Kent Community Health
NHS Foundation Trust

BOARD OF DIRECTORS MEETING IN PUBLIC

17 April 2024, 9.45am – 12 noon

Kent Community Health NHS Foundation Trust Offices, Rooms 6 and 7, Trinity House, 110 – 120 Upper Pemberton, Ashford, Kent TN25 4AZ

Agenda and Papers

Kent Community Health NHS Foundation Trust

TRUST BOARD MEETING IN PUBLIC

17 April 2024, 9.45am – 12.00
Meeting Room 6 and 7, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford Kent TN25 4AZ

AGENDA

PATIENT STORY				
	Patient Story	Interim Chief Nursing Officer	Presentation	9.45
STANDING ITEMS				
1.	Welcome and apologies	Trust Chair	Verbal	
2.	Declaration of interests To note the Board of Directors register of interests and declare any conflicts on items on the agenda	Trust Chair / all	Attached	
3.	Minutes of the Board meeting in public held on: • Extraordinary Board meeting held on 9 January • 17 January 2024	Trust Chair	Attached	
4.	Action log and matters arising from the Board meeting held in public on 9 January 2024 and 17 January 2024	Trust Chair	Attached	
5.	Chair's Report	Trust Chair	Verbal	9.55
6.	Chief Executive's report	Chief Executive	Attached	10.05
GOVERNANCE				
7.	Board Assurance Framework	Deputy Chief Executive and Chief Operating Officer Director of Governance	Attached	10.20
8.	Corporate Risk Register	Deputy Chief Executive and Chief Operating Officer Director of Governance	Attached	10.25

9.	Progress against Good Governance Action Plan	Deputy Chief Executive and Chief Operating Officer Director of Governance	Attached	10.30
COMMITTEE ASSURANCE REPORTS				
10.	Audit and Risk Committee Chair's Assurance Report – meeting held on 8 April 2024	Chair of the Audit and Risk Committee	Attached	10.35
11.	Finance, Business and Investment Committee Chair's Assurance Report – meetings held on: • 31 January 2024 • 20 March 2024	Deputy Chair of Finance, Business and Investment Committee	Attached	10.40
12.	Quality Committee Chair's Assurance Report – meetings held on: • 15 February 2024 • 7 March 2024	Chair of Quality Committee	Attached	10.50
13.	People Committee Chair's Assurance Report – meeting of 28 February 2024	Chair of People Committee	Attached	11.00
14.	Charitable Funds Committee Chair's Assurance Report – meeting of 6 March 2024	Chair of Charitable Funds Committee	Attached	11.05
PERFORMANCE AND ASSURANCE				
15.	Integrated Performance Report	Chief Finance Officer Executive Directors	Attached	11.10
16.	Finance update	Chief Finance Officer	Attached	11.20
17.	NHS Staff Survey results	Chief People Officer Director of Communications and Engagement	Attached	11.30
18.	Learning from Deaths Report	Chief Medical Officer	Attached	11.40
19.	Public Sector Equality Duty	Executive Director of Health and Inequalities / Chief People Officer	Attached	11.45
ANY OTHER BUSINESS				
20.	Any other items of business previously notified to the Chair	Trust Chair	Verbal	11.50
QUESTIONS FROM GOVERNORS AND PUBLIC				

21.	Questions relating to the agenda items.	Trust Chair	Verbal	11.55

DATE OF NEXT MEETING

Wednesday 17 July 2024; KCHFT Offices, Rooms 6 and 7, Trinity House, 110 – 120 Upper Pemberton, Ashford, Kent TN25 4AZ

Kent Community Health NHS Foundation Trust

Board of Directors' Register of Interests

Board member	Declared interests
John Goulston Trust Chair	• Chair of Steering Board, NHS London Procurement Partnership (LPP) • Chair of West Kent Health and Care Partnership • Member, Kent and Medway Integrated Care Partnership Joint Committee • Board Adviser to Medinet Clinical Services (previously known as Remedy Healthcare Solutions) • Adviser to the Board, East Kent University Hospitals NHS Foundation Trust (1 November 2023 to 31 March 2024)
Pippa Barber Non-executive Director	• Trustee, Demelza House Children's Hospice
Paul Butler Non-executive Director	• None
Pauline Butterworth Deputy Chief Executive and Chief Operating Officer	• None
Ali Carruth Executive Director of Health Inequalities and Prevention (non-voting)	• None
Sive Cavanagh Chief Nursing Officer (Interim)	• None
Rachel Dalton Chief Allied Health Professionals (AHP) Office (non-voting)	• None
Gordon Flack Chief Finance Officer	• None
Kim Lowe Non-executive Director	• Non-executive director, Kent and Medway NHS and Social Care Partnership Trust (KMPT) • Lay Member, University of Kent
Mairead McCormick Chief Executive	• None
Sarah Phillips Chief Medical Officer	• Newton Place Pharmacy LLP (shareholding)
Victoria Robinson-Collins Chief People Officer	• Independent ambassador, Tropic Skincare
Razia Shariff Non-executive Director	• Company Secretary, Kent Refugee Action Network
Karen Taylor Non-executive Director	• Director of Research and Insights, Centre for Health Solutions, Deloitte LLP
Nigel Turner Non-executive Director	• Owner and Director, Turner Business Solutions

Last updated 10 April 2024

UNCONFIRMED Minutes of the Extraordinary Board of Directors' meeting in public, held on Tuesday 9 January 2024, MS Teams

Present:	John Goulston	Trust Chair (Chair)
	Pippa Barber	Non-Executive Director
	Paul Butler	Non-Executive Director
	Pauline Butterworth	Deputy Chief Executive and Chief Operating Officer
	Ali Carruth	Executive Director of Health Inequalities and Prevention (non-voting)
	Rachel Dalton	Chief AHP Officer
	Gordon Flack	Chief Finance Officer
	Kim Lowe	Non-Executive Director
	Mairead McCormick	Chief Executive Officer
	Dr Sarah Phillips	Chief Medical Officer
	Victoria Robinson-Collins	Chief People Officer
	Dr Razia Shariff	Non-Executive Director
	Dr Mercia Spare	Chief Nursing Officer
	Karen Taylor	Non-Executive Director
	Peter Conway	Non-Executive Director
	Julia Rogers	Director of Communications and Engagement
	Nigel Turner	Non-Executive Director
In attendance:	Gina Baines	Assistant Trust Secretary
	Mercy Kusotera	Director of Governance
Apologies:	Paul Butler	Non-Executive Director

09/01/01 Welcome and apologies

John Goulston welcomed everyone to the Extraordinary Board meeting of the Kent Community Health NHS Foundation Trust (the trust) held in public.

Apologies were received as noted above. The meeting was quorate.

09/01/02 Declarations of Interest

There were no other interests declared other than those formally recorded.

09/01/03 Proposed amendments to KCHFT Constitution:

- **Review of staff governor constituencies**
- **Increase number of staff governors**

John Goulston provided an overview of the report to the Board for discussion and approval.

The Board was informed that a number of staff engagement sessions had taken place across the Trust in June 2023 as part of the 'Nobody Left Behind' and Staff voice initiatives. Some of the recommendations from the workshops were included in the report and had informed the need for reviewing the Trust Constitution.

John Goulston explained that when the Council of Governors was formed, the constituencies were created to represent the organisational structure at that time. However, the Trust structures had changed and the staff governor constituencies were therefore no longer aligned with the new organisational structure. In order to ensure adequate representation for a Staff Constituency consisting of over 5,000 members, the following recommendations were made:

- To increase the number of Staff Governor seats from five to six to support effective representation of the Trust workforce,
- To remove the current four staff classes and instead have one staff constituency under which all eligible staff would sit,
- To stagger the terms of office for staff governors to avoid a situation whereby all Trust staff governors were due for re-election at the same time,
- To include the following transitional provisions clause in the Constitution at Annex 6 (Staff Governor Constituency) to enable the terms of office for the staff governors to be staggered:

"For the Governors elected to represent the Staff Constituency, the three Governors that poll the highest number of votes will serve a term of office of three years. The three Governors polling the next highest number of votes will serve a term of two years. The term of office for the staff governors will commence on the date notified to them by the Trust in writing. Any staff governor who is elected to serve a further term of office thereafter will serve a term of office of three years."

John Goulston explained that all the current staff governors would stand for re-election.

The Board were informed that the proposals still maintained that there was a majority of public governors on the Council in comparison with appointed and staff governors.

John Goulston notified the Board that the recommendations would be presented to the Council of Governors on 9th January 2024 for consideration.

John Goulston informed the Board that there would be an opportunity to review the Constitution in full. There was a proposal to form a Task and Finish Group to undertake the review. Board members who would like to be part of the Task and Finish Group should notify Mercy Kusotera. Areas for review would include:

- Composition of the Council of Governors in particular the appointed governors' posts.

- Any changes following national governance developments.

The outcome of the review would be presented to the Board on 17th July 2024. **Action**

In response to a query from Razia Shariff in relation to lack of diversity from different groups, the Board noted that a paper to establish Staff Voice was scheduled for January 2024 Board and Council of Governors meetings.

The Board unanimously **APPROVED** and **RECOMMENDED** the proposed amendments to KCHFT Constitution outlined in the report to the Council of Governors for consideration. Following approval by the Council of Governors, the Director of Governance would update the Trust Constitution to incorporate the changes and publish the updated version on Trust website. The updated version would be shared with NHS England. **Action: Mercy Kusotera**

09/01/04 Any other business

Mairead McCormick briefed the Board on current operational pressures.

09/01/05 Date and venue of the next meeting

Wednesday 17 January 2024; KCHFT Offices, Rooms 6 and 7, Trinity House, 110 – 120 Upper Pemberton, Ashford, Kent TN25 4AZ

This meeting would be broadcast live to the public on MS Teams.

The meeting ended at 16.25.

Kent Community Health NHS Foundation Trust

UNCONFIRMED Minutes of the Board of Directors' meeting in public, held on Wednesday 17 January 2024, in the KCHFT Offices, Rooms 6 and 7, 110 – 120 Upper Pemberton, Kennington, Ashford, Kent, TN25 4AZ

Present:	John Goulston	Trust Chair (Chair)
	Pippa Barber	Non-Executive Director
	Paul Butler	Non-Executive Director
	Pauline Butterworth	Deputy Chief Executive and Chief Operating Officer
	Ali Carruth	Executive Director of Health Inequalities and Prevention (non-voting)
	Rachel Dalton	Chief AHP Officer
	Gordon Flack	Chief Finance Officer
	Kim Lowe	Non-Executive Director
	Mairead McCormick	Chief Executive Officer
	Dr Sarah Phillips	Chief Medical Officer
	Victoria Robinson-Collins	Chief People Officer
	Dr Razia Shariff	Non-Executive Director
	Dr Mercia Spare	Chief Nursing Officer
	Karen Taylor	Non-Executive Director
	Julia Rogers	Director of Communications and Engagement
	Nigel Turner	Non-Executive Director
In attendance:	Minu Ayaz	Business Manager to the Chief Executive and Chair (minute-taker)
	Sive Cavanagh	Deputy Chief Nurse
	Mercy Kusotera	Director of Governance
	Sarah Denton	Patient Safety Lead
Apologies:	Peter Conway	Non-Executive Director

17/01/01 Welcome and apologies

John Goulston welcomed everyone to the Board of Directors' meeting of the Kent Community Health NHS Foundation Trust (the trust) held in public.

Apologies were received as noted above. The meeting was quorate.

Service Story:
Sarah Denton joined the board to share the service experience. Thanet Community Services had received a complaint about access to continence

services. The patient's husband was distressed by the extensive and complex paperwork required to access the service. The packet included 12 documents written in clinical language that caregivers and families had to complete and return to the team for processing by the specialist continence team.

Sarah discussed with the complaints team and they agreed that the documentation had not been reviewed recently, nor had it considered the diversity of the community, varying academic abilities, and language barriers that may have been present. They acknowledged that additional support may have been necessary to assist individuals in completing these documents effectively.

It was evident that the form was focused on the service requirements rather than the specific needs of the patients.
A quality improvement project was initiated to review the bladder diary and find a middle ground that addressed both patient and service needs effectively. The bladder diaries were shared with the patient experience group and the people and patient network to gather feedback and input. The group agreed that the documentation was overly complex and expressed strong doubts about their likelihood of being able to complete it.

Based on this feedback, the community nurse incontinence team utilized the patient feedback and began developing a bladder diary that was more user-friendly. They adapted the questions from a patient perspective and incorporated pictures alongside the questions to enhance clarity and ease of use.

The updated bladder diaries were shared again with the same groups for feedback, as well as with the local Primary Care Network (PCN) clinical team lead for residential care homes. The feedback received was positive, and the revised bladder diary has since been adopted across the organisation as the standard form.

The complaints team had advised that since the introduction of the new paperwork there has been a reduction in complaints regarding continence service.

The project was shortlisted for the 4 Candles Award with NHS Fab Staff, and its success also supported Sarah's application to achieve the title of Queen's Nurse

Sarah discussed the learnings and challenges that arose from this project, emphasising how they contributed to the team's development and boosted morale in striving for positive outcomes for patients.

Karen Taylor congratulated Sarah on the success of the project and also her Queens Nurse award and agreed that advocating for our patients is something we should always strive to do.
Pippa Barber mentioned that she had visited a team in Herne Bay who also raised concerns about continence assessments and asked whether there was information available about the wait times for service users to receive an assessment.

Pauline Butterworth confirmed that they are aware of the waiting list however it is one of the specialist services that they are focusing the recovery work on as part of the work on planned care services.

Paul Butler asked whether staff were aware of the issues before the complaint came in. Sarah advised that although they were aware of this long-standing assumption, it was timely to pause and question things in order to make improvements. The demand for assessments has increased and Sarah advised that she had appointed 3 specialists to undertake this work

Gordon flagged that the IPR included the data on the 12-week wait, 65% of patient is being seen in that 12-week wait.

Nigel queried whether it was all paper based or was there any digital aspects to it. Sarah confirmed to ensure easy access the documents are sent out in paper form.

ACTION: Deep dive on Continence services to be reported to the quality committee.

17/01/02 Declarations of Interest

John Goulston declared that he had been asked to be an advisor to the East Kent University Hospitals NHS Foundation Trust Board until end of June 2024. John also is also an adviser to Medinet Clinical Solutions until Dec 2024. John is no longer the Vice Chair of the mental learning disability provider collaborative.

The Board **NOTED** its Register of Interests.

17/01/03 Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 18 October 2023

The minutes were read for accuracy.

The Board **AGREED** the minutes of its meeting held on 18 October 2023 as an accurate record.

17/01/04 Action log and matters arising from the Kent Community Health NHS Foundation Trust Board meeting held on 18 October 2023

The action log was reviewed and the following actions were discussed;

Items 18/10/07 BAF and CRR – would be picked up on the agenda: items 17 and 18.

There were no matters arising.

17/01/05 Chair's report

John Goulston presented the verbal report to the Board for information.

There was a well led review in March 2023, resulting in the development of an action plan. A key element of this was the board development programme. The next session on board effectiveness and culture is due to take place on 07 February.

John highlighted before the session that while some aspects were changing rapidly, others were progressing more slowly due to Integrated Care Boards (ICBs) and the reporting structure to NHS England (NHSE).

There have been instances of rapid changes that may have made Non-Executive Directors (NEDs) feel excluded. This presents a valuable challenge to address with the facilitator, especially in situations where quick decisions are necessary. John also referred to the Chief Executive's report, which highlighted the low uptake of vaccinations among staff. Flu vaccinations have dropped to below 50%, and COVID-19 vaccinations have also seen a decline. Additionally, only 50% of eligible individuals have accessed COVID-19 vaccinations. The rates of measles and MMR vaccinations are also lower. Therefore, it may be time to reconsider the national, local system and internal response to this issue.

Ali Carruth informed the board that a national vaccination strategy was implemented in November, which acknowledges vaccination hesitancy. The primary actions outlined in this strategy focus on the ICBs and how they commission providers to approach things differently to address this challenge.

Karen Taylor expressed a sense of urgency, that the trust could not wait until October to address the vaccination challenges. She also highlighted the prevalence of misinformation and emphasised the importance of using evidence-based facts in our communications to educate and inform the public.

The Board **NOTED** the chair's report.

17/01/06 Chief executive's report

Mairead McCormick presented the report to the Board for information.

Mairead acknowledged and apologised for the ongoing sound issues at our Board meetings and committed to ensuring these were resolved quickly.

Mairead informed the Board that there was a lot happening within the trust, including a significant amount of innovative work. However, she wanted to highlight the following points;

This year, the winter plans focused less on short-term measures and more on embedding strategies for the future, recognising that these challenges persist throughout the year.

The winter plan this year emphasised close collaboration with primary care and GPs which is critical for future integrated neighbourhood teams.

Mairead highlighted the financial position and the efforts made by colleagues and teams to achieve a break-even position for 2023/24. She acknowledged the rigor that was exercised and also recognised the difficult decisions that had to be made. However, the executive team is aware that this approach is not sustainable for the future. The trust is playing a crucial role in advocating for investment in community services to ensure longer-term sustainability.

Our Chief Nurse, Mercia Spare has decided to retire, and we will be initiating a recruitment process to fill the position with a substantive Chief Nursing Officer

The opening of Edenbridge represents the model of care that we aspire to create in the future. Mairead expressed her gratitude to all the staff who contributed to the successful completion of the project, with special thanks to Clive Tracey for going above and beyond to ensure the unit opened on time.

Pippa Barber thanked the team for their work over the winter period. The clinical coordination hubs have been particularly impactful and she queried the long-term viability of these.

Mairead explained that the Clinical Coordination Hubs are part of broader initiatives that have been successful, and the teams are exploring ways to expand their use more efficiently. Changes in this area are anticipated. Additionally, the region has been requested to support these temporary winter schemes to facilitate their transition to permanent programs

The Board **NOTED** the chief executive's report.

17/01/07 Progress report on breakthrough objectives

Mairead McCormick presented the report to the Board for information.
This is the first board report assessing progress against the We Care Strategy, which includes the four ambitions and breakthrough objectives. This is based on a continuous improvement approach, which means that changes happen quickly due to the dynamic nature of the methodology being used.

Sarah Phillips highlighted the key messages. This new strategy approach is known as the True North approach. It integrates improvement, science, and methodology to determine our focus areas and how we will achieve our objectives. This paper outlines the approach and methodology being used, as well as the lessons learned from what has and has not gone well in implementing this strategy.

There were 16 breakthrough objectives selected this year, all of which align with the Trust's four overarching strategic aims that span a 3-5 year period.

The trust is partnering with Maidstone and Tunbridge Wells (MTW) to receive coaching on prioritisation methods. MTW previously collaborated with a larger improvement partner and will share their insights and methodologies with the trust.

There is reference to the NHS Impact, the Improvement programme, which is the national approach to cultivating an improvement culture. This programme is built on five pillars.

Sarah referenced the A3 format which demonstrates what you are trying to measure, the baseline data, and the data presented in a time series format. It also outlines the interventions implemented and actions taken by the improvement board in the last month, as well as the planned actions for the next month. The A3 format presents a comprehensive amount of complex information in a single, easy-to-read document.

Kim Lowe congratulated the team on their work to date, which involved building everything from the foundation up using only internal resources.

Pippa inquired about the connection between the current year's objectives and those for the following year. Sarah explained that the approach is not strictly annual; instead, once an objective is achieved, there will be discussions about the next steps. Each completed objective brings the organisation closer to achieving the overarching aim.

John and Karen felt that the supplementary pack was easier to follow than the report.

It was agreed the A3 report would be used to report to Board quarterly.

The Board **NOTED** the Progress report on breakthrough objectives.

17/01/08 Board assurance framework (BAF)

Mercy Kusotera presented the report to the Board for assurance.

Mercy highlighted the following; there are currently 9 significant risks and these were discussed in detail at the Audit and Risk Committee in January 2024. The BAF is being shared with our Committees to ensure there is clarity around the actions being taken to mitigate the risks.

Mercy reminded the board that the BAF is a live document that is regularly reviewed by executives.

Pauline Butterworth advised following feedback at the Audit and Risk Committee the corporate risk register has been changed into a new format and this has been shared with senior leaders.

The Board **RECEIVED** the board assurance framework and **NOTED** its assurances.

17/01/09 Independent inquiry into the issues raised by the David Fuller Case: Phase One report

Mercia Spare presented the report to the Board for assurance.

We have considered the recommendations and taken necessary actions to ensure that people are treated with the same dignity and respect when they are deceased as they were when they were alive.

Whilst KCHFT do not have any mortuary services on their sites, the trust has a duty to undertake the broader recommendations.

The enquiry published phase one in November 2023, there were 17 recommendations, 5 of which were not relevant to the trust. The remaining 12 were considered in the broadest context and the findings are outlined in the pack. The key points of note; this was a valuable exercise to look at care after death and security of the deceased.

While there are clear policies in place, there is more that can be done to raise awareness of the findings, question assumptions not taking anything for granted and also further strengthen the processes that are in place.

Phase 2 will look at the wider implications for the NHS around security and protection of the deceased.

Victoria Robinson-Collins emphasised that going through a process like this, it is important to continually seek assurances to ensure that concerns are being heard and addressed. The report highlighted several opportunities where this could have been done.
Paul Butler queried whether there are any other areas within the trust that require a risk assessment that would indicate the need for CCTV. Paul also questioned whether security should be managed independently rather than under estates and facilities.

Pauline suggested that security, once managed under health and safety, now falls under Estates. Given this, it might be beneficial to reassess the current setup. Currently, there are 11 sites with CCTV that is monitored weekly by the security advisor, with data stored for 30 days. Additional sites have CCTV but lack remote access. The security advisor has visited sites, offering recommendations that are being reviewed within the capital program

Mercia confirmed the safeguarding training will be strengthened to include the findings from this report.

Pippa queried about externally licensed services and which governance committees does this feed into. Mairead explained that this has highlighted the areas where the trust does not own the buildings, the trust is seeking assurances from landlords.

Karen Taylor queried about security of the deceased and what additional measures will be put in place. Mercia advised there is due diligence processes in place with the funeral directors that the trust has contracts with, but from a

broader perspective its about raising awareness and ensuring security is a priority as well as dignity and privacy.

ACTION: The Director of Governance to confirm that where the Trust has any externally regulated services, the named committees receive the assurances for these.
Post meeting note: All KCHFT services are externally regulated by CQC, NHSE, OFSTED etc and assurances are reported via the Quality Committee. 3rd Party providers are managed by formal sub-contract conditions precedent which require evidence of registration with appropriate regulatory bodies and associated quality reporting.

ACTION: Progress report on the recommendations to be presented at the October Board

The Board **RECEIVED** and **NOTED** the Independent inquiry into the issues raised by the David Fuller Case: Phase One report.

17/01/10 Integrated Performance Report (IPR)

Gordon Flack presented the report to the Board for assurance.

This report contains data from November. The report includes updates on the winter schemes, highlighting the need for further metric developments and their alignment with the We Care strategy.

KPI – 3.2 and 3.1 which related to patients in acute hospitals who should ideally be cared for in a different setting. There is evidence of good impact in the changes in both East and West Kent. There has been some deterioration in workforce measures; however, some areas are still performing better than the benchmark.

Finance has consistently shown a break-even position month on month, thanks to the dedication and hard work of the teams who have diligently achieved substantial efficiency targets.

In terms of waiting times, the Trust is fully compliant with national waiting time standards. There has also been improvement in the 12-week wait. It is important to note that waiting times related to ADHD assessments are not included in this report but will be addressed in the next iteration. The capacity for these assessments is currently far below the demand.

In terms of health inequalities, there is a clear link between deprivation and access to services, as indicated by DNA rates. Additionally, there is a need to improve recording and recognition of ethnicity-related data to better understand these disparities.

Nigel Turner clarified whilst there are concerns about sickness reporting, the trust's performance compares favourably against benchmarking standards.

Victoria advised that seasonal flu and covid attributed to the figures but the team conducts regular detailed analyses of the data and there are robust controls in place to support colleagues in returning to work promptly and safely, with a compassionate approach.

Nigel also raised the EDI data and questioned whether the speed of the progress was meeting their expectation.

Victoria responded that it is still early in the process, but they are actively engaged in efforts to improve EDI measures. This includes initiatives such as recruitment efforts and the introduction of a new Inclusion ambassador role, which will provide a check and challenge element to support progress.

Pippa Barber raised concerns about AHP waiting times, which she had not been previously aware of. Rachel Dalton responded that a deep dive is needed given there is a significant proportion of the cohort is unknown but they have better access than others.

Razia Sharif asked whether it was possible to correlate the ethnicity with deprivation as identifying a pattern may help with finding a solution.

Victoria thanked Ali's team for the health inequalities workshops that they had run, noting that they had engaged and energised the whole organisation.

The Board **RECEIVED** the integrated performance report.

17/01/11 Audit and Risk Committee chair's assurance report - meeting of 8 January 2024

ACTION: John asked there is one frontsheet that consolidates all the committee chairs assurance reports.

Pippa Barber presented the report to the Board for assurance in the absence of Peter Conway.

Peter has color-coded the risks in his report. Generally, the risk profile for the trust is increasing, largely due to the challenging environment and the efforts undertaken by the Director of Governance to comprehensively grasp and manage risks across the organisation.

The BAF and CRR were reviewed at the committee. Key areas highlighted on page 94, following a number of discussions, further assurances were being sought in a number of areas. Some of these assurances will be addressed through discussions in various committees, with certain matters returning to the board for further consideration

The Board **RECEIVED** the Audit and Risk Committee chair's assurance report and **NOTED** its assurances.

17/01/12 Finance, Business and Investment Committee chair's assurance report - meetings of 20 November 2023

Paul Butler presented the report to the Board for assurance.

Paul raised the issue of contract extensions and questioned what governance measures are in place for this process. As a result, Paul requested a paper to be presented to the committee on this matter.

