Chartwell patient was attributable for 8 restraints and was transferred to private PICU unit at the end of March.

During March 2020 Willow Suite had 16 restraints, these were attributable to 5 different patients, and there were no clear patterns which indicate increased acuity. This was similar on Cherrywood ward where there were 15 restraints in the same period and these were attributable to 9 patients. Six of the restraints were to prevent self-harm attempts and 5 restraints were as a result of an assault against staff. Incidents of restraints in both the older Adult Care Group and the Forensic and Specialist Care Group remain consistent in the averages reported over the past few months.

Prone restraints

In March 2020 there were 11 prone restraints, an increase of 7 from the previous month. These prone restraints occurred on: Cherrywood (3), Fern (2), Chartwell (2), Willow Suite (2), Upnor (1) and Boughton (1). The reasons for these prone restraints were to administer IM medication (9) and the team being overpowered (2). Low (minimal Harm) was reported in 3 of the prone restraints and No harm in the remaining 8 prone restraints

Seclusions

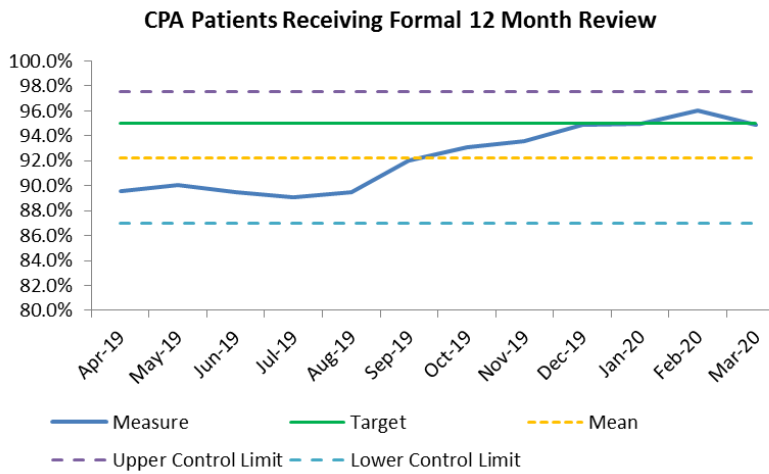
In March 2020 there were 38 seclusions, an increase of 13 from the previous month and with 36 occurring within the Acute Care Group. The highest numbers of seclusions were on Chartwell Ward (17) and Willow Suite (10). The majority of seclusions were due to aggressive behaviour towards staff/ fellow patients or property. The 17 seclusions on Chartwell were attributable to 4 patients with 2 patients accountable for 14 incidents; these are the same two patients mentioned within the restraint narrative. The Willow Suite seclusions (10) involved 4 patients, there was no clear pattern.

IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.S	Occurrence Of Any Never Event	✓	0	N	0	0	0	0	0	0	0	0	0	0	0	0
002.S	CPA Patients Receiving Formal 12 Month Review		95%	N	89.6%	90.0%	89.5%	89.1%	89.4%	92.0%	93.0%	93.6%	94.9%	95.0%	96.0%	94.9%
003.S	% Inpatients With A Physical Health Check Within 72 Hours		90%	L	95.6%	94.2%	96.7%	94.3%	96.8%	95.6%	94.0%	96.1%	98.1%	93.4%	94.7%	95.8%
004.S	Emergency Readmission Within 28 Days		5%	L	11.5%	10.4%	9.3%	9.1%	11.3%	11.4%	12.5%	13.6%	12.1%	9.9%	9.8%	8.5%
005.S	Number Of Unplanned Absences (AWOL and Absconds on MHA)		-	-	10	26	17	18	14	18	12	19	16	17	24	25
006.S	Serious Incidents Declared To STEIS		-	-	10	4	7	13	9	6	20	7	11	10	8	18
007.S	% Serious Incidents Declared To STEIS within 48 hours		-	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
008.S	Number Of Grade 1&2 Sis Confirmed Breached Over 60 Days		0	L	6	6	10	10	3	9	9	8	7	16	8	12
010.S	All Deaths Reported On Datix And Suspected Suicide		-	-	93	67	80	81	223	353	270	271	205	319	235	172
011.S	Restrictive Practice - All Restraints		-	-	111	149	100	142	90	139	108	94	172	135	111	159
012.S	Restrictive Practice - No. Of Prone Incidents		0	L	8	6	4	1	1	8	8	3	2	3	4	11
013.S	Restrictive Practice - No. Of Seclusions		-	-	22	28	10	22	14	33	41	38	49	28	25	38
015.S	Ligature Incidents - Ligature With Fixed Points (moderate to severe harm)		0	L	0	0	0	0	0	0	0	0	0	0	0	0
016.S	Ligature Incidents - Ligature With No Fixed Points (moderate to severe harm)		-	-	1	0	2	1	0	0	0	0	0	0	0	0
017.S	RIDDOR Incidents		-	-	4	0	1	2	0	1	2	2	3	3	1	3
018.Sa	Infection Control - MRSA bacteraemia		0	N	0	0	0	0	0	0	0	0	0	0	0	
018.Sb	Infection Control - Clostridium difficile				0	0	0	0	0	0	0	0	0	0	0	
019.S	Safer staffing fill rates		80%	L	94.5%	93.3%	91.4%	99.4%	95.9%	101.0%	94.7%	97.6%	100.5%	95.8%		

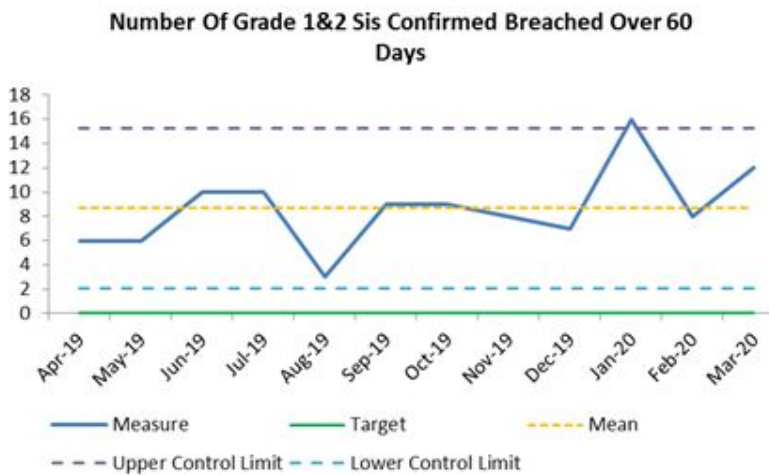
Domain Indicators in Focus

The graphs below provide a 12 month trend on areas of focus from the IQPR dashboard



Actions in place:

- CMHT actions plans to be produced
- Administrative staff to support process for scheduling reviews within required time period
- Additional staffing agreed to support safe transition of cases



- Weekly tracking of progress and escalation to managers as appropriate
- Pilot of a centralised SI and complaints underway
- Root Cause Analysis (RCA) training to staff in management and leadership roles

CQC Domain	Effective
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Make continuous improvement at the heart of what we do • Develop and extend our research and innovation work

Executive Lead(s): Chief Operating Officer

Lead Board Committee: Finance and Performance Committee

Executive Commentary

Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days (001.E)

The 95% standard was achieved in March 2020, which was the third consecutive month for which it was achieved. It is also positive to note that the full year position for 2019/20 for this key measure was in excess of the 95% standard.

Inappropriate out of area placements for adult mental health services (005.E)

March saw the highest number of bed days used in a month (292) since June 2019, as a result increased monitoring has been implemented to ensure all placements are constantly reviewed and the focus on data quality is maintained.

KMPT remains committed to reducing any unnecessary out of area placements. The tender exercise to commission a single PICU provider has been completed and the Trust is now in the formal contact finalisation stage with the preferred provider.

% of Patients with Valid CPA Care Plan or Plan of Care & Crisis Plans (All Patients) (007.E & 008.E)

As noted in the IQPR last month, data for both the non CPA pilot in the community recover care group and the memory assessment changes in older person's services are not able to be captured as part of the current routine data set. This is impacting on the overall figures as some patients may show as non-compliant despite having received the new assessment within the pilot.. If the pilots are successful and protocols implemented the recording requirements can be amended to capture the new ways of working. Until that time there may be a continued downward trend due to the switch to the new ways of work.

Table 1: % of Patients with Valid CPA Care Plan or Plan of Care - CPA only

	2020-01	2020-02	2020-03	Latest Denominator (CPA)
Community Recovery Service	88.1%	89.8%	90.4%	2,234
Forensic and Specialist	94.7%	93.2%	95.8%	206
Older Adult	85.2%	83.0%	82.2%	335
Grand Total	87.5%	87.3%	87.5%	2,775

Table 2: Crisis Plans - CPA only

	2020-01	2020-02	2020-03	Latest Denominator (CPA)
Acute Service	73.1%	85.7%	84.2%	11
Community Recovery Service	87.6%	88.7%	89.0%	2,231
Forensic and Specialist	93.2%	92.4%	91.4%	202
Older Adult	87.4%	85.8%	84.4%	332
Grand Total	87.8%	87.6%	87.1%	2,776

Number of Home Treatment Episodes (011.E)

March saw the lowest number of home treatment episodes delivered of any month in 2019/20, 164 compared to an average of 204. It is important to note this does not mean the CRHTs are not busy; in the first instance for an episode to be recorded as complete it requires 3 separate face to face contacts often meaning a large element of work is not reported as many people do not require the full 3 contacts. The Chief Operating Officer has requested this is reviewed to ensure KMPT is reporting CRHT activity in the same way as other mental health trusts and not under reporting.

During March 2020 the CRHT were required to change focus due to the COVID pandemic. Many of the staff were initially required to support the in-patient wards due to the self-isolating guidance that took a large number of staff out of the business. As this group now come back, the teams are able to focus on the urgent crisis work providing home visits where required.

Additionally by the end of March there was a significant reduction in referrals to all KMPT services. Over the next 3 months the CRHTs will have a different focus to ensure safe staffing on our wards, ensure those in crisis continue to receive a service and to support our liaison offer into the Acute general hospitals.

Of note: recovery planning now is essential as a national expectation is a significant increase in the need for mental health services due to the impact of COVID. Key services such as CRHT and Single Point of Access are likely to see a surge in demand and need to be ready to respond; work is underway now to review and prepare for such circumstances.

Average Length of Stay (Older Adults) (013.E)

The ALoS is almost at the agreed standard for the St Martins programme of 72 days (current position 79.5 days). Across the year the older adults have kept the ALoS below 100 bed days every month, this is a significant achievement and it supports the Trust's ambition to continue to provide a Kent inpatient bed to those that need an acute hospital admission.

As previously reported it is known that average length of stay reduces by approximately 15% when adjusted to remove bed days lost to delayed transfers of care, therefore if a fewer number of DToCs were achieved LoS would reduce further. There has been an increased focus on DTOC within the Covid 19 response.

IQPR Dashboard: Effective

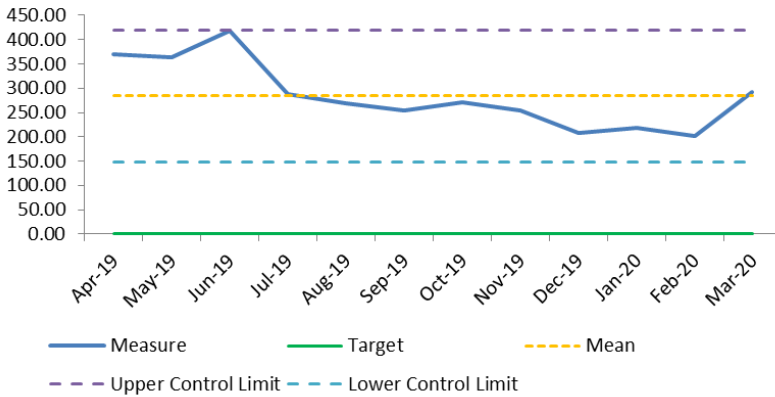
Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	✓	95%	N	95.2%	95.5%	96.0%	96.1%	94.1%	94.5%	97.8%	94.4%	94.1%	98.4%	95.9%	95.6%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓	95%	-	97.7%	97.1%	89.8%	89.6%	92.9%	93.2%	94.0%	94.1%	94.4%	94.6%	94.5%	94.1%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓	-	-	370	363	418	287	270	255	271	254	208	219	201	292
006.E	Delayed Transfers Of Care		7.5%	N	6.5%	7.2%	7.6%	5.8%	4.7%	6.5%	7.5%	8.5%	10.0%	9.3%	8.6%	9.4%
007.E	% Of Patients With Valid CPA Care Plan Or Plan Of Care		95%	L	90.4%	90.6%	90.6%	89.8%	88.7%	87.4%	87.7%	88.5%	88.2%	87.5%	87.3%	87.5%
008.E	Crisis Plans (All Patients)		95%	L	92.4%	92.0%	91.9%	91.4%	91.3%	89.9%	89.6%	89.2%	88.6%	87.8%	87.6%	87.1%
009.E	% Reviews Undertaken Within The Maximum Cluster Review Period		95%	L	69.0%	74.9%	71.9%	74.8%	73.8%	72.2%	71.8%	64.9%	71.7%	70.9%	71.4%	74.5%
010.E	% Of Service Users Assessed With Cluster Assigned		95%	L	93.7%	93.4%	93.5%	92.8%	92.4%	92.6%	92.8%	93.4%	93.3%	93.7%	93.8%	93.5%
011.E	Number Of Home Treatment Episodes		224	L	219	219	224	230	200	199	220	171	183	195	218	164
012.E	Average Length Of Stay(Younger Adults)		25	L	24.24	20.91	28.01	22.14	23.98	25.10	26.26	26.11	25.27	29.01	31.66	26.78
013a.E	Average Length Of Stay(Older Adults - Acute)		52	L	84.06	64.43	81.15	73.78	53.42	54.24	77.97	69.28	70.44	92.80	73.32	69.50
013b.E	Average Length Of Stay(Older Adults - Continuing Care)		-	-					1385.50	1419.00				1485.00	2003.00	437.00
014.E	Care Plans Distributed To Service User		75%	L	66.4%	66.3%	65.0%	67.1%	66.3%	65.9%	65.3%	65.2%	65.9%	65.9%	66.2%	64.4%

- *New methodology introduced and target for DQMI (004.E) in June 2019 and further methodology update reflected in figures from August 2019 onwards*

Domain Indicators in Focus

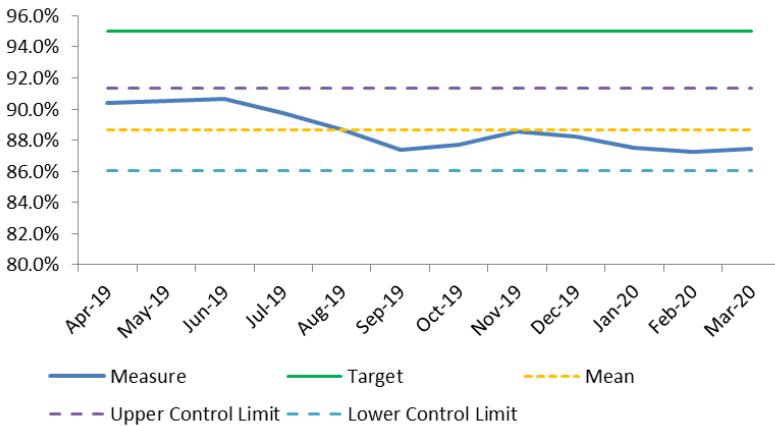
The graphs below provide a 12 month trend on areas of focus from the IQPR dashboard

Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (Bed days)



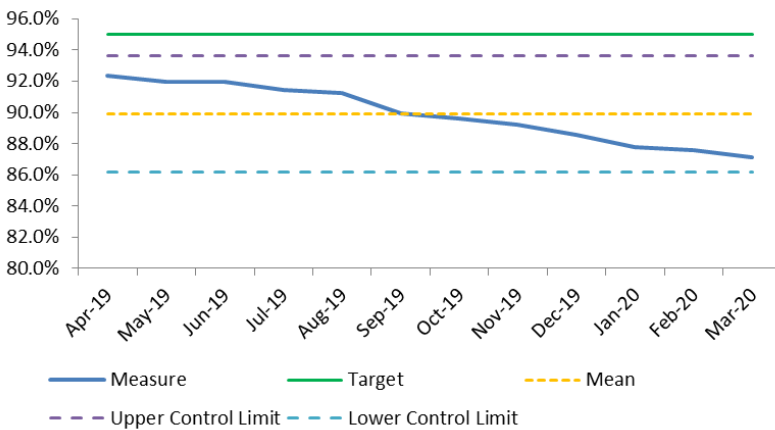
- Weekly PICU clinical review group
- Business Case for PICU completed for approval by Trust Board – procurement undertaken

% Of Patients With Valid CPA Care Plan Or Plan Of Care



- All information triangulated through quality performance reviews to maintain Executive scrutiny, ascertain areas of concern and ensure key issues are actioned planned
- The Community Recovery Care Group leadership required to ensure all persons on CPA remain prioritised for review of care and risk

Crisis Plans (All Patients)



- Pilot of Personal Support Plan underway for those not subject to CPA in East Kent CMHTs

CQC Domain	Well led – Workforce
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> Recruit, retain and develop the best staff making KMPT a great place to work

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

Executive Commentary

Staff Sickness (001.W-W)

The overall sickness rate increased by 0.8% this month to 5.2%. This is largely due to recording of staff having reported sickness due to coronavirus. The end of year sickness figure is 4.54%, which is above the annual target of 4.17%. Both short term sickness and long term sickness increased; by 1% and 0.2% respectively from the previous month. All Care Groups have shown increases in sickness.

