

Health and Adult Social Care Overview and Scrutiny Committee

18 June 2024

Kent and Medway NHS and Social Care Partnerships Trust Strategy Update

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Summary

This report seeks to provide a review and update of progress against Kent & Medway NHS and Social Care Trust's (KMPT) organisational strategy for 2023-2026, following the strategy briefing made to the Committee in October 2023.

1. Recommendation

1.1. The committee is asked to note the report.

2. Budget and policy framework

2.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

3. Background

3.1. On 17th October 2023, KMPT provided an in depth briefing to the Health and Adult Social Care Overview and Scrutiny Committee outlining the trust's 3-year strategy, focusing on 3 strategic ambitions:

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

- We are a great place to work and have engaged and capable staff living our values.
- We lead in partnership to deliver the right care and to reduce health inequalities in our communities.

In addition to these the Trust's Strategy is underpinned by 3 strategic enablers:

- We use technology, data and knowledge to transform patient care and staff productivity.
- We are efficient, sustainable, transformational and make the most of every resource.
- We create environments that benefit our service users and people.

3.2. In order to prioritise the objectives within the strategy 6 key priorities were identified for the first year; Patient Flow, Dementia, Violence and Aggression, Recruitment & Retention, Community Mental Health Framework and Cultural Change.

3.3. The purpose of our organisational strategy remains to improve the quality of patient outcomes and overall patient experience by working closely with our patients, our staff and our system partners.

3.4. As of April 2024, KMPT is 1 year into its 3-year strategy so this report will set out the progress made, the challenges that still remain as well as our plans for year 2.

4. Dementia

4.1. Our dementia programme ambition is to ensure that 95% of all patients referred to the Memory Assessment Service (MAS) receive diagnosis within 6 weeks of referral. This target is in line with best practice and the NHS Long Term Plan

4.2. During Covid Memory Assessment Services were paused with a result that a backlog was generated. The first year of our strategy has been spent initially reducing the backlog of 800 patients waiting for a second appointment in our dementia service. This backlog was eliminated in November 2023.

4.3. Performance for Memory Assessment continues to be unsatisfactory for our patients. A new standalone Dementia model of care has been designed and the necessary demand and capacity modelling completed. The new model is due to start its first pilot in June 2024 in South Kent Coast. This pilot will serve as a 'test & learn' before a rollout plan is completed across Kent during 2024/25.

4.4. Additionally, work is underway across the Kent and Medway system to establish a long-term collaborative approach to dementia given the increasingly aging population and with new disease modifying treatments.

This work is being managed through the Kent and Medway Provider Collaborative.

5. Patient Flow

- 5.1. This programme supports our strategic ambition to deliver outstanding, person-centred care that is safe, high-quality, and easy to access. It focuses on providing care close to people's homes in the least restrictive settings and the programme has been built around two key themes – 'prevent' (avoidable admission) and 'promote' (timely discharge). The programme is developing a seamless pathway for people in acute crisis by ensuring alternatives to admission are utilised effectively and every single admission is purposeful.
- 5.2. The Medway Maritime Hospital Liaison and the Mental Health Matters co-located safe haven have adopted a 'one team' approach. They meet weekly to discuss any concerns, learning and support joint working. This approach has resulted in significantly fewer mental health patients presenting in the Emergency Department (ED).
- 5.3. Prior to the opening of the safe haven in Medway, approximately 80 mental health patients would present to the ED each fortnight. Since the opening in July 2023 and the subsequent extending of the safe haven open hours in November 2023, it is now around 35 patients a fortnight, with numbers as low as 20 at the end of March 2024. The safe haven now sees between 80-100 patients every month. This is a significant improvement in the support for those patients in mental health crisis in Medway and provides additional relief to demands within the ED.
- 5.4. In March 2024, the Psychiatric Liaison programme got under way. The aim of this programme is to ensure that those mental health patients who do present at ED with a mental health are triaged within 1 hour and are admitted to a psychiatric bed or discharged within 12 hours. This work is in its early stages and current root cause analysis is being undertaken to understand the current barriers to achieving these outcomes.
- 5.5. In April and May 2024, Multi-Agency Discharge Events (MADE) were held in East and West Kent to apply a system wide approach to discharging, clinically ready patients. These events were well attended by system partners and the North Kent MADE event is planned for June 2024.