The committee reviewed the initial report on the We Care strategy, with the financial aspects allocated to the Finance committee. During this review, they emphasised the importance of robust measures to ensure the programme's effectiveness and delivery.

The Board **RECEIVED** the Finance, Business and Investment Committee chair's assurance report and **NOTED** its assurances.

17/01/13 People Committee chair's assurance report - meetings of 25 October and 19 December 2023

Kim Lowe presented the report to the Board for assurance.

Kim reported they had two very busy meetings and highlighted the following; The significant piece of work around the demand and capacity programme for community nurses underscores their importance for the future. There has been a thorough examination of the quality of care, not just productivity, with a focus on future needs and integration with education pipelines

The staff voice has been discussed, and from the Committee's perspective, the model has been evolving over the past 6-9 months. Stakeholder engagement has been excellent, and people feel actively involved in the process. The Committee was also supportive of the QI approach that had been taken with this piece of work.

While the Committee is assured about the freedom to speak up (FTSU), there still appears to be a gap in this area. Further data triangulation is needed to address this.

The Gender Pay Gap report was noted, and the committee expressed support for the actions outlined in response to the report.

The trust withdrew from the Real Living Wage, and considering the current climate, there is a question about whether this change was still benefiting colleagues in the lower bands given the recent NHS pay awards.

Karen Taylor asked whether a comparison can be made with what others are experiencing to better understand the levels of performance the trust should be aiming for. Sarah responded that a significant amount of work had been undertaken to promote Freedom to Speak Up (FTSU. She acknowledged that

achieving 100% assurance was challenging, but emphasised the importance of continuous dialogue and engagement

The Board **RECEIVED** the People Committee chair's assurance report and **NOTED** its assurances.

17/01/14 Quality Committee chair's assurance report - meeting of 16 November 2023

Pippa Barber presented the report to the Board for assurance.

The report was taken as read. Pippa highlighted the following; the operational deep dive into unaccompanied asylum-seeking children arriving in Kent which falls under the responsibility of Kent County Council and KCHFT plays a role in conducting initial health assessments, has been identified as a pressure point and will continue to be a risk for the trust. While there is no quick solution, ongoing discussions with ICB are underway regarding funding for community paediatricians, who play a key role in this area. A workforce plan is needed to support their activities and address the challenges.

There was also an update on the Adult Neurodevelopmental Service. An update will be provided at the next committee meeting on how the trust will conduct harm reviews in this area and also an update on managing ADHD medication supply problems.

Lastly as part of the CIP quality assurance process, the initial assurance comes from Sarah Phillips and Mercia Spare, and this will now be further strengthened by Rachel Dalton's involvement.

The Board **RECEIVED** the Quality Committee chair's assurance report and **NOTED** its assurances.

The Board **APPROVED** the Quality Committee terms of reference.

17/01/15 Charitable Funds Committee Chair's Assurance Report – meeting of 22 November 2023

Nigel Turner presented the report to the Board.

The report was taken as read. Nigel highlighted following a recent improvement workshop, a level of scrutiny was introduced to enable the committee to maintain agility while ensuring confidence in interim funding decisions. This approach allows for quick responsiveness alongside assurance regarding the funding choices being made.

The committee heard the annual report and accounts, which are included in the pack. It includes the insights from the new auditors that were appointed last summer.

The report also provides details about the hardship fund, with good assurance regarding its operations and effectiveness however Victoria has reported the

administrative functions associated with the fund are onerous. The committee signed off a further £15K provision to meet the volume of claims, this is being monitored closely.

The charity received £110K from the NHS Charities together for supporting colleagues who had trauma arising through work.

The committee discussed funding streams and this moved onto fundraising and what was happening at system level. The actions and follow ups are listed in the report.

The Board **RECEIVED** the Charitable Funds Committee chair's assurance report and **NOTED** its assurances.

17/01/16 2022/23 Kent Community Health Charitable Fund Annual Report and Accounts

Nigel Turner presented the report to the Board for approval to submit to the Charity Commission.

The Board **APPROVED** the 2022/23 Kent Community Health Charitable Fund Annual Report and Accounts.

17/01/17 Staff Voice model

Julia Rogers presented the report to the Board for approval.

The paper outlines a co-design approach for developing a new staff voice model aimed at enhancing staff engagement. This approach was presented at the "We Care" conference. The model is structured around 10 key principles.

The idea is to try and resolve issues at the lowest level possible. The draft model describes the 3 levels of escalation. In terms of reporting, the staff council brings everything together at network level to ensure triangulation of the information being shared. This will be reported every two months to the executive team via the dedicated staff governance section.

The model will be tested at a simulation on 07 March. Julia thanked the staff governors who have really contributed to moving this model forward.
Victoria clarified that although the new staff voice model is valuable, it should not be used to bypass or replace existing employee relations processes.

Paul highlighted that there were no union representatives on the council and questioned whether the staff governor roles were distinct from those on the Staff Council. The model is valuable and will require robust terms of reference to ensure its effective operation.

Trade union colleagues were involved in the development of the council, but they preferred to maintain a separate identity due to the specific nature of their roles and responsibilities.

The staff council provides staff governors with a framework within which to operate.

Independent Chair is still being explored, KMPT are developing a similar model and that would be another option to look at.

Nigel requested that the narrative around first line manager roles needs to expand to ensure they are working in conjunction with others.

Kim shared her perspective on the model, highlighting the potential it has to strengthen relationships between management and frontline leaders

The report will be presented to the governors this afternoon.

The Board **APPROVED** the Staff Voice model.

17/01/18 Workforce Growth Review 2019/20 Board report

Victoria Robinson-Collins presented the report to the Board for assurance and information.

The Board **AGREED** the Workforce Growth Review 2019/20 Board report

17/01/19 Gender pay gap report

Victoria Robinson-Collins presented the quarterly report to the Board for assurance.

The actions from the report will be compiled and built into the nobody left behind action plan and will be uploaded onto the website. There is age group data included in the data for the first time. The trust is ranked 2nd amongst community colleagues.

The work will go through the workforce equality group which is a sub group of the people committee and be monitored through there.

The Board **RECEIVED** the Gender pay gap report and **NOTED** its assurances.

17/01/20 Any other business

There was no other business discussed.

17/01/21 Questions from Governors and the public relating to the agenda items

Governor, Carol Coleman expressed gratitude to the service that presented their story. She mentioned that the patient network was involved in co-designing the bladder diaries and requested that feedback on the success of the diaries be shared with the patient groups involved in the co-design process

Carole attended an ADHD service presentation and was pleased to hear that the trust had secured additional support for those on the waiting list. However, she expressed her concerns on whether this would encourage continual use of private resources. Pauline responded that she would feed this back to Clive Tracey who was working on this.

Governor, Penny Shepherd asked about individuals without families and what happened when they pass away. Mercia responded that it would be down to individual cases and sometimes there are other care givers involved. Mercia also agreed to share this with the End of Life steering group and update the Board.

Penny also asked about the government published guidance on public sector inequalities and what plans were in place to address this. Ali responded that the team were undertaking a benchmarking exercise against the public sector equalities duties and a report would be coming back to the Board.

Governor, Alison Fisher asked whether it was possible for Governors to observe the improvement board. Mairead advised that this is still in its initial stages but once established they would encourage observers. It was agreed that Sarah would join the Governors development session to talk about the improvement board.

Alison also raised accreditation for age friendly employers and whether the trust had considered this. Victoria advised that the Trust is very active in this area.

Alison Honours from Christchurch University expressed readiness to collaborate on vaccination efforts and other related areas of work.

17/01/22 Farewell and venue of the next meeting

John took a moment to express gratitude to Peter Conway, who has been a member of the Board since its inception. Peter has chaired several committees and has been a strong advocate for the Trust. Peter will remain within the NHS as a NED at KMPT.

This meeting would be broadcast live to the public on MS Teams.

John also extended thanks to Mercia for her dedicated efforts and contributions to the Trust, especially during the Covid period. He also expressed gratitude for her work in developing the academy.

17/01/23 Date and Time of next meeting

Wednesday 17 April 2024; KCHFT Offices, Rooms 6 and 7, Trinity House, 110 – 120 Upper Pemberton, Ashford, Kent TN25 4AZ

This meeting would be broadcast live to the public on MS Teams.

The meeting ended at 11.12am.

Kent Community Health
NHS Foundation Trust

BOARD ACTION TRACKER PART ONE (JANUARY 2024) CLOSED ACTIONS

Minute number	Agenda item	Action	Action owner	Update	Action status
18/10/11	Finance, Business and Investment Committee chair's assurance report - meetings of 26 July and 12 October 2023	Confirm the date when the Edenbridge Memorial Health Centre model of care is presented to the Quality Committee.	Pauline Butterworth	The clinical model of care was presented at the Quality Committee on 16 November 2023.	Closed
18/10/13	Quality Committee chair's assurance report - meetings of 20 July, 21 September and 6 October 2023	Schedule a development session on the patient safety incident reporting framework for the Board and Council of Governors	Mercy Kusotera Mercia Spare	The framework will be presented on 24 January at the Governor development session to which all Board members have been invited.	Closed
18/10/16	Approach to 2023/24 winter planning	Include a page in the integrated performance report on the performance of the winter plan schemes.	Pauline Butterworth	08.01.2024 – Action complete. The information can be found on page 18 of the report: Operational performance highlights and exceptions: Winter schemes update	Closed

18/10/24	Questions from Governors and the public relating to the agenda items	Add the governors to the circulation list for the integrated neighbourhood care team engagement events	Ali Carruth	02.01.2024 – There have been no engagement events to date for integrated neighbourhood care teams but as these are established, Ali Carruth will ensure that governors are included.	Closed
18/10/24	Questions from Governors and the public relating to the agenda items	The contact list of the alignment of executive directors with Governors to be circulated to Board and Council members.	Mercy Kusotera	Action complete.	Closed

Kent Community Health
NHS Foundation Trust

BOARD ACTION TRACKER PART ONE (JANUARY 2024) OPEN ACTIONS

Minute number	Agenda item	Action	Action owner	Update	Action status
18/10/07	Board assurance framework (BAF)	Schedule the corporate risk register to be presented at the January Board meeting (in public).	Mercy Kusotera	The Corporate Risk Register was discussed in detail at the Audit and Risk Committee meeting held on 8 January 2024. Recommendations from the Audit and Risk Committee were incorporated into the BAF presented to the Board in February 2024.	Proposed closure
18/10/17	Learning from Deaths quarter one report	Review the gap in learning in the report for May and June 2023.	Sarah Phillips	08.01.2024 – The deaths from that period were still being reviewed at the time of writing of the report. The learning from deaths reviewed that month are now included in the table and will be visible in the next monthly review report which is due to be presented at the Quality Committee on 15 February.	Proposed closure

18/10/18	Reading the Signals: Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation	Schedule a paper to the Board on what executive visits will look like in 2024	Dr Mercia Spare	A paper on Executive visits was presented to the Board in February 2024.	Proposed closure
09/01/03	Proposed amendments to KCHFT Constitution	Schedule a presentation of the outcome of the review of the KCHFT Constitution to the Board on 17 July 2024	Mercy Kusotera	The outcome of the review of the Constitution is incorporated into the forward plan and scheduled for July Board meeting.	Propose closure
09/01/03	Proposed amendments to KCHFT Constitution	Incorporate the approved amendments into the KCHFT Constitution; publish the updated constitution on the Trust website and share it with NHS England	Mercy Kusotera	The amended Constitution was published on the Trust website and shared with NHS England.	Propose closure
17/01/01	Service story	Schedule a deep dive report on the Continence Service to the Quality Committee	Pauline Butterworth	The item was presented to the Quality Committee on 7 March 2024	Propose closure

17/01/09	Independent inquiry into the issues raised by the David Fuller Case: Phase One report	Clarify which committees would receive assurance about externally regulated services contracted by the trust	Mercy Kusotera	A post meeting noted is provided in the minutes.	Propose closure
17/01/09	Independent inquiry into the issues raised by the David Fuller Case: Phase One report	Schedule a progress report on the recommendations at the October Board meeting.	Sive Cavanagh	Incorporated into the forward plan for October Board.	Open
17/01/11	Audit and Risk Committee chair's assurance report - meeting of 8 January 2024	Arrange for a single, consolidated front sheet to accompany the committee chairs' assurance reports.	Mercy Kusotera	One cover sheet will accompany committee chairs' reports.	Propose closure

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 6
Report title:	Chief Executive's report
Executive sponsor(s):	Maired McCormick, Chief Executive
Report author(s):	Julia Rogers, Director of Communications and Engagement
Action this paper is for:	☐ Decision/approval ☐ Information ☐ Assurance ☑ Note
Public/non-public	Public

Executive summary

This report highlights key developments in achieving our four strategic ambitions of Kent Community Health NHS Foundation's *We Care Strategy* and gives an update since the last Public Board report in January

Report history / meetings this item has been considered at and outcome

Not applicable

Recommendation(s)

The Board is asked to

- **NOTE** the report

Link to CQC domain

☑**Safe**	☑**Effective**	☑**Caring**	☑**Responsive**	☑**Well-led**

Assurance Level		
☑ **Significant**	☐ **Reasonable**	☐ **Limited**

Implications		
Links to BAF risks / Corporate Risk Register	☐**BAF**	☐**CRR**
Equality, diversity and inclusion	No	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Mairead McCormick
Date:	10 April 2024

Kent Community Health NHS Foundation Trust

CHIEF EXECUTIVE'S REPORT
April 2024

This report highlights some key updates since our previous public Board report in January.

We care – our strategy one year on

As we start a new financial year, it's easy to dive headfirst into what's coming, but I thought I would start this update with a few reflections.

This time last year, we launched our new five-year We Care strategy, signalling a new direction for the way ahead and focusing on those things which will make the biggest breakthroughs to patient care and the working lives of our colleagues. Driven by data, we have taken a quality improvement approach and have learned along the way, drawing learning from across the country. You will find some key updates since the last Board below.

Last month, more than 200 colleagues joined us at our We Care conference, as we talked through the progress we have made and teams brought the progress to life with some great examples. Around 70 per cent of colleagues said they felt we have made good or very good progress on our four ambitions, while 67 per cent said it had helped them set objectives for their teams to help us achieve our ambitions. This is all incredibly encouraging as we head into the next financial year.

Every achievement is a testament to our 5,300 colleagues and demonstrates – even in the toughest circumstances, improvements are possible. We know the year ahead, in the face of continuing industrial action, increased demand and significant pressure on budgets, will be challenging. We will need to adapt and do things differently. We will continue our relentless focus on the quality of our care, putting the patients at the heart of every decision. Our maturing relationships with our health and care partners means these are challenges we face together and the future is one of possibilities.

Board appointments

Chief nursing officer appointment

Caroline Bates has been appointed as our new chief nursing officer and will join the team at the end of June. Caroline, from Sittingbourne, is currently the divisional director of nursing at Dartford and Gravesham NHS Trust; responsible for medicine, cancer, therapies, pharmacy and emergency care. She has had an extensive career, including considerable experience in stroke care. I know she is really passionate about proactive care and prevention – and also making sure we provide the right support for our colleagues to thrive, so I'm delighted she is joining the Executive Team and Board.

Our former Chief Nurse Dr Mercia Spare is now in her new role, supporting the clinical academy. In the interim and while we wait for Caroline to join us, Sive Cavanagh will be our acting chief nurse.

Non-executive director recruitment and governor elections
We said goodbye to Peter Conway, our longest standing non-executive director in March. Peter started with us at the inception of Kent Community Health NHS Foundation Trust and was a valued member of our Board. I would like to put on record a huge thanks to him for all his support.

A campaign to recruit to vacant posts in our Council of Governors launched in February. There are five public governor constituencies and six staff governor vacancies open to election and following a change in our constitution. Nine people nominated themselves to stand as a public governor and I was hugely encouraged by the record number of 21 colleagues putting themselves forward as staff governors. At the time of writing, voting is due to close.

Executive Team visits

We have been reviewing how we undertake visits to make sure they are purposeful and meaningful. We will use a continuous improvement approach and develop a coaching style approach as part of our We care strategy. This will require a live feedback at the time of visits and monitoring impact. We have restructured the visits, so our conversations focus on not only what our colleagues want to tell us but also around our four ambitions. Key headline themes are:

- *Great place to work* – colleagues reported a sense of belonging to Team KCHFT and on the whole feel well supported by their senior teams. However, substandard or limited accommodation is having a significant effect on team morale and wellbeing in some locations.
- *Sustainable care* – Teams reported automation projects are having an impact on the administrative load, but others reported there are still issues with lengthy processes on Rio, and other provider systems not 'talking' to Rio or KMCR.
- *Putting patients first* – Services are tailoring their offer around patient needs, but improvements in joined-up working with other providers would aid patient pathways.
- *Better patient experience* – teams report a strong commitment to patients and delivering the best care. Multi-disciplinary working is especially valued in areas where teams are co-located with other providers. Teams are aware of the breakthrough objectives and identified some of the challenges with patient pathways.

Financial position and planning update

KCHFT is forecasting to deliver a surplus of £12m at the end of the financial year. The surplus is due to additional non-recurrent funding from Kent and Medway ICB of £12m, however this will be ignored for performance measurement and the trust will have achieved plan of breakeven. The full CIP target of £14.4m is forecast to be delivered in full with £7.3m of this delivered on a non-recurrent basis. The cash position remains strong, with a balance

at the end of February of £40m which is equates to 53 days of operating expenditure. The full capital plan of £13.97m is forecast to be fully spent.

We have evaluated a number of our winter schemes and are waiting for funding to be agreed for those we would like to go forward with.

Operational planning guidance

NHS England published the 2024/25 priorities and operational planning guidance on 27 March. The document sets out the priorities for the next financial year including recovering core services, improving productivity and focusing on quality and safety, as well as working towards the long-term ambition of making the NHS fit for the future. NHSE acknowledges that 2024/25 will be a challenging year for the NHS, with ongoing financial pressures, industrial action and capacity issues.

Some of the key priorities for community services are to improve waiting times, increase vaccination uptake for children and young people, and support building integrated neighbourhood teams, through alignment with primary care. The development of INT is already one of our key priorities and we are making good progress, with four early adopters in east Kent and others in west Kent, focusing on delivering proactive care to the most complex and vulnerable patients.

Provider collaboratives

Since January, the wider provider collaborative (PC) network across Kent and Medway has been expanded. A PC Board has been formed, attended by provider CEOs and chairs, reporting into the ICB Board.

There are three provider collaboratives:

- Community, social and primary care – led by me, Mairead McCormick.
- Mental health, learning disability and autism
- Acute and diagnostic imaging

Community, social and primary care provider collaborative

Two meetings have taken place with representation from all community providers, primary care, local authorities and the ICB. The membership will be extended to ensure we get third sector engagement and partnership with the communities we serve.

It was agreed programmes will focus on value – the quality for patients and services across Kent and Medway as well as the efficiency, effectiveness and cost. Priorities have been confirmed, alongside key measurables and a dashboard, developed to support three programmes:

- *Short term services and a better use of beds:* This large-scale programme of work challenges how and where we deliver care with a high emphasis on only delivering care in a bed if we believe that this is essential to the early stages of recovery. Working with our local populations and sharing evidence of the impact of bedded care on recovery will be essential to help us focus on moving more care into someone's home environment. There are too many patients in the most dependant pathway, which is pathway three and we know this as there is a national benchmark for best practice that fits with better outcomes. This will involve identifying the correct pathway for patients early on following admission, with a focus on 'home first' and finding out 'what matters to me' and then supporting that to happen.The opportunity

builds on the short-term pathways work already in east Kent and will be phased with east Kent as an established early adopter and West Kent a fast follower.

- *Electronic patient record (EPR) convergence*: We are reviewing our electronic patient record system to improve access and the quality of records across providers with a strong focus on interoperability to make sure systems speak to one another and that it makes it easier for the end user.

- *Integrated Neighbourhood Teams:* We are involved in the four early adopter sites in east Kent and actively involved in a number of PCN pilots in west Kent (Tonbridge and Weald). We are working closely with the PCN clinical directors and are organised in community nursing at PCN level. We have also secured funds for this work from NHS England (South East), with the aim to co-produce the first draft of an Integrated Neighbourhood Team development framework, which is due to be completed by June 2024.

Health and care partnerships

KCHFT continues to play an active and influential role in both east and west Kent HCPs.

- The latest East Kent HCP newsletter can be read here.

- West Kent HCP has been developing its approach to tackling population health management and health inequalities, with 11 initiatives to address health inequalities in the community. This video highlights the work: https://vimeo.com/920391859

Awards

KCHFT scoops nine Healthwatch awards

I was so proud to see colleagues and teams from across KCHFT named in **nine Healthwatch Kent awards** in March, a huge well done to all. The awards recognised excellence in projects that have improved patient voice, inclusivity and equal access, collaboration across the system and inspiring individuals. It was a bumper night for community services, showing the real difference our teams make.

Health Visitor Jemma Scott was recognised for her work with Roma families, Complex Care Nurse Theresa Tester was awarded as an ‘inspiring individual’ for her work with homeless people and our Health Inequalities and Patient Participation Team was also celebrated for the difference they have made to patient care.

The following pages show our progress against our We care strategy ambitions.

Trust ambition: Better patient experience

Our conversations focus on what matters to the patient, so they get the right care, in the right place

Winter improvement wards

During the winter, we worked with Kent County Council to open an additional 30 specialist rehabilitation beds across Westbrook House in Margate and West View Integrated Care Centre in Tenterden.

These beds were for patients recovering from illness or injury, enabling them to return home sooner and with reduced reliance on social care, like Rosemary Crouch pictured. You can read her story on our website. The wards tested our ambition to rethink how we deliver rehabilitation, recovery and reablement in our community hospitals, by providing an integrated model of care. Nine out of 10 people who were treated on the wards were able to return home with reduced care needs. **Almost half returned home with no external support at all.** We're now evaluating the outcomes and will use the learning to decide next steps.

New roles for Home First

The 100th patient was seen by our new Home First Support workers in March. We have been working with Kent County Council in Thanet to introduce the new health and social care roles in the community, designed to keep people safe and well at home. The Home First Support Workers provide support to people who have just been discharged from hospital, or are at risk of being admitted to hospital. More jobs are being created to roll the programme out to other areas.

Clinical coordination hubs in west and east Kent

We have been involved in two multi-disciplinary trials with SECAMB and acute colleagues, to assess 999 calls and provide alternative pathways to ED admission for people with frailty.

The hubs are staffed by frailty consultants from KCHFT with advanced clinical practitioners from SECAMB and acute urgent care providers.

The combined clinical teams set up virtual hubs to remotely monitor patients in ambulance queues, removing them from the 'stack' (list of 999 calls) where possible to deliver more appropriate care, including referring people to GP and home treatment services.

The west Kent hub in Paddock Wood has helped more than 500 patients avoid a trip to A&E. In Ashford, more than 800 patients, who would otherwise have been taken to A&E, were

able to avoid the journey. The hubs will continue to run with a new site just introduced to support the Queen Elizabeth the Queen Mother Hospital (QEQM) in Thanet.

Celebrating the centenary of Victoria Hospital, Deal

The Duke of Gloucester visited Victoria Hospital, Deal in March, to mark the centenary celebrations, exactly 100 years since his father opened the hospital in 1924. The royal party was met by myself and our Chair, John, and had a guided tour of the ward and newly-refurbished garden, followed by a short plaque unveiling ceremony in the hospital's therapy gym. The Duke also enjoyed a performance from the local choir and met staff, volunteers and former employees before signing the visitors' book, as his father had done 100 years before. You can read more about the Royal visit online.

Pictured: The Duke meets Sharon Lamb from our Deal hospital Facilities Team.

Trust ambition: Putting communities first

Everyone has the same chance to lead a healthy life, no matter who they are, or where they live.

MMR catch-up campaign

A joint campaign with Kent County Council (KCC) and Medway Council, UK Health Security Agency and the ICB was launched in January to promote measles, mumps, rubella (MMR) vaccine catch-up clinics following a major increase in measles cases.

Our School-Age Immunisations Team rose to the challenge to deliver 54 MMR catch up vaccination clinics across Kent and Medway, since January. The team has delivered 1,114 vaccines, through a combination of in-school and catch-up clinics. Immunisations Lead Emma de Vos became a 'trusted voice' for several weeks on local radio stations, promoting the MMR vaccination clinics and providing reassurance for parents and carers.

Infant feeding sessions, animations and information for families

We launched 'ready for baby' courses to help families make informed infant feeding decisions antenatally. Face-to-face, virtual and pre-recorded SlideDecks are available to support people. Breast pumps are now available for families on certain benefits. We are working with Kent County Council to produce three further projects on responsive bottle-feeding, breastfeeding and healthy eating for children under-two which will be launched shortly.

New assets have been developed to promote the Kent Family website, which is a major source of information and advice for parents of children from birth to 19-years-old. We are working closely with our public health commissioners to make sure information provided is accessible, up-to-date and easy to understand to help our communities navigate their way through family life.

Improving digital accessibility for people with extra needs

We have increased self-care information on our websites to help people manage their condition, for example, The Pod for children's therapies, end-of-life preparedness and sexual health advice.

Making sure the information we provide digitally for patients and public is simple, clear and accessible is vitally important. Our aim over the next year is to reach the NHS top 50 on the well-used Silktide accessibility index. Our initial work has already seen us climb from 236th to 158th in the NHS rankings. We have written an accessibility roadmap that outlines our plan for meeting Web Content Accessibility Guidelines (WCAG) on our websites, making sure documents are accessible, having alternative formats where needed and educating our workforce to create more accessible content.

Trust ambition: A great place to work

Our colleagues are valued, feel heard and make changes easily to deliver better care

NHS staff survey results

We received our highest ever response rate to the 2023 national staff survey with more than 3,500 (70 per cent) staff taking part.

In the majority of questions, KCHFT scored significantly higher than similar community trusts in the country. Results showed staff feel supported and valued by their teams and colleagues, which echoes the previous year's results. A full report is included in the papers.