Activities in place to reduce sickness absence include:

- Health and Wellbeing Advisor 12 month secondment. Successfully recruited to the post at end of March 2020.
- Monthly case management reviews looking at individual cases and plans to return to work. Successfully closed 25 long term sickness absence cases in March 2020.

Staff Turnover (004.W-W)

Staff turnover in the month is 11.5% which is a further 0.2% increase compared to the previous month. There are decreases within all Care Groups except the Community Recovery Care Group and Support Services. The annual target for turnover is 12%, we have completed the years at 11.45% therefore we are below target.

Activities to reduce turnover:

- Work on the just and learning culture – ‘BluePrint our cultural heart is’ ready to be shared back to staff and to Leaders, through other forums due to postponed Leaders event
- NHS Improvement Retention Programme relaunched and reviewed previous actions and agreed next steps. Currently on hold

Vacancy Gap (006.W-W)

This month the rate has decreased to 13.7%. This is against the target set of 14%. We are therefore under target as at end of year and the lowest % for 6 months.

Activities to reduce vacancy levels:

- Task and finish groups established as output of medical staff workshop. Currently on hold

- Locality based, all staff Open Day recruitment events being held in monthly basis. Currently on hold
- Due to current position, appointing returners to NHS and supporting fast tracking to NHS Professionals
- Pro-active approach to plan to recruit unregistered workers across all Care Groups to fill vacancy gaps

Freedom to Speak Up (FTSU) (013.W-W)

For March 2020, 49 concerns have been handled by the Freedom To Speak Up Guardian (FTSUG). 43 of these concerns were received via the Green Button. 23 of these concerns (47%), if accurate, would raise concerns around patient safety and safety of staff. The concerns are categorised and the FTSUG develops a plan of action according to the issue.

IQPR Dashboard: Well Led (Workforce)

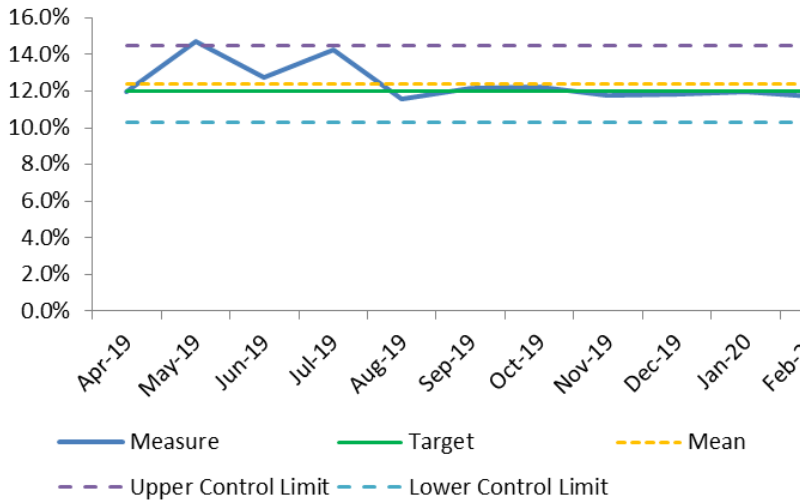
Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.W-W	Staff Sickness - Overall	✓	4.17%	L	4.2%	4.1%	4.1%	4.1%	4.0%	4.4%	4.4%	5.3%	5.1%	4.8%	4.4%	5.2%
002.W-W	Staff Sickness - Short term	✓	1.68%	L	1.8%	1.4%	1.8%	1.7%	1.6%	1.8%	2.1%	2.6%	2.1%	2.2%	2.0%	3.0%
003.W-W	Staff Sickness - Long term	✓	2.49%	L	2.4%	2.7%	2.3%	2.4%	2.5%	2.5%	2.3%	2.7%	3.0%	2.6%	2.4%	2.2%
004.W-W	Staff Turnover	✓	12.0%	L	12.0%	14.7%	12.7%	14.3%	11.6%	12.2%	12.3%	11.8%	11.8%	11.9%	11.7%	11.5%
005.W-W	Appraisals And Personal Development Plans		95%	L					97.9%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%
006.W-W	Vacancy Gap - Overall		14%	L	12.9%	13.4%	13.7%	14.3%	13.4%	14.3%	15.1%	15.1%	16.6%	17.5%	14.5%	13.7%
007.W-W	Vacancy Gap - Medical		-	-	25.6%	26.8%	28.4%	30.2%	26.8%	31.2%	31.9%	48.3%	27.8%	29.1%	21.4%	21.9%
008.W-W	Vacancy Gap - Nursing		-	-	13.4%	13.3%	13.2%	14.6%	13.3%	15.0%	15.9%	14.3%	14.8%	14.6%	13.2%	12.7%
009.W-W	Vacancy Gap - Other		-	-	10.5%	11.2%	11.5%	12.6%	11.2%	12.2%	12.8%	15.7%	16.2%	16.3%	14.5%	12.1%
010.W-W	Staff Survey Response Rate		-	-	59.5%	59.5%	59.5%	59.5%	59.5%							64.7%
011.W-W	Staff Survey Engagement Score	✓	-	-	6.9%	6.9%	6.9%	6.9%	6.9%							7.1%
012.W-W	Essential Training For Role		85%	L	86.5%	83.8%	86.5%	87.3%	89.4%	90.2%	91.4%	92.5%	93.0%	92.7%	93.3%	92.4%
013.W-W	Freedom to speak up issues		-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	35.0%	0.2%	1.1%	1.5%

- *New targets were introduced for Sickness (001.W-W-003.W-W) in April 2019; historic data RAG rated against the new targets however may have previously been compliant against old targets.*
- *Turnover figures previously reported for Aug 18 – Mar 19 have been calculated using a different methodology to that used for April 2019 onwards.*
- *Essential training for role has an increased target in year; performance is shown against the current target. Previous month may now show as non-compliant but may have been compliant at the time against previous target.*

Domain Indicators in Focus

The graphs below provide a 12 month trend on areas of focus from the IQPR dashboard

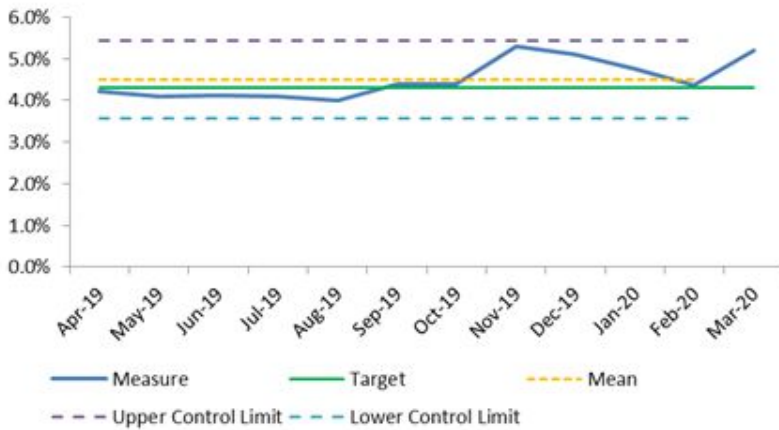
Staff Turnover



Activities to reduce Staff Turnover include:

- ‘Brilliant People Group’ established to look at retention initiatives
- Continue to build on the NHS Improvement Retention programme workstream
- Deputies group initiated to review workforce model

Staff Sickness - Overall



Activities to support sickness absence include:

- Involvement in the NHS Improvement Health and Wellbeing Programme
- Monthly case review meetings
- Monthly Health and Wellbeing meetings
- Ongoing support for managers.

CQC Domain	Well led – Finance
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Deliver financial balance and organisational sustainability • Develop our core business and enter new markets through increased partnership working

Executive Lead(s): Executive Director of Finance

Lead Board Committee: Finance and Performance Committee

Executive Commentary

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

Our financial rating for use of resources is currently a 2, better than the plan submitted to NHS Improvement for 2019-20. As at the end of the financial year we are reporting a favourable variance against our annual plan. The year-end position is a £4.1m surplus, £1.1m better than forecast. This is due to the receipt of £1m additional mental health funding notified in March.

Income and Expenditure Margin YTD (%) (003.W-F)

There are a number of factors affecting the March position that have been finalised as part of annual accounts. This includes:

- a £0.5m benefit to the dividend as a result of the impairment and a higher cash balance
- additional £1m income from national mental health funds
- £0.4m COVID-19 costs and income, offset

The final position will be scrutinised during May with the auditors prior to submission of final accounts at the end of May.

Within the financial position we have included a £11.9m impairment following a land and building valuation completed at year end. This is reported under other non-pay. This is excluded from performance against the control total.

Agency Spend (008.W-F - 010.W-F)

Agency spend has exceeded the ceiling set by NHSI in 2019/20 by £214k, although slightly less than originally forecast. There are a number of medical posts that have put pressure on delivery of the agency cap this financial year. The overspend reduced in month due to some shifts being converted to bank instead of using agency.

CIPs (011.W-F - 013.W-F)

The savings from CIP schemes at the end of March was £5.6m, £0.4m behind plan. This is in line with previous forecasts and is as a result of unidentified schemes, particularly in Support Services. Care Groups are continuing to make progress with their CIP targets for 2020/21 and will be discussed at the next Quality Performance Review meetings in April.

Long Term Financial Sustainability

There has been a national delay to planning due to COVID-19. We are anticipating a final submission in late June/early July. The Trust is not anticipating any changes to control totals that have already been set and agreed are achievable by the Board. The Trust is liaising with NHS Improvement regarding COVID-19 related costs to recover from central funding.

Mental Health Investment

KMPT is working closely with commissioning colleagues to now focus on investment for 2020/21. Following suspension of planning, clarity is being sought regarding the key areas of investment including perinatal and EIP, to ensure KMPT can continue with plans for development at pace. The national guidance is clear that investment in mental health continues to be a priority at this time.

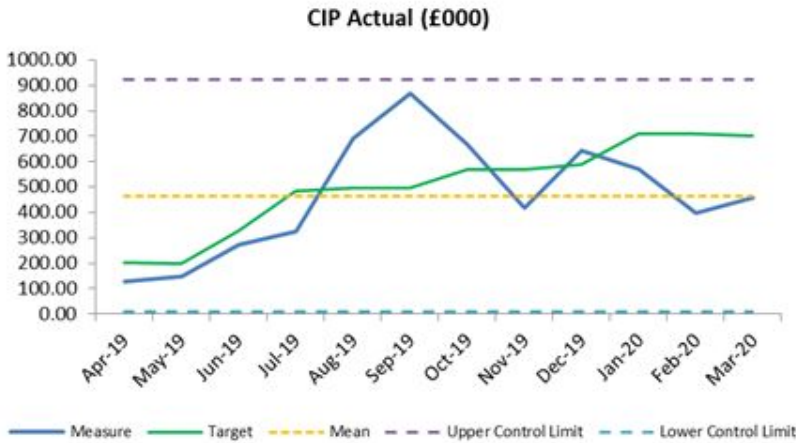
IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.W-F	Capital Service Capacity	✓	1.58	N	1.60	2.50	1.30	1.30	1.60	1.80	1.45	1.80	1.66	1.87	1.86	2.27
002.W-F	Liquidity (Days)	✓	-11.1	N	-3.4	-0.8	-4.4	-2.8	-2.1	-3.8	-5.0	-1.8	-1.4	-1.1	-2.1	-0.1
003.W-F	Income And Expenditure Margin YTD (%)	✓	-0.7%	N	-0.70%	-0.70%	-0.70%	-0.60%	-0.60%	-0.50%	-0.50%	-0.46%	-0.44%	0.35%	1.00%	2.00%
004.W-F	In Month Budget (£000)		0.0	N	(114)	(117)	(93)	(69)	(68)	(73)	(20)	(10)	(7)	212	206	153
005.W-F	In Month Actual (£000)		-	-	(105)	(130)	(90)	(66)	(67)	(74)	(22)	(10)	(6)	1,212	1,203	2,177
006.W-F	In Month Variance (£000)		-	-	9	(13)	3	3	1	(1)	(2)	0	1	1,000	997	2,024
006a.W-F	Distance From Financial Plan YTD (%)	✓	0.0%	N	-0.08%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.64%	1.10%	2.00%
007.W-F	Agency - In Month Budget (£000)		6.1m	N	520	520	512	514	514	514	520	510	514	520	510	512
008.W-F	Agency - In Month Actual (£000)		-	-	563	544	476	522	509	549	578	501	437	576	571	568
009.W-F	Agency - In Month Variance from budget (£000)		-	-	43	24	(31)	7	(6)	29	58	(9)	(77)	56	61	56
010.W-F	Agency Spend Against Cap YTD (%)	✓	0.0%	N	8.27%	6.44%	2.32%	2.08%	1.43%	2.15%	3.44%	2.79%	1.96%	1.80%	2.70%	3.40%
011.W-F	CIP Plan (£000)		6m	L	201	200	329	482	494	494	570	570	587	708	710	702
012.W-F	CIP Actual (£000)		-	-	128	147	273	324	693	868	666	418	645	571	398	458
013.W-F	CIP Variance (£000)		-	-	(73)	(53)	(56)	(159)	199	374	96	(152)	57	(137)	(312)	(244)

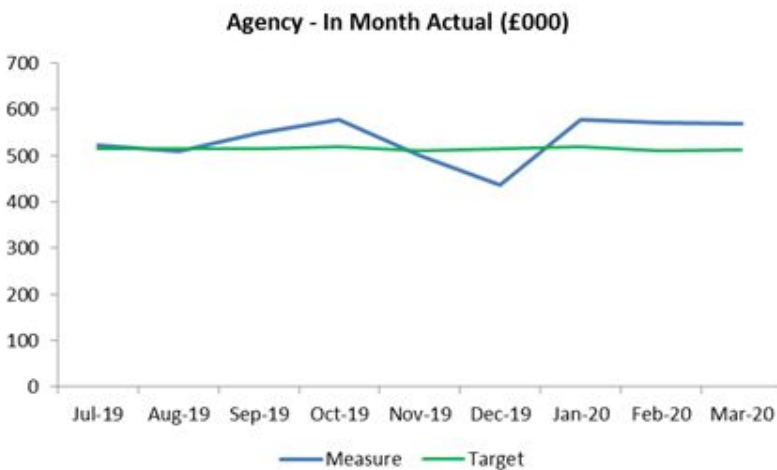
- Some targets are variable in year; historic data RAG rated against the new targets however may have previously been compliant against old targets.

