

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	27 th July 2023
Title of Paper:	Integrated Quality and Performance Report (IQPR)
Author:	All Executive Directors
Executive Director:	Helen Greatorex, Chief Executive

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Standing Order

Overview of Paper

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

Issues to bring to the Board's attention

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

The areas of concerns to be brought to the Board's attention this month are as follows:

- CMHSOP demand resulting in high waiting lists and poor compliance against waiting time targets continue to be a significant challenge. Planning is now underway to revise the model and agree implementation following a workshop on 7th July with senior clinical staff and system partners.
- Out of Area placements which exceed contracted beds has seen a reduction in recent months. 107 bed days were used (17 YA Acute and 90 PICU), compared to 173 in May (62 YA Acute and 111 PICU), below the annual average and the significantly lower than the since the peak of 322 days in September 2022. As at July 17th there had been no Acute placements since June 26th
- Bed pressures continue within our acute bed stock with occupancy exceeding 95%. Days lost to those Clinically Ready for Discharge (*previously referred to as Delayed Transfers of Care*) increased for the second successive month to 13.1%, the highest position since August 2022 (13.3%). Despite this pressure it is positive that Younger Adult length of stay has reduced

further and remains within target for the third successive month at 27.6 days for those discharged in June 2023. OPMH Acute LoS increased to the highest position of the last 12 months, 126 days, largely driven by two discharges in June which had experienced stays of 241 and 377 days.

- Workforce measures are on track against the 2023/24 targets as at the end of June. Sickness absence has however increased in recent months from 4.4% in April to 4.8% in June. Turnover has achieved the target following a reduction of 0.5% in month, 16.4% against a target of 16.5%.

Governance

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

CQC Domain	Safe
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Achieving our Quality Account Priorities • Developing and delivering a new KMPT Clinical Strategy

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

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

Executive Commentary

Restrictive Practice

The Trust's approach to the use of restraint is carefully monitored and reviewed in line with national best practice. The use of restraint is always a last resort and staff are trained in de-escalation techniques and other preventative measures which are always considered before restraint is implemented. Please note that this reporting period is 01/06/2023 – 30/06/2023.

There were 82 reported incidents of restraint needing to be used in June 2023, a slight increase of nine from the previous month. The Acute Directorate (AD) reported 78 incidents; the Forensic and Specialist Directorate (FSD) reported four uses of restraint, all occurring within Rosewood Lodge (Mother & Baby Unit).

In June 2023, there were three prone restraints reported, all occurred within Acute Directorate and involved three different patients. No harm reported in any of the three reports.

The use of seclusion continues to fluctuate slightly with twenty episodes reported in June 2023, an increase of eight from the previous month. All twenty episodes transpired within the Acute Directorate, involving twelve different patients. All instances of seclusion are reviewed and an overview retained in order to identify outliers or patterns.

Workshops and briefings are planned to assist staff teams to further improve the quality of reporting and recording in line with the Mental Health Units Use of Force Act (2018) and the current CQUIN for reporting restrictive practices. This will allow for further themes to be addressed and identify areas for both support and improvements.

The Promoting Safe Care Group has reviewed its Terms of Reference to have oversight on all initiatives, QI and QAP work in reducing aggression and violence and the use of restrictive practices. Increased

monitoring, accountability and shared learning will further enable our services to review and reduce. Group membership to include more technical advisors, clinical staff and other stakeholders from all Directorates and Workforce to support staff/teams in this important area.

IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
001.S	Occurrence Of Any Never Event	✓	0	N	0	0	0	0	0	0	0	0	0	0	0	0
011.S	Restrictive Practice - All Restraints		-	-	125	103	72	87	67	74	83	80	69	66	73	82
020.S	Unplanned Readmissions within 30 days		8.8%	L	5.3%	3.4%	4.4%	4.3%	5.0%	8.4%	4.1%	6.2%	8.2%	3.6%	3.8%	7.6%

CQC Domain	Effective
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Implementing programmes that improve Care Pathways • Strengthening our approach to Research and Development and delivering evidence-based care. • Testing and evaluating models for integrating care and systems with our partners

Executive Lead(s): Chief Medical Officer

Lead Board Committee: Finance and Performance Committee

Issues of Concern
<ul style="list-style-type: none"> • Care planning continues to be an area of concern and increased focus.