I took part in a podcast interview that has involved provider organisations with the highest scores in the NHS staff survey. The purpose is to share the learning and it explored how we influence culture in a time of greatest challenge. Once available, I will share the link.

Pulse survey results

More than 970 colleagues completed the January pulse survey, themed around whether people feel they can talk openly about flexible working with their line manager.

Our campaign focussed on case studies from colleagues talking about their positive experiences of talking about flexible working with their line manager and offering support to managers to have those conversations. We scored better than other community trusts for the question, 'I feel my organisation champions flexible working'.

Staff voice model – a new way of listening

Around 40 colleagues (pictured) were transported into a parallel universe at KCHFT where we road tested our new staff voice model last month before we prepare to go live.

Following feedback and input from hundreds of colleagues, the co-designed **staff voice model**, not only builds on what we already do, but proposes a new staff council.

The staff council – led by the staff governors – brings together the insight from all our local forums and networks, including our staff networks, health and wellbeing champions and

freedom to speak up guardian. With the data and insight from our staff and pulse surveys, the staff council will identify themes and trends that are getting in the way of delivering our strategic ambitions – or ideas that can help support us to deliver them. There is now a 12-month plan for the Staff Council, with evaluation built in.

Apprenticeships

Pictured: Our 2020 intake of nurses celebrate the completion of their nursing apprenticeships.

Our newest home-grown community nurses are taking the next step in their careers as they come to the end of their four-year apprenticeships. They are the second cohort to successfully complete their nursing training through our academy and will now take up roles as fully-qualified nurses across the trust. Since the academy was established in 2019, we have supported 36 registered nurses to complete their training.

In February, we welcomed 16 new nursing apprentices who begin their programmes with the academy, while recruitment for our September intake of nursing and AHP apprentices began. More than 200 colleagues are on apprenticeship programmes. They include data analysts, senior leaders, dental nurses, occupational therapists, podiatrists, physiotherapists, business administrators, chartered managers, as well as our first dietetic apprentice.

Inclusion ambassadors

A campaign to recruit inclusion ambassadors (IAs) launched this month April. IAs will sit on our recruitment panels and act as a fair, impartial and equal member. They will assist in reviewing applicants, developing a shortlist and choosing candidates. Ambassadors will be people who positively demonstrate our values and behaviours with a particular focus on our equality, diversity and inclusion ambitions and expectations.

We care conference

More than 200 colleagues joined our March *We care conference* to hear local and national updates and talk about the progress on our strategy, one year on.

We heard how teams have reduced admin time by using voice recognition to upload notes to RiO and automate patient letters, as well as how our children's services have been tackling missed appointments to put our communities first.

Trust ambition: Sustainable care

We will live within our means to deliver outstanding care, in the right buildings, supported by technology and reduce our carbon footprint

Voice notes programme releases more time for patient care

A new initiative, trailing voice recording on iPads to add progress notes to patient records, is one of the ways we have reduced admin time for clinical services. This trial has been driven by our aim to achieve a 20 per cent reduction in time spent on RiO, by March 2024.

Two community nursing teams in Maidstone trialled the voice notes project, which resulted in clinicians spending 41 minutes less each day on RiO patient visit documentation. The trial resulted in a **33 per cent** admin time reduction. The approach has now been rolled out across two of the six community localities and we expect this to be with the remaining four by the end of June.

WATCH: Our clinicians talk about the success of the voice notes project.

Staff spend less time on administrative tasks that don't add value

We are continuing with our automation programme and 107 processes have been automated. Our bots include WaLi, DiLe and InLe, which are automating processes on our patient record system, RiO. They are looking at waiting lists, sending patient invitation letters and discharge letters. We also have Berty who works with the Pulmonary Rehab Team, helping with waiting lists and Ravi who is making the recruitment process faster and easier for managers and candidates.

We have three new bots in our Child Health Information Service, which are sending reports to GPs regarding immunisations and newborn blood spot tests. Having the bots means we have been able to bring this work in-house, rather than using an external mailer service, achieving a £5,500 cost saving this year.

This report represents the enormous amount of work going on to support our ambitions so it feels important to share. A huge thank you to all our teams for what they have achieved as we end a challenging financial year, as chief executive I couldn't be prouder.

M. A McCormick

Mairead McCormick
Chief Executive April 2024

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 7
Report title:	Board Assurance Framework (BAF)
Executive sponsor(s):	Pauline Butterworth, Deputy CEO and COO
Report author(s):	Mercy Kusotera, Director of Governance
Action this paper is for:	☐ Decision/approval ☐ Information ☑ Assurance ☑ Note
Public/non-public	Public

Executive summary

Overview of paper:

The Board Assurance Framework (BAF) provides the Board with key information regarding risks to the delivery of the Trust's strategic objectives. This includes a description of the risk, the lead executive and committee; mitigation (controls and actions) and a brief narrative on progress made to mitigate the risk.

The BAF was last reviewed in full at the Audit and Risk Committee (ARC) meeting held on 8 April 2024. The Committee noted that the BAF had improved in a number of areas including the following:

- Completion dates had been updated to ensure they were realistic.
- Progress on the actions being taken to mitigate the risks was tracked and detailed in the report.
- Adequacy of controls column was added in to reflect adequacy of controls for each risk. Controls of all risks were reviewed regularly to ensure they were adequate. Actions for each risk had been reviewed and updated resulting in some actions being closed and new ones identified. Completed actions had been removed from the main BAF and were kept on a separate BAF action log.

Since the previous reporting to the Trust Public Board meeting in January 2024:

- No new risks have been identified.
- One risk (BAF 009) relating to appropriate data to inform progress and decision making, has been mitigated and downgraded from the BAF as it is no longer meeting the BAF threshold. All actions relating to BAF 009 have been completed.

- There are currently 8 strategic risks on the BAF as shown in **Appendix 1**. Of the 8 strategic risks, 1 risk scores 15 and above; BAF 001 scoring 16.
- Risk score for BAF 003 relating to recruiting and retaining sufficient workforce with the right skills, has been reduced from 15 to 12H due to mitigation in place.

The BAF was recently reviewed at ETM on 9 April 2024. The following updates were made:

- BAF 002 relating to staff involvement and engagement with strategic objectives – sources of assurance and actions were further reviewed and updated.
- BAF 008 relating to industrial action, an action relating to safer staffing review was identified. The review would include AHP/MDT workforce and would be led by Rachel Dalton, Chief AHP Officer.

Items of concern to be brought to the Board's attention:

None

Significant improvements in matters that were previously an area of concern:

There is a significant improvement on reviewing and updating the BAF. Actions, assurance levels and controls in place are refreshed to ensure they are fit for purpose.

Items of excellence:

The BAF continues to be visible; it is presented at various forums including Board committees.

The Board is asked to:

- **RECEIVE** and **NOTE** the BAF for assurance.

Report history / meetings this item has been considered at and outcome
The BAF was last discussed by the ETM on 9 April 2024.

Recommendation(s)
The Board is asked to • **RECEIVE** and **NOTE** the BAF for assurance.

Link to CQC domain

☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Assurance Level		
☐ **Significant**	☑ **Reasonable**	☐ **Limited**

Implications		
Links to BAF risks / Corporate Risk Register	**☑BAF**	**☐CRR**
Equality, diversity and inclusion	No	
Legal and regulatory	Yes - the wider risk management process delivers the requirements under KLOE5 of the Well-led framework.	

Executive Sponsor sign off	
Name and designation:	Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer.
Date:	9 April 2024

Last updated 9 April 2024

Appendix 1
Board Assurance Framework

Definitions:

Initial Rating: The risk rating at the time of identification
Current Rating = Risk remaining with current controls in place. This is reviewed monthly and should decrease as actions take effect.
Target Date: Month end by which all actions should be completed
Target Rating: The risk can be removed from the BAF (and if appropriate onto the directorate risk register) once this score is achieved.

Action status key:

Actions completed	G
On track but not yet delivered	A
overdue	R

Ambitions: Putting communities first/Better patient experience/A great place to work/Sustainable care

						Initial score					Current score				Target milestone				
Strategic Goal	ID	Opened	SRO	Assuring committee	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	Gaps in Assurance	C	L	Rating		C	L	Rating	Planned Actions and Milestones
Putting Communities First	BAF001	06.06.2023	Pauline Butterworth	People Committee and Quality Committee	If demand for services subject to the 12 week RTA internal standard continues at current levels and if we cannot increase commissioned capacity for services, then we will not be able to achieve our target of reducing the number of people who wait more than twelve weeks to be seen, resulting in negative impacts on patient outcomes, increased complaints, negative impacts on staff morale and possible wider system impacts.	4	5	20	• Divisional monitoring of RTA reporting to Executive Performance reviews and Highlight Assurance reports to Quality Committee; • Harm Review process in place for services with 52 week waiting times challenges; • Engagement with System-led transformation programme for services with long waits associated with CYP SEND and Adult Neurodevelopmental needs. • Collaboration with Provider partners on developing new models of care. • Acute Provider Collaborative have agreed Dental GA as a priority to reduce waiting times.	• Executive Performance Reviews monitor RTA performance across all services. • Divisional Governance Groups have focus on services requiring targeted support for improvement. • KCHFT Improvement Board oversight of breakthrough objectives. • Established the Trustwide Clinical Productivity Group. • Harm review process in place for people waiting for over 52 weeks.	Adequate controls and assurance in place	4	4	16		3	3	9	**Actions to reduce risk** / **Owner** / **Target Completion (end)** / **Status** ***New action :*** Clinical productivity Group to identify opportunities to reduce waiting times. / Rachel Dalton / Oct 2024 / A ***New action:*** To agree sessional GA theatre space from a London provider to address paediatric backlog. / Mark Johnstone / July 2024 / A Clinical engagement with Provider partners to shape new assessment and review models for ASD and ADHD / Pauline Butterworth / November 2024 / A **Progress update – 9 April 2024:** • The risk has been reviewed; three actions haven completed resulting in new actions being identified. • Completion date for the action relating to clinical engagement with provider partners have been revised to November 2024 and there is ongoing collaboration with Commissioners and system partners. • Assurance levels and controls in place have been updated. • A clinical productivity steering group has been established and will be chaired by Rachel Dalton, Chief AHP Officer. The group is undertaking a process to identify priority areas of focus to inform its work plan priorities. • No change to the risk score.
A Great Place to Work	BAF002	06.06.2023	Victoria Robinson-Collins	People Committee	**If** staff do not feel involved and engaged with the strategic objectives, **then** they may not support the changes required to services **resulting in** inability to deliver the trust strategy.	3	5	15	• Use of staff networks, health and wellbeing champions, NLB ambassadors, staff governors and Staff Side to support engagement. • Webinars led by Board SROs for each strategy ambition to engage with colleagues. • Use of We Care conferences to engage and test out ambitions and breakthrough objectives. • Use of Executive Team visits and We Care visits to test understanding and direction of travel and level of cascade about the strategy. • Appraisal and objective setting.	• Staff survey engagement score • Pulse survey engagement score, staff FFT scores • Level of attendance and feedback at we care conferences, other engagement events • Number of You said, we did examples of listening and acting on feedback and analysis of engagement on flo with blogs, webinars • Analysis of themes from visit and engagement reports.	Adequate controls and assurance in place	4	3	12 H		3	3	9	**Actions to reduce risk** / **Owner** / **Target Completion (end)** / **Status** Review staff networks / Victoria Robinson-Collins / Sep 2024 / A Embed NLB ambassador role and deliver EDI action plan / Victoria Robinson-Collins / March 2025 / A Deep dive into services where staff survey results for appraisals are not in line with comparators / Victoria Robinson-Collins / Aug 2024 / A Launch, embed and test staff voice model and develop new staff voice section on intranet. / Julia Rogers / March 2025 / A **Progress update – 9 April 2024:** • The risk has been reviewed; three actions haven completed resulting in new actions being identified. • No change to the risk score. • Staff survey response rate has significantly improved and staff engagement remained steady and in line with sector average. • New staff voice model tested and about to launch, number of governors to be increased to six to represent all staff. • A deep dive into services where staff survey results for appraisals are not in line with comparators will be completed by August 2024.
to Work	BAF003	06.06.2023	Victoria Robinson-Collins	People Committee	**If** we can't recruit and retain sufficient workforce with the right skills, **then** we will fail to deliver on the strategy, **resulting in** the remaining workforce becoming demoralised and overwhelmed.	**4**	**5**	20	• Active and bespoke recruitment campaigns for key professions i.e. nursing, facilities • Weekly staff rota review and escalation paths • Agreed process for escalated bank rate. • IMM meeting to review staffing risks. IPM meeting including regular review of processes for recruitment, retention, organisational change and redeployment of colleagues. • Bank system in place • Wellbeing initiatives for staff • Wellbeing conversations and inclusion of career	• Daily Sit rep • IMM report to the Executive Team • EPRs review service vacancy, stability and turnover rates • Oversight of recruitment and other workforce metrics by people committee and board • Monthly quality report and twice weekly safer staffing review	Adequate controls and assurance in place	**4**	**3**	**12H**		4	2	8	**Actions to reduce risk** / **Owner** / **Target Completion (end)** / **Status** Deep dive into vacancy data and target recruitment campaigns to areas with high vacancy rates. / Victoria Robinson-Collins / March 2025 / A Lead system to create rotational entry level post across health and social care to support supply chain and succession planning / Victoria Robinson-Collins / March 2025 / A

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

Target Date: Month end by which all actions should be completed

Target Rating: The risk can be removed from the BAF (and if appropriate onto the directorate risk register) once this score is achieved.

overdue R

Ambitions: Putting communities first/Better patient experience/A great place to work/Sustainable care

						Initial score					Current score				Target milestone				
Strategic Goal	ID	Opened	SRO	Assuring committee	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	Gaps in Assurance	C	L	Rating		C	L	Rating	Planned Actions and Milestones
A Great Place									conversation in appraisal process • KCHFT academy and recruitment to further cohorts with assessment to consider expansion • Agreed cycle of recruitment to cohort of clinical apprentices. • Efficient automated recruitment practices with well-managed time to hire matrix. • Senior clinical oversight of skill mixing within budget.									Lead system to create msc in system leadership at PLACE to support succession planning for future leaders — Victoria Robinson-Collins — March 2025 — A **Progress update – 9 April 2024:** • Controls and assurance levels were reviewed and updated. • Risk score reduced from 15 to 12H due to controls in place. • EPRs review service vacancy, stability and turnover rates. • Completion date for the action relating to creating rotational entry level post has been revised to March 2025. Ongoing system conversation. The Chief People Officer is the SRO for education and careers.
Sustainable Care	BAF004	06.06.2023	Sarah Phillips and Gordon Flack	Quality Committee	**If** the Trust's clinical systems are not efficient and user friendly, **then** staff time will be spent on activities that do not add value to patients **resulting in** reduced time for safe, effective patient care and a negative impact on staff morale.	4	4	16	• Chief Executive /director level discussions with supplier • Rio governance group and clinical champions • Automation steering group chaired by Chief Financial Officer and Chief Medical Officer.	• Use of automation and programme to reduce inputs and tolerate more risk • Increased frequency of new system releases • Snap staff surveys of system usability. • Establishment of the Improvement Board.	Adequate controls and assurance in place	4	3	12H		2	3	6	**Actions to reduce risk** — **Owner** — **Target Completion** (end) — **Status** Performance reviews with system supplier and improvement plan — Gordon Flack — July 2024 — A ***New action :*** Survey of staff on the usability of the current system. — Gordon Flack — Apr 2024 — A ***New action:*** Review with other community providers a new system procurement. — Gordon Flack — June 2024 — A ***New action:*** Roll out programme would make a big difference, e.g. voice note taking save staff time. — Sarah Phillips — July 2024 — A **Progress update – 9 April 2024:** • Five actions have been completed. • Controls and assurance levels were reviewed and updated. No change to the risk score. • Completion date for the action relating to performance reviews has been revised to July 2024 and an additional action relating to staff survey on the usability of the current system has been identified. • Exploring the benefit of other systems with other providers.
Sustainable Care	BAF005	06.06.2023	Sarah Phillips and Gordon Flack	Finance Business and Investment Committee	**If** the current funding constraints continue, **then** KCHFT may be unable to complete estates transformation ambitions, **resulting in** inability to reduce emissions by 80% and failure to reduce poor quality estate by 100%.	4	4	16	• Representation on system capital group and CFOs overseeing distribution of resources • Capital steering group • Estates and services steering Group • Financial Business and Investment committee • ICB Sustainability Group.	• Capital reports to Board and FBI • Reporting of emissions on budget statements and in summary finance report • Reports on estates utilisation to estates and services committee • Returns collated on backlog maintenance	Adequate controls and assurance in place	4	3	12 H		3	3	9	**Actions to reduce risk** — **Owner** — **Target Completion** (end) — **Status** ***New action:*** Delivery of the first year of the programme. — Philip Griffiths — March 2025 — A Green travel plan implementation including lower cost low emissions lease car scheme — Kevin Galvin — July 2024 — A Disposals to generate additional local funding / now part of year 1 delivery plan. — Gordon Flack — June 2024 — A **Progress update – 9 April 2024:** • Two actions have been completed and 2 new ones identified. • Controls and assurance levels were reviewed and updated. No change to the risk score. • Completion date for the action relating to green travel plan implementation has been revised to July 2024 due to delayed recruitment. • Currently assigning project leads as part of the programme and reviewing resource requirements • Action relating to disposals to generate additional local funding is ongoing. Completion date revised to June 2024.
nce	BAF006	06.06.2023	Pauline Butterworth	Board	If system stakeholders do not support Kent Community Health NHS Foundation Trust ambitions, then we may not be able to deliver or implement the new models of care which could result in KCHFT not achieving targets, continuing with models of care which do not meet the needs of our populations and resources not being used to their maximum.	4	4	16	• KCHFT CEO is SRO for System transformation group for Social Care, Primary Care and Community Collaborative. • Full engagement with HCP Boards and associated PLACE based transformation workstreams including INT Pilots. • KCHFT Deputy CEO is now SRO for system Better Use of beds.	• KCHFT Improvement Board oversight of delivery of Breakthrough Objectives. • Oversight of transformation impact through UCDBs. • Provider Collaborative work taking place in East Kent to test new models of care. • Each HCP has a board where improvement work would be shared with system partners. • We have representation at each HCP INT	Adequate controls and assurance in place	3	4	12 M		3	3	9	**Actions to reduce risk** — **Owner** — **Target Completion** (end) — **Status** Fully embed new integrated approach to P1 delivery in E Kent — Pauline Butterworth — July 2024 — A ***New action:*** Better use of beds programme to produce year 1 plan. — Pauline Butterworth — June 2024 — A

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Target Rating: The risk can be removed from the BAF (and if appropriate onto the directorate risk register) once this score is achieved.

overdue R

Ambitions: Putting communities first/Better patient experience/A great place to work/Sustainable care

						Initial score					Current score				Target milestone				
Strategic Goal	ID	Opened	SRO	Assuring committee	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	Gaps in Assurance	C	L	Rating		C	L	Rating	Planned Actions and Milestones
Better Patient Experie										steering group.									***New action:*** Support Kent and Medway ICB to progress with the publication of a case for change for community hospitals and engagement with patients, public, staff and wider stakeholders. — Rachel Dalton — November 2024 — **A** **Progress update – 9 April 2024:** • Three actions have been completed and new ones identified. • Controls and assurance levels were reviewed and updated. • The likelihood of the risk was reduced from 4 to 3. This is due system partnership working in place. • Discussions are underway regarding continuation of funding to fully embed new integrated approach to PI delivery in East Kent has been revised to July 2024. • Rachel Dalton, Chief AHP Officer is leading for KCHFT on the Community Hospital Case for the Change and has been engaging with Kent and Medway ICB and NHS England on the next steps.
A Great Place to Work	BAF008	06.06.2023	Executive Team	People Committee	**If** there is further industrial action, **then** this could reduce resource availability and capacity to engage, develop and implement improvements, **resulting in** an impact on delivery timelines and morale	3	5	15	• Monthly Staff Partnership Forum with local TU reps. • Attendance at regional Staff Partnership Forum with regional TU reps. • Regular review of staffing levels in line with Safer Staffing and Roster good practice recommendations. • Regular communication and engagement with colleagues either face to face via service visits or using Flo to offer wellbeing support and ensure visibility. • Weekly staff rota review and escalation paths • Information Governance Steering Group • IMM meetings and daily SitRep • Bank system in place • Wellbeing initiatives for staff • Wellbeing conversations • Regular review of skill mix to ensure full use of MDT	• Daily Sit rep • IMM report to executive • Twice weekly safer staffing review • Weekly staff rota review and escalation paths • Regular review of skill mix to ensure full use of MDT	Adequate controls and assurance in place	4	3	12 H		3	3	9	**Actions to reduce risk** — **Owner** — **Target Completion** (end) — **Status** Review safer staffing to incorporate AHP/MDT workforce — Rachel Dalton — Dec 2024 — **A** Regular skill mix to ensure full use of MDT — Sive Cavanagh — June 2024 — **A** **Progress update – 9 April 2024:** • Five actions have been completed. • No change to the risk score • Controls and assurance levels were reviewed and updated. • The Deputy Chief Nurse continues to conduct this weekly. • Escalation process via IMM and daily Sitrep. • Chief AHP Officer continues to review skill mix and productivity with AHP.
Sustainable Care	BAF010	06.06.2023	Executive Team	Finance Business and Investment Committee	**If** the system deficit results in lack of investment in new models of care, **then** we will not have the resource to deliver the strategy, **resulting in** continued poor system performance, workforce pressures and poor patient outcomes.	5	4	20	• System CEOs and CFOs groups overseeing performance • Financial recovery plan for the system • Better Care Fund monitoring group	• System FRP has use of beds as a significant improvement scheme requiring new models of care • Provider collaboratives to drive the changes • Dashboards on discharge delays and scale of opportunity.	Adequate controls and assurance in place	4	3	12 H		3	3	9	**Actions to reduce risk** — **Owner** — **Target Completion** (end) — **Status** Community Procurement and provider collaborative development — Mairead McCormick — July 2024 — **A** Integration of short term services with social services under KCHFT lead provider model — Pauline Butterworth — July 2024 — **A** Intermediate care pilot funded by NHSE — Rachel Dalton — June 2024 — **A** **Progress update – 9 April 2024:** • Five actions have been completed. • No change to the risk score • Work is continuing on review of Section 75 arrangements. The pre-existing arrangements for Westbrook and Westview are being amended. New Section 75 for a wider intermediate care is being formulated. • Completion date for the action relating to Integration of short-term services with social services under KCHFT lead provider model revised due to ongoing work with KCC. • Funding Model for Intermediate care pilot funded by NHSE to be agreed.

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 8
Report title:	Corporate Risk Register
Executive sponsor(s):	Pauline Butterworth, Deputy CEO and COO
Report author(s):	Mercy Kusotera, Director of Governance Claire Hayler, Risk and Incident Manager
Action this paper is for:	☐ Decision/approval ☐ Information ☑ Assurance ☑ Note
Public/non-public	Public

Executive summary

Overview of paper:

This paper provides an update to the Board on the Corporate Risk Register (CRR).

At the Audit and Risk Committee meeting held on 8 January 2024, the Committee discussed the CRR and made the following recommendations:

- Some of the risk descriptions needed to be clarified to ensure the actual risk was well articulated.
- Consideration on how risks are escalated to the Board Assurance Framework (BAF) was needed.
- There was need to consider how reputational risks were controlled / mitigated.
- The risk appetite and mitigation for the risk relating to mandatory training for Bank staff needed to be revisited.
- The format of the CRR needed to be revised to make it more insightful.

The Executive Team (ETM) took the above recommendations onboard. The ETM has a corporate view of the CRR and where risks sit across the organisation. The following key changes were made to improve the CRR:

- The format of the report was revised. The new format provides an overview of the CRR by highlighting the following:
    - Monthly risk summary

- New risks identified during the reporting period
- Risks regraded or removed from the CRR.

- Risk descriptions were reviewed to ensure they are well articulated.
- All risks scoring 15 and above have an Executive as risk owner.
- The risk appetite and mitigation for the risk relating to bank staff was reviewed. The People Committee has oversight of the risk.

The updated CRR was presented to the Audit and Risk Committee meeting held on 8th April 2024. The Committee welcomed the updated CRR.

There are currently 13 risks on the CRR and they are detailed within the attached report.

Items of concern to be brought to the Board's attention:

None

Significant improvements in matters that were previously an area of concern:

The format of the CRR is much better and more insightful. There is a significant improvement on how risks are articulated.

Items of excellence:

Services review risks regularly. The CRR is now more visible.

Report history / meetings this item has been considered at and outcome
The Corporate Risk Register was recently discussed by the: • Audit and Risk Committee on 8 April 2024 • Executive Team on 9 April 2024

Recommendation(s)
The Board is asked to • **RECEIVE** and **NOTE** the Corporate Risk Register for assurance.

Link to CQC domain				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Assurance Level		
☐ **Significant**	☑ **Reasonable**	☐ **Limited**

Implications		
Links to BAF risks / Corporate Risk Register	☐**BAF**	☑**CRR**
Equality, diversity and inclusion	No	
Legal and regulatory	Yes - the wider risk management process delivers the requirements under KLOE5 of the Well-led framework.	