Domain Indicators in Focus

The graphs below provide a 12 month trend on areas of focus from the IQPR dashboard



- Fortnightly CIP meetings as part of CIP governance process
- 2020/21 Financial Planning underway.
- Non recurrent CIPs will need to be delivered recurrently in 20/21



- STP temporary staffing group is working to switch rates for medical and nursing agency which will impact positively on prices paid for agency staff in 2019/20
- Alternative workforce models are being discussed within Care Groups to recruit to different staff groups where vacancies have previously been hard to fill, introducing new roles such as Advanced Clinical Practitioners and Nurse Prescribers

CQC Domain	Caring
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Consistently deliver an outstanding quality of care

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

Executive Commentary

Complaints (004-6.C)

The number of complaints received in March was 28, this maintains the lower level observed in February which at the time was the lowest reported year to date at 29. The reduction in logged complaints has meant we were able to acknowledge all complaints within three days of receipt. Complaints linked to serious incidents are jointly investigated to ensure complainants are not subjected to multiple interview processes which all contribute to timeliness of responses.

Patient Reported Experience Measures (013-15.C)

At the moment, we have had to suspend the PREM due to the COVID-19 pandemic. NHS England and Improvement provided a directive about reducing burden and releasing capacity to manage COVID-19: “There is a suspension of the submission of Friends and Family Test (FFT) data to NHS England and Improvement from all settings until further notice. NHS England advised not to use methods of feedback collection that may pose an increased risk of infection to either staff or patients (e.g. feedback cards or Ipads/tablets). The PREM, our trust feedback tool is mostly available on cards and in a few teams on Ipads, we have asked teams not to distribute or collect the PREM currently.

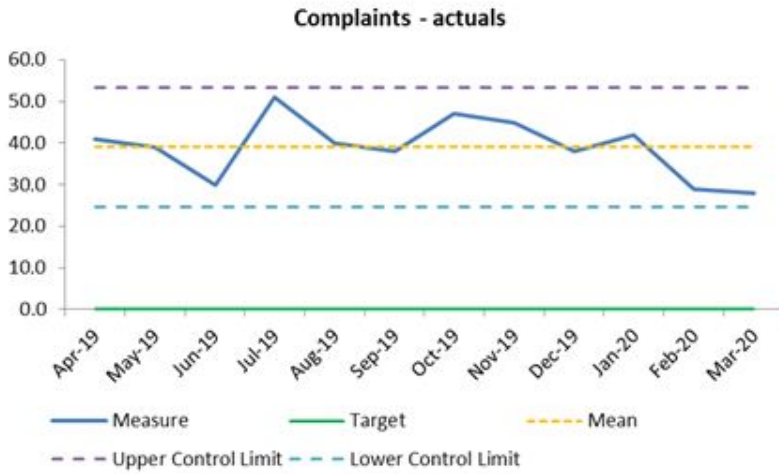
Patients may still wish to give feedback about their experience or raise concerns. Patients, service users and carers are being advised to contact their Patient Advice and Liaison service for support, NHS.UK or Healthwatch Kent.

IQPR Dashboard: Caring

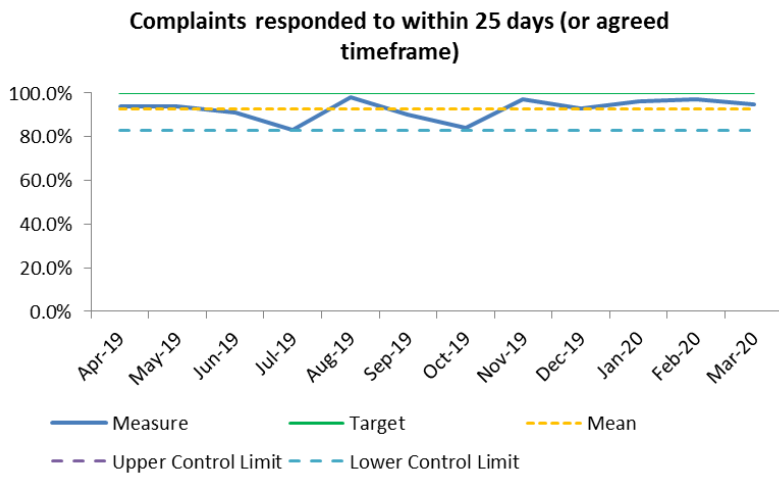
Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.C	Staff Friends And Family Test % Recommended – Care	✓	-	-			No Data			73.4%						
002.C	Mental Health Scores From Friends And Family Test – % Positive	✓	93%	N	94.2%	93.5%	94.4%	92.6%	92.9%	95.5%	94.8%	92.7%	94.9%	92.9%	93.5%	
003.C	Complaints - actuals		-	-	41	39	30	51	40	38	47	45	38	42	29	28
004.C	Complaints - per 10,000 contacts		-	-	13.39	12.47	9.96	15.25	13.65	12.59	14.55	15.06	14.99	13.40	9.97	9.54
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	98.0%	98.0%	97.0%	100.0%	95.0%	100.0%	96.0%	96.0%	100.0%	98.0%	100.0%	100.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	94.0%	94.0%	91.0%	83.0%	98.0%	90.0%	84.0%	97.0%	93.0%	96.0%	97.0%	95.0%
007.C	Compliments - actuals		-	-	105	124	105	158	92	142	115	132	133	125	96	78
008.C	Compliments - per 10,000 contacts		-	-	34.29	39.66	34.86	47.25	31.39	47.04	35.60	44.18	52.46	39.89	33.01	26.59
010.C	PALS acknowledged within 3 days (or agreed timeframe)		-	-	98%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%
011.C	PALS responded to within 25 days (or agreed timeframe)		-	-	100%	100%	99%	94%	90%	98%	96%	95%	100%	98%	97%	98%
012.C	PALS - actuals		-	-	76	71	94	70	64	99	101	86	73	66	73	75
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	657	852	677	818	710	746	858	883	789	819	769	652
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	5	6	5	6	5.0	5.5	6	6.4	6.4	5.8	6	5
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %		-	-	93.0%	91.0%	93.0%	92.0%	93.0%	93.0%	92.0%	90.0%	93.0%	92.0%	93.0%	93.0%

Domain Indicators in Focus

The graphs below provide a 12 month trend on areas of focus from the IQPR dashboard



- A new complaints thematic review has been scheduled at regular intervals at the Quality Committee
- New complaints and feedback form launched on the trust website
- Continuation of analysis of complaints for any outliers in order to target specific support.



CQC Domain	Responsive
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Maximise the use of digital technology • Meet or exceed the requirements set out in the Five Year Forward View • Ensure success of STP through active participation and leadership

Executive Lead(s): Chief Operating Officer

Lead Board Committee: Finance and Performance Committee

Executive Commentary

People with first episode psychosis (001.R)

Following revision of the EIP services operating procedures in 2019, development and training plans are in place and new line management it is positive to note EIP have met the required national standard every month in 2019/20. In 2020/21 the standard moves from 56% to 60%. Looking forward and based on the past 12 months performance the services would have met the new standard every month bar one (April 2019).

Referral to Assessment within 4 Weeks & 18 Weeks Referral to Treatment (002.R & 003.R)

Despite the initial impact of COVID 19 there is general steady state in the 4 week and 18 week standards. Work is underway to ensure that reporting accurately reflects clinical activity under new ways of working which include an increase use of telephone and video conferencing in order to allow social distancing measures to be adhered to.

Cancellations both by the trust and individual patients are high in month as would be expected following national guidance on social distancing measures. These factors have seen the percentage of patients waiting over 28 days increase. Plans are being implemented to ensure the available workforce are able to address such issues to the best of their ability ensuring all patients are safe and receive an assessment through the most appropriate medium.

The trust developed a number of standard operating procedures to ensure effective home and team working making best use of video and conference call facilities

Referral to Assessment within 4 Weeks

	2020-01	2020-02	2020-03	<i>Latest Denominator</i>
Acute Service	99.0%	98.9%	99.2%	607
Community Recovery Service	71.1%	79.5%	81.6%	630
Forensic and Specialist	91.2%	92.9%	95.2%	1,066
Older Adult	53.4%	67.7%	66.3%	525
Grand Total	79.8%	85.8%	87.7%	2,828

18 Weeks Referral to Treatment

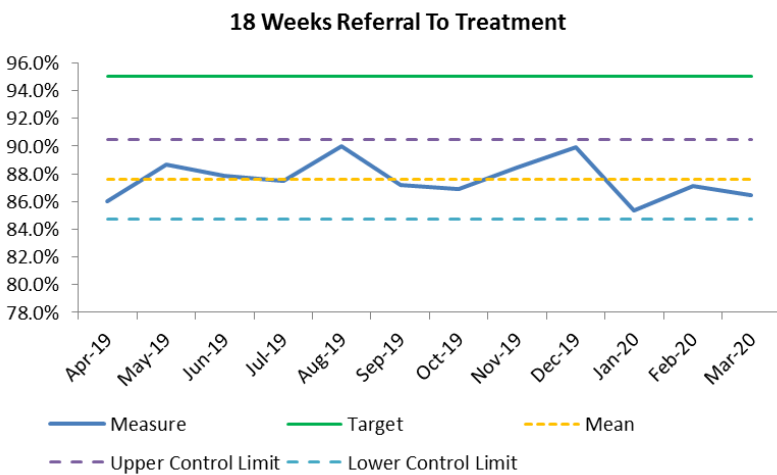
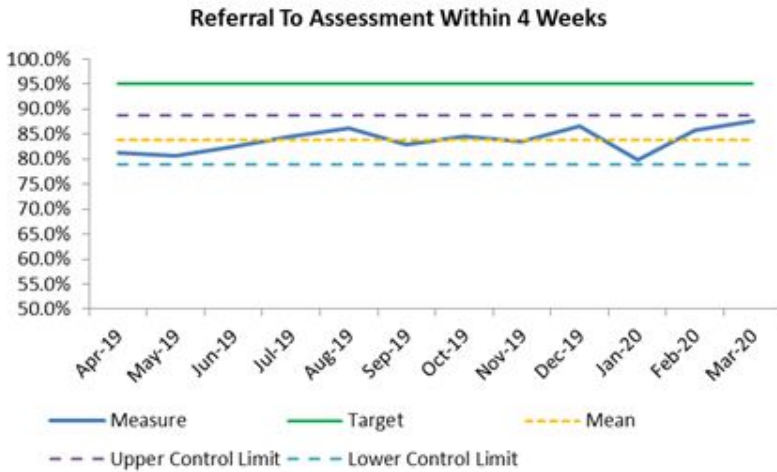
	2020-01	2020-02	2020-03	<i>Latest Denominator</i>
Acute Service	99.5%	98.3%	99.1%	320
Community Recovery Service	88.9%	88.0%	88.9%	315
Forensic and Specialist	78.4%	87.0%	79.5%	146
Older Adult	74.5%	75.8%	75.1%	334
Grand Total	85.4%	87.1%	86.5%	1,115

IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	56%	N	58.3%	81.3%	82.6%	70.0%	75.0%	72.2%	88.9%	78.9%	76.5%	78.9%	85.7%	75.0%
002.R	Referral To Assessment Within 4 Weeks		95%	L	81.2%	80.7%	82.5%	84.5%	86.2%	82.8%	84.6%	83.6%	86.6%	79.8%	85.8%	87.7%
003.R	18 Weeks Referral To Treatment		95%	L	86.0%	88.7%	87.9%	87.5%	90.0%	87.2%	86.9%	88.4%	89.9%	85.4%	87.1%	86.5%
004.R	% Of Waiting List Over 28 Days		-	-	55.2%	51.5%	49.2%	47.3%	52.1%	48.7%	46.7%	49.2%	51.6%	42.1%	42.0%	54.0%
005.R	% of Liaison (urgent) referrals seen within 1 hour		-	-	72.6%	96.0%	93.6%	92.1%	91.8%	92.2%	87.4%	91.8%	82.6%	88.6%	75.9%	85.8%
006.R	% of Liaison (urgent) referrals seen within 2 hours		-	-	74.9%	76.6%	70.4%	78.0%	77.5%	77.1%	79.0%	81.2%	85.7%	74.7%	74.0%	75.6%
007.R	DNAs - 1st Appointments		-	-	6.3%	7.0%	6.1%	7.0%	5.9%	7.4%	7.1%	8.2%	7.6%	8.3%	7.1%	7.5%
008.R	DNAs - Follow Up Appointments		-	-	9.2%	8.7%	8.6%	8.5%	7.8%	8.3%	8.9%	9.0%	8.3%	8.2%	7.7%	6.4%
009.R	Patient cancellations- 1st Appointments		-	-	2.4%	2.2%	2.2%	2.4%	2.4%	2.6%	2.5%	2.0%	2.6%	2.6%	2.8%	3.3%
010.R	Patient cancellations- Follow Up Appointments		-	-	4.5%	5.2%	5.4%	5.9%	5.6%	5.4%	5.7%	5.9%	6.7%	6.0%	6.7%	6.2%
011.R	Trust cancellations- 1st Appointments		-	-	11.3%	11.2%	9.8%	10.4%	10.9%	11.9%	12.0%	11.7%	10.5%	10.2%	12.0%	18.1%
012.R	Trust cancellations- Follow Up Appointments		-	-	10.7%	10.9%	10.9%	10.4%	11.3%	10.5%	10.4%	10.7%	11.8%	10.5%	10.9%	16.6%
013.R	Referrals Received (ave per calendar day)		-	-	277.6	284.7	293.7	322.3	293.6	303.6	339.6	314.8	274.7	326.2	379.9	319.1
014.R	Referrals Received (ave per working day)		-	-	352.9	359.7	370.6	385.5	364.0	368.4	400.2	384.8	351.9	395.8	462.7	378.5
015.R	Referrals Received (per 10,000 Kent and Medway Registered GP population))		-	-	521.1	554.1	544.0	657.1	562.8	568.4	669.6	589.7	520.0	631.8	672.8	589.8

Domain Indicators in Focus

The graphs below provide a 12 month trend on areas of focus from the IQPR dashboard



Actions in place:

- The standard operating model CAPA in place across both older adult and adult CMHTs
- Demand and Capacity review underway
- Active vacancy management and use of additional staff as required
- Improved use of Primary Care mental health services
- All information triangulated through quality performance reviews to maintain Executive scrutiny, ascertain areas of concern and ensure key issues are actioned planned
- Clinical leaders are currently redefining the assessment process in line with the clinical care pathways

Appendices Appendices

Appendix A

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

IQPR Dashboard: Single Oversight Framework

Ref	Measure	Target	Feb-20	Mar-20	Trend <i>(Last 12 months where available, left to right)</i>
001.S	Occurrence Of Any Never Event	0	0	0	
001.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	95%	95.9%	95.6%	
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	95%	94.5%	94.1%	
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		201	292	
001.W-W	Staff Sickness - Overall	4.3%	4.4%	5.2%	
002.W-W	Staff Sickness - Short term	2.3%	2.0%	3.0%	
003.W-W	Staff Sickness - Long term	4.2%	2.4%	2.2%	
004.W-W	Staff Turnover	1.7%	11.7%	11.5%	
011.W-W	Staff Survey Engagement Score	2.49%		7.1%	
001.C	Staff Friends And Family Test % Recommended – Care				Qtly, Last results Sep 19: 73.4%
002.C	Mental Health Scores From Friends And Family Test – % Positive	93%	93.5%	#N/A	
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	56%	85.7%	75.0%	
001.W-F	Capital Service Capacity	1.58	1.86	2.27	
002.W-F	Liquidity (Days)	-11.1	-2.1	-0.1	
003.W-F	Income And Expenditure Margin YTD (%)	-0.7%	1.00%	2.00%	
006a.W-F	Distance From Financial Plan YTD (%)	0%	1.10%	2.00%	
010.W-F	Agency Spend Against Cap YTD (%)	0.0%	2.70%	3.40%	