Executive Commentary

There is recognition of continued challenges in meeting performance targets consistently across CMHTs and CMHSOPs with a high degree of variability between teams. All community services continue to review caseloads in line with the implementation of the Community Mental Health Framework. The reduction of caseloads which can only be achieved with support from all agencies providing a suitable step-down model for patients whose mental state is stable.

Clinically Ready for Discharge (006.E)

% Days lost to those Clinically Ready for Discharge (previously referred to as Delayed Transfers of Care) increased for the second successive month to 13.1%, the highest position since August 2022 (13.3%). The large majority of patients now delayed are older adults which also impacting on length of stay. Colleagues in the ICB are now leading a piece of work to support KMPT in helping to secure the most appropriate onward provision for those delayed.

Average Length Of Stay (Older Adults - Acute) (013a.E)

OPMH Acute LoS increased to the highest position of the last 12 months, 126 days, largely driven by two discharges in June which had experienced stays of 241 and 377 days.

005.E: Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			17.0	0.0	-21.9	97.2	37.6
2	OPMH			0.0	0.0	0.0	0.0	0.0
3	PICU			90.0	0.0	8.6	240.6	124.6
4	Trust Total			107.0	0.0	12.4	312.1	162.3

Interpretation of results (Trust wide)

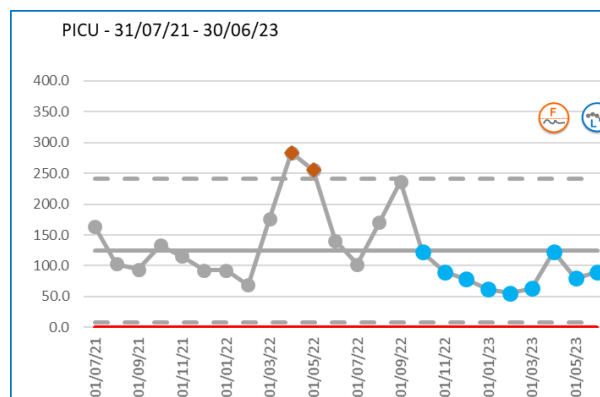
Variation Common Cause - no significant change

Assurance Variation indicates consistently **failing short of target**

Narrative

June 2023 saw a further reduction to the lowest position of the last 12 months in the use of out of area beds not procured in advance by KMPT, 107 bed days were used (17 YA Acute and 90 PICU), compared to 173 in May (62 YA Acute and 111 PICU). As at July 17th there had been no Acute placements since June 26th.

The use of PICU external bed days remains of a declining nature due to a run of 10 months below the mean of the last 24 months.



In order to address the increase and continuously aim to ensure patients have the shortest length of stay possible in external PICU a revised process with the PICU liaison team has been implemented. This focusses on working collaboratively with community services with escalation routes for when patients are close to discharge and community involvement is needed to facilitate discharge. All PICU placements over 2 weeks are now reviewed between the Willow Suite consultant and the private placement consultant to agree an onward treatment plan.

015.E: % Of Patients on CPA With Valid Care Plan		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Acute			84.2%	95.0%	78.1%	96.0%	87.0%
2	Forensic and Specialist			93.2%	95.0%	88.9%	98.1%	93.5%
3	East Kent			88.5%	95.0%	88.0%	97.5%	92.7%
4	North Kent			77.2%	95.0%	80.4%	91.8%	86.1%
5	West Kent			76.1%	95.0%	80.7%	89.6%	85.1%
6	Trust Total			82.8%	95.0%	86.2%	91.6%	88.9%

017.E: % Non CPA Patients with a Care Plan or PSP		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
2	Forensic and Specialist			69.2%	80.0%	64.6%	76.0%	70.3%
3	East Kent			77.5%	80.0%	73.6%	82.1%	77.9%
4	North Kent			62.8%	80.0%	63.4%	71.8%	67.6%
5	West Kent			59.6%	80.0%	55.4%	65.3%	60.4%
6	Trust Total			69.2%	80.0%	68.4%	73.3%	70.8%