Executive Sponsor sign off	
Name and designation:	Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer.
Date:	9 April 2024

Kent Community Health NHS Foundation Trust

Corporate Risk Register – 10 April 24

Monthly risk summary May 23 – April 24

Level of Risk	May	June	July	August	September	October	November	December	January	February	March	April
Extremely High	1	1	0	0	0	0	0	0	0	0	0	0
High	11	11	10	11	13	13	16	16	16	14	13	13
TOTAL	**12**	**12**	**10**	**11**	**13**	**13**	**16**	**16**	**16**	**14**	**13**	**13**

New risks as at 10 April 2024

Descriptor	Rating
Public Health Services virtual call centre function	15

Risks regraded or removed from the Risk Register as at 10 April 2024

Descriptor	Previous Rating	New Rating
Data Protection Impact Assessment (DPIA) for the Sexual Health Data Management System	12	5

Corporate Risk Register
April 2024

Key:

Low graded risks

Medium graded risks

High graded risks

(Data extracted 10/04/2024)

Opened date highlighted in blue were identified more than 1 year ago

Target completion dates highlighted in red require review

ID	Opened	Theme	Directorate	Service	Source of Risk	Risk Description	Initial Risk Rating C	Initial Risk Rating L	Initial Risk Rating R	Key Controls	Current / Mitigated Risk Rating C	Current / Mitigated Risk Rating L	Current / Mitigated Risk Rating R	Action Plan Summary	Adequacy of Controls	Risk Owner	Executive Director	Date last reviewed	Review Due	Target Completion
6237	24/08/2022	Estates, Patient Safety, Staff Safety	Health, Safety, Emergency Planning and Estates	Estates Operations	Risk Assessment	If the building's the trust occupies do not have adequate fire separation to prevent smoke and fire spread, then there is a risk in the event of a fire incident that smoke and fire will not be contained adequately resulting in difficulty in being able to effectively manage the respective building's fire management plan and an increased risk in injury, harm and potentially loss of life.	4	3	12	Interim mitigation is provided through the provision of key life saving assets such as fire detection and alarm systems and the deployment of evacuation processes. In addition further mitigation is provided by ensuring appropriate planned preventative maintenance and testing is carried out on all key systems. Fire strategy drawings being updated for high risk sites. Community Hospital staff training and awareness sessions increased.	5	3	15	1. Engage with specialist inspector to complete the existing survey and update fire strategy plans 2. Programme to update detailed evacuation plans to be completed by end of April ensuring adequate routes for staged evacuation through compartmentation, staffing levels and other resources available 3. Training for specific sites being developed to incorporate the evacuation plans and local signage to support understanding of approach	Adequate	Galvin, Kevin	Pauline Butterworth	04/04/2024	03/05/2024	30/06/2024
6269	01/09/2022	IT	Operations - Public Health and Prevention	Management of Sexual Health	Incident Reports	If the Lillie EPR system continues to be unstable with persistent issues occurring on a daily basis, then staff are being locked out, unable to access consultations or complete any work, having to resort to BCP in some cases in order to continue to provide patient care. Resulting in a potential detrimental impact to staff morale and impact on patient care.	3	5	15	1. Lillie Task and finish group in place - being led by IT Team. 2. BIA action cards associated with BCP being implemented as required. 3. All calls logged to Topdesk and spreadsheet for IT Team oversight. 4. Regular team communication through team meetings.	3	5	15	Currently, we have reached a critical juncture where no further actions within the scope of the IT department's capabilities can be implemented to stabilise the system. Our IT team have exhausted all known methods of system optimisation, troubleshooting, and maintenance to no avail. Lillie now sits on a server alone IT will support the service until the Tender Process for the New EPR system has been completed and the new system implemented.	Adequate	Mitchell, Sue	Ali Carruth	08/04/2024	30/04/2024	30/04/2024
6493	04/01/2024	Estates, Financial	Operations - Public Health and Prevention	Management of Public Health Services	Risk Assessment	If there is a reduction in the space available through Family Hubs/KCC estate accessible free of charge for KCHFT services as a consequence of the Kent Communities KCC Programme, then there is a risk services will have a lack of access to venues to support service delivery. Resulting in the service being unable to meet their KPIs or a cost pressure arises from the expense of utilising external venues.	3	5	15	1. Bi-weekly interface with KCC in place. 2. KCHFT representation on Kent Communities Implementation Group 3. Task and Finish Group established with Executive Director oversight 4. District level sub-groups with commissioners reviewing options for service delivery 5. Request for alternative occupancy submitted to KCC (January 2024) 6. Escalated impact to Executive Team within KCHFT and external to KCC	3	5	15	1. Bi-weekly interface with KCC in place. 2. KCHFT representation on Kent Communities Implementation Group 3. Task and Finish Group established with Executive Director oversight 4. District level sub-groups with commissioners reviewing options for service delivery 5. Requests for additional/alternative space submitted - awaiting feedback from KCC. 31.03.2024 - date set to confirm occupancy details. 6. Escalated impact to Executive Team within KCHFT and external to KCC	Inadequate	Robinson-Bright, Jinny	Ali Carruth	21/03/2024	22/04/2024	31/05/2024
6494	05/01/2024	Demand/Capacity	Operations - Public Health and Prevention	Health Visiting	Risk Assessment	If the Tonbridge and Malling Health Visiting Team are unable to recruit to the 5.53WTE vacancy in Band 6/7 Health Visitors and 1.33WTE then there is a risk that the service need to continue to implement actions under their BCP plan. Resulting in the service will be unable to meet their contracted KPIs, quality of care will be impacted and safeguarding requirements not fully met.	3	5	15	1. BIA action cards as part of the Business Continuity Plan. 2. Caseloads are risk stratified with focused support for targeted/specialist families 3. All families receive a face to face new birth visit contact for a holistic family health needs assessment. 4. In the event that there is no possible cover for a safeguarding meeting, health visitor to follow policy, send report and update, apologies and request minutes from the meeting.	3	5	15	1. All vacancies advertised - now utilising adverts in iHV 2. Recruitment and retention premium in place until 30th September 2024. 3. Family Partnership Programme Lead to provide caseload support 4. Perinatal Mental Health Lead Health Visitor to provide caseload support 5. Operational delivery support to be provided by other Health Visiting Teams. 6. All shift vacancies to be sent to Staffbank/agency	Adequate	Robinson-Bright, Jinny	Ali Carruth	21/03/2024	22/04/2024	30/06/2024
6360	20/04/2023	Financial	Operations - Adults - Community Hospitals and Outpatients Services	Community Hospitals	Risk Assessment	If ward budgets are not rebased to reflect the safer staffing requirements and acuity of patients on each Community Hospital site, then there will be ongoing use of additional staffing beyond budgeted staffing levels to ensure compliance with Safer staffing resulting in a continued significant divisional cost pressure.	3	5	15	Use of vacancy money. Safer staffing acuity tool used to move staff between hospitals as per need. Bank staff requested before agency. Escalation through EPR regarding overspend.	3	5	15	1. Deficit highlighted at safer staffing report. 2. Community Hospital strategy to be aware of current risk. 3. Review of reference costs to understand variation and site specific issues that increase staffing requirements. 4. Review of 7 day integrated staffing model across all clinical groups as part of community hospital strategy and short term pathways work. 5. Financial overspend to be included in 2024/25 financial modelling.	Inadequate	Ward, Louise	Pauline Butterworth	25/03/2024	30/04/2024	30/04/2024
6529	15/03/2024	Communication, IT	Operations - Public Health and Prevention	Management of Public Health Services	Risk Assessment	If the functionality of virtual call centres, SMS messaging and webchat cannot be re-instated swiftly then there will be a detrimental impact on public health operational services who are implementing business continuity arrangements resulting in a potential decrease in patient experience and inability to meet contractual requirements.	3	5	15	BIA implemented to account for loss of virtual call centre function: 1) All current call flows have been reviewed and optimised to prepare for loss of virtual call centre function. 2) Arrangements have been made to enable voicemails to automatically be emailed via secure mail to service's generic accounts. 3) Public facing websites and social media accounts are being updated to direct individuals to find alternative ways to contact us by phone or email, as well as self-help information. 4) Additional capacity is being added to our central access teams to enable them to manage potential increased demands of calls expected and ensure the number of callers waiting is kept to a minimum.	3	5	15	BIA implemented to account for loss of virtual call centre function: 1. All current call flows have been reviewed and optimised to prepare for loss of virtual call centre function. 2. Arrangements have been made to enable voicemails to automatically be emailed via secure mail to service's generic accounts. 3. Public facing websites and social media accounts are being updated to direct individuals to find alternative ways to contact us by phone or email, as well as self-help information 4. Additional capacity is being added to our central access teams to enable them to manage potential increased demands of calls expected and ensure the number of callers waiting is kept to a minimum. 5. Staff training being expedited to use alternative system. 6. Corporate teams working to ensure a new contract is in place to restore functionality - potential to onboard services impacted as first cohort.	Uncertain	Robinson-Bright, Jinny	Ali Carruth	04/04/2024	22/04/2024	30/06/2024

Opened date highlighted in blue were identified more than 1 year ago

Target completion dates highlighted in red require review

ID	Opened	Theme	Directorate	Service	Source of Risk	Risk Description	Initial Risk Rating C	Initial Risk Rating L	Initial Risk Rating R	Key Controls	Current / Mitigated Risk Rating C	Current / Mitigated Risk Rating L	Current / Mitigated Risk Rating R	Action Plan Summary	Adequacy of Controls	Risk Owner	Executive Director	Date last reviewed	Review Due	Target Completion
6469	14/11/2023	Clinical Treatment	Operations - Medicines Management	Medicines Management	Risk Assessment	If there are significant medicines supply shortages affecting KCHFT patients then there will be significant increases in workload for pharmacy staff and healthcare professionals to agree actions which may result in unavailability of medicines for patients, moderate or potentially severe patient harm and potential increase in medicines costs.	3	5	15	KCHFT Pharmacy team is working with the ICB for the ADHD medicines shortages. KCHFT Pharmacy team is working with the national medicines procurement team who can help source products from other trusts. The Pharmacy Medicines Value Lead Technician reviews the national situation and liaise with teams to prevent safety issues occurring. A clinical process has been established in order that rapid MDT can be brought together and decisions can be made around alternative treatments and protocols. Improved processes to respond to supply problems including new forms on RiO for staff to be able to search for patients and their medicines.	3	5	15	1. Continue to deliver and monitor the mitigations and review the current workload.	Adequate	Brown, Ruth	Pauline Butterworth	21/03/2024	22/04/2024	31/05/2024
6436	04/09/2023	Financial	Operations - Adults - Long Term and Specialist Conditions	Adult Specialist Conditions - Diabetes and Lymphoedema	Risk Assessment	If there is no formal contract in place for provision of insulin pumps for the KCHFT Diabetes Service, then KCHFT will incur a significant cost pressure as the service continues to support patients pump provision with no income to deliver the activity or associated consumable costs.	3	5	15	In discussions with ICB for resolution with EKHUFT and KCHFT. Task and Finish Group established with EKHUFT and ICB.	3	5	15	1. Working with EKHUFT to understand the trajectory and forecast demand. 2. In discussions with ICB for resolution with EKHUFT and KCHFT – understand the pathway and current commissioning arrangements, plan trajectory for change over to closed hybrid loop insulin pumps alongside NICE guidance. 3. Once understood to submit update options appraisal SBAR for Executive decision to be taken to EPR.	Inadequate	Young, Emma	Pauline Butterworth	18/03/2024	18/04/2024	30/06/2024
6271	10/10/2022	Access to Treatment	Operations - Dental and Planned Care	East Kent Community Dental Services	Risk Assessment	If Kent Dental Community Dental Service is not able to secure regular general anaesthetic theatre slots at acute trust site, then the service will not be able to deliver essential general anaesthetic service to patients, resulting in a large backlog and increasing waiting time and potential harm to patients.	3	4	12	Negotiation with EKHFT and MTW for GA session. Awaiting costing and proposal from EKHUFT and MTW to access their theatres and staff for GA at weekends. Collaborative working with MCH to share lists for urgent cases Internal review of GA patients to ensure only GA patients are on waiting list All current children have been grouped into ASA I and ASA 2 and above. All patients over 40 weeks will have harm reviews carried out which are submitted to the Patient Safety Team by the Clinical Director for East Kent CDS. Proposal to ICB Dental commissioning to use dental underspend to support using the DGAU (Dental GA Unit) at Royal London Hospital (RLH) for ASA 1 dental paediatric patients on GA wait list as part of the mitigation for managing the dental Paediatric wait list.	3	5	15	1. To continue GA review clinics to ensure all treatment options are being explored. and undertake harm reviews 2. Press EKHUFT and MTW for contract for ASA 2 children dental GA as agreed. 3. ASA 1 cases to London project once funding agreed.	Inadequate	Willis-Lake, June	Pauline Butterworth	18/03/2024	18/04/2024	30/06/2024
6152	04/04/2022	Waiting Times	Operations - Specialist Services	Paediatrics Service	Risk Assessment	If Commissioners do not develop and introduce new models of care for Children's neurodevelopmental assessments in a timely manner, then waiting lists will increase, resulting in poor patient experience, clinical risk, rise in complaints and potential patient harm. *Affects Children's therapies also*	2	5	10	Business managers to monitor wait times and work with admin to allocate children according to need. Waiting times now clearly available on Trust website for Community Paediatrics and children's therapies, and neurodevelopmental section on the Therapies pod. Monthly newsletter sent to clinical and admin staff to update them on the situation to accurately inform families. Working with ICB and other providers. This is a national issue, not just KCHFT. Clinical triage in place to ensure children have the right assessments and can be prioritised according to need. Waiting lists are prioritised by length of wait and/ or clinical need. Patient forum in place. Skill mix to compliment with earlier triage and assessments to reduce medical time to increase flow of patients. Initial Waiting list validation complete and new referrals checked for appropriateness of pathway. Stratify list for appropriate clinical pathways and clinical priority completed by end of March including new referrals.	3	5	15	1. Continue to share waiting times with ICB. 2. Work in collaboration with other providers locally to share resources, consistent messaging to families and adopt ways of working. 3. New model proposed from ICB, clinical modelling session planned for end of March and early Summer. 4. Communications strategy to all stakeholders in conjunction with ICB and other providers. 5. Working with Education to develop more comprehensive trial of the 'this is me' pilot to commence service provision in April.	Inadequate	Tracey, Clive	Pauline Butterworth	26/03/2024	26/04/2024	31/07/2024
6272	11/10/2022	Demand/Capacity	Operations - Adult Learning Disabilities and Autism	Adult Neurodevelopment	Risk Assessment	If Adult Neurodevelopmental service continues to receive significantly high numbers of referrals exceeding contractual resources, and new models of delivery are not commissioned and introduced then waiting lists will increase resulting in poor patient experience, rise in complaints and potential patient harm.	3	3	9	Task and finish groups ongoing. Twice monthly meetings with ICB. Activity Query Notice in situ with detailed action plan agreed.	3	5	15	1. Management plan agreed with ICB to support different cohorts at different stages within the clinical pathway. 2. Communications plan being developed with all new referrals for ADHD now receiving letter to advise of waiting times. 3. Continue to share waiting times and patient numbers with ICB 4. Working with ICB on new triage model to risk stratify those waiting for assessment 5. Work in collaboration with contracted providers to optimise capacity and focus on ASD assessments, medical reviews, transition and complex needs 6. New support model to be commissioned by ICB. 7. Waiting well support provided by COGs AI offered to all on waiting list 8. Developing exit plan to transfer service by November 2024.	Adequate	Tracey, Clive	Pauline Butterworth	26/03/2024	26/04/2024	30/11/2024
6474	29/11/2023	Estates	Health, Safety, Emergency Planning and Estates	Estates Operations	Risk Assessment	If the estates operations do not have full visibility of statutory compliance documentation, then an unforeseen failure of a building element or system could result in injury or harm to a person the trust could be exposed to potential litigation.	4	4	16	Improved systems and processes to ensure compliance documentation is available upon request. An effective and comprehensive planned maintenance regime is implemented. Stringent monitoring and review procedures are in place.	4	3	12	1. Fully implement CAFM system by end of April 2024. 2. Clearly defined roles and responsibilities within re-structure. 3. Develop and maintain communications and relationships with landlords.	Adequate	Galvin, Kevin		04/04/2024	03/05/2024	30/04/2024
6496	08/01/2024	Demand/Capacity, Patient Safety	Operations - Adults - Community Hospitals and Outpatients Services	Community Hospitals	Risk Assessment	If the winter escalation beds are mobilised with a high proportion of agency staff and an ongoing transient workforce. Then there is a risk that operational and quality processes will not be fully embedded, resulting in a risk to patient safety.	4	3	12	Internal nursing and therapies leadership allocated to embed Trust processes. Senior leadership rota for support and visible leadership; and to provide safety assurance. Support from internal practice development team for staff. Daily ward based huddles for dissemination of key messages. Development of quality round tool, to pilot on winter wards for assurance.	4	3	12	1. Development of workforce competency framework to standardise knowledge and skills, and to provide a record of assurance. 2. Support from internal practice development team for staff. 3. Escalation ward performance data for monitoring and assurance. 4. Quality Round pilots undertaken and provided snap shot of standards.	Adequate	Ward, Louise		25/03/2024	30/04/2024	30/06/2024

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 9
Report title:	Progress Against Good Governance Action Plan – April 2024
Executive sponsor(s):	Pauline Butterworth, Deputy CEO and COO
Report author(s):	Mercy Kusotera, Director of Governance
Action this paper is for:	☐ Decision/approval ☐ Information ☑ Assurance ☑ Note
Public/non-public	Public

Executive summary

Overview of paper:

The Trust commissioned the Good Governance Institute to undertake a developmental review of leadership and governance in line with NHS England's well-led framework. The review was carried out from September to December 2023 with the final report issued in March 2023.

The recommendations and the action plan were approved by the Board in June 2023. Following Board approval, the actions were presented to the Council of Governors on 12 July 2023.

The Board is asked to note for assurance progress against Good Governance actions.

Items of concern to be brought to the committee's attention:

- None

Significant improvements in matters that were previously an area of concern:

- None.

Items of excellence:

- Refreshed the Board Assurance framework.

Report history / meetings this item has been considered at and outcome

A progress report against the actions to address the recommendations was presented to Part 2 Board meeting on 21 February 2024.

Recommendation(s)
The Board is asked to • **NOTE** for assurance progress against Good Governance actions.

Link to CQC domain				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Assurance Level		
☐ **Significant**	☑ **Reasonable**	☐ **Limited**

Implications		
Links to BAF risks / Corporate Risk Register	**☑BAF**	**☑CRR**
Equality, diversity and inclusion	No	
Legal and regulatory	Yes - Well-led – KLOE 5	

Executive Sponsor sign off	
Name and designation:	Pauline Butterworth, Deputy Chief Executive and Chief Operating officer
Date:	April 2024

Good Governance Action Plan: 10 April 2024

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R1	Consider how to make NEDs more visible to staff including making the most of opportunities which arise when attending meetings on site and from board visits.	Review feedback system of NEDs	June 2024	ETM/Board	Pauline Butterworth Mercy Kusotera	Board meetings live streamed with links via website. NEDs taking part in series of We Care visits. NEDs attending, We Care conferences, now open to all staff, plus involved in engagement exercises with staff, such as Nobody Left Behind and Staff Voice, increasing visibility. Kim Lowe joined recent staff voice simulation event. NEDs to be included in staff governor film, which election concluded. NED visibility to be tested as part of Communications Survey planned for May/June.	**Ongoing**
		Increase profile of NEDs		ETM/Board	Julia Rogers		

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R2	The Board should review its development needs and create an outcome orientated board development programme against specific goals. This should include information sessions, strategic needs, team building and informal sessions to enhance their work as a unitary board.	Discuss development needs at appraisals	September 2023 – May 2024	ETM/Board	John Goulston Mairead McCormick Mercy Kusotera	The Board held two facilitated Board Development sessions on 26 September 2023 and 7 February 2024 respectively. A third session is being arranged for May 2024. These sessions focus on Board effectiveness, strategic needs and culture.	**Completed**
		Develop board development programme 2023/24	July 2023				

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R3	Refresh the current strategy together with the underpinning sub-strategies as appropriate to tie in with the Kent & Medway Integrated Care Strategy and the ICB's Joint Delivery Plan and reflect the trust's contribution to the system.	Refresh Trust Strategy Review People Priorities, most notably EDI plan (see R5). Complete Estates Optimisation Strategy/ Plan. Develop intermediate Care clinical strategy with revamped rehabilitation and recovery pathways	December 2023	ETM / Audit and Risk Committee	Sarah Philips Victoria Robinson-Collins	The We Care Strategy directly supports delivery of the ICB four core purposes of integrated care strategy. Two examples of how our We Care Strategy directly supports the delivery of the ICB four core purposes are: (1) our ambition for 'Putting Communities First' directly supports tackling inequalities. There is no significant difference in did not attend (DNA) or 'was not brought' rates between patients living in the most and least deprived areas or ethnic group by April 2026.	**Completed**

						(2) our We Care ambition of Staff spend 50% less time on admin processes that don't add value to patient care by March 2027 directly contributes to ICB core purpose of enhancing productivity and value for money. The People & OD Priorities were approved by ETM and People Committee in Q1 FY24/25. The EDI plan was refreshed following trust wide engagement and approved by the Board (see R5) Estates Optimisation Plan was developed.	

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R4	The trust should increase the promotion, monitoring and reporting of environmental sustainability, including the trust's Green Plan and its links to the system wide green plan and the Sustainability Strategy.	Review sustainability strategy Review sustainability reporting	August 2024	ETM Audit and Risk Committee	Julia Rogers Pauline Butterworth	The KCHFT Sustainability webpage has been refreshed and includes more information on how the Trust is tackling its carbon footprint, and the projects which are contributing to the drive. Local radio and media coverage of environmental initiatives to reduce food waste and develop self-sustaining patient food services at community hospital site. Sustainability update is included in the Trust Annual Report Further actions proposed subject to agreement, including timeframes are Environmental Sustainability Skills for Managers/workforce	**On track but not fully completed**

						E- Learning course is available via IEMA LFB commissioned their own bespoke e-learning package for all staff, comparatively inexpensive against individual courses.	

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R5	The trust should ensure there is sufficient resource to support the work of the staff networks and to continue to prioritise work on the WRES and WDES.	Review current allocations with staff networks as part of network refresh exercise and undertake gap analysis to inform proposal for executives to consider. Continue to prioritise work on WRES and WDES by delivering on agreed actions following NLB refresh.	December 2023	People Committee	Victoria Robinson-Collins	The refresh project to review the form, function and governance of the staff networks commenced November 23 and due to complete end of 2023/24 financial year. Progress update at February 2024 Board. NLB action plan refresh completed with WRES/ WDES actions and approved by Board. New IPR dashboard tracks progress and gives visibility to Board. April 2024 update: the staff networks requested support in engaging their members with the proposed new processes and infrastructure related to the staff networks. This has resulted in the project not concluding in line with the original project plan. However, this extension has proven beneficial in ensuring that there is greater understanding within the	**Completed**.

						network leadership and membership as to the details of the proposed way forward. This has also allowed the project team to further develop the proposal. A final in-person event is planned to launch the new approach to Staff Networks at KCHFT. A date for this will be announced soon. R5 can be considered complete on the basis of the WRES and WDES work continuing to be a priority as well as the assurances provided by the Network Review project highlighting the system leading resource commitment KCHFT makes to its Staff Networks.	

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R6	The trust should provide training for those who regularly write board papers to enable them to enhance this skill and produce more focused papers for the board.	Run a programme of training on assurance report authoring for key staff	March 2024	ETM	Mercy Kusotera	Training for Board / committee report writers arranged.	**Completed**

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R7	The trust should undertake a review of the management groups (that is, the meetings which are outside of the board committees) with the aim of reducing the number of groups which meet, to release time spent in meetings. Focus should then be on ensuring that meetings run effectively, including the reporting of assurance. Any such rationalisation of the management assurance meetings' structure will need to be accompanied by organisational development to ensure that the new structure provides more effective assurance.	Mapping of all groups and then review and revise the governance structures in place to oversee the quality and safety, use of resources, finance, and people agendas	December 2023	Quality Committee Audit and Risk Committee	Pauline Butterworth Dr Mercia Spare Mercy Kusotera	A review of the management groups was undertaken and the agreed reporting structure was reported to the quality committee in July 2023. A trust-wide risk and governance group co-chaired by the Chief Nursing Officer and the Director of Governance was established.	**Completed**

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R8	The trust should ensure the governance of trust Standard Operating Procedures and policies in the organization is understood and followed by all staff who have responsibility for the review, approval and ratification of trust documents.	A policy group is required to review and approve both clinical and non-clinical policies	February 2024	ETM	Dr Mercia Spare Mercy Kusotera	A Policy Review Group is now in place.	**Completed**

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R9	In view of provision Section D, 2.8 of the Code of Governance the trust should create a separate risk management strategy.	Develop combined document as risk management framework (strategy, policy and procedures) to clarify accountabilities for, and escalation thresholds in relation to risk from ward to board.to clarify accountabilities for, and escalation thresholds in relation to risk from ward to board in line with best practice.	October 2023	ETM Audit and Risk Committee	Pauline Butterworth Mercy Kusotera	The Risk Management Framework was approved by the Audit and Risk Committee on 31 August 2023. The approved version was published on Flo.	**Completed**

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R10	In order to clearly identify risks that have a wider impact beyond the service where they arose it is recommended that the trust creates a corporate risk register.	Develop corporate risk register and refresh the BAF in line with best practice and introduce an explicit means of seeking and providing assurance on strategic risk to the board	December 2023	ETM Audit Risk Committee	Pauline Butterworth Mercy Kusotera	Corporate Risk Register in place and is presented to the Board and sub-committees to increase visibility.	**Completed**

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R11	Estates management needs to continue to be a priority for the trust focusing on the leadership of the estates team and amending the strategy to align with the ICS strategy making it fit for purpose.	Review estates and facilities governance and compliance and the change the structure to ensure adequate leadership in place and undertake a culture and behavioural review.	December 2023	ETM Audit and Risk Committee	Pauline Butterworth	Director of Estates now in place. Estates restructure now complete. Cultural Review undertaken and recommendations implemented.	**Completed**

Ref	Recommendation	Key action(s)	Due date	Responsible Committee	Executive owner	Progress to date	Status
R12	The trust should review its internal processes for responding to requests for changes to the EPR (RIO) to suit the requirements of their services.	Review current process and lessons learnt from progress to date, engage with current supplier to improve usability of the system, work with other organisations with similar issues (e.g. KMPT) for solutions	March 2024	ETM	Gordon Flack	A pilot to reduce clinical documentation using progress notes function rather than forms function in RIO and utilising standard abbreviations in notes was completed. A test of change has demonstrated 33% reduction in time spent by clinicians on clinical documentation. A roll out plan developed for all community nursing teams is underway scheduled to be complete across all community nursing teams by early summer 2024. Meetings with executives from the Access group have set the supplier key development aims around interoperability by April 2024 and will	**On track but not fully completed.**

						determine if the trust continues with their product. In parallel the Trust is exploring alternative products with partner community organisations.	