Front Sheet

Title of Meeting	Trust Board	Date	30 th April 2020
Title of Paper	Finance Report for March 2020 (Month 12)		
Author	Victoria French, Deputy Director of Finance		
Executive Director	Sheila Stenson, Executive Director of Finance		

Purpose: the paper is for:	<ul style="list-style-type: none"> • Delete as applicable
<ul style="list-style-type: none"> • Consideration: <i>A report containing a positional statement relating to the delivery of the Trust's functions for which the Board has a corporate responsibility but is not explicitly required to make a decision</i> 	

Recommendation:	
The committee is asked to consider the financial position for month 12 (April 2020). This is consistent with the position submitted to NHS Improvement in the Month 12 Financial Performance Return.	
Summary of Key Issues:	<ul style="list-style-type: none"> • No more than five bullet points
<p>As at the end of the financial year Kent and Medway NHS and Social Care Partnership Trust (KMPT) is reporting a favourable variance against our 2019/20 annual plan. The year end position is a £4.1m surplus, £4.1m better than plan and £1.1m better than forecast. This is due to the receipt of £1m additional mental health funding notified in March.</p> <p>The Trust exceeded its agency ceiling by £214k as at the end of the year. This was due to backdated shifts relating to prior years, reported in previous months, increased medical agency use over the summer months and specialist placements in Q4.</p> <p>The Cost Improvement Plan has delivered savings at the end of March of £5.6m, £0.4m worse than plan year to date. This is consistent with the forecast delivery reported last month.</p> <p>Capital expenditure was £8m as at the end of March. This represents a variance from the original plan of £1.1m, £0.8m relates to the programme being reduced as the disposal did not go ahead as originally planned and the funded was reduced for EPMA, due to timing of the start of the project.</p>	
Report History:	
N/A	

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

Implications / Impact:
Patient Safety: None
Identified Risks and Risk Management Action: Control total of breakeven set for 2019/20 <i>CRL and EFL limits set that can be under shot but not over shot.</i>
Resource and Financial Implications: Loss of PSF funding if the control total is not delivered
Legal/ Regulatory: Reconciles to NHS Improvement in the Key Data return Delivery of statutory targets
Engagement and Consultation: None
Equality: None
Quality Impact Assessment Form Completed: Yes/ No N/A

Finance Report

Trust Board

March 2020



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<u>Board Report</u>	
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- Statement of Cash flow	6
- Capital	7
Key Financial Performance and Monitoring	
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- Care Group Analysis	9-13
- Contracts and Income	14

Executive Summary

Executive Summary for March 2020

As at the end of the financial year Kent and Medway NHS and Social Care Partnership Trust (KMPT) is reporting a favourable variance against our 2019/20 annual plan. The year end position is a £4.1m surplus, £4.1m better than plan and £1.1m better than forecast. This is due to the receipt of £1m additional mental health funding notified in March.

KMPT is now finalising draft accounts to share with the auditors in line with the national deadline of 27th April. This will then be audited as planned, and finalised in May. As a result of the valuation, the organisation is planning to recognise an impairment of £11.9m related to the valuation. This will not impact on delivery of our control total.

The impact of COVID-19 is being closely monitored, and the first submissions for revenue and capital support funding were submitted in March. Confirmation of revenue funding has been received and reflected in this position. Capital funding is still to be confirmed.

Income and Expenditure

There are a number of factors affecting the March position that have been finalised as part of annual accounts. This includes:

- a £0.5m benefit to the dividend as a result of the impairment and a higher cash balance
- additional £1m income from national mental health funds
- £0.4m COVID-19 costs and income, offset

The final position will be scrutinised during May with the auditors prior to submission of final accounts at the end of May.

Within the financial position we have included a £11.9m impairment following a land and building valuation completed at year end. This is reported under other non-pay. This is excluded from performance against the control total.

Agency Cap

Agency spend has exceeded the ceiling set by NHSI in 2019/20 by £214k, although slightly less than originally forecast. There are a number of medical posts that have put pressure on delivery of the agency cap this financial year. The overspend reduced in month due to £100k of shifts being fulfilled by bank instead of using agency.

Any overspend on agency has been offset financially by underspends on substantive staff so this is not causing a pressure to the overall financial position.

Cost Improvement Programme

The savings from CIP schemes at the end of March was £5.6m, £0.4m behind plan. This is in line with previous forecasts and is as a result of unidentified schemes, particularly in Support Services.

Care Groups are continuing to make progress with their CIP targets for 2020/21 and will be discussed at the next Quality Performance Review meetings in April.

Single Oversight Framework - Use of Resources

KMPT is reporting a rating of 2, ahead of the planned 3 at the end of the year. The forecast is to deliver a rating of 2 against a planned 3, due to the Department of Health and Social Care (DHSC) deferring repayment of the revenue support loan, which will now be converted to PDC from April.

Metric	Definition	Year to Date Plan	Year End Actual	Forecast
Capital Service Capacity	Degree to which the provider's generated income covers its financial obligations	4	2	2
Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	4	2	2
I&E Margin	I&E surplus or deficit as a proportion of total revenue	2	1	1
Variance from control total	Year to date I&E surplus/deficit compared to year to date plan		1	1
Agency spend	Distance from provider's cap	1	2	2
		3	2	2

Rating for Use of Financial Resources

The scale is 1 to 4, with 1 being best performing and 4 financial special measures.

Capital Programme

The capital programme for 2019/20 delivered spend of £8.0m, which includes the national funded schemes of LED Lighting and the Electronic Prescribing and Medicines Administration (EPMA).

This represents a variance from the original plan of £1.1m, £0.8m relates to the programme being reduced as the disposal did not go ahead as originally planned and the funded was reduced for EPMA, due to timing of the start of the project.

Of the remaining £0.3m, £0.2m was as a result of delays due to COVID-19.

Cash

The Trust finished the financial year with a cash holding of £15.7m which is a £11.4m favourable variance against the original NHSI plan. This increase is primarily due to the additional bonus funding £2.9m for the over performance against target from 18/19, the £4m favourable movement in the financial position and the loan that was due to be repaid in 19/20 of £2.3m has now been deferred and will be converted to PDC in 20/21. The remaining variance relates to the movement in the working balances on the balance sheet, of which the largest is an increase in deferred income of £2.6m

Statement of Comprehensive Income

	Current Month			Year End against Plan			Year End against Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
Income									
Income from Activities	(15,082)	(21,637)	(6,555)	(181,299)	(187,871)	(6,572)	(181,549)	(187,871)	(6,322)
Other Operating Income	(1,323)	(1,652)	(329)	(13,301)	(14,582)	(1,281)	(14,400)	(14,582)	(182)
Total Income	(16,405)	(23,289)	(6,884)	(194,600)	(202,453)	(7,853)	(195,949)	(202,453)	(6,504)
Expenditure									
Substantive	11,637	16,382	4,745	138,252	130,362	(7,890)	124,644	130,362	5,719
Bank	399	1,461	1,062	4,864	13,560	8,696	13,259	13,560	301
Agency	509	568	59	6,181	6,395	214	6,544	6,395	(149)
Total Employee Expenses	12,545	18,411	5,866	149,297	150,318	1,021	144,447	150,318	5,871
Clinical supplies	144	315	171	1,794	2,148	354	1,991	2,148	157
Drugs	248	232	(16)	2,954	2,977	23	2,997	2,977	(21)
Other non pay	2,369	13,596	11,227	29,085	43,997	14,912	32,137	43,997	11,860
Non Exec Director	3	28	25	69	114	45	100	114	14
Redundancy Costs	0	46	46	0	67	67	21	67	46
Depreciation	490	465	(25)	5,926	5,817	(109)	5,845	5,817	(28)
Total Non Pay	3,254	14,681	11,427	39,828	55,121	15,293	43,093	55,121	12,028
Total Expenditure	15,799	33,092	17,293	189,125	205,438	16,313	187,540	205,438	17,899
Operating (Surplus) / Deficit	(606)	9,803	10,409	(5,475)	2,986	8,461	(8,409)	2,986	11,395
Finance Costs	462	(94)	(556)	5,563	4,955	(608)	5,497	4,955	(541)
(Surplus) / Deficit	(144)	9,709	9,853	88	7,941	7,853	(2,913)	7,941	10,853
Technical Adjustments	(5)	(8)	(3)	(88)	(88)	(0)	(88)	(88)	0
Total (Surplus) / Deficit	(149)	9,701	9,850	0	7,853	7,853	(3,001)	7,853	10,854
Impairment	0	(11,963)	(11,963)	0	(11,963)	(11,963)	0	(11,963)	(11,963)
Total (Surplus) / Deficit	(149)	(2,262)	(2,113)	0	(4,110)	(4,110)	(3,001)	(4,110)	(1,109)

Commentary

The Trust has exceeded its plan this year, reporting a year end surplus of £4.1m after impairments. This is £1.1m better than forecast, due to receipt of additional mental health funding in March from national monies.

Income

Income from Activities is £6.3m above plan; £5.7m of this relates to pension related income, offset by substantive costs below. £1m of this relates to additional mental health funding.

Pay

Substantive pay includes £5.7m relating to pension top ups where the increase in employer contributions are being funded centrally. This adjustment is offset by income above. Without this, the substantive spend continues to underspend due to vacancies across the Trust.

Bank spend is higher than forecast, where shifts were filled with bank instead of agency on wards, and bank has been used to cover vacancies. Overall, without the pensions top up, pay spend has delivered £4.3m below plan as a result of vacancies.

Non-pay

Clinical supplies includes additional costs on limbs for veterans, offset by other income above.

Other non pay includes £11.9m impairment, which has then been excluded from performance against the control total below.

Depreciation remains behind plan due to national delays in commencing the current year capital programme.

Finance Costs

This includes an adjustment of £0.5m on the dividend payment, adjusted due to the impairment and additional funding received in March.

Statement of Financial Position

	Opening	Year End against Plan			Year End against Forecast		
	2019-20	Plan	Actual	Variance	Forecast	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000
Non-current assets							
Property Plant and Equipment	135,842	140,302	123,290	(17,012)	138,456	123,290	(15,167)
Intangible Assets	854	180	461	281	463	461	(2)
Other non-current receivables	443	353	353	(1)	353	353	(1)
Total non-current assets	137,139	140,835	124,103	(16,732)	139,272	124,103	(15,169)
Current Assets							
Trade and other receivables	8,110	6,530	9,814	3,284	6,327	9,814	3,487
Cash and cash equivalents	12,545	4,334	15,678	11,344	12,615	15,678	3,063
Total current assets	20,655	10,864	25,492	14,628	18,942	25,492	6,550
Current Liabilities							
Trade and other payables	(18,346)	(17,355)	(21,063)	(3,708)	(16,357)	(21,063)	(4,706)
Provisions	(588)	(390)	(1,258)	(868)	(694)	(1,258)	(564)
Borrowings	(3,127)	(896)	(3,203)	(2,307)	(3,196)	(3,203)	(7)
DH Capital Loan	(800)	0	0	0	0	0	0
Total current liabilities	(22,861)	(18,641)	(25,524)	(6,883)	(20,247)	(25,524)	(5,277)
Non-current Liabilities							
Provisions	(1,400)	(1,436)	(1,442)	(6)	(1,456)	(1,442)	14
Borrowings	(11,837)	(10,941)	(10,941)	(0)	(10,941)	(10,941)	(0)
Total non current liabilities	(13,237)	(12,377)	(12,383)	(6)	(12,397)	(12,383)	0
Total Net Assets Employed	121,696	120,681	111,688	(8,993)	125,570	111,688	(13,896)
Total Taxpayers Equity	121,696	120,681	111,688	(8,993)	125,570	111,688	(13,896)

Commentary

Non-current assets

The change in PPE relates to the reduction in value of land and buildings following the full estate revaluation, of which £11.9m is an impairment to the revenue position and £2.4m is a reduction in the revaluation reserve. Variances to the capital expenditure plan are detailed on page 7 of this report.

Current Assets

The increased cash balance is a result of the improved financial position, the deferred loan repayment requested by DHSC, and 18/19 PSF bonus as detailed on the Cashflow Statement.

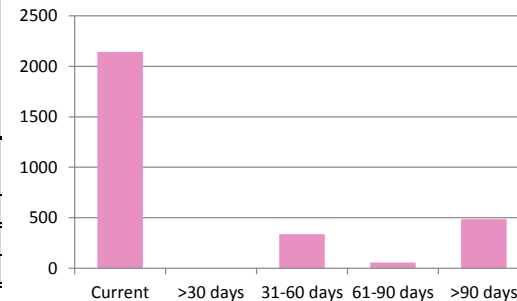
Current Liabilities

Trade and other payables includes £2.6m of deferred income.

Aged Debt

There has been a significant reduction in aged debt this year, leaving the Trust in a position where the majority of debt is now current.

Aged Debt Analysis



12 Month Cashflow

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Forecast</i>
	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Cash brought forward	12,478	9,630	10,107	9,461	12,757	14,400	12,135	11,373	13,203	13,971	13,477	14,592
Receipts												
Revenue Receipts	16,875	16,327	16,496	16,253	17,143	16,559	16,565	16,619	16,460	16,348	16,366	19,286
PSF / FRF Funding	-	-	-	3,443	-	-	-	903	-	-	1,792	-
Total Receipts	16,875	16,327	16,496	19,696	17,143	16,559	16,565	17,522	16,460	16,348	18,158	19,286
Payments												
Pay	(10,429)	(10,630)	(10,323)	(10,300)	(10,294)	(10,414)	(10,508)	(10,278)	(10,433)	(10,387)	(10,506)	(10,503)
Non-Pay	(9,293)	(4,821)	(6,820)	(6,100)	(5,206)	(6,599)	(6,819)	(5,014)	(5,258)	(6,456)	(6,537)	(6,692)
Loan repayment	-	(400)	-	-	-	-	-	(400)	-	-	-	-
Dividend payment	-	-	-	-	-	(1,812)	-	-	-	-	-	(1,968)
Total Payments	(19,723)	(15,850)	(17,142)	(16,400)	(15,500)	(18,825)	(17,327)	(15,692)	(15,691)	(16,842)	(17,043)	(19,163)
Financing Transactions												
Capital Sale Proceeds	-	-	-	-	-	-	-	-	-	-	-	-
PDC received	-	-	-	-	-	-	-	-	-	-	-	963
Total Financing Transactions	-	-	-	-	-	-	-	-	-	-	-	963
Net Cash Inflow/Outflow	(2,848)	477	(646)	3,296	1,643	(2,265)	(762)	1,830	769	(495)	1,116	1,086
Cash carried forward	9,630	10,107	9,461	12,757	14,400	12,135	11,373	13,203	13,971	13,477	14,592	15,678
NHSI Plan	10,769	10,354	11,127	10,511	9,939	8,161	7,427	6,283	6,906	3,890	3,368	4,334
Variance	(1,139)	(247)	(1,666)	2,246	4,461	3,974	3,946	6,920	7,065	9,587	11,224	11,344

Commentary

The Trust finished the financial year with a cash holding of £15.7m which is £11.4m favourable against the original NHSI plan.