6. Violence and Aggression

- 6.1. Acts of violence and aggression have a significant impact on the safety and experience of both our patients and our staff. The large proportion of acts of violence and aggression cause no physical harm and are experienced by our staff from patients. Our violence and aggression programmes aim to reduce incidents of violence and aggression on our in-patient wards by 15%, focusing on enabling staff to talk about violence and aggression, improving our reporting of these incidences and taking effective steps to reducing the acts.

- 6.2. As a snapshot, in the fortnight from 13th – 26th May 2024, there were 82 incidences of violence and aggression reported across the trust.
- 82% of these were categorised as causing no/ minimal harm; a further 16% were not categorised.
 - 62% were patients acting against staff, 32% were patients acting against fellow patients and 5% involved visitors.
- 6.3. The programme has seen the implementation of a number of initiatives including:
- The rollout of safety culture bundles across all in-patient areas which started in April and will continue until July 2024 and is supported by our Improvement team.
 - A review of security strategies including a pilot of body worn cameras. The funding for these body worn cameras has been secured.
 - CCTV has been rolled out at Littlebrook Hospital, Priority House and St Martins.
 - The installation of specialist equipment at the Trevor Gibbons Units to improve security searched.
 - A new policy has been implemented to support those who experience verbal abuse over the telephone.
- 6.4. A large focus on the programme is to increase the reporting of incidences of violence and aggression and work is underway to improve the reporting process. It is acknowledged that improving this process may see reported incidences increase before we see a reduction so it may be difficult to see the initial impact of any improvements made.

7. Community Mental health Framework (CMHF)

- 7.1. The CMHF is a once in a generation opportunity to improve mental wellbeing for adults and older adults across Kent and Medway by experiencing truly integrated mental, physical, and social care support that is designed with and for people in their local community with improved access to support. The place-based model is a multi-agency approach centred on an integration of primary care, secondary care, social care and the Voluntary, Community and Social Enterprise Sector (VCSE) to respond to local demographics and address health inequalities. CMHF transformation, known as Mental Health Together (MHT), will respond to all mental health referrals in a timely and knowledgeable manner, providing an appropriate, responsive and safe outcome for patients. Outcomes will be focused on the needs of the person and include both urgent and routine responses, along with onward transition to more appropriate services when required. MHT teams will provide interventions for people with complex mental health conditions; ensuring people are put on the right pathway using a stepped care approach.
- 7.2. In January 2024, the first pilot of the new MHT model was launched in Thanet. After a period of learning and refining the model, further rollouts took place in South Kent Coast and Canterbury and Ashford in March.

7.3. On 13th May, Mental Health Together was launched in Medway & Swale. Although it is too early for any meaningful data, early indications show that more patients have attended their initial appointments. This is attributed to a faster referral process and quicker appointments. One early problem was a lack of new forms being available on GP systems, however, this was rectified quickly and had no impact on patient safety.

8. Recruitment and Retention

8.1. Our strategic ambition was to reduce our vacancy rate to below 14% across the organisation to enable us to maintain continuity and quality of service for our patients.

8.2. There have been several pieces of work undertaken this year including:

- International recruitment – we have successfully employed 52 nurses and 4 Occupational Therapies who have all now started roles within KMPT.
- Implemented improved process around reasonable adjustment to enable the retention of staff.
- A new approach to medical/ VSM recruitment, focusing on proactive candidate sources.
- 8 new consultant psychiatrists have been recruited who will replace 3 locum posts.
- There are currently 60 nurse apprentices within KMPT, with 100% retention to the scheme.
- Through recruitment open days across Kent we now have a talent pool of over 300 potential candidates.