Ref	Recommendation	Key action(s)	By date	Responsible Committee	Executive owner	Progress to date	Status
R13	The trust needs to decide which opportunities presented by the new system it wants to develop and work with the ICB and other partners to achieve this.	Incorporate in board development programme	May 2024	Board	John Goulston Mairead McCormick	The second part of the Board Development programme focuses on our We Care Strategy and how this can best support the delivery of Kent & Medway's integrated care delivery plan. Development sessions on this are taking place during 2024; the first session was held on 21 February 2024. The next session is scheduled for 22 May 2024.	**On track but not fully completed.**

Ref	Recommendation	Key action(s)	By date	Responsible Committee	Executive owner	Progress to date	Status
R14	We recommend that the trust takes every opportunity to agree a system wide policy for the investigation of serious incidents that involve different partners in the system.	Discuss with partners and develop.	December 2023	ETM and Quality Committee	Sive Cavanagh	Discussion held with Chief Nursing Officer ICB and agreed medium term plan to develop system level policy. Each provider is working towards full implementation within national timescales following which the Chief Nursing Officers group will work with the ICB to agree overarching policy on incident review.	**On track but not fully completed.**

Ref	Recommendation	Key action(s)	By date	Responsible Committee	Executive owner	Progress to date	Status
R15	The trust is asked to consider how it may ensure all staff have the means to access personal and professional development and the opportunity to introduce changes within their services.	Completion of demand and capacity work to understand right workforce numbers, right place, right time with headroom on rosters. Completion of leadership development programme refresh, career pathways for clinical posts at Trust, PLACE and system. Continue to promote and embed QI as the methodology for colleagues to be empowered to make changes within their teams and services	May 2024	ETM and People Committee	Victoria Robinson-Collins, Sive Cavanagh and Sarah Phillips	Demand and capacity programme underway led through Ops, QI and CCQ. Refresh of leadership programmes complete, and leadership behaviours framework refresh complete. Proposal for establishment of Kent and Medway Academy as CIC hosted by KCHFT agreed in principle with paper deferred by system Chief People Officer's; deferred to 12 April meeting. Suite of supporting papers for education and careers in KCHFT being considered alongside. QI in progress - There is a process for specialist	**On track but not fully completed.**

						doctors to support their development. We will target more doctors to do QI development.	

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 10, 11, 12, 13, 14
Report title:	Committee Chairs' Assurance Reports
Report sponsor:	Trust Chair
Executive sponsor(s):	Pauline Butterworth, Deputy CEO and COO
Report author(s):	Mercy Kusotera
Action this paper is for:	☐ Decision/approval ☐ Information ☑ Assurance ☑ Note
Public/non-public	Public

Executive summary

The purpose of this report is to provide an update to the Board on the following Committee meetings:

- Audit and Risk Committee meeting held on 8th April 2024
- Finance Business and Investment Committee meetings held on
  - 31st January 2024
  - 20th March 2024
- Quality Committee meetings held on:
  - 15th February 2024
  - 7th March 2024
- People Committee meeting held on 28th February 2024
- Charitable Funds Committee meeting held on 6th March 2024.

The meetings were called and convened in accordance with the Committees terms of Reference and were quorate.

The Board is asked to receive and note the Committee Chairs' reports for assurance.

Report history / meetings this item has been considered at and outcome
None

Recommendation(s)
The Board is asked to note the reports for assurance.

Link to CQC domain				
☑Safe	☑Effective	☑Caring	☑Responsive	☑Well-led

Assurance Level		
☑ **Significant**	☐ **Reasonable**	☐ **Limited**

Implications		
Links to BAF risks / Corporate Risk Register	☐**BAF**	☑**CRR**
Equality, diversity and inclusion	No	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer.
Date:	10 April 2024

Kent Community Health NHS Foundation Trust

Note to: KCHFT Board
From: Karen Taylor, Chair of Audit and Risk Committee
Date: 9 April 2024

Subject: Audit and Risk Committee (ARAC) meeting 8 April 2024

Risk Management, Board Assurance Framework (BAF) and Corporate Risk Register (CRR)
The Committee commended the good work that had been done in improving the content of the Board Assurance Framework and in particular welcomed the revision of the action column. The executives had reviewed all the risks. Enhanced processes are in place to update all the risks including time lines, actions and assurance levels. BAF001 – this risk refers in part to the long waiting times for adult neurodevelopmental services. The Quality Committee is closely monitoring the issue. The Committee received the Corporate Risk Register for assurance. Again, the ARC noted that good work has been done around improving the content of the risk register. All risks scoring 15 and above have been assigned to an executive risk owner who will work with the risk manager and the Director of Governance to ensure that controls are in place and that actions are fit for purpose. The register is visible to a number of groups to allow for maximum visibility for review. The Committee discussed risk 6360 which was rated inadequate and was assured that the risk was financial rather than a safety risk. Moreover, all community hospital wards meet their safer staffing requirements for the acuity of their patients. However, there was a robust discussion that plans to rebase budgets needed to be expedited. The Finance, Business and Investment Committee will be monitoring the rebasing of the budgets. There was discussion and concerns raised about the large remit and expectations of the new Integrated Governance and Risk Management Group. The Patient Safety and Clinical Risk Governance Group has been reinstated. With all non-executive directors agreeing this was a move in the right direction. A request was made to obtain assurance that clinical effectiveness issues are being dealt with properly.

Internal Controls - 3rd party

TIAA Progress Report:
Reasonable assurance on the two completed reports. Audit Plan on track

TIAA Annual Plan 2024/25
A number of suggestions were made to the draft annual plan. A revised version will be circulated to the non-executive directors to approve.

Anti-Crime Progress Report:
Substantial assurance

Anti- Crime Annual Plan 2024/25
The Committee approved the plan.

External Auditors
The Committee approved the indicative Audit Plan for 2023/24 year-end.

Internal Controls - Trust

Cyber Security Report
The report was presented for assurance.

Ransom ware is considered the biggest threat but the Committee was assured that although this will always be a risk, strong mitigations are in place.

Financial Reporting and Controls

The NHS operating planning and contracting guidance was published at the end of March and continues to focus on the recovery of core services and productivity following the pandemic.

The final financial (revenue and capital) and workforce plans will be submitted to the Integrated Care Board (ICB) on 22 April and to NHS England on 2 May.

Single Tender Waivers and Retrospective Requisitions Report
The report was presented for assurance.

Losses and Special Payments including Debt Write-Off Assurance Report
The report was presented for assurance.

Governance
The Committee discussed the Policy for the development ratification and review of policies and other procedural documents. It was confirmed that the policy was still current and that the new Policy Review Group which had recently been set up would be reviewing it in light of the new governance structure. Any quality issues will be escalated to the Quality Committee and an escalation report will be submitted to the monthly integrated governance and risk management meeting. The Audit and Risk Committee terms of reference were approved. The Audit and Risk Committee effectiveness exercise had concluded and a summary of the findings was discussed. The comments showed the positive effectiveness of the Committee.

Kent Community Health
NHS Foundation Trust

FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is based on the Finance, Business and Investment Committee meeting held on 31 January 2024.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Kent and Medway system financial position (6/12)	Latest financial position noted.	
Business development and service improvement item	Latest report presented and noted by the Committee.	
Service presentations -iMSK -Community nursing -South East Driveability	Three very different presentations regarding financial performance for very different services made to the Committee and all noted.	

Issue	Committee review and assurance	Matters for Board awareness and/or action
Corporate benchmarking report	Paper presented based on 2022/3 national corporate bench marking exercise. Paper was noted by the Committee. Agreed that an update will be presented in six months and will include data for Estates.	
Finance report including service line and cost improvement programme (9/12)	Latest report was presented and noted.	
Capital plan review and forecast	Latest update on capital plan was presented and noted by the Committee.	
Financial planning assumptions	Paper setting out assumptions being used for preparation of the Budget was presented and noted.	Full national planning guidance not yet published. Budget being prepared consistent with previous year's guidance and 2024/25 local modelling assumptions.
Efficiency programme for 2024/25	Paper on the current position on 2024/25 efficiency programme was presented and noted	

Issue	Committee review and assurance	Matters for Board awareness and/or action
Edenbridge Memorial Health Centre	Latest update noted.	

Paul Butler
Chair of Finance, Business and Investment Committee
31 March 2024

Kent Community Health
NHS Foundation Trust

FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S REVIEW AND ASSURANCE REPORT

This report is based on the Finance, Business and Investment Committee meeting held on 20 March 2024.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Minutes and action log	Not included on current action log but previously discussed is the need for a presentation to the Committee regarding the current status of the trust's property estate. This is by way of background in advance of a view of the optimisation plan.	It has been agreed that the executive will make this presentation to the May meeting of the Committee. The Committee could conclude that it warrants onward presentation to the Board.
Corporate risk register	It was again noted that the current version of the corporate risk register does not include details of the anticipated/target risk level subsequent to mitigation actions being completed.	The Committee has asked that this detail is included in the next version of the Corporate risk register presented to the Board.
Business Development and service improvement item	Latest report noted.	The executive advised that the Kent and Medway integrated care board (ICB) contracts have now been extended to September 2025.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Draft annual budget 2024/5	The draft budget for 2024/25 was presented to the Committee and was subject to review. The key assumptions and risks were considered. These included an assumption that the Kent and Medway ICB and Kent County Council (KCC) contracts continue on existing terms throughout the financial year 2024/25, the CIP target of £13.8m, potential for an unfunded pay award and a potential need for additional CAPEX funding.	The budget was supported by the Committee for onward approval by the Board on 28 March. It should be noted that this budget is not the final version as a potentially amended plan will be submitted to NHS England by 2 May with a subsequent review and approval by FBI Committee/Board thereafter.
Going concern and working capital review	Preparatory year end going concern paper presented to the Committee and noted.	
Finance report including service line and cost improvement programme (11/12)	The latest report was presented and noted.	
Capital plan review and forecast	The latest update on the capital plan was presented and noted by the Committee.	

Issue	Committee review and assurance	Matters for Board awareness and/or action
Kent and Medway system financial position (10/12)	The current financial position was presented to the Committee and noted.	

Paul Butler
Chair of Finance, Business and Investment Committee
31 March 2024

Kent Community Health NHS Foundation Trust

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on 15 February 2024.

Area	Assurance and key points to note	Further actions and follow up
Improving access to healthcare - the Roma community	An excellent presentation was received, describing a project to improve access to healthcare for the Roma community. The Committee received good assurance through the positive work of the Health Visiting Team. The Committee noted that the team had changed the trust's offer by the team and adapted it to increase uptake and engagement of this community.	Funding was due to cease in March 2024, with future funding options to be discussed outside the meeting. Further thought is being given by the executive on how good practice can be shared with other teams.
Non-executive director deep dive of 2022/23 cost improvement programme (CIP) equity and quality impact assessment (EQIA) scheme CS0116	The Quality Committee commissioned a deep dive for CIP scheme CS0116 in Community Paediatrics to seek assurance that the implementation of the CIP had not had a detrimental effect on this already pressured service and the team. Revised templates for diagnostic reporting had resulted in a reduction of administration time and enabled a whole time equivalent (WTE) reduction. Pippa White, Head of Service for Looked after Children (LAC), Children's Hearing and Community Paediatrics presented an overview of the service that detailed the improvements implemented within the service. In summary, the service had reviewed the effectiveness of the administration resource and looked at digital resources including Rio in order to effectively streamline their processes. Improvements in productivity and effectiveness had been seen. A number of recommendations were made to the team which they will be taking forward. These included the need for a workforce plan and continued development of community paediatrics role, monitoring via the staff survey to measure impact of changes on the team and the need	

Area	Assurance and key points to note	Further actions and follow up
	to monitor outcomes for impact on speed to diagnosis / assessment as a result of service changes.	
Board assurance framework (BAF) and corporate risk register (patient safety risks) for Quality Committee	The BAF review had taken place on 17 January 2024, with no new risks. The corporate risk register would be updated and brought to the March meeting.	The corporate risk register will be on the agenda for the March Committee meeting.
National and local quality issues	Health Care support workers roles were discussed with job descriptions being reviewed to consider a change from band 2 to band 3. The financial implications and risks were being considered.	Chief people officers across the system will continue this work across our system.
Monthly quality report	The report was presented for assurance, with highlights being; a slight increase in patient safety incidents due to Rio issues and breaches in personal data. Staffing levels within community hospitals have consistently increased which was positively noted. The Committee noted that the team that had moved from Edenbridge had settled well into their new roles and should be commended for the way the transitions were managed. Two areas were further discussed; the lack of the infection prevention and control (IPC) MRSA screening on the discharge transfer form from the acute settings, and that the resuscitation (resus) data had dropped off the Quality	The lack of progress of the lying and standing blood pressure readings was noted. Dr Sarah Phillips, Chief Medical Officer to raise as a potential new Quality Improvement (QI) project.

Area	Assurance and key points to note	Further actions and follow up
	Report. The Deputy Chief Nursing Officer will investigate. It was noted a resus officer has been appointed.	Lee Tomlinson, Associate Director of Nursing to investigate and will report back to the March Committee meeting.
Operational deep dive • Podiatry Service	The report was presented for assurance. There had been marked progress in waiting times. The service was on course for the 87% target by the end of March 2024, with 90% against the 12-week referral to treatment (RTT). 60% of the outstanding waitlist were now booked with appointments. The team was thanked for their hard work on the significant work to date. Assurance was given that the improvement was sustainable.	Committee members discussed the learning from the improvements and asked for the trust to consider sharing good practice.
Population Health Group chair's assurance report	The report was presented to the Committee for assurance following the meetings in October and January. Key points raised: Integrated neighbourhood teams (INT) / health and care partnerships (HCP) updates - progress updates on the INTs within East and West Kent were considered. Communities Steering Group presentation - the quarterly report and forward plan for the Healthy Communities Steering group was presented and discussed by the group. Rainbow Badge Accreditation and action plan - an overview of the Rainbow Badge accreditation programme was provided to the group. The Trust has been awarded the bronze level. The Committee noted progress was being made in all the above areas. The KCHFT team is supporting the health offer to increase measles, mumps and rubella (MMR) update locally across Kent and Medway. Breakthrough objectives - an update was considered on the breakthrough objectives;	A vaccination deep dive would be brought to the July Committee meeting.

Area	Assurance and key points to note	Further actions and follow up
	PC1b Reduce the total did not attend (DNA) rate for patients deprived localities by 25% by October 24. PC1a: 80% of all contacts to have their ethnicity recorded on electronic patient records by March 2024. Work continues on both of these objectives. Health inequalities - the Inclusion Health presentation was shared with the group and discussed with the focus on equity of access, experience and outcomes for different groups. Family Partnership Programme evaluation was discussed. This has demonstrated positive experiences and outcomes for the target group.	The Family Partnership evaluation will come to the Quality Committee for presentation.
Learning from Patient Experience Council chair's assurance report	The report was presented to the Committee for assurance. Dr Mercia Spare, Chief Nursing Officer and chair of the Council invited each member of the group to attend the Learning from Patient Experience meeting, at least once. Small amendments to the terms of reference were made. A summary of the We Care annual report was detailed, with a focus on themes and findings related to patient experience. The three top themes were estates and facilities; staff support and wellbeing; and challenges for IT systems. Learning from Patient Safety noted that after action reviews were in place to check assurance as well as identifying after incidents. The transition to the Patient Safety Incident Response Framework (PSIRF) continued and has been presented to the Board. The hot debrief pilot for falls was being rolled out to all community hospitals.	Further assurance to be provided that every service was asking patients for feedback. Dr Mercia Spare to feedback at the next Committee meeting. The PSIRF policy will be presented to the March Committee meeting for approval.
Triangulation report	The report was presented to the Committee for assurance. This was the first time this type of report had been shared and there was some feedback from the group. It was proposed that the report would come to the Quality	

Area	Assurance and key points to note	Further actions and follow up
	Committee quarterly, starting from May. The report provided an overview of data reviewed from incidents, claims, inquests, complaints, mortality reviews, safeguarding and infection prevention and control for quarter three of 2023/2024.	
Learning from deaths quarterly report	The quarter two report was presented to the Committee for assurance. It was recognised that the Committee will not need all the detail going forward. No community deaths were more likely that not due to lapses in care. The mortality review programme had collaborated with the Patient Safety, Pharmacy, Legal, Complaints, Quality and Governance, Safeguarding, End of Life Steering Group, and Care Support teams and the Transfer of Care Group to facilitate learning from deaths. A Quality Improvement (QI) project had been set up to review and relaunch our learning from deaths. Positive comments and feedback were noted from the medical examiner on families' experiences and feedback.	
Patient safety incident response report	The report was presented to the Committee for assurance. As at 31 January 2024, the trust had one patient safety incident investigation (PSII) under investigation. The patient safety objectives for 2023/24 were on track. The 'go live' date for the patient safety incident response framework (PSIRF) was 01 March and learning from patient safety events (LFPSE) was 29 April 2024. The data showed that 89.7% of staff had been trained in the Level 1 Patient Safety Syllabus. Duty of Candour (DoC) training data showed that 98.6% of staff had received basic awareness training, with 92.0% for the Advanced DoC training.	

Area	Assurance and key points to note	Further actions and follow up
	The hot debrief had now successfully rolled out to other community hospitals with support of the Patient Safety team.	
We Care strategy highlight report	The report was presented to the Committee for assurance. Objectives that the Committee is overseeing were discussed: Objective PC1a: 80% of all contacts to have their ethnicity recorded on electronic patient records by March 2024 had been met. Objective PC1b: reduce the total did not attend (DNA) rates for patients from deprived localities by 25% by October 2024. DNA rates had reduced to 4.7% with a December rate of 5%. Text reminders and adjusting appointment times and venues had been effective. Objective BP2a; KCHFT will be engaged in neighbourhood integration projects in at least five primary care networks or neighbourhoods by March 2024. The National Association of Primary Care (NAPC) was about to start engaging with health and care partnerships (HCP) and primary care networks (PCN). The NAPC would create the framework. Objective BP1a: reduce the average number per month of patients who are no longer fit to reside (NLFTR). It was confirmed that pathway capacity had been an issue. This remains a challenge for the trust. Objective PC2a: all services with waiting times of more than 12 weeks to have a plan in place by October 2023. There were six services below the 87% target. All services below the target were improving and Mark Johnstone, Director of Dental Services was sharing the good practice achieved within the teams.	

Area	Assurance and key points to note	Further actions and follow up
Quality priorities quarterly report	The report was presented to the Committee for assurance. It was confirmed that all categories were on track to reach their target by the end of March 2024.	
2023/24 and 2024/25 Cost Improvement Programme (CIP) Equity and Quality Impact Assessment (EQIA) schemes	The report was presented to the Committee for assurance and was for the purpose of submitting any new CIP EQIAs that had been approved. Since the last report four new CIP EQIAs for £66k had been approved. No areas for non-executive director (NED) deep dives were identified. The EQIA policy is being reviewed and will be submitted to the Committee for consideration.	
Right Care Right Person	This system wide report is being considered by all trusts in the system and was presented to the Committee for noting. Right Care Right Person (RCRP) aims to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people with psychological vulnerability and/or mental health needs. Where it is appropriate for the police to be involved in responding, this will continue to happen, but the police should only be involved for as long as is necessary, and in conjunction with health and/or social care services. It is aimed at making sure the right agency deals with health-related calls, instead of the police.	A task and finish group will be established to work through the impact on patients and staff. The Committee will be updated in July 2024.

Pippa Barber
Chair, Quality Committee
February 2024

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QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on 7 March 2024.

Area	Assurance and key points to note	Further actions and follow up
Relevant feedback from service visits	A joint visit was undertaken with the Chief Executive to HMP Rochester Dental Services. PB feedback - an observation was that the all prisoners completed patient surveys during their visits to the dental suite, which highlights the importance of patient feedback in all healthcare settings. The visit was insightful. However, it was noted the unit was set apart from the main prison health service and placed next to pharmacy. The Chief Executive will be picking up the estate's issues identified. The feedback from the dental services was that the Care Quality Commission (CQC) was content with KCHFT governance. It was noted that the Care Quality Commission undertakes prison inspections of the prison services each year.	
Board assurance framework (BAF) and corporate risk register (patient safety risks) for Quality Committee	The BAF had recently been reviewed by the Trust's Board. Risk regarding the general anaesthetic (GA) dental waiting list was discussed. A focus will be provided at the next Committee meeting on harm reviews. A new risk on the reduction of bases for H/Vs following a review by Kent County Council (KCC) was discussed. Discussion is ongoing with KCC, controls have moved to uncertain. The risks in adult neurodevelopment waiting times were also discussed. It was noted a patient safety incident investigation (PSII) was being carried and an update will be provided in May.	Guidance is still awaited from the executive on the need or not for harm reviews (benchmarking is

Area	Assurance and key points to note	Further actions and follow up
		taking place) and safety netting in place will be highlighted in May's committee report.
Monthly quality report	The report was presented for assurance. It was highlighted there had been an increase in end of life care complaints. The Committee asked the group looking into this to see if there was any correlation with staffing numbers in specific teams as well as other themes. MRSA screening status in community hospital in transferred patients – there are no immediate solutions. However, the team is working with acute hospitals in east and west Kent. Launch of the patient safety incident response framework (PSIRF) has been positively received by staff. The number of nurses engaging in research has risen, marking a significant milestone as, for the first time, nurses outnumber those in any other specialty. The teams supporting the work to increase numbers were thanked as this has been a challenge for some time.	End of life update on themes and issues in the complaints to come to the May Quality Committee Further updates to come to the May Quality Committee
Operational deep dive - • Continence Service	The Continence Service deep dive was presented to the Committee. Updates were provided on work to address the waiting lists. Referral rates are rising. There are significant differences between the east and the west of the county in the way the service is commissioned and provided. It has been agreed by the Executive Team that a review of the product list will be undertaken. The Committee requested service users were involved as part of this. The Committee noted that this was work in progress but was not able to receive assurance on outcomes currently.	Complaints and waiting times will continue to be monitored by the Committee.

Area	Assurance and key points to note	Further actions and follow up
• Diabetes Service	The Committee received the report on the Diabetes services and insulin pumps. The presentation provided an overview of the currently commissioned services, highlighting variations between East and West Kent. Additionally, it outlined two ongoing improvement initiatives. It was noted that this service would be included in the community services review. The current way this is provided and commissioned remains an ongoing challenge.	
Health Inequalities and Inclusion Health policy developments – Implications for KCHFT	Two new policies have been published by NHS England (NHSE) that had implications and proposed actions for KCHFT. Following discussion, assurance was provided that KCHFT can meet the requirements and guidance. This will be included in the annual report 2023/24 within the work on health inequalities and, in addition, the health inequalities action plan for 2024/25 will be refreshed.	
Patient Safety Incident Response Framework (PSIRF) policy	It was noted that the policy had been considered both internally and externally. The integrated care board (ICB) and NHSE have given it positive support. A change to 4.1.7 in relation to the governance process was required and the responsibilities of Quality Committee. The Committee **RATIFIED/APPROVED** the PSIRF policy subject to the change being made.	.
Quality priority consultation paper	The long list of quality priorities is now being considered for the coming year 2024/25.This has been shared with the People Committee and is now in consultation across the organisation. A final short list will be used for the quality account priorities for this coming year.	

Area	Assurance and key points to note	Further actions and follow up
We Care programme 2023/24 annual report and plan for 2024/25	The Committee received and noted the 2023/24 annual report of the services visited. The plan for the current year's programme of visits was discussed. There will be a trial in March utilising the new Care Quality Commission (CQC) framework and the We Care process adapted to meet it. This will be more of a Quality Improvement (QI)/coaching style focus than previously.	A final version of how the programme will work this coming year will come to the May meeting following feedback from the trial.
Resuscitation training	The Committee received a paper that outlined the provision of resuscitation training to staff and compliance trends over the past three months.	The Committee accepted the assurance report and noted that the People Committee will be providing oversight of progress.
Medicines Optimisation Group report	The report provided a summary from the Medicines Optimisation Group meeting held on 15 February 2024. The report provided assurance around the robust work that Pharmacy have completed. Going forward updates on key measures and out comes will be included in the Quality Report medicines slides.	
Forward Plan	The report was presented to the Committee for noting. The Annual Safeguarding and the Annual Infection Prevention and Control reports will be presented to Quality Committee in May 2024.	

Pippa Barber
Chair, Quality Committee
March 2024

Kent Community Health NHS Foundation Trust

PEOPLE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the People Committee meeting held on 28 February 2024.

Agenda item	Assurance and key points to note	Assure/ alert/ advise the Board
Mandatory Training for Bank Staff	Limited Assurance Update on previous position shared. Timelines have been agreed. A number of control mitigations introduced.	ALERT Action and mitigations have been included in the Risk Register and executive team (EMT) are aware and monitoring.
We Care Strategy progress update.	The Committee took note of the progress against the People plans in the We Care Strategy. That some areas had made progress whilst others were yet to make an impact. The committee also noted that many areas will need time to embed change at the frontline.	ASSURE
Workforce Sexual Orientation Equality Standard (WSOES) action plan	The Committee noted the work done to produce work was significant and UK leading and looked forward to the positive impact on our members of staff	ADVISE
Staff Network review	It has been recognised that the staff networks required a deep dive into their form and function. Phase 1-3 are now complete with positive outcomes identified	ADVISE - Next steps, to finalise with Chairs the function and levels of support required to deliver an effective and sustainable staff network system.