Interpretation of results (Trust wide)

Variation	CPA Care Plans: Special Cause Variation of a Concerning nature Non CPA PSP & Care Plans: Special Cause Variation of a Concerning nature
Assurance	Variation indicates consistently failing short of target

Narrative

CPA Care Planning

Across the locality Directorates CMHT's, CMHSOP's and EIP teams contribute to over 80% of this indicator. The CMHT position represents a reduction in month of 4.2%, this is a continued reduction representing a 13.6% reduction since March 2023 which is an indication of the pressure experienced within community services including vacancies and high caseloads.

	2023-03	2023-04	2023-05	2023-06	Count June	Variance Mar - Jun
East Kent	96.4%	91.7%	88.3%	82.4%	216	-14.5%
Ashford & Canterbury CMHT	98.2%	93.0%	90.4%	84.7%	118	-13.7%
Dover & Deal CMHT	100.0%	92.3%	92.3%			
Shepway CMHT	85.4%	77.5%	70.0%			
South Kent Coast CMHT				61.5%	52	
Thanet Community Mental Health Team	100.0%	100.0%	97.8%	100.0%	46	0.0%
North Kent	86.6%	79.8%	78.0%	73.1%	438	-15.6%
DGS Community Mental Health Team	81.1%	79.1%	80.1%	76.2%	189	-6.1%
Medway Community Mental Health Team	90.0%	79.4%	73.8%	68.9%	212	-23.5%
Swale Community Mental Health Team	94.6%	86.5%	91.7%	81.1%	37	-14.3%
West Kent	87.4%	84.8%	75.1%	74.0%	204	-15.3%
Maidstone Community Mental Health Team	86.4%	85.1%	73.2%	72.1%	147	-16.5%
SWK Community Mental Health Team	90.6%	84.2%	80.4%	78.9%	57	-12.8%
Grand Total	89.2%	84.0%	79.8%	75.6%	858	-15.2%

FSS Directorate continues to exceed 90%, the Acute Care Group Figure reflects a low number of patients (19).

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

Trust wide performance remains stable with only minor variations in the last 12 months, although continuing to fall short of target.

The North Kent Directorate continues to show special cause variation due to a run of points below the mean of the last two years, this is driven by CMHT performance within the North Directorate which remained stable at 55%. Medway CMHT remains the outlier at 43.4%. Case reviews continue in Medway to ensure patients are on correct pathway with a clear plan for further care, this represents a sizeable piece of work as Medway CMHT currently has over 1,200 referrals open. This caseload review will be completed by October 2023 when phase two of the CMHF will be implemented in this area following the pilot in East Kent. This should see a reduction in caseload sizes as people receive treatment in the new Mental Health Together services.

The Forensic and Specialist Directorate is showing special cause variation, focused work is underway to address the performance of MHLTD teams.