This increase is primarily due to the additional bonus funding £2.9m for the over performance against target from 18/19, the £4m favourable movement in the financial position and the loan that was due to be repaid in 19/20 of £2.3m has now been deferred and will be converted to PDC in 20/21. The remaining variance relates to the movement in the working balances on the balance sheet, of which the largest is an increase in deferred income of £2.6m

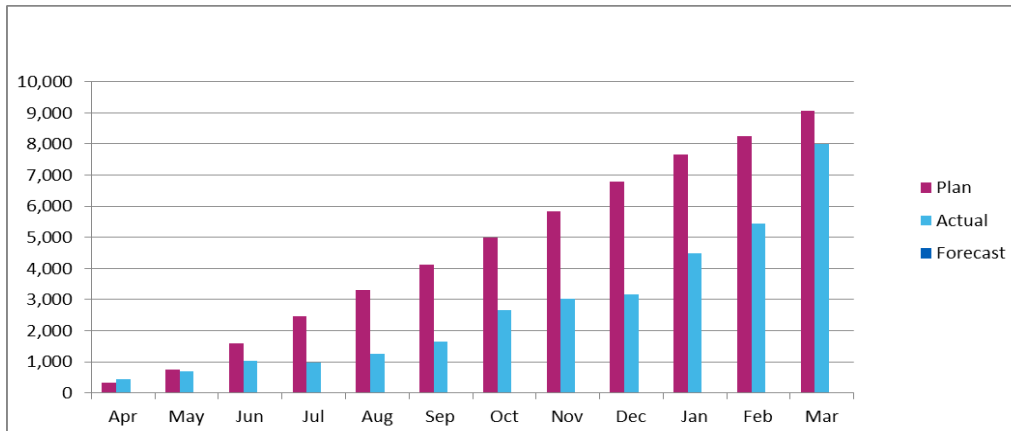
External Financing Limit

	£000
Net Cash Inflow/Outflow	3,200
Items excluded from EFL	(422)
External Financing Requirement	2,778
External Financing Limit	7,619
Under / (over) spend against EFL	4,841

Capital Expenditure

	Current Month			Year End against Plan			Year End against Forecast		
	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>	<i>Forecast</i>	<i>Actual</i>	<i>Variance</i>
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Information Management and Technology	116	695	579	1,472	1,576	104	1,490	1,576	86
Capital Maintenance and Minor Schemes 2019/20	128	914	786	765	1,576	811	1,843	1,576	(267)
Capital Maintenance and Minor Schemes from 2018/19	0	99	99	287	374	87	362	374	12
Capital Maintenance and Minor Schemes Prior Year Adjustments	0	16	16	0	(87)	(87)	(101)	(87)	14
Strategic Schemes	579	817	238	6,552	4,546	(2,006)	4,591	4,546	(44)
Total Capital Expenditure	823	2,542	1,719	9,076	7,986	(1,090)	8,185	7,986	(199)

Cumulative Performance against Plan



Commentary

The capital programme for 2019/20 delivered spend of £8.0m, which includes the national funded schemes of £299k for the LED Lighting and £664k for the Electronic Prescribing and Medicines Administration (EPMA).

The EPMA project spent £664k and hence the national funding has been reduced by £141k from the £805k to match the spend due to the delay at the start of the project.

The variance against the planned programme of £1m is due to the originally planned property sale not taking place in 2019/20 (£773k), offset by the net book value assets no longer in operational use, including removal of the payroll hut (£122k) and the reduction in the EPMA scheme (£141k).

Of the remaining variance of £298k, £174k relates to the delays in completing the schemes as a result of COVID 19 meaning either contractors or materials were unavailable.

Cost Improvement Programme

Care Group	In Month			Year End against Plan			Year End Forecast			Full Year Effect	Commentary
	Plan	Actual	Variance	Plan	Actual	Variance	Forecast	Actual	Variance	Actual	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Acute	(96)	(93)	3	(1,158)	(1,345)	(187)	(1,344)	(1,345)	(1)	(1,242)	In March the Trust reported £244k worse than plan, following an increase in target in the final quarter of the financial year. The year end position is £460k adverse to plan, in line with forecast. The final position was delivered with a split of 68% recurrent, 32% non recurrent. This means the full year effect is £1.2m short of the required target, which has been added to the required savings for Care Groups to deliver in 2020/21.
Older People	(204)	(51)	153	(961)	(842)	119	(842)	(842)	0	(580)	
Community Recovery	(123)	(79)	44	(1,136)	(1,231)	(95)	(1,231)	(1,231)	0	(361)	
Forensic & Specialist Services	(86)	(95)	(9)	(1,074)	(990)	84	(982)	(990)	(8)	(1,082)	
STP Allocation	(13)	(16)	(3)	(82)	(64)	18	(64)	(64)	0	(87)	
Support Services	(180)	(124)	56	(1,638)	(1,117)	521	(1,118)	(1,117)	1	(1,455)	
Total	(702)	(458)	244	(6,049)	(5,589)	460	(5,582)	(5,589)	(8)	(4,806)	

Scheme Category	Plan	Actual	Variance	Plan	Actual	Variance	Forecast	Actual	Variance	Actual	Commentary
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Recurrent	(695)	(385)	310	(5,993)	(3,790)	2,203	(3,783)	(3,790)	(7)	(4,436)	Key variances included Support Services, who had a number of schemes delayed in relation to building moves and consolidation of services for various operational reasons. There has been a project within the Trust to review overheads and consider how best to maximise benchmarking available through Model Mental Health Trust. This will continue into 2020/21. Older Adults Care Group have been reviewing establishments and clinical teams which will benefit in 2020/21, with schemes under development already. Community Recovery have been actively engaged in the new Care Pathways Programme, which will bring about sustainable changes in clinical models and result in efficiencies in working practices as well as quality benefits for patients.
Non Recurrent	(7)	(73)	(66)	(56)	(1,799)	(1,743)	(1,798)	(1,799)	(1)	(370)	
Total	(702)	(458)	244	(6,049)	(5,589)	460	(5,582)	(5,589)	(8)	(4,806)	

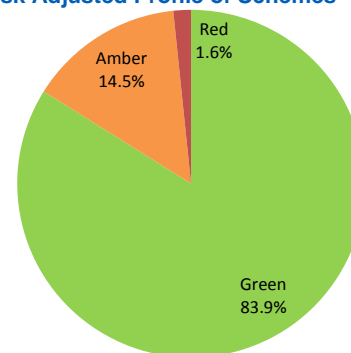
RAG Breakdown of Plan

	Plan	Actual	Variance	Plan	Actual	Variance	Forecast	Actual	Variance	Actual
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Green	(146)	(319)	(173)	(1,820)	(4,692)	(2,872)	(4,683)	(4,692)	(9)	(3,288)
Amber	(110)	(106)	4	(1,213)	(809)	404	(807)	(809)	(1)	(1,082)
Red	(188)	(33)	155	(877)	(88)	789	(91)	(88)	3	(436)
Pipeline	0	0	0	0	0	0	0	0	0	0
Unidentified	(258)	0	258	(2,139)	0	2,139	0	0	0	0
Total	(702)	(458)	244	(6,049)	(5,589)	460	(5,582)	(5,589)	(8)	(4,806)

Top 10 Approved Schemes (by Value)

Scheme Title	Annual Plan	Forecast	Risk Rating
1 Non recurrent slippage - CRCG	0	850	●
2 East Kent Inpatient Review	723	451	●
3 Vacancy Review Savings (NR)	0	228	●
4 Dartford Ward Rota Changes	316	329	●
5 Dartford Forensic Services Restructure	391	281	●
6 Vacancy Slippage (non recurrent)	0	494	●
7 CRHT Service Redesign	186	346	●
8 Recurrent vacancies review	0	171	●
9 TGU repatriation	176	178	●
10 Bridge House private bed income	74	147	●

Risk Adjusted Profile of Schemes



Community Recovery have been actively engaged in the new Care Pathways Programme, which will bring about sustainable changes in clinical models and result in efficiencies in working practices as well as quality benefits for patients.

Care Group Forensic & Specialist Services

Executive Summary

The net position for the Care Group at year end is £8.3m (20%) contribution to fixed costs and overheads, £1m better than originally planned.

Alongside trust colleagues, Forensic and Specialist Services staff have been working hard to cover sickness and absence to ensure continuity of service during COVID-19. This has understandably led to reduction in the pace of recruitment in the Transforming Care posts in LDFOLS (Learning Disability Forensic Outreach & Liaison Service) and MHL (Mental Health of Learning Disabilities). This will continue into 2020/21.

SCFT (Specialist Community Forensic Team) and FOLS (Forensic Outreach & Liaison Service) are planning on working as one team in the future, following changes to funding arrangements.

Income and Expenditure

Forensic and Specialist Services Care Group has ended the financial year with an underspend of £1m.

Non-pay spend in month is over budget due to work completed with prosthetics, in the Disablement Service, largely with veterans. This is offset with additional income.

Pay spend in month is under budget due to vacancies in FIND (Forensic Intellectual and Neurodevelopmental Disorders), FOLS, and CJLDS (Criminal Justice Liaison & Diversion Service).

Income is above budget in month due to the funding for the prosthetic work in the Disablement Service.

Cost Improvement Plans

Of 2019/20 plans, 92% have been achieved recurrently, with the financial value equating to 100% of the target as a full year effect.

Full plans for 2020/21 are still being pulled together, but focus remains on the low secure services at Dartford. Plans to merge establishments for Marle and Riverhill Wards at Greenacres, which together make up the Tarentfort Building, are intended to mirror rotas at Allington Ward, where savings were made during 2019/20.

Further savings can also be made at Disablement Services, by ensuring the correct levels of income are claimed for the services provided.

Financial Position

	Year End against Budget			Year End against Forecast		
	Budget £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
Income	(40,465)	(41,490)	(1,025)	(41,482)	(41,490)	(8)
Employee Expenses	29,947	29,357	(590)	29,315	29,357	42
Operating Expenses	3,399	4,001	602	3,891	4,001	110
Net Position	(7,118)	(8,132)	(1,014)	(8,277)	(8,132)	145
	Plan £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
CIP Summary	(1,074)	(990)	84	(982)	(990)	(8)

Agency

There are currently two agency consultants in MIMHS, and Neuropsychology, and a medical career grade agency in MHL (Mental Health of Learning Disability).

Agency use is minimal in the Care Group, with much more reliance on bank workers for temporary staffing.

Forecast

The Care Group ended the financial year £145k adverse to forecast, due to adjustments to the recharge from Surrey and Sussex for the FIND service.

The Addictions service at Bridge House should continue to improve financially into 2020/21 as prices are increased to more closely reflect costs, and planned work with BUPA begins.

Looking forwards there is a large amount of growth expected in the MIMHS (Mothers and Infants Mental Health Service) and LDFOLS teams due to expansion and investment in the service. There will also be savings made, in our low secure services at Dartford. 2020/21 will be a challenging year for the care group, with real improvement and expansion in their already officially outstanding service.

Care Group Acute

Executive Summary

The Acute Care Group overspent slightly in March, resulting in an end of year underspend of £1.45m. The in month position was under forecast.

The Care Group saw an increase in pressures in month with the spread of COVID-19. Additional costs are being coded centrally so costs can be monitored.

Medical staffing costs are changing as agency staff are being sought to fill vacancies whilst the business case continues to be developed for the Acute Medical Inpatients Model which is to be presented at the Business Case Review Group in April.

Income and Expenditure

The underspend is driven by employee expenses, mainly due to nursing and medical vacancies across all services.

The Care Group continues to nurse a complex patient in the Extra Care area on Cherrywood Ward. This is expected to be an ongoing cost for sometime. The North Kent Place of Safety remains closed to assist with staffing this unit.

The East Kent Place of Safety has also temporarily closed for the completion of essential emergency exit works. The completion of these works has been delayed due to those undertaking the works being affected by the Covid-19 pandemic. The unit staff were redeployed to provide support to the wards in the locality.

Cost Improvement Plans

The majority of the Acute CIP is covered by the East Kent Inpatient Review. The anticipated income from NHSE did not materialise resulting in a shortfall in achievement against plan.

Meetings are taking place at the end of April to identify recurrent schemes to offset those that have been achieved on a non recurrent basis in 2019/20.

Financial Position

	Year End against Budget			Year End against Forecast		
	Budget	Actual	Variance	Forecast	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income	(5,940)	(5,925)	15	(5,934)	(5,925)	9
Employee Expenses	33,394	32,082	(1,312)	32,110	32,082	(28)
Operating Expenses	1,749	1,597	(153)	1,624	1,597	(27)
Net Position	29,203	27,753	(1,450)	27,800	27,753	(47)
	Plan	Actual	Variance	Forecast	Actual	Variance
	£000	£000	£000	£000	£000	£000
CIP Summary	(1,158)	(1,345)	(187)	(1,344)	(1,345)	(1)

Agency

The Care Group continues to use agency mainly in medical and nursing. The trust is working on projects to aid an increase in staff retention which should negate the reasons for extensive agency usage.

The Covid 19 pandemic is putting pressures on the wards where some temporary staffing are reluctant to work on ward with potential and confirmed cases.

Medical agency is expected to increase over the next few months as cover is sought where posts have not necessarily been covered to date.

The Business Case reviewing the medical resource within the Care Group is to be presented to the Business Case Review Group in April. The case is requesting an additional 10 medical staff, and additional pharmacy resource, funded largely by converting agency budget.

Forecast

There is a significant amount of development within the Care Group currently with Liaison Services looking to be 24-7 operational in all areas following significant investment in 2019/20 and 2020/21. Money has also been received into the Cirsis Teams which will enable them to take over the Urgent and Emergency Care Pathway work currently performed by the Community Teams. All will present challenges especially in respect of recruitment including the follow on effect into other services where staff are recruited from within KMPT.

Covid 19 is putting significant pressure on the Care Group with many staff self isolating due to themselves being unwell or members of their family, however there is a tremendous team spirit across all the younger adult services as teams work together to support where there are pressures despite it not necessarily being their normal role.

Care Group Older People

Executive Summary

The Older People's Care Group is significantly underspent against plan in March, continuing the trend in year of underlying vacancies.

Recruitment continues across all areas and all staff groups to current establishments. The Care Group's business planning aims to equalise all ward establishments in line with Safer Staffing models.

The demand and capacity work continues, aiming to ensure that the Community Teams' establishments are fit for purpose now and into the future. This work forms the backbone of the Care Group's recurrent CIP plans for 2020/21.

Income and Expenditure

The Care Group continue to be underspent both in month and year to date due to the levels of vacancies in the teams. These are from both existing posts and new investment monies. Some of these posts have now been recruited to and await start dates over the next couple of months. The Care Group continue to use bank and agency in the meantime, but not all vacancies are covered.

Operating Expenses are overspent due to recruitment advertising costs. This relates to the levels of vacancies that the Care Group have been carrying all year. There continues to be additional taxi and travel costs for staff and patients families to Dartford, whilst Ruby Ward in Medway is being refurbished. The FP10s are also overspent year to date due to additional prescribing.

Cost Improvement Plans

The Care Group has not allocated schemes against its full CIP target for this year, despite running at a large underspend, and contains a large amount of non recurrent savings due to vacancies. The full year effect of the unidentified balance has been added to next year's target.

Recurrent savings are anticipated from the demand and capacity review work and workforce remodelling currently underway.

Financial Position

	Year End against Budget			Year End against Forecast		
	Budget £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
Income	(5,268)	(5,164)	104	(5,266)	(5,164)	102
Employee Expenses	25,180	24,296	(884)	24,360	24,296	(64)
Operating Expenses	1,653	1,699	46	1,730	1,699	(31)
Net Position	21,565	20,831	(734)	20,824	20,824	6
	<i>Plan</i> £000	<i>Actual</i> £000	<i>Variance</i> £000	<i>Forecast</i> £000	<i>Actual</i> £000	<i>Variance</i> £000
CIP Summary	(961)	(842)	119	(842)	(842)	0

Agency

Agency costs have decreased in March across all areas and all staff groups, including Medical.

Medical agency is likely to continue in the short to mid term to support services during the current pandemic situation.

Forecast

The year end position is very close to that which was forecast. The ongoing forecast for 20/21 takes into account ongoing recruitment into existing vacancies and developing CIP ideas.