Agenda item	Assurance and key points to note	Assure/ alert/ advise the Board
Workforce performance review	Key metrics are still heading in the right direction. Staff sickness has risen as expected, due to the winter seasonal illness. Disclosure and Barring Service (DBS) compliance gaining traction in a positive direction and the Committee were assured it is being monitored very closely. No new items added to the Board Assurance Framework (BAF)	ASSURE
Significant Employee Relations	The Committee noted the report. It was assured that we are very proactive in managing our significant disciplinary cases Employment Tribunal Case hearings are experiencing longer waits, over 18 months is not unusual. This in turn means an extended timeframe; which is not ideal for either the Trust or the individuals involved.	ADVISE - We need to invest more thinking into how we empower our leaders to manage disputes much earlier in the cycle and be confident to have difficult conversations rather than suggest HR intervention. It was also acknowledged that Gen Z are expecting different things from their employers and we need to be cognisant of this change.
Leadership and Behaviours framework refresh	A refresh of the two frameworks we use. 1/for all, 2/ for Leaders and Managers. There was much that was still relevant but some areas, particularly in equity, diversity and inclusion (EDI), health inequalities, use of language and collaborative working practise has been updated. It was noted that both frameworks are very much in use throughout the Trust.	ADVISE - The Board will have sight of these documents in the Board development sessions.

Kim Lowe
Chair, People Committee
2 March 2024

Kent Community Health
NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on 6 March 2024.

Agenda item	Assurance and key points to note	Further actions and follow up
2023/24 quarterly finance update	The Committee received an update on the financial position of the Charitable Fund. The number of bids for funding during quarter four had been less than in the previous quarter. However, the fund had supported the trust's LGBTQ+ conference at the beginning of the year which had been well-attended and drew some good feedback. The Committee approved an increase in the charitable fund's audit fees of 6%.	

Agenda item	Assurance and key points to note	Further actions and follow up
Charitable Funds Marketing report	New resources, posters, postcards and banners advertising the i care charity had been sent to the community hospitals and the larger clinical sites such as the urgent treatment centres. It was hoped that this would encourage users of trust services to make donations directly to the trust's charitable fund.	
Annual Marketing review, plan and objectives	The 2023/24 marketing review was received for assurance. The 2024/25 marketing plan and objectives were received. The Committee suggested that they should link to the trust's breakthrough objectives so that funds could be used to support areas that had been identified for improvement. The Committee supported the plan and welcomed any further developments as system wide changes were rolled out. The Committee suggested it would be helpful if items that had been purchased by the fund had a sticker placed on them reminding staff and public that they had been 'Donated by i care'	
Hardship fund	A verbal report of the current status of applications and processes was received. The Committee was assured no	

Agenda item	Assurance and key points to note	Further actions and follow up
	interventions or additional funding were required at this juncture.	
Any other business	The Committee thanked Mercia Spare for her contribution to the group over the last few years as she would be standing down from her role as Chief Nursing Officer and Committee Executive Lead from the end of March.	

Nigel Turner
Chair, Charitable Funds Committee
10 April 2024

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Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 15
Report title:	Integrated Performance Report
Executive sponsor(s):	Gordon Flack, Chief Finance Officer
Report author(s):	Nick Plummer, Associate Director – Systems and Analytics
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance ☐ Note
Public/non-public	Public

Executive summary

Overview of paper:

The Integrated Performance Report is produced to give an overview of performance against a number of national, contractual and internal key performance indicators. This report is presented with the use of Statistical Process Control (SPC) charts.

For this report, 28 of the 41 KPIs are green and meeting or exceeding target for the month (68.3%), while 2 KPIs are marginally off target (amber) and a further 11 are rated as red.

Items of concern to be brought to the committee's attention:

The KPIs of most concern (off target and also showing negative special cause variation) are KPIs 5.1 Sickness Rate (although below the national benchmark) and 5.2 Absence – Stress.

We are currently adverse to the national community benchmarks for 2.8b (DNA/Was Not Brought for CYP services), KPI 2.10 2-Hour Crisis Response, KPI 2.16 Community Hospital Median Length of Stay (25.2 days against the benchmark of 23.6 days), 5.3 Turnover and 5.5 Vacancy Rate.

Significant improvements in matters that were previously an area of concern:

2.14 AHP Access Wait times remains off target but continues to show positive variation with a sustained period (12 months) above the mean, standing at to 72% for month 11 (84.8% when Community Paediatrics are excluded).

Items of excellence: The trust are performing favourably in KPIs 2.8a (DNA rates for Adults), 4.1 Bed Occupancy, 4.3 CIP and 5.4 Mandatory Training.

Report history / meetings this item has been considered at and outcome
N/A

Recommendation(s)
The Board is asked to receive the report.

Link to CQC domain				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Assurance Level		
☐ **Significant**	☑ **Reasonable**	☐ **Limited**

Implications		
Links to BAF risks / Corporate Risk Register	**☐BAF**	**☐CRR**
Equality, diversity and inclusion	Yes Ethnicity Appointment from Shortlisting disparity in favour of white candidates Any Other White, Mixed White Black/Black British and Asian/Asian British groups have statistically significantly higher rates of DNAs compared to the White British group	

Legal and regulatory	Yes - statutory timelines impacted by capacity for Unaccompanied Asylum Seeker Children assessments

Executive Sponsor sign off	
Name and designation:	Gordon Flack, Chief Finance Officer
Date:	10/04/2024

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Integrated Performance Report

2023/24 Month 11 report

April 2024

Overall CQC Rating – Outstanding (July 2019)

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Contents

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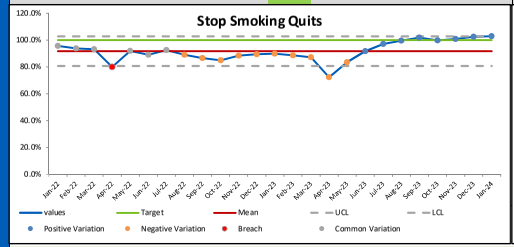
Kent Community Health NHS Foundation Trust - Corporate Scorecard

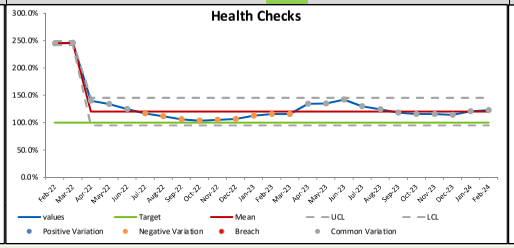
*NOTE: National Targets are denoted by (N) in the KPI name.

1. Prevent Ill Health

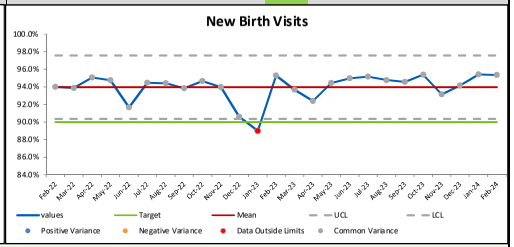
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.1 Stop Smoking - 4 week Quitters	January 2024	102.9%	100%	81%	92%	103%



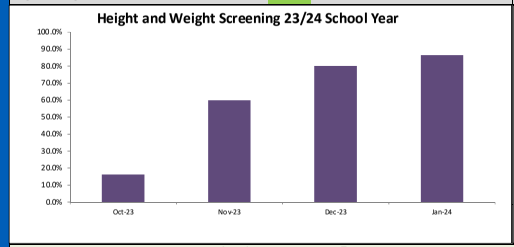
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.2 Health Checks Carried Out	February 2024	122.7%	100%	95%	120%	146%



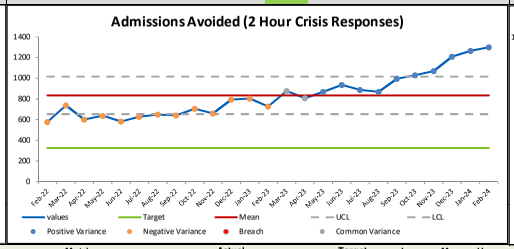
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days	February 2024	95.4%	90%	90%	94%	98%



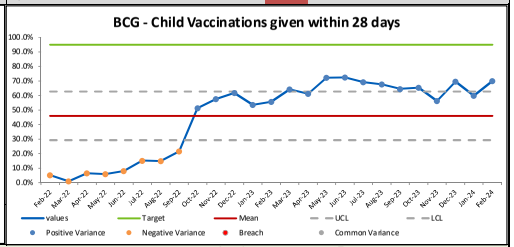
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.4 (N) School Health - Year R and Year 6 Children Screened for Height and Weight	February 2024	88.7%	90% (year end)			



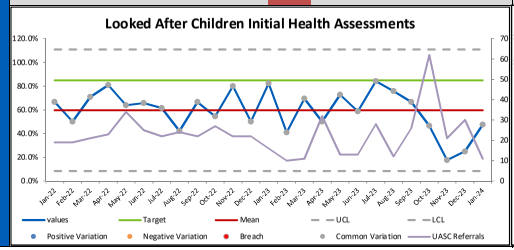
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.5 Admissions Avoidance (2 Hour Crisis Responses)	February 2024	1299	326	652	834	1015



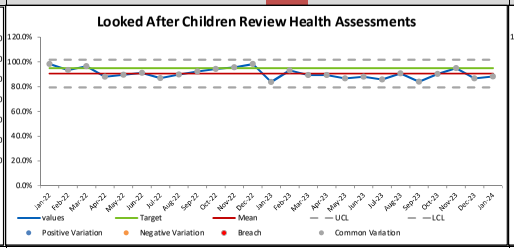
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.6 (N) Percentage of child BCG vaccinations given within 28 days	January 2024	70.0%	95.0%	29%	46%	63%



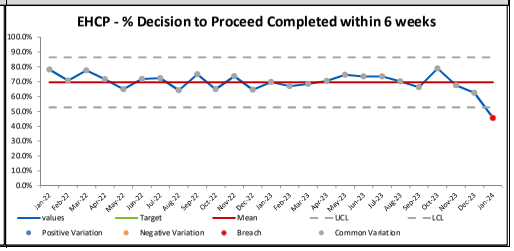
Metric	Actual		Target	Lower	Mean	Upper
KPI 1.7 (N) Looked After Children - Initial assessments completed within timescale	January 2024	47.6%	85%	8%	60%	111%



Metric	Actual		Target	Lower	Mean	Upper
KPI 1.8 (N) Looked After Children - Review assessments completed within timescale	January 2024	88.3%	95%	79%	91%	102%



Metric	Actual		Target	Lower	Mean	Upper
KPI 1.9 (N) Education and Health Care Plan (EHCP) - Completed within 6 weeks	January 2024	45.7%	N/A	53%	70%	86%



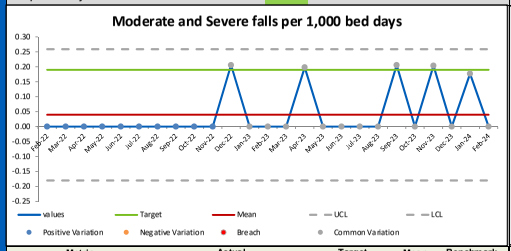
Kent Community Health NHS Foundation Trust - Corporate Scorecard

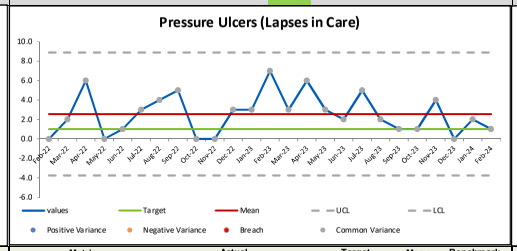
*NOTE: National Targets are denoted by (N) in the KPI name.

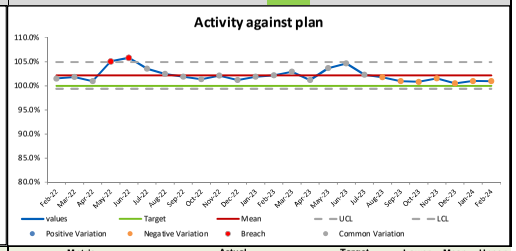
2. Deliver high-quality care at home and in the community

Metric	Actual		Target	23/24 YTD Actual	23/24 YTD Target
KPI 2.1 Number of Teams with an Amber or Red Quality Scorecard Rating	February 2024	0	1	6	12
KPI 2.2 (N) Never Events	February 2024	0	0	0	0
KPI 2.3 (N) Clostridioides difficile infection (CDI) level 3 lapses in care	February 2024	0	0	0	0
KPI 2.4 (N) Infection Control: MRSA cases where KCHFT provided care	February 2024	0	0	0	0

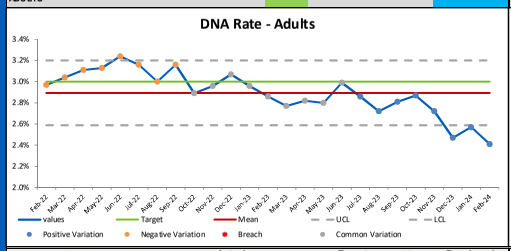
Metric	Actual		Target	Lower	Mean	Upper
KPI 2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days	February 2024	0.00	0.19	-0.18	0.04	0.26
KPI 2.6 Pressure Ulcers - Lapses in Care	February 2024	1	1	-3.8	2.6	8.9
KPI 2.7 Community Activity: YTD as % of YTD Plan	February 2024	100.9%	100.0%	99.4%	102.2%	104.9%

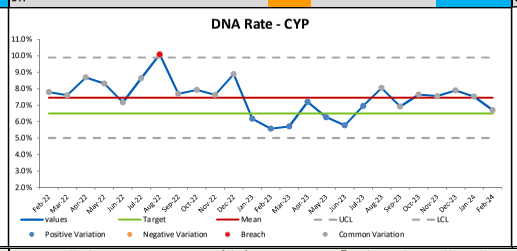


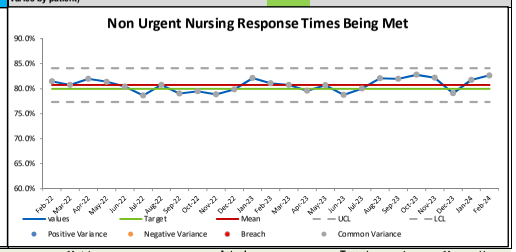




Metric	Actual		Target	Mean	Benchmark
KPI 2.8a Trustwide Did Not Attend Rate: DNAs as a % of total activity - ADULTS	February 2024	2.4%	3.0%	2.9%	4.2%
KPI 2.8b Trustwide Did Not Attend Rate: DNAs as a % of total activity - CYP	February 2024	6.7%	6.5%	7.5%	6.67%
KPI 2.9 Non-Urgent Response Times Met (%) (required time varies by patient)	February 2024	82.7%	80.0%	77.4%	80.7%	84.1%

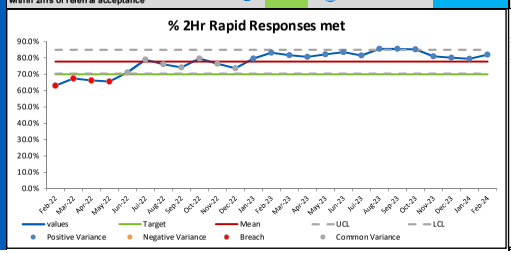


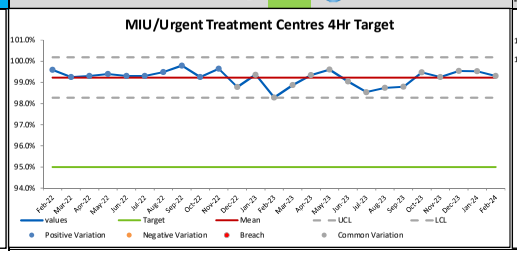


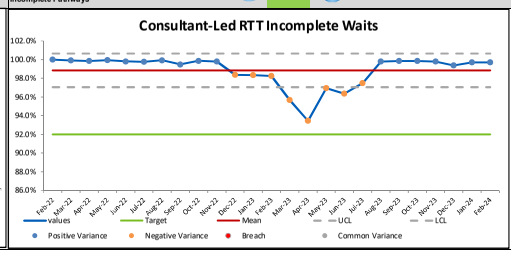


Metric	Actual		Target	Mean	Benchmark
KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance	February 2024	82.0%	70.0%	77.7%	82.4%

Metric	Actual		Target	Lower	Mean	Upper
KPI 2.11 (N) Total Time in MIUs: Less than 4 hours	February 2024	99.3%	95.0%	98.3%	99.2%	100.2%
KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways	February 2024	99.7%	92.0%	97.1%	98.9%	100.7%





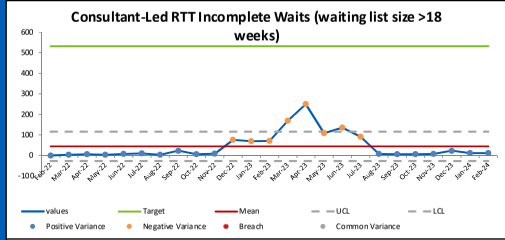


Kent Community Health NHS Foundation Trust - Corporate Scorecard

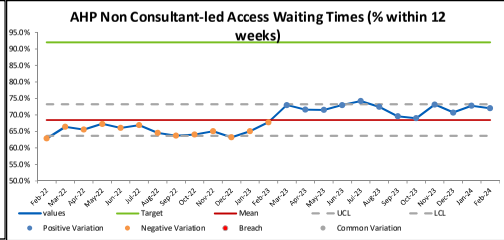
*NOTE: National Targets are denoted by (N) in the KPI name.

2. Deliver high-quality care at home and in the community

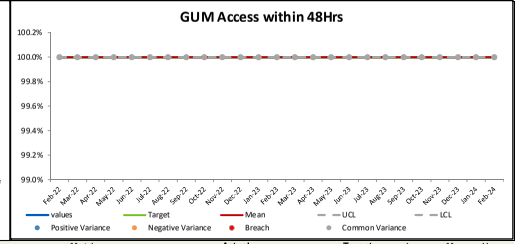
Metric	Actual		Target	Lower	Mean	Upper
KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)	February 2024	11	532	-26	45	116



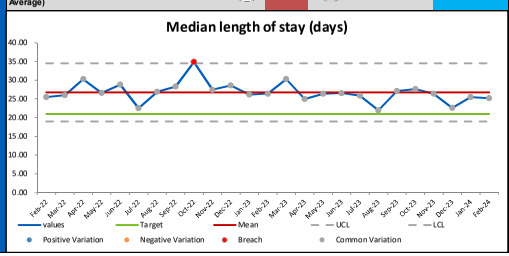
Metric	Actual		Target	Lower	Mean	Upper
KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)	February 2024	72.0%	92.0%	63.7%	68.5%	73.3%



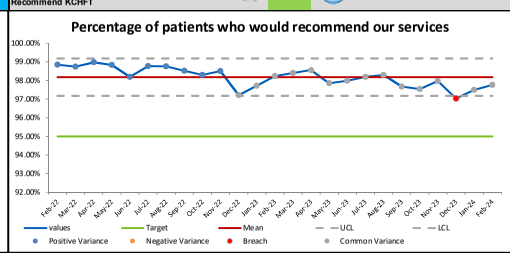
Metric	Actual		Target	Lower	Mean	Upper
KPI 2.15 (N) Access to GUM: within 48 hours	February 2024	100.0%	100.0%	100.0%	100.0%	100.0%



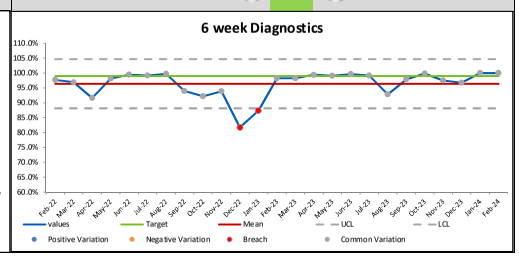
Metric	Actual		Target	Mean	Benchmark
KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	February 2024	25.2	21.0	26.7	23.6



Metric	Actual		Target	Lower	Mean	Upper
KPI 2.17 (N) Friends and Family - Percentage of Patients who would Recommend KCHFT	February 2024	97.8%	95.0%	97.2%	98.2%	99.2%



Metric	Actual		Target	Lower	Mean	Upper
KPI 2.18 (N) 6 Week Diagnostics	February 2024	100.0%	99.0%	88.2%	96.4%	104.7%

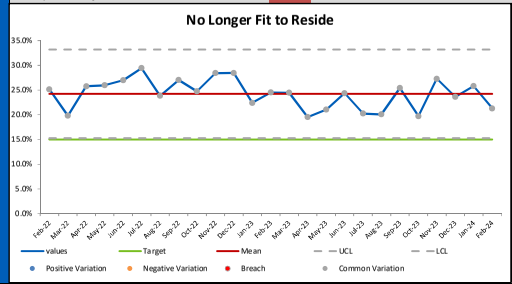


Kent Community Health NHS Foundation Trust - Corporate Scorecard

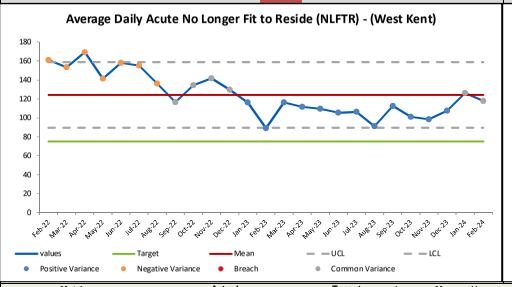
*NOTE: National Targets are denoted by (N) in the KPI name.

3. Integrate Services

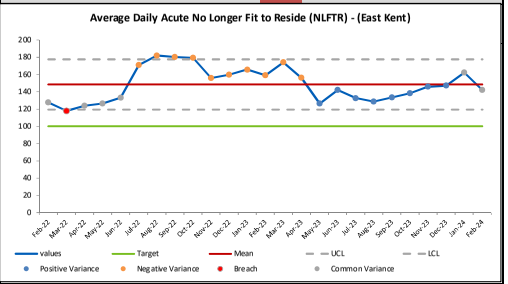
Metric	Actual		Target	Lower	Mean	Upper
KPI 3.1 No Longer Fit to Reside in a Community Hospital bed as a % of Occupied Bed Days	February 2024	21.3%	15.0%	15.2%	24.2%	33.2%



Metric	Actual		Target	Lower	Mean	Upper
KPI 3.2 Average Acute Daily No Longer Fit to Reside (NLFTR) - West Kent (Complex and Non complex)	February 2024	118	75	90	124	159

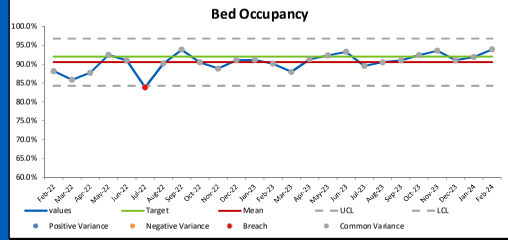


Metric	Actual		Target	Lower	Mean	Upper
KPI 3.3 Average Acute Daily No Longer Fit to Reside (NLFTR) - East Kent (Complex Only)	February 2024	142	100	119	148	178

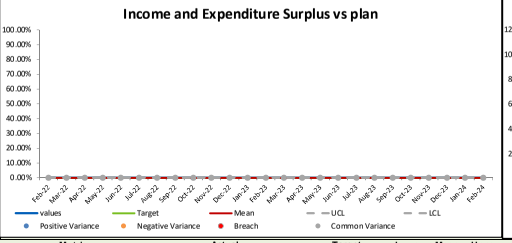


4. Develop sustainable services

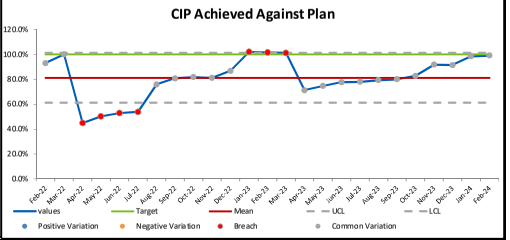
Metric	Actual		Target	Mean	Benchmark
KPI 4.1 Bed Occupancy: Occupied Bed Days as a % of available bed days	February 2024	93.9%	92.0%	90.5%	91.7%



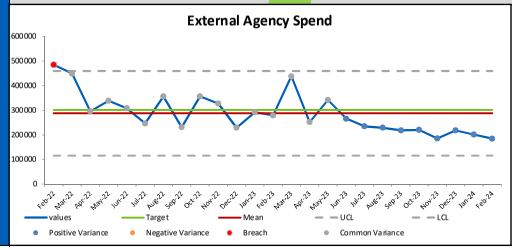
Metric	Actual		Target	Lower	Mean	Upper
KPI 4.2 Income & Expenditure - Surplus (%)	February 2024	0.0%	0.0%	0.00%	0.0%	0.0%



Metric	Actual		Target	Mean	Benchmark
KPI 4.3 Cost Improvement Plans (CIP) Achieved against Plan (%)	February 2024	99.2%	100.0%	81.2%	82.8%



Metric	Actual		Target	Lower	Mean	Upper
KPI 4.4 External Agency spend against Trajectory (£000s)	February 2024	£184,570	£301,353	£115,510	£287,325	£459,141



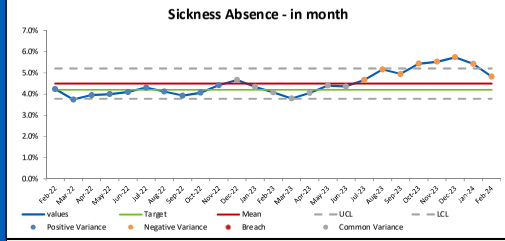
Metric	Actual	Target	Lower	Mean	Upper
KPI 4.5 Estates Statutory Compliance (All properties)	May 2023	Not Currently Available			

Kent Community Health NHS Foundation Trust - Corporate Scorecard

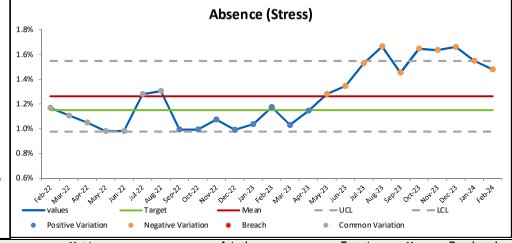
*NOTE: National Targets are denoted by (N) in the KPI name.