IQPR Dashboard: Effective

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
001b.E	CPA patients receiving follow-up within 72hours of discharge				84.4%	84.8%	77.2%	89.7%	78.7%	79.7%	84.6%	83.2%	84.5%	84.3%	76.4%	79.0%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓	95%	-	95.6%	95.5%	95.3%	95.2%	95.3%	95.4%	95.1%	95.4%	95.3%	95.5%	95.3%	95.4%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓	-	-	117	176	298	183	169	150	117	123	125	217	173	107
006.E	Clinically Ready for Discharge		7.5%	L	12.2%	13.3%	12.2%	11.1%	11.5%	13.0%	12.2%	11.6%	10.9%	10.6%	12.6%	13.1%
012.E	Average Length Of Stay(Younger Adults)		34	L	35.88	37.30	34.76	36.14	36.33	34.49	36.48	37.94	36.24	30.31	28.11	27.56
013a.E	Average Length Of Stay(Older Adults - Acute)		77	L	64.40	117.17	98.88	78.42	89.65	125.16	113.50	76.24	106.36	70.80	97.59	126.71
015.E	%Patients with a CPA Care Plan		95%	L	89.0%	88.3%	88.2%	88.4%	90.5%	89.6%	90.6%	90.0%	89.6%	86.0%	83.9%	82.8%
016.E	% Patients with a CPA Care Plan which is Distributed to Client		75%	L	75.2%	71.8%	73.9%	76.1%	74.4%	74.9%	74.4%	73.7%	72.3%	69.9%	68.9%	72.7%
017.E	%Patients with Non CPA Care Plans or Personal Support Plans		80%	L	69.9%	68.8%	68.2%	68.5%	68.5%	69.0%	71.1%	71.0%	70.4%	68.6%	68.2%	69.2%
018.E	Bed Occupancy (Net)				95.6%	97.8%	96.1%	96.4%	96.4%	95.0%	95.6%	96.2%	94.5%	95.5%	97.1%	96.1%
019.E	Ave LoS for Clinically Ready for Discharge (at discharge)				32.0	81.3	58.3	51.8	77.8	34.9	64.3	37.8	51.9	18.5	58.0	53.3
020.E	% of Acute (YA & OPMH) discharges at weekends				7.6%	9.2%	8.4%	8.3%	7.6%	8.9%	4.7%	8.0%	4.8%	18.1%	23.2%	8.8%

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

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

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

Executive Commentary

Workforce performance indicators continue to see positive trends, with all areas achieving target for the first time in the past 12 months and almost all areas seeing improving trends.

In particular, improvements around voluntary turnover, stability, vacancy rates and safer staffing fill rates are promising, and are thought to be the result of considerable efforts locally and Trust-wide around culture and retention over the past 6 months, as well as around volume recruitment. Additionally, it is thought that there has been some initial levelling out of the labour market challenges that have been prevalent since the pandemic. Recruitment does however continue to be very challenging across most staff groups, so a range of more dynamic approaches are being applied, including international recruitment, pilots of proactive sourcing and the use of social media. The trust has also over the past month stepped up its Grow Our Own approach, advertising a significant number of Registered Nurse Degree Apprenticeships, Occupational Therapy Apprenticeships and Nurse Associate Apprenticeships.

Sickness absence sees an overall improving trend remaining below 5% (target) now for the fifth month in a row. This trend should be treated with some caution, however, as seasonal variation is volatile due to changes in the make-up of respiratory illnesses. Last year saw a considerably more extreme peak in the Autumn and Winter than has historically been experienced, so we cannot be complacent but should begin making plans now to mitigate should such a peak occur again this year.

Levels of compliance with essential training remain above target, although with some minor adverse variation when compared with last month, which it is anticipated will resolve in the coming weeks.

The appraisal window is open at the moment, and as such, completion is not currently reportable.

IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
020.W-W	Establishment (Overall)													4088.5	4088.5	4088.5
001.W-W	Staff Sickness - Overall	✓	5.30%	L	5.0%	4.7%	5.0%	6.2%	5.7%	6.7%	5.4%	4.6%	4.5%	4.4%	4.9%	4.8%
005.W-W	Appraisals And Personal Development Plans		95%	L			71.6%	92.9%	94.7%		95.8%	95.8%	95.8%			
006.W-W	Vacancy Gap - Overall		15.50%	L	17.8%	15.8%	16.0%	15.8%	16.3%	16.2%	16.1%	16.2%	14.3%	14.0%	14.0%	13.7%
012.W-W	Essential Training For Role		90%	L	92.8%	93.0%	92.8%	93.1%	93.1%	93.6%	93.8%	93.5%	93.9%	93.6%	92.8%	92.9%
015.W-W	Staff Stability (Overall)		85%	L	84.2%	84.2%	83.7%	83.8%	84.2%	84.2%	83.9%	84.1%	85.0%	84.5%	86.0%	85.3%
019.W-W	Staff Turnover (Overall)		16.50%	L										16.9%	16.9%	16.4%
019a.W-W	Staff Voluntary Turnover (Overall)		15.00%	L	14.9%	13.3%	13.3%	13.4%	14.6%	14.8%	14.7%	14.7%	14.3%	14.2%	14.2%	13.8%
023.W-W	Safer staffing fill rates		80.00%	L	100.5%	102.1%	102.5%	99.9%	100.4%	99.1%	100.2%	99.6%	100.5%	102.3%	103.7%	105.8%

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

CQC Domain	Well led – Finance
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Partnering beyond Kent and Medway, where it benefits our population • Optimising the use of resources • Investing in system leadership.