Care Group Community Recovery

Executive Summary

The Community Recovery Care Group has underspent against plan in 2019/20.

Discussions began with Thanet Council to continue the Rough Sleeper Project in which KMPT receives funding for a band 7 post to work alongside the Council and was due to begin in April 2020, however due to current circumstances this is on hold.

The business case for the Early Intervention in Psychosis service continues to be in development following conversations with Commissioners. This is to bid for funding in relation to Over 35s and achieving NICE Level 3 concordance.

The Community Mental Health Teams (CMHTs) have commenced the implementation of the Clinical Care Pathways having presented locality implementation plans, however it is unlikely this will be implemented fully during the Covid-19 period. The teams have moved to seven day working to assist with urgent assessments at weekends.

Income and Expenditure

The Care Group ends the year with a favourable position as expected. This is driven by underspends on employee expenses, largely within substantive pay and due to vacancy slippage. Current vacancies are now being covered by temporary staff, causing an overspend against plan in month. The overspends within operating expenses are mitigated by the year to date underspends on employee expenses. Income has under achieved due to the Rough Sleeper Project in Thanet not going ahead as planned.

The temporary staffing usage in the Community Mental Health Teams remains consistently high and has increased further in March. It is expected to continue at this time not only to support the reduction in the four week waits but also to aid with business continuity during Covid-19.

Cost Improvement Plans

The Care Group ends the 2019/20 year with a small over achievement of their CIP target. However the majority of the 2019/20 savings are non recurrent, with the full year effect only £361k. This will result in a higher CIP target in 2020/21 which must be recurrent.

Recurrent CIP schemes for 2020/21 are currently in discussion, though have not developed any further compared to February. Possible schemes include efficiency savings as a result of the Clinical Care Pathways being implemented and working externally with other NHS bodies to release savings. Other potential schemes are being explored. Nothing has been finalised as yet, this is expected to happen over the coming weeks.

Financial Position

	Year End against Budget			Year End against Forecast		
	Budget £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
Income	(2,111)	(2,076)	35	(2,104)	(2,076)	28
Employee Expenses	32,160	31,329	(830)	31,248	31,329	82
Operating Expenses	2,971	3,222	252	3,255	3,222	(32)
Net Position	33,020	32,476	(544)	32,398	32,476	78

CIP Summary	Plan £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
		(1,136)	(1,231)	(95)	(1,231)	(1,231)

Agency

Nurse agency has increased further compared to February, as expected. This does include prior period costs, however, agency use within Medway CMHT has increased further following the previous month's significant increase. Whilst it is expected that nurse agency expenditure within the CMHTs will reduce gradually during 2020/21 following recruitment, it is likely this will not be within the first quarter whilst additional staffing costs are incurred due to the Covid-19 situation. This will be as a result of seven day working across the teams.

Medical agency has reduced in March despite forecasting an increase. This is due to an agency doctor not commencing in Maidstone CMHT until April, rather than March.

Forecast

The Community Recovery Care Group has underspent against their plan for 2019/20, as forecast.

The variance against the March forecast is largely due to an increase in employee expenses, primarily within temporary staffing, as explained within the agency expenditure. Substantive pay is expected to rise gradually over the coming months due to many of the Mental Health Investment funded posts already being advertised, however recruitment is likely to be slower during this period due to Covid-19.

Medical agency is forecast to rise in Maidstone CMHT, due to a confirmed agency doctor commencing at the beginning of April.

Care Group Support Services

Executive Summary

The budget for PICU Private Beds sits under Operations within Support Services, and is the key driver for the overspend year to date (£1.6m). The tender to purchase a fixed number of beds has now been completed and will be announced soon. Longer term options for female PICU are to be developed as part of the Long Term Plan over the next five years.

The EPMA (E-Prescribing) project is underway. This is capital project, but with some revenue implications. Recruitment has started for the Pharmacy and IM&T support posts for this whole trust project.

Due to Covid-19, the Leaders Event in March was cancelled, so the results from the external company assisting KMPT with the new trust strategy along side the STP, did not go ahead.

Income and Expenditure

The adverse position remains predominantly due to Private Beds which continues to overspend at £1.6m. The new tender price has been built into business planning for 2020/21, and we should start to see a cost reduction going forward. Additional income for placements has also been received, reducing this pressure by £100k.

The remaining overspend on operating expenses relates to Facilities & Estates. We have increased our Delap provision to £315k, and the reactive maintenance budget has overspent by £470k. Some of the CIP schemes allocated against operating expenses also slipped in 2019/20 resulting in a cost pressure, however we will see the full year effect in 2020/21.

These overspends have been mitigated by an underspend on Employee Expenses due to vacancies, mainly in the Performance, Transformation and within ancillary staff in Facilities.

Cost Improvement Plans

The CIP position has improved in March as due to the income being invoiced for the rental of one of the units at Thanet Mental Health Unit. There is still one more unit due to be rented out, and income for both of these schemes will see their full year effect in 2020/21.

The unidentified balance of £415k across all Support Services, has now been built into business planning for 2020/21. Most of the schemes which have slipped in 2019/20, will have a full year effect in 2020/21. New targets for 2020/21 have now been issued, and most Directorates have already started to generate schemes and ideas to help meet this target.

Financial Position

	Year End against Budget			Year End against Forecast		
	Budget	Actual	Variance	Forecast	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income	(12,970)	(13,289)	(320)	(13,156)	(13,289)	(133)
Employee Expenses	27,214	26,996	(219)	26,918	26,996	78
Operating Expenses	22,416	25,665	3,250	24,874	25,665	792
Financing Costs	795	556	(239)	662	556	(106)
Net Position	37,455	39,928	2,472	39,297	39,928	630
	Plan	Actual	Variance	Forecast	Actual	Variance
	£000	£000	£000	£000	£000	£000
CIP Summary	(1,638)	(1,117)	521	(1,118)	(1,117)	1

Agency

Agency costs have reduced in month, mainly due to a review of old invoices and assumptions relating to ancillary staff. Ancillary agency use is expected to increase for the next few months, but many of these costs can be allocated to Covid-19 and reclaimed.

There is a fixed term agency worker who is currently supporting the work around the PICU private beds, and this has been extended into April 2020, so we expect the admin agency use to remain static for the next few months.

Forecast

Support Services delivered a higher overspend than originally forecast for 2019/20. This is mainly due to an increase Delap provision being put through in March, and an additional legal provisions made based on up to date information.

Other cost relating to redundancies and pay awards were entered into the position for March, and were not previously forecast. This was due to decisions being taken in March that were not known at the point of forecasting.

Even though the 2020/21 forecast will not formally be reported until June, it will be updated and used to help assist in identifying CIP schemes going into 2020/21.

Contracts and Income

Clinical Income by Type

	Current Month			Year End against Plan			Year End Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
Block contracts	(14,804)	(15,690)	(886)	(177,943)	(184,125)	(6,182)	(177,559)	(184,125)	(6,566)
Clinical Partnerships	(67)	(61)	6	(807)	(678)	129	(875)	(678)	197
Cost and volume contract	(213)	(141)	71	(2,560)	(3,068)	(508)	(3,116)	(3,068)	48
Total Patient Care Income	(15,084)	(15,893)	(809)	(181,310)	(187,871)	(6,561)	(181,549)	(187,871)	(6,322)

Commentary

Block contracts: The in month and year end position includes £5.7m of top up funding for pension contributions. In addition, as reported previously the position includes an agreed return of £0.5m Mental Health Investment funds to East Kent CCGs for use in primary care and a further £0.6m returned for CQUIN failure. This is offset by £1m from NHSE for mental health monies. Corresponding costs have been accounted for alongside additional investment in these services and work continues with commissioners to confirm recurrent funding for ongoing developments alongside additional investment in line with the long term plan.

Cost and volume contract: Addictions services continues to show a favourable variance over plan and last year's income. Brookfield showed an adverse variance earlier in the year which has improved with full occupancy for the rest of the year. Levels of Out of Area Treatment (OATs) and overseas patients treated remain higher than plan though this is unpredictable.

Other: Further funding for Liaison has been secured for 2020/21 to move more sites towards Core 24 levels.

NHSE have determined fixed block payments for all providers for months 1-4, based on spend levels at M9, which they have determined should cover up to 97% of KMPT costs during the peak of the Covid-19 pandemic. All OATs charges will not be recharged during this period to ease the administrative burden on trusts and provide financial surety.

CQUIN	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	YTD Actual	Risk Identified	RAG
	£000	£000	£000	£000	£000	£000	£000	
1 Health Weight in Secure Services	22	22	89	89	222	44	0	●
1b Alcohol and Tobacco Screening & Brief Advice(MBU)	0	0	16	16	32	0	0	●
2 Staff Flu Vaccinations	0	0	0	363	363	36	327	●
3a Alcohol and Tobacco Screening	30	30	30	30	121	91	21	●
3b Tobacco Brief Advice	30	30	30	30	121	91	21	●
3c Alcohol Brief Advice	30	30	30	30	121	66	55	●
4 Improved Discharge Follow-up (72hrs)	0	0	363	363	726	0	0	●
5a Data Quality Maturity Index	0	60	60	60	181	0	181	●
5b Mental Health Data : Interventions	0	0	91	91	181	0	181	●
Total	113	173	710	1,073	2,069	329	604	

Commentary

Staff Flu Vaccinations: At the end of the flu vaccination period, the final percentage of frontline staff vaccinated was 62%. This equates 10% of the value of the funding allocate to the indicator. A debrief has been set up to discuss the campaign, what went well and areas requiring improvement to ensure robust planning for 2020/21 flu vaccination CQUIN.

Alcohol Brief Advice: This indicator has been flagged due to the Trust not achieving previous year's target. The Trust achieved 77.8% against the target of 90% at the end of Q3 2019/20 equating to 69.5% of the income for the quarter and 100% in Q4. At the end of this financial year the Trust will have partially achieved the indicator.

Data Quality Maturity Index: The latest MHSDS report published for December 2020 shows an increase in compliance at 94.1%. It is anticipated that the compliance will continue to increaseThe Trust will partially achieve the indicator for 2019/20.

Mental Health Data : Interventions: The CQUIN has been rated Amber since the recording of SNOMED was made mandatory for all staff Local compliance currently sits at 99%. The data issue reported in February has been rectified by the information management team and the latest compliance published by CQUIN England for KMPT is 99.4%. Full payment will be achieved for the indicator.

Front Sheet

Title of Meeting	Trust Board	Date	30 th April 2020
Title of Paper	Quarterly Mortality Review (Quarter 4)		
Author	Annie Oakley, Head of Patient Safety Fiona Delahey, Datix Administrator Frances Lowrey, Mortality Review Manager		
Executive Director	Mary Mumvuri, Executive Director of Nursing and Quality		

Purpose: the paper is for:	<ul style="list-style-type: none"> • Delete as applicable
Discussion	
Recommendation:	
<p>The Board is asked to discuss the report and to note assurances in place to review mortality incidents, and including future plans for training for the Structured Judgement Review process and appointment of a Mortality Reviewer.</p>	
Summary of Key Issues:	<ul style="list-style-type: none"> • No more than five bullet points
<p>The Board is aware of this paper's history, which is to provide assurance of compliance with the key governance processes in line with National Quality Board's (NQB) Learning from Deaths guidance (March 2017) and NHSI regulatory requirements. The guidance ensures that all deaths of people under our care or with previous contact are reviewed at the correct level of scrutiny and that organisational learning occurs where indicated.</p> <ul style="list-style-type: none"> • The NHS Improvement Academy is assured by the Trust's process, whilst awaiting the training for Structured Judgement Review which has been delayed due to COVID-19. • 697 mortality incidents were reported on Datix in Q4 compared to 753 at the end of Q3 in 2019/20. No mortality incidents from the historical review process have required reporting as Serious Incidents (SIs) in Q4. • Six Serious Incidents (SIs) were reported relating to mortality incidents in Q4 of 2019/20 of which five were reported as suspected suicides of people in the community. This is a reduction compared to 11 cases in Q3. All are currently undergoing learning reviews. Two of the SIs related to one team but the others are spread across a number of teams and all have different circumstances leading to the death. One incident related to an inpatient death on an acute ward and the cause of death is not yet known. • Learning extracted from closed SI reports identified contributory factors as team factors such as staffing and caseload, documentation, communication between external bodies. These will form part of safety improvement work currently in progress. • Of the total 697 mortality incidents in Q4, eight where patients with a diagnosis of a learning disability of whom seven died as a result of natural causes, and one is still awaiting a management report and a review at Panel. In line with national policy, all seven were reported through the Learning Disabilities Mortality Review (LeDeR) process which is led by University of 	

Bristol University.	
<ul style="list-style-type: none"> • A Mortality Review Manager has been appointed and commenced in March 2020. 	
Report History:	
A Q3 report was presented to the Board in February 2020 as per NHSI's expectations for Mortality Reporting.	
This Q4 report was also presented to Quality Committee on 21 st April 2020	
Strategic Objectives:	<ul style="list-style-type: none"> • Select as applicable
<input checked="" type="checkbox"/> Deliver outstanding quality of care across all of our domains <input checked="" type="checkbox"/> Deliver and embed continuous improvement in all we do.	
Implications / Impact:	
Patient Safety:	
A Mortality Review Manager commenced in post in March 2020. This post is to support the Mental Health and the Mortality review process. Currently, nationally there are issues regarding the training for this process.	
Identified Risks and Risk Management Action:	
There is an organisation risk if Structured Judgement Reviews by means of the Mortality review process are not completed.	
Resource and Financial Implications:	
Additional funding for recruitment of a Mortality reviewer member was agreed and the post has been recruited to. The staff member commenced in post in March 2020.	
Legal/ Regulatory:	
The Structured Judgement Review process is a national requirement for provider organisations.	
Engagement and Consultation:	
Engagement with other Mental Health NHS organisations.	
Equality:	
None identified.	
Quality Impact Assessment Form Completed: No	

1. INTRODUCTION

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

2 MORTALITY SCRUTINY

- 2.1 The Trust Wide Serious Incident and Mortality Review Panel (TWSIRP) continues to meet twice a week) to review all mortality incidents reported on Datix. The membership has been consistent and includes Care Group SI leads, Medical input and subject matter experts as necessary.
- 2.2 Deaths are further scrutinised by the Mortality Review manager, who commenced in March 2020. This will allow for further analysis of deaths of patients across the Trust and will allow for themes and trends to be better identified.

3 ANALYSIS OF INFORMATION

- 3.1 In Q4, a total of 697 mortality incidents were reported on Datix. The graph (1) below indicates that since January 2019, we have been reporting and collating the data on all mortality cases which includes natural causes, expected and unexpected deaths of patients. The increase seen in Q4 of 2018/19 and Q2 and Q3 of 2019/20 was due to the drive to increase overall incident reporting and also reconciliation of reports of historical mortality incidents of people discharged from services but had contact with the Trust. The latter, was to ensure RiO health records were appropriately updated and aligned with reporting of mortality incidents. As previously signalled, the figures will continue to fluctuate depending on the timing of updating patients' records on the national spine by General Practitioners. The vast majority of these incidents were reported by Older Adults community teams and were from areas in the County with high proportion of older people and also with more nursing or residential homes.
- 3.2 Whilst the incidents are reported as a death of the patient, it does not mean that the death was attributable to the organisation or that there were care or service delivery concerns. They are reported to enable a review by the SI and Mortality Panel or sub-panel to assure the organisation and external bodies, including families as necessary, that there were no contributory factors relating to the death of the patient. In the event that any additional learning points are identified, the individual incidents are reviewed and action is taken to prevent reoccurrence.