5. Be The Best Employer

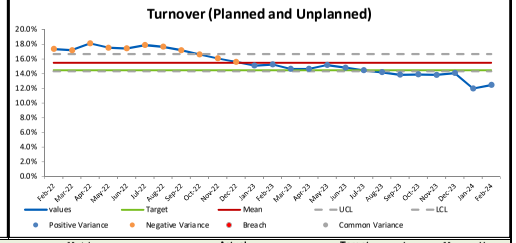
Metric	Actual		Target	Mean	Benchmark
KPI 5.1 Sickness Rate	February 2024	4.83%	4.20%	3.77%	6.03%



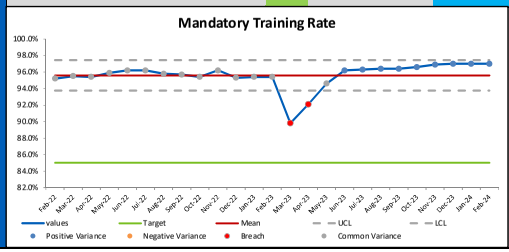
Metric	Actual		Target	Lower	Mean	Upper
KPI 5.2 Sickness Rate (Stress and Anxiety)	February 2024	1.48%	1.15%	0.98%	1.26%	1.55%



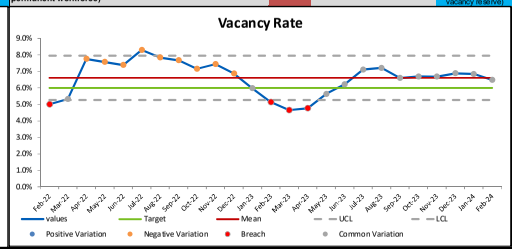
Metric	Actual		Target	Mean	Benchmark
KPI 5.3 Turnover (planned and unplanned)	February 2024	12.46%	14.47%	15.48%	9.62%



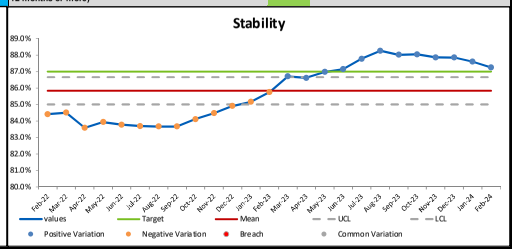
Metric	Actual		Target	Mean	Benchmark
KPI 5.4 Mandatory Training: Combined Compliance Rate	February 2024	97.0%	85.0%	93.76%	90.27%



Metric	Actual		Target	Mean	Benchmark
KPI 5.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce)	February 2024	6.48%	6.0%	6.6%	6.13% (Reduced from 8.15% to account for 2% vacancy reserve)



Metric	Actual		Target	Lower	Mean	Upper
KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more)	February 2024	87.2%	87.0%	85.0%	85.8%	86.7%



Inequalities Summary

KCHFT measures equity by ethnic group and deprivation against 8 key KPIs

Ethnicity Analysis

The proportion of activity which does not have an ethnic group assigned and the small numbers of people in some of the ethnic groupings makes it challenging to assess if there is inequity. The monthly ethnicity reporting rate is now at 78% and meaningful analysis is possible against a number of the indicators.

Three KPIs have sufficient data for ethnic group:

KPI 1.3 Health Visiting – There is some variation in the proportion of new birth visits undertaken by 14 days by ethnic group. Additional analysis shows that these differences are not statistically significantly different.

KPI 2.8a DNA Rate Adults- Despite 26% of activity not having ethnic group assigned, this information suggests that there could be differences in DNA by ethnic group. The current data suggests that White Other Mixed, Asian/Asian British and Black/Black British groups have statistically significantly higher rates of DNAs compared to the White British group. Ethnic differences in DNA rates are being explored at a service level by the health equity audit programme of work and support related to the DNA breakthrough objective.

KPI 2.8b DNA Rate Children – There are differences in the DNA rate by ethnic group, however, these differences are not statistically significant. Ethnic differences in DNA rates are being explored at a service level by the health equity audit programme of work and support related to the DNA breakthrough objective.

KPI 2.11 UTC 4 Hour Wait - The data does not show any statistically significant differences in the proportion of people time in UTCs for less than 4 hours by ethnic group.

KPI 2.14 AHP Access waiting time – The data suggests that people from White Other, Mixed and Asian/Asian British have statistically significantly fewer people meeting the 12 week access target for AHP support. An initial analysis of the data is underway at a service level to gather further information about the issue.

Inequalities Summary

Deprivation Analysis

KPI 1.3 Health Visiting – There is variation between the % of new birth visit undertaken within 14 days across the deprivation quintiles 1-5. The uptake in people living in the 20% most deprived areas is comparable to those living in the least deprived areas. Those living in quintile 2 have a statistically lower uptake than all other quintiles. This is likely to be related to issues in individual district teams who serve areas classified as quintile 2, rather than a systematic issue related to inequalities. The SPC chart shows that the variation in performance between the least and the most deprived areas is within common cause variation limits and that there is variation each month.

KPI 2.8a DNA Rate Adults & 2.8b Children – The DNA rates are highest in the in the people living in the 20% deprived areas. The rates in the most and least deprived areas are statistically significantly different. The variation by month in the difference in rates for people living in the most and most deprived are within common cause variation limits. Overall DNA rates, and in the most deprived quintile, have reduced over time. This issue is a focus of one of the Trust's breakthrough objectives and teams are being supported to reduce rates.

KPI 2.9 LTC/ITC response times met - The proportion of people having their LTC/ITC response times met is lowest in those living in the most deprived quintile. This month, the proportions having their response time met in the most deprived areas are statistically significantly different to the least deprived. The SPC chart shows there is variation in the difference in the % response times met between people living in the least and most deprived areas, in the previous 8 months, people from deprived areas have been less likely to have their response time met. The month by month variation is within common cause variation limits. This would benefit from investigation.

KPI 2.10 Rapid Response Consultations – For the second month there is a statistically different % of people having their consultations started within two hours in the most deprived areas compared to the least deprived. This will continue to be monitored to assess whether a larger dataset needs to be investigated.

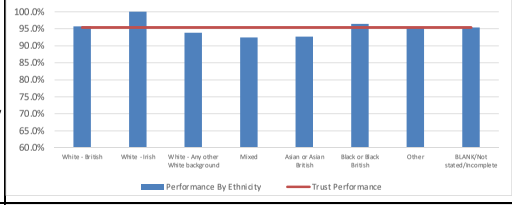
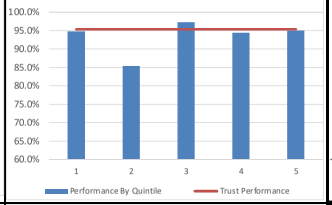
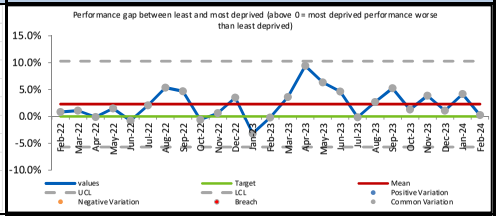
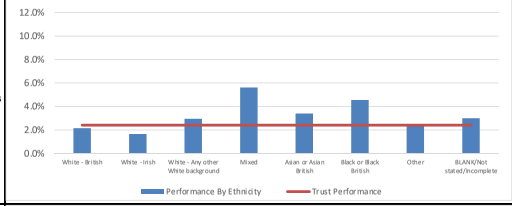
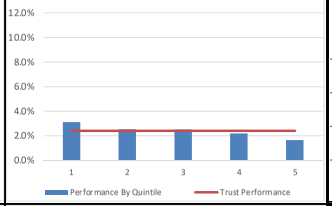
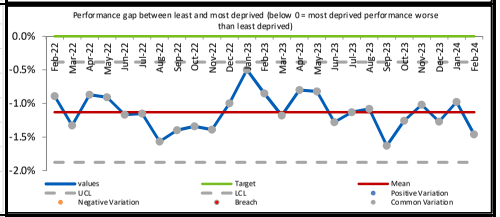
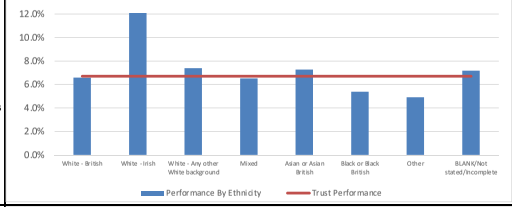
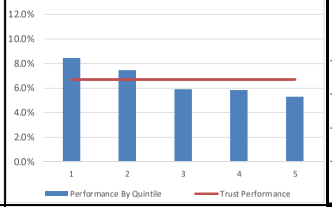
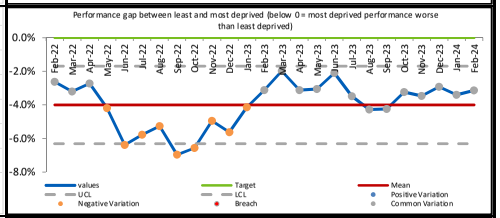
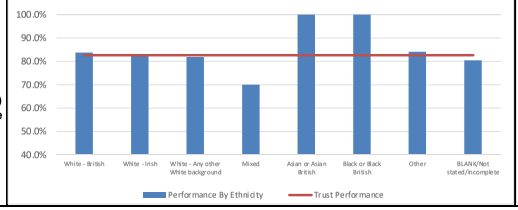
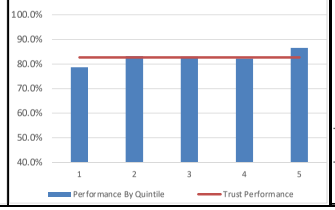
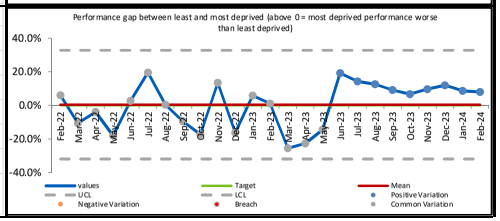
KPI 2.11, 2.12 & KPI 2.14 – There is no statistically significant differences in KPI attainment by deprivation quintile. The monthly variation is within common cause variation limits.

KPI 2.16 Length of community inpatient stay – There is variation in the length of stay by deprivation, however, the number of people in each category is small which may mean the difference is as a result of random variation. The SPC chart shows there is variation each month, with some months a greater median length of stay in people living in the most deprived areas of Kent in others in the least deprived. This variation is within common cause variation limits.

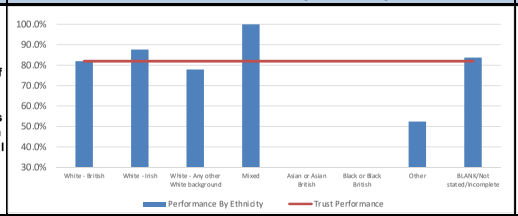
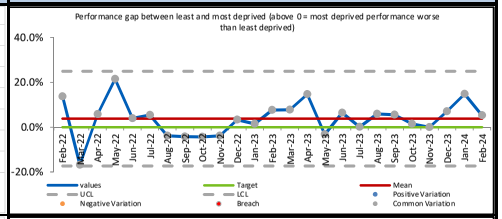
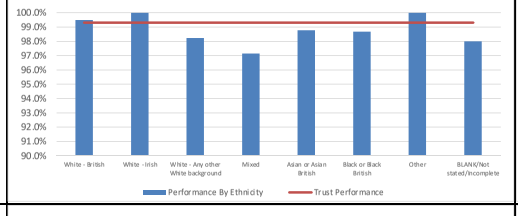
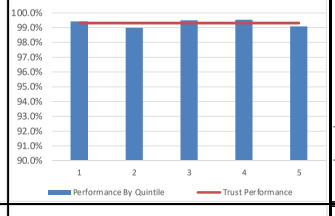
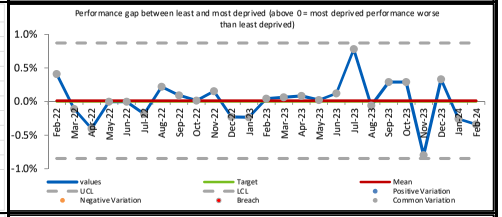
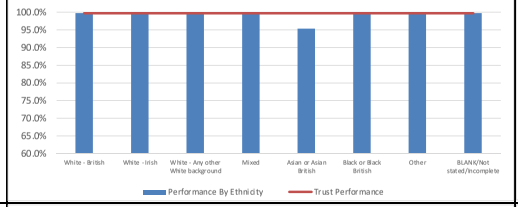
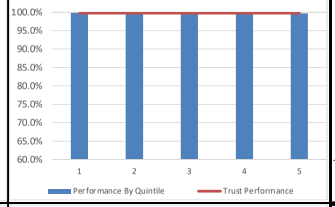
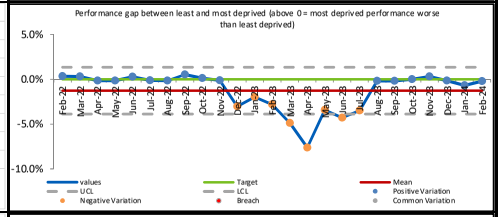
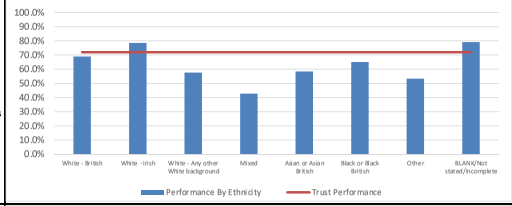
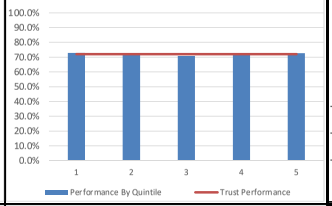
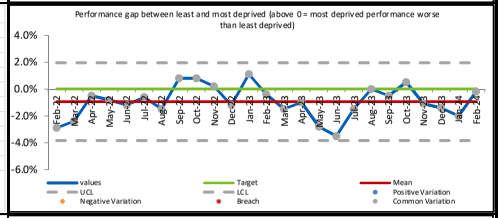
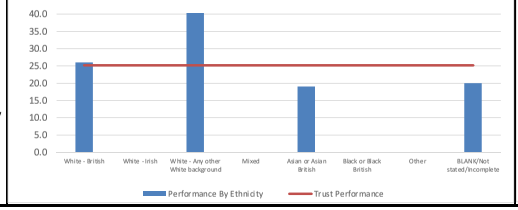
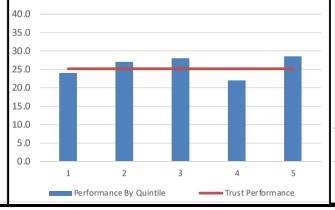
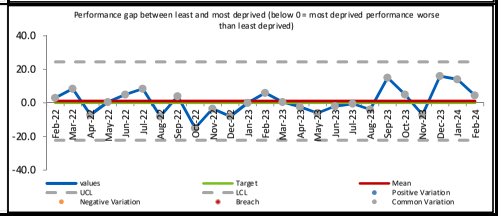
KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 11)

	KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days		KPI 2.8a Trustwide Did Not Attend Rate: DNAs as a % of total activity - Adults		KPI 2.8b Trustwide Did Not Attend Rate: DNAs as a % of total activity - CYP		KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)		KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance		KPI 2.11 (N) Total Time in UTCs: Less than 4 hours		KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways		KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)		KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	
Trust Performance	95.4%		2.4%		6.7%		82.7%		82.0%		99.3%		99.7%		72.0%		25.2	
Target	90%		3%		3%		80%		70%		95%		92%		92%		21.0	
Performance by Ethnicity																		
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Days	No.
White - British	95.7%	806	2.1%	82908	6.6%	27284	83.8%	1639	81.9%	821	99.5%	12383	99.7%	1254	68.8%	8616	26.0	130
White - Irish	100.0%	2	1.7%	799	14.8%	93	82.6%	23	87.5%	8	100.0%	16	100.0%	13	78.6%	56	N/A	0
White - Any other White background	93.8%	113	3.0%	1607	7.4%	2404	81.8%	22	77.8%	9	98.2%	562	100.0%	70	57.6%	615	48.0	1
Mixed	92.4%	79	5.6%	603	6.5%	2032	70.0%	10	100.0%	2	97.1%	105	100.0%	42	42.7%	322	N/A	0
Asian or Asian British	92.7%	82	3.4%	1187	7.3%	1638	100.0%	7	N/A	0	98.8%	725	95.3%	23	58.4%	329	19.0	1
Black or Black British	96.4%	55	4.6%	506	5.4%	1313	100.0%	8	0.0%	1	98.7%	451	100.0%	1	65.0%	237	N/A	0
Other	95.5%	22	2.5%	2520	4.9%	643	84.1%	44	52.4%	21	100.0%	30	100.0%	15	53.3%	30	N/A	0
BLANK/Not stated/Incomplete	95.3%	64	3.0%	32499	7.2%	7828	80.4%	860	83.6%	446	98.0%	499	99.7%	2362	79.2%	6631	20.0	47
% Completeness	**94.8%**	**1223**	**73.5%**	**122629**	**81.9%**	**43235**	**67.1%**	**2613**	**65.9%**	**1308**	**96.6%**	**14771**	**37.5%**	**3780**	**60.6%**	**16836**	**73.7%**	**179**
Performance by Deprivation Quintile																		
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Days	No.
Quintile 1 - Most Deprived	94.7%	228	3.1%	18342	8.4%	9125	78.6%	378	75.6%	127	99.4%	2542	99.8%	614	72.8%	2558	24.0	18
Quintile 2	85.4%	239	2.5%	24616	7.4%	8872	83.1%	498	87.7%	227	99.0%	3434	99.6%	755	71.4%	3088	27.0	25
Quintile 3	97.3%	327	2.5%	60382	5.9%	10541	82.9%	677	82.3%	344	99.5%	3732	99.6%	895	70.7%	4118	28.0	53
Quintile 4	94.4%	233	2.2%	28260	5.8%	8332	82.2%	633	77.8%	293	99.5%	2926	99.9%	824	72.6%	3872	22.0	44
Quintile 5 - Least Deprived	95.0%	160	1.7%	19862	5.3%	5110	86.5%	414	83.9%	311	99.1%	1615	99.6%	550	72.6%	2888	28.5	38

KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 11)

KPI	M11 Performance By Ethnicity	M11 Performance by Deprivation Quintile	SPC Performance Variation
KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days			
KPI 2.8a Trustwide Did Not Attend Rate: DNAs as a % of total activity - ADULTS			
KPI 2.8b Trustwide Did Not Attend Rate: DNAs as a % of total activity - CYP			
KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)			

KCHFT Equality Monitoring - Performance by Ethnicity and Deprivation (Month 11)

KPI	M11 Performance By Ethnicity	M11 Performance by Deprivation Quintile	SPC Performance Variation
KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance			
KPI 2.11 (N) Total Time in UTCs: Less than 4 hours			
KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways			
KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)			
KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)			

Full Report Summary

For this report, 28 of the 41 KPIs are green and meeting or exceeding target for the month (68.3%), while 2 KPIs are marginally off target (amber) and a further 11 are rated as red. Of the red KPIs, those of most concern (also showing negative special cause variation) are KPIs 5.1 Sickness Rate and 5.2 Absence – Stress. All other KPIs not meeting target are either experiencing normal variation, or a positive trend.

KPIs 1.6 BCG Vaccinations and 2.14 AHP Access Wait times are off target but showing positive variation.

There are a further 10 metrics with special variation in a positive direction, with highlights being sustained good performance for KPIs 1.1 Stop Smoking Quits, 1.5 Admissions Avoided, 2.8a Adults DNA Rate, 2.10 2-Hour Crisis Response, 2.12 Consultant-Led RTT %, 2.13 Consultant-Led RTT Waiting List Size, 4.4 Agency Spend, 5.3 Turnover, 5.4 Mandatory Training and KPI 5.6 Stability.

Benchmarks are available (highlighted light blue) to give national context to KCHFT performance. The trust are performing **favourably** in KPIs 2.8a (DNA rates for Adults), 4.1 Bed Occupancy, 4.3 CIP, 5.1 Sickness Rate and 5.4 Mandatory Training.

We are currently **adverse** to the benchmark for 2.8b (DNA/Was Not Brought for CYP services), KPI 2.10 2-Hour Crisis Response, KPI 2.16 Community Hospital Median Length of Stay (25.2 days against the benchmark of 23.6 days), 5.3 Turnover and 5.5 Vacancy Rate

More detail around specific metrics (including those showing positive change of concern) are covered in the following slides.

Operational Performance Highlights and Exceptions

KPI 1.6 - BCG Vaccinations (95% Target)

While not yet hitting the target level, BCG Performance is continuing to show a much improved and stable position. For Month 10, 94 babies were born in North Kent, eligible for BCG vaccination, with 72 accepting the offer (78.3%) and 11 referred elsewhere. 69 vaccinations were delivered within 28 days (75%) and 3 delivered outside of timeframe: 2 postponed by parent, 1 late referral

In East Kent, 87 babies were born in January 2024, eligible for BCG vaccination, with 73 accepting the offer (85.9%). 55 vaccinations delivered within 28 days (64.7%) and 18 delivered outside of timeframe; 7 postponed by parent, 3 client choice, 2 late referrals, 2 (twins) due to 3 attempts to make contact with parents, 4 cancelled by service due to sickness

Daily clinic reviews are taking place and the service are trying to flex appropriately to meet demand (introduced Nov-23).

KPIs 1.7 & 1.8 – Looked After Children (LAC)

There has been an slight improvement in performance for review health assessments (KPI 1.8) and it is reported at 88.3% in month 10 against the statutory target of 95%. This is in normal variation, following a period below the mean, with performance being impacted by non-attributable breaches.

While performance for Initial Health Assessments (KPI 1.7) has increased for M10 to 47.6% within 28 days, this continues to be impacted by the level of UASC referrals (11 in M10) and the requirement to see Kent LAC and UASC referrals in chronological date order. With the current levels of demand, particularly UASC referrals, meeting the 28 day target will continue to be a challenge without additional investment.

Operational Performance Highlights and Exceptions

KPI 1.9 Education and Health Care Plan (EHCP) – 6 week target

Referrals for ECHP remained high in December resulting in a drop in compliance within community paediatrics due to capacity bringing the overall compliance down to 42%. However, the Specialist Division has sustained a consistent response to the 20 week target and in January were at 100%. This 20 week target is more meaningful, as it represents the point at which the children's assessment information goes to panel for the EHCP to be drafted. The current 6 week performance is not expected to deteriorate further as a result of reallocation of capacity alongside a reduction in the number of EHCP referrals being received.

KPIs 2.8a and 2.8b – DNA Rates

DNA rates within Adult services are showing a positive trend, with the rate (2.4%), both favourably below target (3%) and below the benchmark of 4.2%. Children's services at 6.7%, while marginally above the internally set 6.5% target, are in normal variation for the last 7 months. This follows a positive shift from Jan-July 2023 with rates expected to be higher during the school holidays, although is just above the benchmark of 6.67%.

KPI 2.10 – 2 Hour Rapid Response (70% Target)

Performance continues to show a positive variation trend above the mean, although currently stable just above 80% in month. The last 12 months have performed consistently around 80% and around the benchmark of 82.4%, against the backdrop of increased demand and activity, with monthly demand up to over 1,200 per month compared to around 800 for the same period last year.

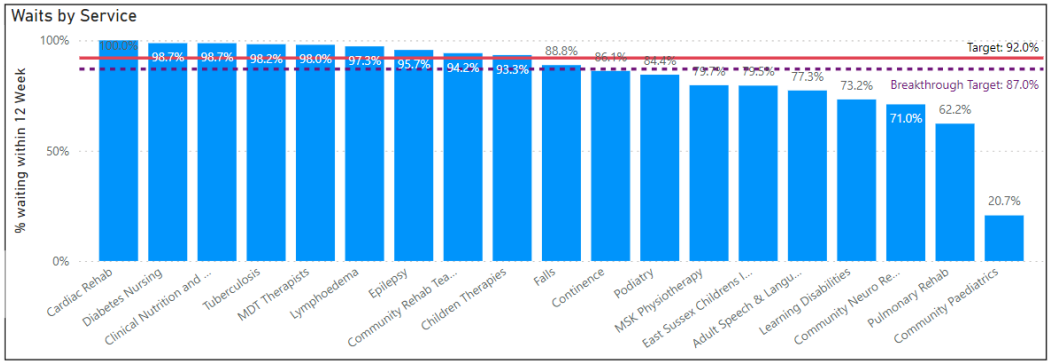
Operational Performance Highlights and Exceptions

KPI 2.12 – Consultant-Led RTT (92% Target)

Performance is in normal variation, performing at close to 100% (99.7%), with only 11 patients waiting beyond 18 weeks at month end.

KPI 2.14 – 12 Week Access Waits (92% Target)

The overall picture for 12 week access waits continues to show positive variation, with improved performance from a low of 63.2% in December 2022 (72% in February 2024). The below is the current position at service level, with a number of services showing positive trends (Dietetics, West Kent Falls, Diabetes, Pulmonary Rehab, Epilepsy, MSK Physio, Podiatry, Podiatric Surgery and Children's Therapies – See appendix 1 for service level breakdown). The biggest area of challenge and impacting on the trust position continues to be Community Paediatrics (position excluding Paediatrics increases from 72% to 84.8%.