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

Issues of Concern
<p>The Trust submitted a financial plan for 2023/24 predicated on the basis of delivery of a £4.76m CIP target and removal of a £6.15m vacancy gap. The work around the vacancy gap has identified 68% of the savings recurrently, and found the rest non-recurrently. In regards to CIP the trust is in the process of delivering its CIP with non-recurrent savings identified in the first half of the year supporting recurrent full year delivery in the later part of the year; with the full year effect of these plans offsetting the non-recurrent impact.</p>

Executive Commentary

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

IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
004.W-F	In Month Budget (£000)		0.0	N	(12,512)	(12,414)	(14,586)	(12,646)	(12,712)	(12,524)	(12,526)	(12,659)	(12,571)	(13,296)	(13,279)	(14,931)
005.W-F	In Month Actual (£000)		-	-	(12,689)	(12,711)	(14,402)	(12,888)	(13,242)	(12,746)	(12,843)	(12,873)	(13,873)	(13,391)	(12,909)	(14,708)
006.W-F	In Month Variance (£000)		-	-	(177)	(298)	184	(241)	(530)	(223)	(317)	(214)	(1,302)	(95)	370	224
006a.W-F	Distance From Financial Plan YTD (%)	✓	0.0%	N	1.41%	2.40%	-1.26%	1.91%	4.17%	1.78%	2.53%	1.69%	10.36%	0.71%	0.00%	0.00%
007.W-F	Agency - In Month Budget (£000)		-	N	565	565	565	565	565	565	565	565	565	549	545	566
008.W-F	Agency - In Month Actual (£000)		-	-	709	541	709	631	766	728	739	580	930	740	748	717
009.W-F	Agency - In Month Variance from budget (£000)		-	-	144	(24)	143	65	201	163	173	15	365	191	172	186
010.W-F	Agency Spend Against Cap YTD (%)	✓	0.0%	N	6.59%	4.43%	7.92%	8.44%	11.82%	13.72%	15.41%	14.25%	18.44%	34.77%	33.20%	33.06%

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

CQC Domain	Caring
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Embedding Quality Improvement in everything that we do • Build active partnerships with Kent and Medway health and care organisations • Strengthening partnerships with people who use our services and their loved ones

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

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

Executive Commentary

The PREM and the targets are currently being reviewed.

The new approach will maintain consistent feedback mechanisms for seeking views on the quality of care. The CQC monitors, through the national annual Community mental health survey, whether NHS trusts are seeking the views of patients. The question asked is: ‘Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give views on the quality of your care?’ Other drivers for the review are:

- The Community mental health framework - Thinking creatively to understand the needs of our population and co-produce feedback design with them, ensuring feedback improves how we are targeting support to serve them adequately and meet their needs.
- The NHSE Equality Delivery System 2022 - Developing an understanding the results of patient surveys from people with different protected characteristics.
- Patient and Carer Race Equality Framework - Ensuring patient experience is more routinely collected to a consistently high quality, and flowed to national datasets to enable benchmarking and lessons sharing.

IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
002.C	Mental Health Scores From Friends And Family Test – % Positive	✓	93%	N	83.8%	86.6%	84.8%	83.7%	87.1%	88.1%	84.9%	85.1%	87.5%	87.5%	84.2%	85.8%
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	99.0%	97.0%	98.0%	99.0%	98.0%	98.0%	99.0%	99.0%	98.0%		82.0%	83.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	98.0%	97.0%	97.0%	98.0%	97.0%	98.0%	97.0%	97.0%	97.0%		87.0%	84.0%
007.C	Compliments - actuals		-	-	174	184	145	123	120	143	114	101	106	78	114	97
008.C	Compliments - per 10,000 contacts		-	-	50.87	52.97	42.11	36.78	33.34	48.20	31.52	31.09	29.36	24.03	31.07	26.71
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	740	686	698	729	681	522	703	584	553	375	685	709
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	5.1	4.6	4.8	5.2	4.6	4.1	4.8	4.2	3.8	2.7	4.8	4.9
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %		-	-	8.2	8.3	8.3	8.2	8.3	8.4	8.4	8.4	8.3	8.1	8.3	8.3