Graph 1 Mortality reported cases

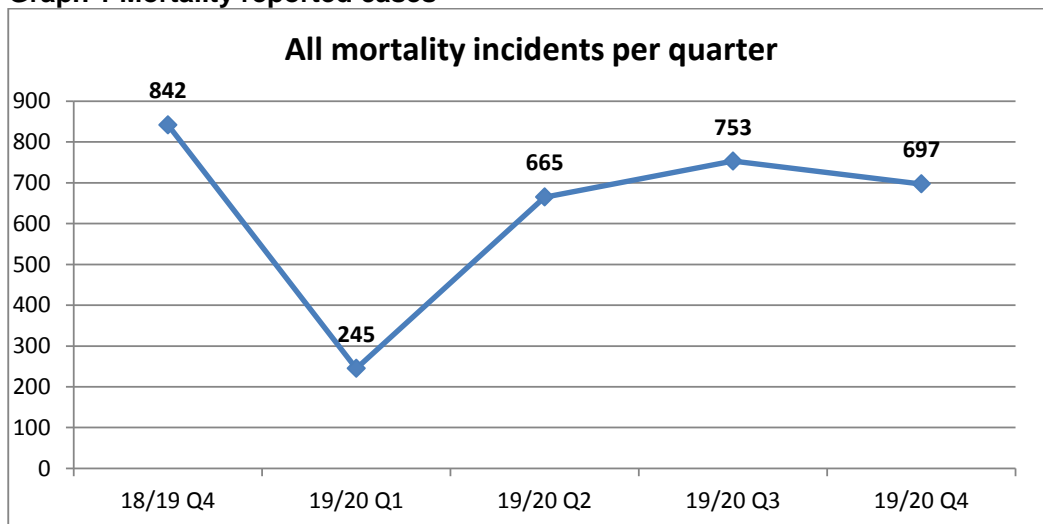


Table 1 Number of mortality incidents and serious incidents relating to suicide

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
Suicide (actual)	2	3	0	2	5	2	3	3	4	4	0	3	3	34
All Deaths reported on Datix	100	97	68	80	81	224	360	276	271	206	320	238	139	2460

3.3 The above Graph (1) shows all mortality incidents reported on Datix while Table (1) indicates the number of all mortality incidents including suicides of patients reported by month. Of the total incidents, 1% of cases are SI related and are all going through a learning review process. This compares to 2.5% reported in the previous quarter and may indicate practice improvements as a result of learning from experience.

3.4 Analysis by age and gender

3.4.1 As in previous reports, the vast majority of incidents relate to older people living in the community, in particular, those over 80 years of age and residing in residential or nursing homes and presenting with co-morbidities. Nonetheless, they are subject to the same scrutiny as younger age group when reported by KMPT staff. We are anticipating an increase in mortality reported incidents as a result of the impact that COVID-19 has had on older people, who may be in care homes and have complex underlying physical health conditions.

3.4.2 In Q4, there was one mortality incident recorded for an individual under the age of 20. The patient was reviewed in the SI and Mortality Panel and it was determined that the issues related to social care rather than the Mother and Infant Mental Health service that she had previously been under. The cause of death of this patient remains unknown at time of reporting.

3.4.3 On reviewing the deaths in Q4, the following tables (2 to 4) indicates the deaths reported on Datix by gender and age. There are more women in the age categories above 80 years of age as would be nationally expected.

Table 2 All deaths recorded on Datix by age

Age band	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	Totals
100+	5	1	2	3	2	13
90-99	172	42	141	169	154	678
80-89	341	75	245	288	265	1214
70 to 79	164	45	126	131	132	598
60 to 69	64	21	50	61	43	239
50 to 59	48	22	48	46	40	204
40 to 49	18	23	27	30	31	129
30 to 39	18	10	17	15	14	74
20 to 29	6	5	7	7	12	37
10 to 19	2	0	1	1	1	5
Unknown	4	1	1	2	3	11
Total	842	245	665	753	697	3202

3.4.4 Out of the 12 deaths in the age range of 20 to 29 years, two have been STEIS reported. One was for Medway CMHT and one for Ashford CMHT. Both learning reviews are still in the investigation process and due for submission in June 2020 and therefore conclusions are not available. One death is currently being reviewed in SI and Mortality Panel awaiting cause of death from the Legal Team. The remaining nine deaths have been deemed not attributable to KMPT.

3.4.5 Analysed by Care Group, two out of the 12 cases were for Forensic and Specialist Care Group, under Criminal Justice Liaison & Diversion Services (CJLDS), two were for Acute, under Liaison Psychiatry Service, eight were for Community Recovery Care Group, split between six different teams including two for Ashford CMHT and two for Medway CMHT.

Table 3 Deaths reported on Datix by gender and age

	100+	90-99	80-89	70-79	60-69	50-59	40-49	30-39	20-29	10-19	Un-known
Male	0	52	132	71	26	23	19	11	7	0	0
Female	2	102	133	61	17	17	12	3	5	1	3

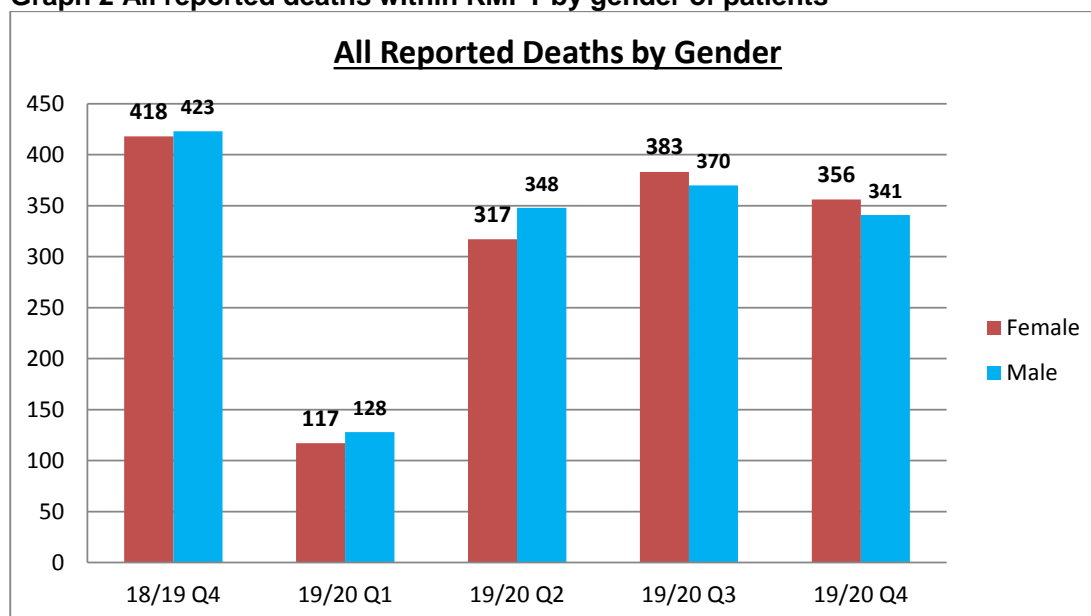
3.4.6 When incidents are analysed within KMPT according to gender, indications are that there are slightly more incidents of all mortality in women than men in Q4 (see graph 2). Females make up 51% of the population according to the last England and Wales census in 2011 (Gov.UK Male and Female Populations (May 2019)).

3.4.7 The Office for National Statistics' last mortality review (2019) reviewed deaths between 1999 and 2018.

**Table 4 Leading cause of death by age group and sex in England and Wales, 2018
(The Office for National Statistics)**

Males	Cause of death	% of male deaths
All ages	Ischaemic heart diseases	13.2
1 to 4	Congenital malformations, deformations and chromosomal abnormalities	12.6
5 to 19	Suicide and injury/poisoning of undetermined intent	16.6
20 to 34	Suicide and injury/poisoning of undetermined intent	25.9
35 to 49	Accidental poisoning	12.5
50 to 64	Ischaemic heart diseases	17.3
65 to 79	Ischaemic heart diseases	14.8
80+	Dementia and Alzheimer disease	15.1
Females	Cause of death	% of female deaths
All ages	Dementia and Alzheimer disease	16.7
1 to 4	Congenital malformations, deformations and chromosomal abnormalities	15.9
5 to 19	Suicide and injury/poisoning of undetermined intent	12.3
20 to 34	Suicide and injury/poisoning of undetermined intent	15.6
35 to 49	Malignant neoplasm of breast	12.6
50 to 64	Malignant neoplasm of breast	10.1
65 to 79	Malignant neoplasm of trachea, bronchus and lung	10.1
80+	Dementia and Alzheimer disease	23.6

Graph 2 All reported deaths within KMPT by gender of patients



3.4.8 In Q4, the six incidents of suspected suicide by age and gender were as follows in table 5.

Table 5 Suspected suicide by age and gender

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

3.4.9 Nationally, middle-aged males (between the ages of 40 – 60 years) are at a higher risk of death by suicide although suicide occurs in all ages and genders. It would follow that figures for male suicide in this age group would be expected to be over-represented. KMPT cases reveal only one male died of suspected suicide within the most common age range in this reporting period. There is no clear picture emerging relating to age and gender of patients who have died of suspected suicide in this quarter.

3.5 Mortality review by ethnicity

3.5.1 The majority of the incidents relate to people who are from a white British background. This is consistent with the local population profile being predominantly white British.

3.5.2 Out of all the Datix incidents during Q4, 71 (10%) had no ethnicity recorded. This is however an improvement of 1% on Q3. Gaps in ethnicity documentation could be due to some patients declining to provide their ethnicity, or more vigilance required in reporting ethnicity when reporting on RiO, particularly in relation to data reconciliation. Many of those without ethnicity recorded are people under KMPT care for a number of years before the renewed focus on ethnicity reporting. The performance team continue to work with operational services to ensure improvement on ethnicity recording and for staff to indicate when individual service users refuse to provide this.

Table 6 Deaths by ethnicity

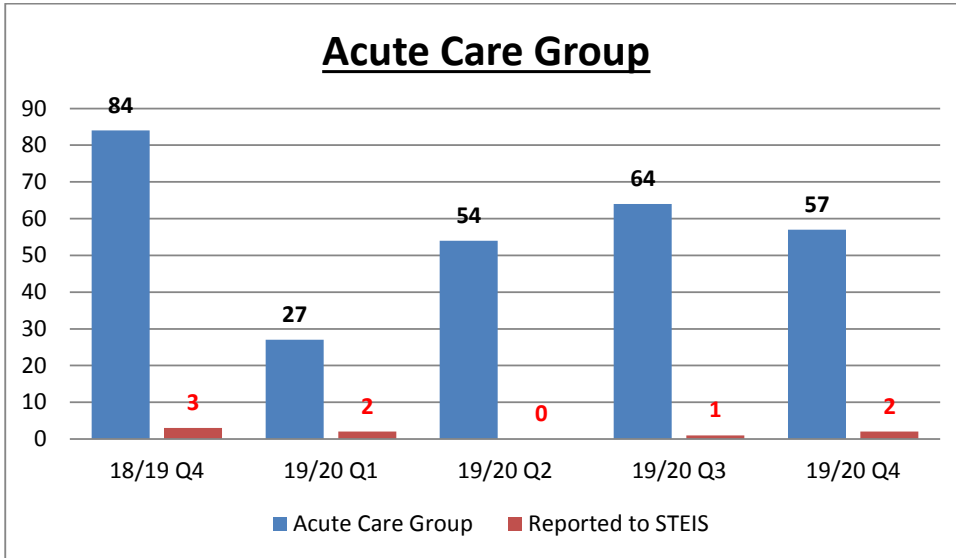
	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	Total
Black African	2	1	1	0	0	4
Black Caribbean	1	0	1	1	0	3
Chinese	1	0	1	0	0	2
Indian	1	0	1	0	1	3
Mixed white and Asian	2	0	2	1	0	5
Mixed white and black African	1	0	0	0	0	1
Mixed white and black Caribbean	0	0	0	0	2	2
Not stated	70	19	68	84	71	312
Other Asian	6	2	4	2	1	15
Other ethnic category	1	0	0	4	0	5
White - British	737	216	572	640	611	2776
White - Irish	6	2	7	5	3	23
White - other white	14	5	8	16	8	51
Total	842	245	665	753	697	3202

3.6 Serious Incidents and LeDeR cases

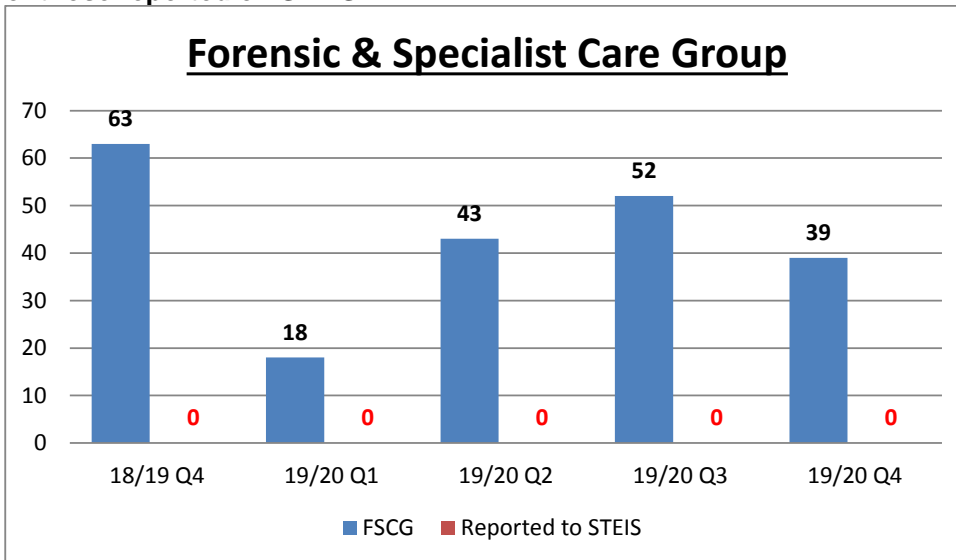
3.6.1 It is noteworthy that most KMPT reported mortality incidents are not attributable to KMPT services, (those that are attributable are reported as Serious Incidents on STEIS). The majority of the mortality incidents relate to natural causes, nonetheless each incident is reviewed to determine if there were any issues in care provision or whether the death was possibly attributable to the organisation.

3.6.2 The following tables show the mortality incidents reported for the period 01/01/2020 to 26/03/2020 by Care Group. All mortality related serious incidents are subject to Root Cause Analysis investigation as per national framework and KMPT policy. There were no SIs reported by the Forensic and Specialist Services.

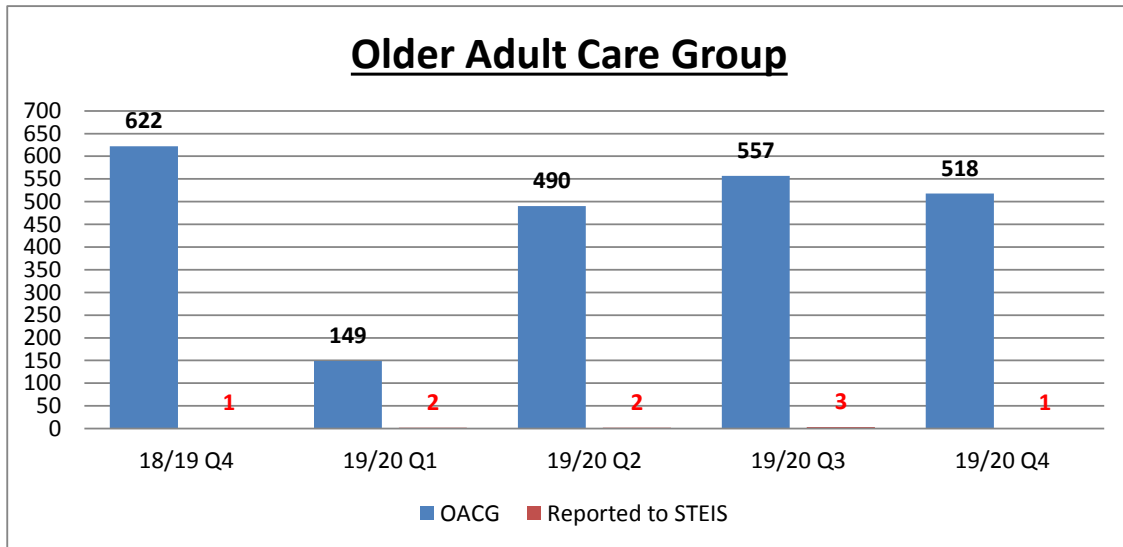
Graph 3 Mortality by Acute Care Group and numbers of those reported on STEIS.