8.3. As a result of these and other interventions, the vacancy rate at KMPT has been between 11.8 – 11.9% since October 2023, below our intended target. We are now focusing our efforts on local recruitment and retention whilst maintaining a watchful eye on our trust performance against this metric.

9. Culture and Identity

9.1. This strategic priority aims to create the right internal culture and behaviors within KMPT but also to look at building stronger relationships with our external partners. We also want to ensure that KMPT has a strong presence in our local communities so that we support and enable our patients, carers and the general public to know who we are and how we can support them should they need our services.

9.2. Within this work there are a number of workstreams including:

- Increase our raising concerns sub score from 6.6 to 6.9
- Reducing ethnic and experience variation in conduct and capability cases to 0.5%
- Increase the percentage of BAME staff in roles at band 7 and above

- Our KMPT brand and identity
- 9.3. Following the publication of the annual staff survey in March, there has been a slight reduction in KMPT’s raising concerns sub score from 6.6 in 2022 to 6.5 in 2023. However, following significant engagement with our staff networks, a new process for raising staff concerns is due to be published in May 2024, which enable us to meet our ambition of a 6.9 sub score by 2026.
- 9.4. For both the variation of conduct and capability cases for Black, Asian and Minority Ethnic(BAME) staff and the number of BAME staff members in a Band 7+ role. We have consistently met our targets for 2023/ 24, following the development of Equality, Diversity and Inclusion (EDI) champions and cultural ambassadors as well as recruitment and selection training and the on-going development of a new leadership and management development programme. We have also been working with an external diversity expert who has support our new EDI strategy which will be implemented over the coming months.
- 9.5. There has been a significant amount of discovery and stakeholder engagement work carried out to understand how KMPT is perceived both internally and externally and to shape our vision, mission, purpose and core values. From staff surveys, a well-led review, EDI and brand voice workshops from which outputs, findings and our new brand strategy will be presented to the trust Board on 30th May 2024.
- 9.6. Work is also continuing on the implementation of a new intranet which is planned to go-live in September 2024. A new supplier has been appointed and work continues to integrate the new platform with existing applications and data.
10. Year 2 of the KMPT 2023-2026 Strategy
- 10.1. In 2025/25, KMPT will continue its focus on 6 key strategic priorities. These will remain similar to those outlined above in this report. However, with such great achievements in our recruitment and retention programme we can now change our focus to ‘Getting the Basics Right’.
- 10.2. Therefore our 6 strategic priorities this year are set out in the table below and will be measured via 28 outcome metrics.

Strategic Programme	Measure/ Outcome
Patient flow	Decrease our bed occupancy to 85%
	Reduce the length of stay for patients waiting onward transfer by 75%
Dementia	95% of people referred for a dementia assessment will be seen within 6 weeks
	Patients receive treatment within 4 weeks of a referral into Mental Health Together

Strategic Programme	Measure/ Outcome
Mental Health Together (MHT) (Community Mental Health Framework)	Increase the number of patients accessing care in the Mental Health Together service to levels representative of the local population
	85% of people with a severe mental health illness presenting through Mental Health Together will have a physical health check
	See 85% of routine referrals within 4 weeks
	Forecast mental health capacity and meet demand
Violence and aggression	Decrease violence and aggression on our wards by 15%
	Reduce racist violence and aggression incidents to 15%, in line with the national average
Culture, identity and staff experience	Increase percentage of BAME staff in roles at band 7 and above
	Increase our raising concerns sub-scores from 6.6 to 6.9
	Increase our burnout sub-score from 5.2 to 5.5
	Increase staff satisfaction with their line managers from 7.6 to 7.9 in our staff survey
	Reduce our agency spend to 3.7% of the trust total pay bill
	Our people feel KMPT is a supportive and compassionate employer
	Increase engagement score from 6.9 to 7.1
	90% of leaders at Band 7 to have attended KMPT leadership and management development
Getting the Basics Right	Reduce unwarranted variation in services
	Reduction in time spent capturing and revalidating non-value adding data by 25%
	Process Re-Engineering of operational support systems
	Process Re-Engineering of corporate support systems