CQC Domain	Responsive
Trust Strategic Objective & Board Assurance Framework	<ul style="list-style-type: none"> • Partnering beyond Kent and Medway, where it benefits our population • Driving integration to become business as usual for the system and for KMPT.

Executive Lead(s): Chief Operating Officer

Lead Board Committee: Finance and Performance Committee

Issues of Concern

Memory Assessment Services demand continues to outstrip capacity. Actions include the role out of a new model.

Executive Commentary

There is recognition of continued challenges in meeting performance targets consistently across CMHTs and CMHSOPs with a high degree of variability between teams. All community services continue to review caseloads in line with the implementation of the Community Mental Health Framework. The reduction of caseloads which can only be achieved with support from all agencies providing a suitable step-down model for patients whose mental state is stable.

CMHSOPs are addressing three waiting lists: 4 weeks wait for functional presentations; 6 weeks wait to assessment for organic presentations and 18 weeks to treatment for all referrals. The vast majority of the activity sits within organic presentations with the new Enhanced Memory Assessment and Intervention Service (EMAIS) looking to combine the assessment and commencement of treatment into a single activity. As previously reported a combination of challenges including demand and failure to fully implement the new model consistently continues to impact on performance.

For Organic presentations a backlog list was taken for all those referred prior to April 2023 with additional resource targeting these patients. The backlog stands at 113 as at 13th July, a reduction from 203 as at 15th June, with a plan for reduction to zero by the end of September as previously reported. As highlighted the new model is not fully implemented and therefore not all new presentations are going through the proposed EMAIS approach, resulting in a list of 647 as at 13th July awaiting the commencement of treatment having had a single assessment contact (up from 538 as at 15th June).

The challenge of meeting increasing demand is significant with a further 2,663 organic presentations awaiting their initial assessment (or EMAIS where available) against the 6-week target as at 13th July. Instances when an EMAIS joint assessment is possible will mean that this group will complete both 6 week and 18-week compliance where delivered within 18 weeks of referral.









Immediate actions are being taken to address the issues experienced in implementing the new model include the teams continuing to review caseloads to ensure accuracy of waiting lists and

understanding capacity available to deliver each aspect of the pathway. Additionally, there is focus on increasing the data completeness of diagnosis recording to allow a transition to a measure of time to diagnosis for this patient group, this work is supported by consideration of how RiO can be used effectively to help manage these processes.

A workshop took place on the 7th July with senior clinical staff and system partners to explore amendments to the model in light of the challenges reported. Planning is now underway to revise the model and agree implementation. Further updates will be provided in September.

People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral (001.R)

The % of those commencing treatment within two weeks reduced in month from 87.5% to 62.5%, monthly values are subject to variation as the denominator for any given month is low. In June 24 patients commenced treatment which is an increase from the average of the last six months (18), therefore despite the reduce performance this has been achieved whilst facing increased demand as well as challenges with vacancies and leave.

016.R: Routine Referral To Assessment Within 4 Weeks		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	East Kent			87.3%	75.0%	61.2%	94.6%	77.9%
2	North Kent			45.3%	75.0%	44.4%	90.4%	67.4%
3	West Kent			78.6%	75.0%	43.9%	90.3%	67.1%
4	Trust Total			68.4%	75.0%	55.1%	87.9%	71.5%

Interpretation of results (Trust wide)	
Variation	Common Cause - no significant change in month
Assurance	Variation indicates inconsistently hitting or failing target
Narrative	
Overall trust performance decreased from 73.3% to 68.4% in month. The East Kent Directorate continues to exceed the target for the fourth successive month.	
It is the North Kent Directorate that continues to see the largest challenge in achieving this target, the greatest challenge being in Medway who achieved 19.1% in June 2023. Whilst this is a low level of performance it is positive to note that the % of patients on the waiting list having waited more than 28 days at the end of the month reduced from 42% to 28%.	