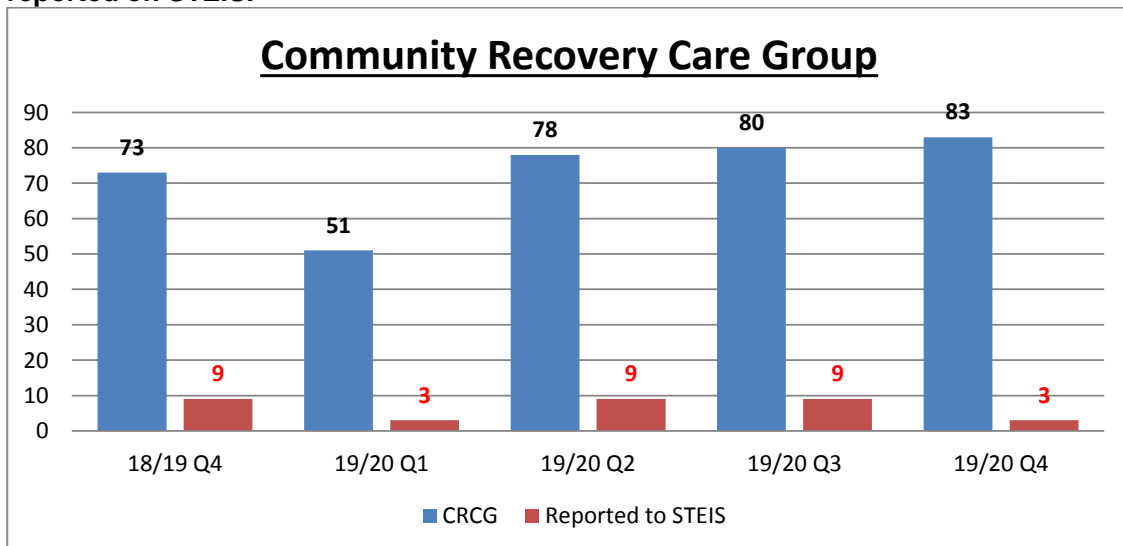
Graph 4 Mortality by Forensic and Specialist Care Group and numbers of those reported on STEIS.



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



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



3.6.4 On review of the Serious Incidents, two cases relate to Medway community recovery team and are currently being reviewed in line with standard practise. Out of the six STEIS reported incidents, all six patients were open to KMPT services at the time of their death.

3.6.5 In Q4, there were eight mortality incidents where the service users had a diagnosis of a learning disability which was reported to LeDeR. None of these deaths were attributed to KMPT.

4. UPDATE ON THE STRUCTURED JUDGEMENT REVIEW (SJR) PROCESS

- 4.1 The new Mortality Review Manager has been in contact with NHS Improvement Academy as training for the process has not been possible. Feedback was that:
- The Academy will be able to provide training to the Trust for up to 25 staff, but this will not be available until approximately September 2020 due to the COVID-19 response;
 - The Academy was impressed by the actions being taken through the SI and Mortality Panel and were assured by this
 - Following SJRs, when learning is identified, the recommendation is to focus on one theme at a time;
 - The Academy also provides monthly support for leads on the process and we will access this as necessary
- 4.2 SJR questions are being added to a new section on Datix in preparation of impending changes

5. CONCLUSION AND NEXT STEPS

- 5.1 Mortality incidents recorded on Datix decreased for Q4 (from 753 in Q3 to 697 in Q4). This is due to reduced number of reviews of deaths of patients within the data reconciliation process due to the Datix team having caught up with the backlog of cases. The number of Serious Incidents has also reduced in regards to mortality (six cases in Q4 compared to 11 cases in Q3). The Board can draw assurances from the embedded systems and processes in place to report, review and monitor mortality reported incidents.
- 5.2 The appointment of a Mortality Review Manager in March 2020, provides much needed additional capacity to the Patient Safety Team in reviewing historical mortality incidents and to coordinate the Structured Judgement Review (SJR) process for cases not meeting the SI criteria but requiring review under that process. Currently there is a national problem with providing the training for this process within mental health, but training is likely to commence in the autumn of 2020.

Title of Meeting	Board of Directors (Public)
Meeting Date	30th April 2020
Title	Mental Health Act Committee Report
Author	Venu Branch, Non-Executive Director & Committee Chair
Presenter	Venu Branch, Non-Executive Director & Committee Chair
Executive Director Sponsor	N/A
Purpose	For Information/Assurance

Executive Summary

The Mental Health Act Committee (MHAC) met on 20th April 2020 and discussed the following:

- CQC Mental Health Act (MHA) Monitoring Visits Report
- Section 136 Report
- Report from Mental Health Legislation and Operational Group (MHLOG);
- MHA & MCA Training Data
- MCA Re-Audit Report
- Legal Update Coronavirus Act 2020
- Report from Associate Hospital Managers

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

1 CQC Mental Health Act Monitoring Visits Report

The Committee received the Monitoring Visits report, which detailed two Mental Health Act Monitoring Visits that took place over the period of January 2020 and March 2020.

The Executive Director of Nursing gave assurances around the concerns regarding Penshurst Ward which were related to environmental issues. There had been a change in the profile of patients on the ward, who had caused damage to the estate. The Committee was assured that the Executive Management Team was aware of the issues and was progressing relevant business plans as required. The Committee noted the very good performance of the team within Newhaven Lodge as reflected by the CQC report's absence of findings.

The Committee reflected on the provision / cancellation of activities on the ward for patients. VB asked whether any record was kept of the number of activities which were cancelled? MM reminded the Committee that the Trust Board and Quality Committee are due to receive a paper on activities on the ward and the Committee requested that the same paper be brought to the Mental Health Act Committee.

The Committee also received an update regarding the female patient who is currently subject to long-term segregation. The Committee was pleased to note that the Executive Management Team had proactively invited the Care Quality Commission to review the services being given to the patient. They also recognised the highly intensive nature of the

care for this patient. The Committee was assured that the Trust was working with local housing providers to find the best form of community placement for this patient.

2 Section 136 Report

The Committee received the report on the use of section 136 of the Mental Health Act 1983. The Committee had requested a more focussed look at the use following the Committee's receipt of the Mental Health Act Activity Report in January 2020.

The Committee considered the data to see if there had been any impact from three new initiatives. Those initiatives were:

- 1) A change in how the dedicated police number to KMPT would be answered and advice given.
- 2) The continued impact of Support and Signposting and a recent addition meaning that referrals can be received direct from the Place of Safety phone line as an outcome of the police advice call.
- 3) Investment from CCGs to Safe Havens to be opened across Kent and Medway which would give another option as an alternative to taking a patient in the midst of a crisis other than to a Section 136 suite. .

The Committee noted that the first two initiatives had gone live and but the third initiative had not. The Committee discussed that due to the impact of social distancing, it is likely that the safe havens will not go live in the short-term.

The Committee shall be taking a further look at the rate of detention in the BAME population comparing it with the proportion of BAME in the local population.

The working relationship with the Approved Mental Health Professionals (AMHPs) was discussed and the Committee was pleased to note that the deputy Medical Director was having a daily call with the AHMPs service.

The Committee noted there had been a significant reduction in use of section 136, which may be due to Covid-19.

3 Associate Hospital Managers

The Committee received the Associate Hospital Managers Report, which acted as the basis of discussion.

There had been no meeting of the Associate Hospital Managers due to Covid-19, but there had been a Mental Health Act Liaison meeting by way of video conferencing. The Associate Hospital Managers have made use of virtual hearings, with seven renewal hearings taking place.

The Committee discussed the continued recruitment of Associate Hospital Managers and whilst noting improvement in terms of BAME, the Committee requested a commitment to recruit younger people in the next recruitment round.

4 MCA Re-audit

The Committee had previously received a report on the application of the Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DoLS). This audit was requested in the light of concerns raised in the initial report. The Committee noted the positive performance and an improving picture, with more staff having knowledge of MCA/DoLS; where to find guidance; better narrative reporting on Rio; a greater focus on the roles of 'champions; and greater aware of how to escalate concerns within the Trust regarding MCA/DoLS.

The Committee discussed the various training seminars available to staff and ways to improve delivery of that training and welcomed the offer from the Executive Medical Director to deliver training.

5 Legal Update Paper regarding Coronavirus Act 2020

The Committee received an update regarding the changing legal position as a result of the Corona Virus Act 2020. The Committee noted the key points of the new Act and that those changes which are currently not in force. Such relevant changes include:

- A change to the number of medical recommendations from two to one when detaining a patient under section 2 or section 3 of the Mental Health Act 1983.
- Extension of Doctors' holding powers from 72 hours to 120 hours; and
- Timeframes for section 135 and section 136 extended from 24 hours to 36 hours.

The Committee heard that unlike those changes above, Schedule 21 of the Coronavirus Act 2020 has taken immediate effect. That Schedule governs the powers relating to potentially infectious persons. The Trust is liaising with Kent Police regarding this Schedule. The Committee discussed the various operational changes that the Trust has put into place regarding patients who may have Covid-19 and how risk of passing on the infection is mitigated for other patients and staff. The discussion also prompted the Committee to note that a paper monitoring the effect of the split (TS to insert the correct words here) one year on will be created for the Trust and will come to this Committee as well as to the Quality Committee and the Finance and Performance Committee.

6 MHAC's Terms of Reference

The Committee considered its Terms of Reference as part of its annual review. The Committee noted that there will be some changes of membership and slight adjustments to the work plan. The Committee will now have a new Executive lead with Afifa Qazi, Executive Medical Director taking over from Mary Mumvuri, Executive Director of Nursing & Quality.

Recommendation

The Board is asked to:

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

Title of Meeting	Board of Directors (Public)
Meeting Date	30 April 2020
Title	Quality Committee Report
Author	Jackie Craissati, Non-Executive Director & Committee Chair
Presenter	Jackie Craissati, Non-Executive Director & Committee Chair
Executive Director Sponsor	N/A
Purpose	For Information/Assurance

Executive Summary

The Quality Committee met on 17th March 2020. There were a number of items that were brought to Quality Committee:

1. CLiQ Checks Lite;
2. Thematic Review – Suspected Suicide;
3. Clinical Care Pathway Delivery Programme (priorities during Covid-19) plus Personality Disorder Strategy;
4. Quality Account Draft Report;
5. Q4 Mortality Report;
6. Terms of Reference for the Ethics Advisory Group;
7. Suicide Prevention – Delivery Plan;
8. Director of Infection, Prevention and Control Exception Report;
9. Annual Controlled Drugs Report;
10. Medicines Management Report;
11. Annual Review of Terms of Reference; and
12. Annual Review of Committee Work Plan.

For some items, Quality Committee noted the contents of the paper. For other items, a more fully formed discussion took place.

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

1 CLiQ Checks - Lite

Clinical Quality (CLiQ) Checks are regularly undertaken by the Trust and involves an in-depth review of a number of aspects of clinical documentation. Best practice is to carry out CLiQ checks at the team base as it promotes engagement, ensuring access to all areas requiring review and support learning & development.

The Committee received a proposal to adjust the scope of CLiQ Checks that take place whilst the Trust has to focus on Covid-19 pressures. The adjustments include a limiting of the scope of CLiQ checks, which can be completed from a remote location. The Committee considered the information that the Quality Managers would receive on the day of the CLiQ check and the processes that would be followed, such as action plans only including High Impact Areas and the dispensation of a formal report being produced.

The Committee was assured that standards would not fall and that key elements will continue to be checked.

The Committee approved the CLiQ Check Lite to be used until May, when the Committee will meet again.

2 Thematic Review of Suicides

The Committee received a thematic review regarding suspected suicides. The review looked at 11 incidents that occurred between January 2019 and June 2019. The Committee heard that there was a higher number of suicides in men than women and in the age range of 26-40 years of age; this is broadly in keeping with the national findings, as is the finding that the majority of incidents occurred within the community.. Further information was requested in relation to diagnosis, and the quality of contacts shortly prior to the incident.

There had been five themes identified as contributory factors and three of those themes will be prioritised for safety improvement projects. Probably the most important finding is the number of incidents that took place during a period of service transition. The Committee found the review helpful and it triggered a number of queries. The Committee will therefore have an updated paper next month dealing with those queries.

3 Clinical Care Pathway Programme (CCPP) plus Personality Disorder Strategy

The Committee received an update regarding the changes to the CCPP and the Standard Operating Procedure for psychological crisis response for people with emotional instability.

The Committee reflected on the changes that are occurring as a result of Covid-19 and the Committee was helpfully taken through the changes to the following areas:

- Urgent Assessment Function
- Home Treatment Interventions
- Inpatient Interventions
- CMHT Interventions.

The Committee discussed the use of technology to deliver support to people with emotional instability and credit was given to the Trust's IT team for facilitating that support. The Committee heard both the benefits and drawbacks of using IT to provide psychological support. The Committee therefore requested that there be a review of using videoconferencing to deliver therapy looking at patient engagement and patient satisfaction over the course of the next three months. It was agreed that going forward, quarterly reviews of progress in relation to the PD strategy would be absorbed into Clinical Care Pathway quarterly reviews at QC.

4 Quality Account Priorities

The Committee previously received the Draft Quality Account Priorities plan for 2020/21 and feedback was given. On this occasion, the Committee was able to approve the Quality Account Priorities Plan as the Committee's feedback had been adopted.

The three priorities are:

- Patient Safety: Violence and aggression;
- Clinical Effectiveness: Clinical Outcomes;
- Patient Experience: Person centred Care Planning.

5 Terms of Reference for the Ethics Advisory Group

The Committee received the Terms of Reference for the newly formed Ethics Advisory Group for approval.

The Committee noted that there would be a lay member on the panel of the Ethics Advisory Group, following national guidance. The Committee heard about some of the complex cases that go to the Ethics Advisory Group and the Committee considered it appropriate that it needs to remain sighted on the Group's work, in the form of a regular exception report. The Committee approved the Terms of Reference, subject to some minor amendments being completed.

6 Suicide Prevention – Delivery Plan

The Committee received the Suicide Prevention – Delivery Plan for discussion. A number of the work streams have been closed due to the Covid crisis. The Committee looks forward to receiving the evaluation of work completed thus far at the next meeting. Meanwhile, it was agreed that the Zero Suicide workstream for inpatient wards should be integrated with the thematic review on suicides, and a focused piece of work undertaken.

7 Director of Infection, Prevention and Control Exception Report

The Committee received the report, with most of the discussion focussed on Covid-19 infections. The Committee heard that the trend in terms of infections is coming down and that there is enough Personal Protective Equipment for staff use. The Trust continues to be able to source enough swabs.

The Committee discussed whether or not some of the infections were subject to RIDDOR and also discussed the disproportionate effect that Covid-19 has on the BAME demographic.

The Committee will be receiving monthly updates regarding Covid-19 in terms of safety issues, violence & aggression and infection rates.

8 Medicines Management

The Committee received the Medicines Management report for consideration. The Committee provided some feedback regarding the formatting and contents of the report, with a request that future reports be less data-heavy and more analytic.

The Committee discussed the key concern of there being blank boxes within Medicines Management documentation for the Acute Care Group and that the Patient Safety Subgroup will seek assurance on this issue on behalf of the Quality Committee. Recommendation

The Board is asked to:

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