10.3. In addition to the above there are a number of strategic enablers. These are key initiatives that support the delivery of our priorities and are delivered by our finance, digital or estates teams. They are:

- Clinical staff report that our Electronic Patient Records System is quicker and easier to use.
- Sharing information and data internally is smoother and quicker and we have one version of the truth.
- Electronic solutions have been delivered for referrals and consultations
- A service user portal has enabled access to personalised information and freedom to control their own care.
- Embed hybrid working.
- Secure shared clinical spaces with our partners.

11. Executive Team Update

11.1. On 1st November 2023, Sheila Stenson became the new Chief Executive Officer of KMPT. Since then, there has been a review of the executive portfolios to ensure full oversight of all the organisation's key priorities. The transfer from previous executive portfolios began in April 2024 and is planned to be complete by December 2024.

11.2. The portfolio for Dr Afifa Qazi, Chief Medical Officer is:

- Leadership of the medical workforce (Responsible Officer)
- Medical Education
- Research and Innovation
- Caldicott Guardian
- Pharmacy
- The Mental Health Act
- Clinical Audit and Evaluation
- Psychological services
- Chief Clinical Information Officer
- Executive Lead for Autism and LD
- Clinical external spokesperson

11.3. The portfolio for Andy Cruickshank, Chief Nursing Officer is:

- Patient safety
- Patient Experience
- Risk Management (Board Assurance Framework)
- Emergency Planning, Responsiveness and Resilience
- Leadership of the nursing and allied health professional workforce
- Infection Prevention and Control (Director of Infection Prevention and Control)
- Care Quality Commission registration, compliance and inspection
- Safeguarding
- Physical Health
- Social Work

11.4. The portfolio for Nick Brown, Chief Finance Officer is:

- Financial Services
- Financial Management
- Procurement
- Payroll
- Estates and Facilities
- Contracting, Information Governance and Business Development
- Digital and Performance
- Senior Information Risk Owner (SIRO)
- Fire Safety SRO
- Health & Safety

11.5. The portfolio for Sandra Goatley, Chief People Officer is:

- Staff experience and wellbeing
- Learning and development
- Workforce planning
- Recruitment and retention
- Freedom to Speak Up
- Organisational development
- Equality Diversity and Inclusion
- Staff Engagement

11.6. The portfolio for Donna Hayward-Sussex, Chief Operating Officer is:

- All aspects of Operations and Service Delivery
- Complaints and PALS
- Patient Flow
- Integrated working with acute trusts
- Place facing teams
- Clinical change programmes and service transformations

11.7. The portfolio for Dr Adrian Richardson, Director of Transformation and Partnerships is:

- Partnerships with all sectors
- Transformation
- Trust charity – Health, Hope Heart
- Strategy Programme Management, Monitoring and Reporting
- Quality Improvement
- Health Inequalities
- Provider Arm of KMPT

11.8. The portfolio for Kindra Hyttner, Director of Communication and Engagement is:

- All aspects of internal and external communication
- Statutory public engagement
- Patient engagement
- KMPT Branding and Marketing
- Public affairs and stakeholder engagement
- Staff engagement

11.9. A Well Led review has been commissioned and undertaken by Deloitte. They have provided 13 recommendations to strengthen the functioning of the Board and the way in which the organisation is led. An action plan is being drafted

against these 13 recommendations identifying leads and realistic timeframes to implement the recommendations.

12. Risk management

12.1. There are no risks to Medway Council arising from this report.

13. Consultation

13.1. There is not consultation associated with this report.

14. Climate change implications

14.1. There are no climate change implications for Medway Council arising directly from the recommendations of this report.

15. Financial implications

15.1. There are no financial implications to the Council arising directly from the recommendations of this report.

16. Legal implications

16.1. There are no legal implications to the Council arising directly from the recommendations of this report.

Lead officer contact

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Appendices

None

Background papers

None