	2023-04	2023-05	2023-06
North Kent	56.9%	62.5%	45.3%
CMHSOP	64.3%	72.2%	59.4%
DGS CMHSOP	18.2%	62.5%	44.4%
Medway CMHSOP	92.3%	75.0%	55.6%
Swale CMHSOP	100.0%	87.5%	100.0%
CMHT	54.9%	59.5%	41.7%
DGS Community Mental Health Team	82.0%	80.4%	62.2%
Medway Community Mental Health Team	34.5%	52.5%	19.1%
Swale Community Mental Health Team	21.7%	28.0%	45.7%

The pilot of the initial phase of the Community Mental Health Framework commenced in the Medway locality from April 2023 and whilst this will not demonstrate a sudden impact is an important step. The second phase of Community Mental Health Framework will commence implementation in East Kent from July 2023. Again, this will not demonstrate a sudden impact but the implementation of Mental Health Together will help transition to a system wide target in line with previously highlighted national waiting time metrics for this patient group.

The valuable learning from the initial East Kent pilot will underpin planned improvements in the North Kent CMHT's position.

016.R: Care Spell start to Memory Assessment (Routine) Assessment Within 6 Weeks		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	East Kent			33.3%	75.0%	32.5%	75.3%	53.9%
2	North Kent			23.2%	75.0%	22.6%	59.8%	41.2%
3	West Kent			24.0%	75.0%	27.7%	72.5%	50.1%
4	Trust Total			28.4%	75.0%	30.3%	68.1%	49.2%

Interpretation of results (Trust wide)

Variation Special Cause Variation of a **Concerning nature**

Assurance Variation indicates consistently **failing short of target**

Narrative

Performance of CMHSOP teams against the 6-week target for Routine Memory Assessments and Complex Dementia continues to be a significant challenge as highlighted above. There remains a large variance across teams in performance as shown by the last 3 months reported compliance below. The ongoing focus on clearing backlogs will result in some low percentages within teams with the greatest challenges as they address those patients that have been waiting the longest and have therefore breached the 18 weeks. It is recognised that Sevenoaks and Tunbridge Wells have significant workforce challenges, the leadership team are addressing through consideration of a shared caseload model.

	2023-04	2023-05	2023-06
East Kent	39.4%	37.5%	33.3%
Ashford CMHSOP	47.2%	67.7%	64.9%
Canterbury CMHSOP	16.5%	18.0%	16.2%
Dover & Deal CMHSOP	63.6%	55.2%	36.1%
Shepway CMHSOP	48.0%	44.1%	51.5%
Thanet CMHSOP	51.9%	37.1%	32.3%
North Kent	28.4%	26.0%	23.2%
DGS CMHSOP	19.4%	25.0%	18.8%
Medway CMHSOP	35.3%	27.8%	26.4%
Swale CMHSOP	30.8%	24.3%	22.9%
West Kent	32.1%	27.1%	24.0%
Maidstone CMHSOP	72.2%	61.7%	60.0%
Sevenoaks CMHSOP	10.5%	4.2%	6.6%
Tunbridge Wells CMHSOP	12.5%	6.4%	10.0%

IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	60%	N	45.8%	69.6%	76.2%	86.4%	87.5%	73.1%	66.7%	61.1%	55.6%	69.2%	87.5%	62.5%
007.R	DNAs - 1st Appointments		-	-	13.4%	13.4%	12.9%	13.2%	14.3%	13.8%	11.5%	11.7%	11.8%	12.0%	11.9%	11.1%
008.R	DNAs - Follow Up Appointments		-	-	9.1%	8.2%	8.5%	8.7%	8.6%	8.4%	8.0%	7.9%	7.9%	8.9%	8.5%	8.7%
009.R	Patient cancellations- 1st Appointments		-	-	2.5%	2.1%	2.4%	2.4%	2.4%	2.4%	1.9%	2.5%	2.6%	2.3%	2.3%	3.1%
010.R	Patient cancellations- Follow Up Appointments		-	-	5.6%	5.1%	5.6%	6.2%	6.2%	6.3%	5.5%	5.9%	6.1%	5.5%	5.5%	6.2%
011.R	Trust cancellations- 1st Appointments		-	-	4.6%	4.0%	4.9%	4.5%	4.3%	4.7%	4.4%	4.0%	4.4%	4.4%	3.6%	3.9%
012.R	Trust cancellations- Follow Up Appointments		-	-	11.1%	10.4%	11.5%	10.5%	10.3%	11.2%	10.2%	10.6%	9.8%	8.9%	9.0%	8.6%
016a.R	Care spell start to Assessment within 4 weeks (Excl. MAS)		75%	L	71.4%	81.6%	80.8%	84.4%	81.3%	83.3%	62.0%	79.9%	74.0%	69.9%	73.3%	68.4%
016b.R	Care spell start to Assessment within 6 weeks (MAS only)		75%	L	59.0%	61.5%	50.7%	41.6%	46.4%	44.1%	30.3%	38.4%	41.6%	34.2%	32.0%	28.4%
017.R	Care spell start to Treatment within 18 weeks		95%	L	78.2%	78.7%	75.8%	75.5%	73.3%	75.4%	74.6%	72.9%	69.0%	69.0%	68.4%	74.0%
018.R	% Patients waiting over 28 days from referral (Excl. MAS)		-	-	22.7%	24.1%	25.5%	24.3%	28.8%	44.7%	30.2%	32.4%	33.8%	34.9%	45.5%	35.0%
022.R	Referrals to Rapid response assessed within 4 hours		-	-									50.0%	62.8%	62.7%	62.0%
023.R	Open Access Crisis Line: Calls received		-	-	2,349	2,482	2,068	2,233	2,526	2,403	2,603	2,552	3,984	5,172	5,016	5,433
024.R	Open Access Crisis Line: Abandonment Rate (%)		-	-	13.7%	18.7%	12.4%	19.8%	26.7%	30.3%	26.1%	36.2%	35.1%	37.1%	31.7%	38.1%
025.R	Open Access Crisis Line: Ave time to answer		-	-	00:05:16	00:07:06	00:03:57	00:06:54	00:09:28	00:09:19	00:08:40	00:10:33	00:09:39	00:07:29	00:06:01	00:09:52
026.R	Open Access Crisis Line: Ave call length		-	-	00:11:55	00:11:46	00:13:14	00:11:29	00:11:42	00:13:31	00:11:19	00:12:25	00:11:57	00:12:24	00:12:39	00:12:23

Appendix A: Single Oversight Framework

Overview

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

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

The first version of the SOF was published in September 2016 with amendments made annually.

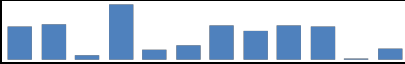
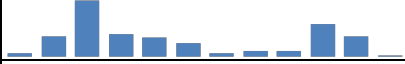
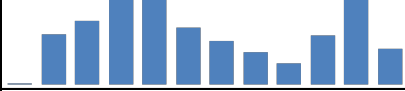





The Framework aims to help NHSI to identify NHS providers' support needs across six themes:

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

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

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

IQPR Dashboard: Single Oversight Framework

Ref	Measure	Target	May-23	Jun-23	Trend <i>(Last 12 months where available, left to right)</i>
001b.E	CPA patients receiving follow-up within 72hours of discharge		76.4%	79.0%	
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)		173	107	
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	60%	87.5%	62.5%	
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	95%	95.3%	95.4%	
001.S	Occurrence Of Any Never Event	0	0	0	
001.W-W	Staff Sickness - Overall	5.3%	4.9%	4.8%	
002.C	Mental Health Scores From Friends And Family Test – % Positive	93.0%	84.2%	85.8%	
006a.W-F	Distance From Financial Plan YTD (%)		0.0%	0.0%	

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