All relevant services have action plans in place to reduce the waiting times. Work continues on reporting on the different drivers behind waiting times and the data is validated across different services. Nine services are below the 12 week 87% target. Podiatry and Pulmonary Rehab are on an improving trajectory; Learning disabilities and East Sussex Children's Therapies are showing a deteriorating trend, while Community Paediatrics, Community Neuro Rehab, Continence and Adult SLT are in normal variation and stable.

Operational Performance Highlights and Exceptions

KPI 2.14 – 12 Week Access Waits (continued)

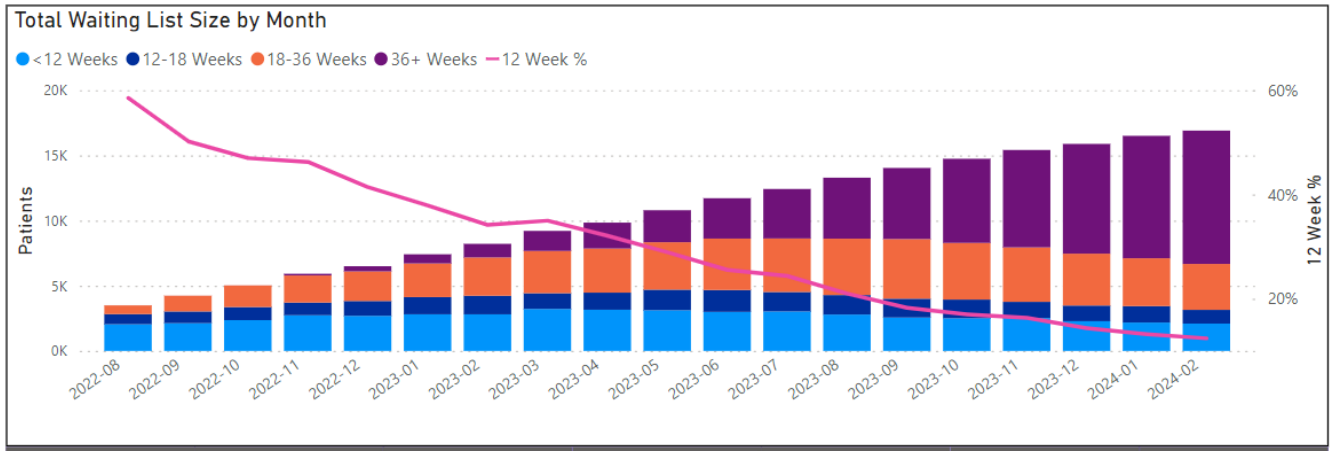
The Learning Disabilities Service performance has been impacted by some recording errors where the RTA clock has not been stopped with the patients being seen. The errors have been corrected and further support for the service users provided to reduce future reporting errors.

The Community Paediatrics service is experiencing long waiting times for initial assessments due to increase demand. The average wait for the initial pathway is 28 weeks and the longest un-booked wait is 60.4 weeks. A Nurse led assessment (NLA) QI project was established to support a reduction in children waiting over 52 weeks. The Pilot (August 2023 to January 2024) has proved successful and is now business as usual from February 2024. The pilot has seen over 580 children with the longest wait with the 385 remaining children waiting over 52 weeks now booked to all be seen by June. The nurse led assessment includes clinical triage for priority with 'critical' needs now seen by a paediatrician within 1 month, urgent within 3 months and routine as per the wait list. From June the team will focus on those waiting 36-52 weeks to prevent children breeching 52 weeks in future. Further investment expected will mean that this initiative can be implemented closer to referral time.

Operational Performance Highlights and Exceptions

Adult Neurodevelopment Waiting List

Work continues on track against the agreed transition and exit plan with the ICB for Neurodevelopmental Services following an activity query notice (AQN). Agreed priority remains ASD assessments, medication reviews and children transitioning from other providers to the Adult service. The new triage process has been tested and suggests around 60% of those waiting would require diagnosis and the remaining signposted to self-manage or supported help. Waiting well information via KCHFT website and a specific self-help app has been made available to all those waiting and any new referrals. 2024/25 contract activity is being finalised to allow forecasting of remaining numbers of people waiting to transfer to a new model of provision once the ICB have confirmed this.



Operational Performance Highlights and Exceptions

KPI 2.16 – Community Hospital Median Length of Stay (LoS)

While the length of stay in our community beds continues to perform above the target, it is in normal variation and current levels (25.2 days) are only marginally above the benchmark of 23.6 days. Some variation is appropriate due to clinical pathways (e.g. Stroke), other variation continues to be related to the number of patients No Longer Fit To Reside in community beds.

The Community Hospital flow programme is targeting joint assessment processes with KCC to reduce delays based on the successful work completed in pathway 1 with KPIs for sourcing a Package Of Care and elements of Trusted Assessment. The programme is also improving internal processes via use of SAFER and implementing 'What matters to me' as part of the wider short term transformation programme. Specialist pathway improvements for stroke and Neck Of Femur are also in development.

KPI 3.1 – Community Beds No Longer Fit To Reside (15% Target)

Performance has decreased slightly to 21.3% for month 11, although continuing to be in normal variation and above the 15% target. The primary cause remains issues within the domiciliary care sector and ability to discharge patients home with a care package (pathway 1) in a timely manner. However, some delays are within our control such as waiting for medical/ therapy opinion. The flow improvement programme is specifically targeting these.

The overall no longer fit to reside rate will have been negatively impacted by the Winter Beds, who's rate were higher due to taking more off protocol patients.

KPIs 3.2 and 3.3 – Acute No Longer Fit to Reside

Both areas (west and east Kent) are currently performing above the (internally set) target, although following periods of positive variation below the mean, saw a slight decrease for February 2024. The Winter schemes and interventions supported this metric and have been monitored daily through winter.

Operational Performance Highlights and Exceptions

Kent Community Health NHS Foundation Trust

Final Winter Schemes Update

HCP	Winter Interventions	Update
Both	Virtual Ward Expansion	In February 2024: The EK Frailty Virtual ward saw 1013 patients against a plan of 1091 (which is 92% and so over the estimated 70% occupancy). This is an increase since April from 643. Further additional short term clinical capacity was put in for winter but was challenging to recruit to. The WK Frailty Virtual ward saw 354 patients against a plan of 304. This is an increase since April from 280.
Both	Increase in pathway 2 flow and occupancy	Bed occupancy has increased as per data in report. Discharge flow was challenged during December and January due to use of pathway 2 beds to support acute occupancy reduction in advance of Christmas and industrial action. This resulted in an increase in patients who were no longer fit to reside but this has been managed proactively with partners from KCC and has shown a slight improvement through January and February.
Both	Single Point of Access (SPOA)	EK: The SPOA was mobilised for a pilot month in November 2023 with a senior frailty clinician. In December the SPOA continued with a trail of using a senior urgent community response clinician. The data is being analysed and there is a plan being developed to continue until the end of March 2024. WK: The SPOA was mobilised for a pilot month in September with a senior frailty clinician and is now in place until the end of March 2024.
Both	Urgent Care Response (UCR) / Stack project	UCR teams in EK and WK attending daily meetings to review the stack of category 3 and 4 ambulance calls and identify those that can be diverted to UCR. This has now been incorporated into the SPOA programme.
Both	Transfer of Care (TOC) hub	EK has hubs in place at all 3 acute sites with phased changes to ward processes being implemented. WK started a pilot of the hub for both acute sites in November 2023.
EK	Pathway 1 Home First support workers	Joint recruitment by KCHFT and KCC of a team of Home First support workers- the team is now fully recruited and the initial outcomes demonstrate reduction in care dependency in line with KPIs.
EK	Stroke Beds	Full capacity of 15 beds in place since 1st November as planned.
EK	Westview and Westbrook	15 beds mobilised at Westbrook on 11th December 2023 due to close on 4th April 2024. 15 beds mobilised at Westview on 2nd January 2024 planned to remain open until the end of April 2024.
WK	Intermediate flow improvement	KCHFT oversight of additional capacity in pathways 1 and 2 via third party providers in place for winter (to March 2024).

we care

Finance Highlights and Exceptions

KPI 4.2 – Income and Expenditure Surplus

The Trust is in a surplus position of £11m to the end of February once adjusted for £33k of depreciation on donated assets. The YTD financial performance is comprised underspends on pay and depreciation / interest of £7,450k and £467k respectively and an over-recovery on income of £4,121k partly offset by an overspend on non-pay of £1,071k. The surplus is due to additional non-recurrent funding from Kent and Medway ICB of £12m (£11m YTD). However, this will be ignored for performance measurement and the Trust will have achieved plan, a breakeven.

KPI 4.3 – Cost Improvement Programme (CIP)

The Trust achieved CIPs of £13,126k to the end of February against a plan of £13,236k which is £110k (0.8%) behind target. The forecast is for the target of £14,439k to be achieved in full.

Workforce Highlights and Exceptions

KPIs 5.1 (Sickness Absence) and 5.2 Sickness – Stress

The Total Sickness Absence rate had reduced to 4.83% in February 2024. This decline is consistent with the previous year's trend following a peak in the winter months.

Stress Related absence continues to fall for the fourth consecutive month to 1.48% but remains significantly above the target of 1.15%.

KPI 5.5 Vacancy Rate

Contracted WTE increased by 14 WTE to 4,553 in post in February which includes 13 posts funded by capital projects. Vacancies decreased to 315 in February (from 333 in January) which was 6.5% of the budgeted establishment. Budgeted establishment decreased by 4 WTE from January.

N.B. A review has taken place, which will be presented to the People Committee in May 2024, which proposes to phase the workforce targets to account for the seasonal trend in performance that is experienced each year.

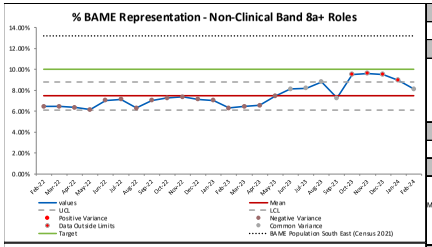
EDI Dashboard

The EDI Dashboard is provided to support the ambitions of the Nobody Left Behind Project.
Explanations of the graphs are as follows:

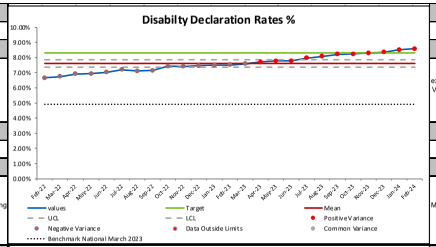
BAME Ethnicity: This compares the current proportion of BAME staff at KCHFT to the BAME population in the South East from the 2021 Census
BAME Representation: This compares the proportion of BAME staff in specific areas of the trust (Clinical, Non-Clinical and in Band 8c+) over time, to the BAME population in the South East from the 2021 Census
Ethnicity Disparity Ratio (split by Clinical and Non-Clinical): This shows the difference in proportion of BAME staff at various AfC bands in the trust compared to proportion of white staff at those bands. A ratio of '1' reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BAME staff.
Ethnicity Appointment from Shortlisting Ratio: This shows the relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants. A figure above '1' indicates that white candidates are more likely than BAME candidates to be appointed from shortlisting.
Ethnicity Formal Disciplinary Ratio: This shows the relative likelihood of BAME staff entering the formal disciplinary process compared to white staff. A figure above 1' indicates that BAME staff members are more likely than white staff to enter the formal disciplinary process.
Disability Status: This compares the current proportion of Disabled staff at KCHFT to the Disabled population in the South East from the 2021 Census
Disability Representation: : This compares the proportion of Disabled staff in specific areas of the Trust (Clinical and Non-Clinical) over time, to the Disabled population in the South East from the 2021 Census
Sex: This compares the current proportion of staff by sex at KCHFT to the sex profile in the South East from the 2021 Census
LGBO Sexual Orientation: This compares the current proportion of staff by sex at KCHFT to the sex profile in the South East from the 2021 Census
Age: This compares the current proportion of staff by age at KCHFT to the age profile of the working age population in the South East from the 2021 Census

EDI Dashboard

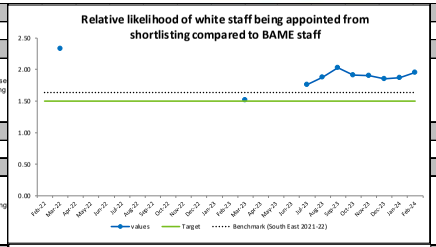
Kent Community Health NHS Foundation Trust



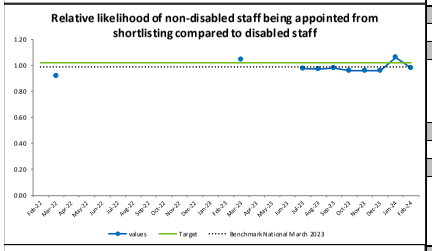
Feb-24
8.1%
Variance Type
Metric is currently experiencing Common Cause Variation
Target
10.0%
Target Achievement
Metric is consistently failing the target



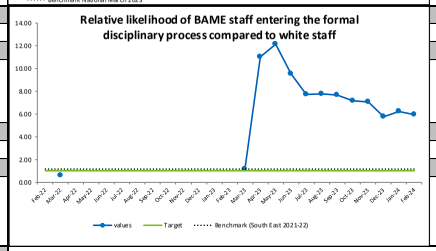
Feb-24
8.6%
Variance Type
Metric is currently experiencing Special Cause Variation - trend is showing a positive performance above the mean
Target
8.3%
Target Achievement
Metric is consistently failing the target



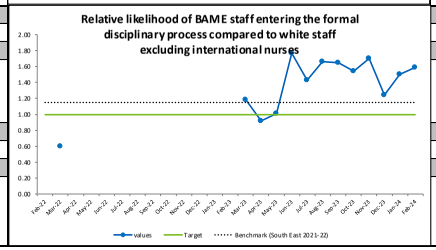
Feb-24
1.95
Variance Type
Not enough data points
Target
1.50
Target Achievement
Not enough data points



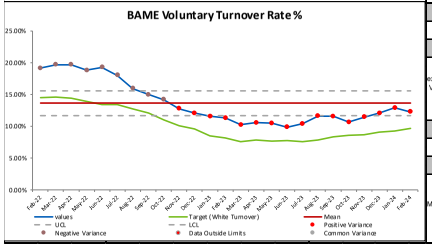
Feb-24
0.98
Variance Type
Not enough data points
Target
1.02
Target Achievement
Not enough data points



Feb-24
5.97
Variance Type
Not enough data points
Target
1.00
Target Achievement
Not enough data points



Feb-24
1.59
Variance Type
Not enough data points
Target
1.00
Target Achievement
Not enough data points



Feb-24
12.3%
Variance Type
Metric is currently experiencing Special Cause Variation - trend is showing a positive performance below the mean
Target
9.6%
Target Achievement
Metric is consistently failing the target

we care

EDI Summary

%BAME Representation – Non-Clinical Band 8a+ roles
In Feb-24, 8.1% of Non-Clinical Band 8a+ roles were held by BAME colleagues. The number of non-clinical 8a+ BAME staff in post reduced by one headcount compared to the previous month.

Disability Declaration Rates %
The percentage of staff who have declared their disability status in ESR has continued to increase. In Feb-24, the disability declaration rate increased to 8.6%. This continues to be above the target set out in the Workforce Disability Standards Report 2023.

Relative Likelihood of white staff being appointed from shortlisting compared to BAME staff
In Feb-24 the relative likelihood of white staff appointed from shortlisting compared to BAME increased to 1.95. This means that White shortlisted applicants are 1.95 times more likely to be appointed from shortlisting compared to BAME shortlisted applicants.

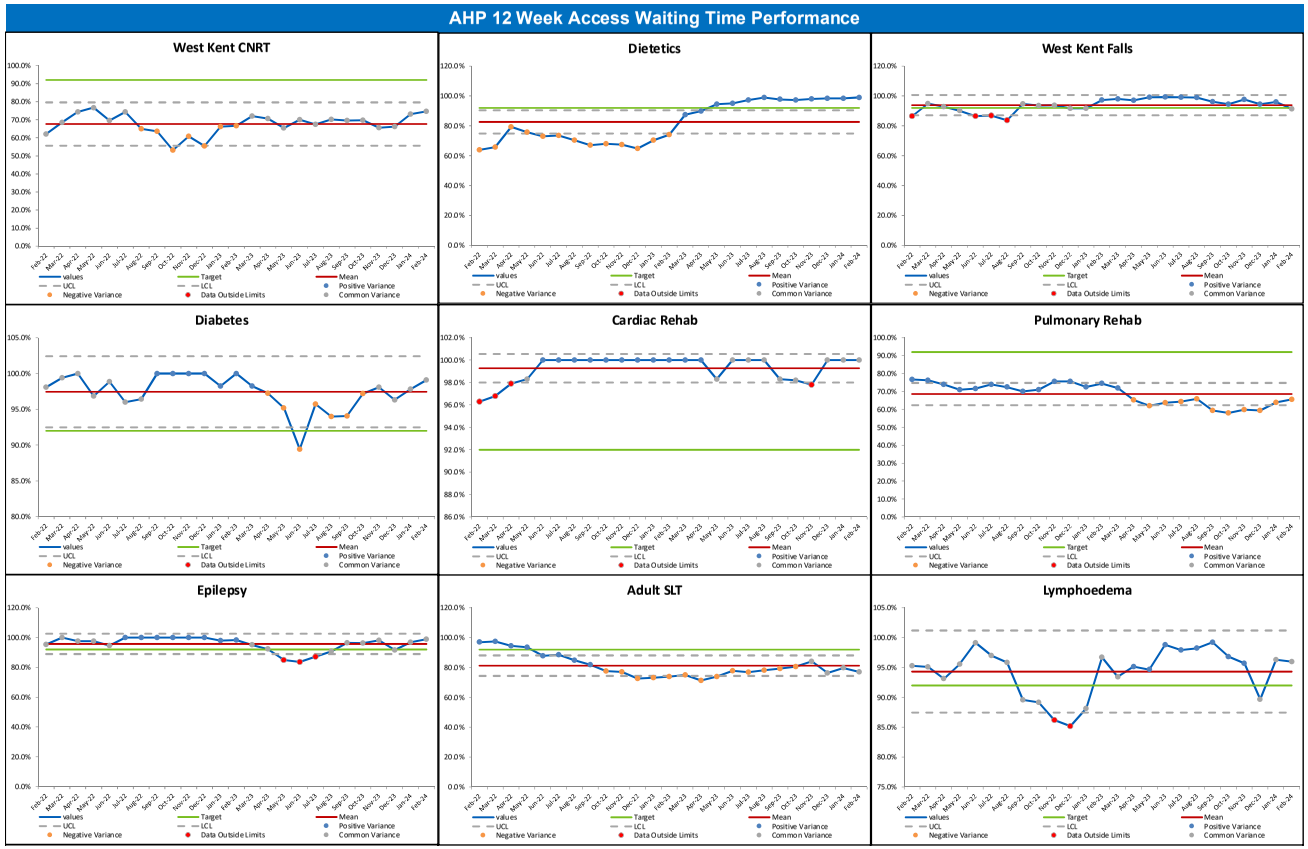
Relative Likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff
In Feb-24 the relative likelihood of non-disabled staff being appointed compart to disabled staff to 0.99. The target of 1.0 equals parity between the two groups

EDI Summary

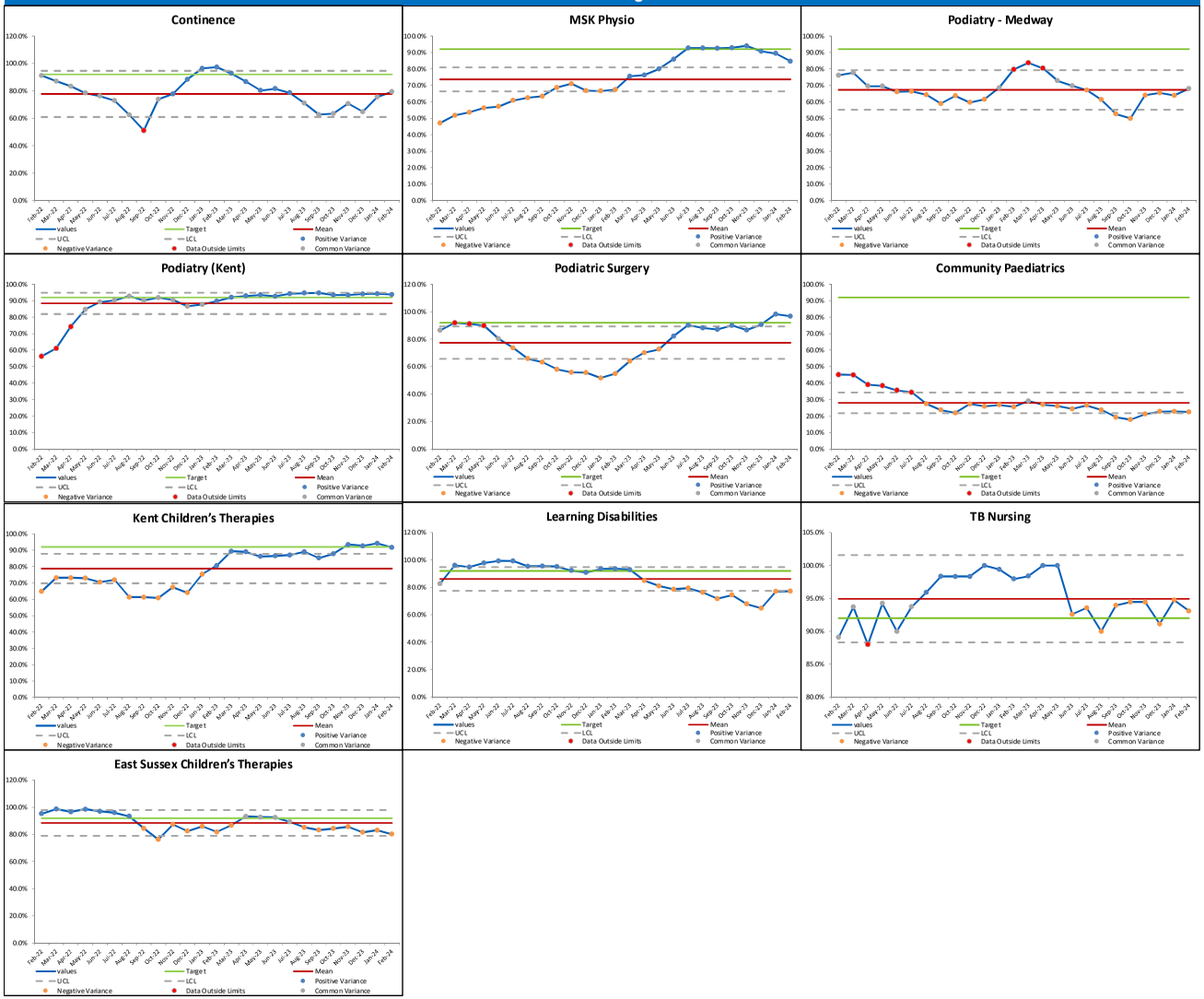
Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff
The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff is 5.97. This means that BAME staff are 5.97 times more likely to enter the formal disciplinary process than white staff. This metric is significantly outside tolerated thresholds due to a recent employee relations issue impacting a number of staff members and therefore this metric has been run to include and exclude this group of individuals.

Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff, excluding international nurses
Once the issue referred to above has been removed from the metric, the relatively likelihood of BAME staff entering the formal disciplinary process compared to white staff is 1.59. This is an increase on the previous month, due to an additional BAME colleague entering the formal disciplinary process.

BAME Voluntary Turnover Rate %
The voluntary turnover rate for BAME staff is 12.3%, compared to 9.6% for white staff. BAME staff are more like than white staff to leave the trust due to Relocation (4.0% of BAME and 1.1% of white voluntary turnover).


AHP 12 Week Access Waiting Time Performance
West Kent CNRT
Dietetics
West Kent Falls
Diabetes
Cardiac Rehab
Pulmonary Rehab
Epilepsy
Adult SLT
Lymphoedema
values
Target
Mean
UCL
LCL
Positive Variance
Negative Variance
Data Outside Limits
Common Variance

AHP 12 Week Access Waiting Time Performance



Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 16
Report title:	Planning approach and budgets – 2024/25
Executive sponsor(s):	Gordon Flack, Chief Finance Officer
Report author(s):	Debra Ody, Deputy Chief Finance Officer
Action this paper is for:	☑ Decision/approval ☐ Information ☐ Assurance ☐ Note
Public/non-public	Non-public

Executive summary

Overview of paper:

- The Trust has set the 2024/25 budgets using the methodology described in the budget setting framework that was agreed by the FBI committee in October 2023.
- The budget is a breakeven plan for 2024/25 with income of £300.0m.
- Pay budgets are £226.7m (4,823 WTE), non-pay is £58.7m and depreciation / interest of £14.6m.
- The CIP target for 2024/25 is £13.8m.
- The capital expenditure plan totals £6.1m and the working capital position remains strong. An additional £5.7m is being held on behalf of the system for later allocation.
- This draft of the plan was submitted to NHS England on 21st March, and a final iteration due on 2nd May.

Items of concern to be brought to the committee's attention:

- The plan assumes the CIP target of £13.8m is delivered in full.
- Contract negotiations are still to be concluded with the Trust's two largest commissioners; Kent and Medway ICB and Kent County Council.

Significant improvements in matters that were previously an area of concern:

- None.

Items of excellence:

- The financial plan is breakeven.
- The NHS England priorities are covered within the plan other than improving access to virtual wards which is awaiting a funding decision by Kent and Medway ICB.

Report history / meetings this item has been considered at and outcome
The full budget setting report went to the ETM on 19th March, and to the FBI on 20th March where the budget was recommended for approval by the Board. The budgets were approved in the private Board meeting held on 29th March.

Recommendation(s)
The Board is asked to • **APPROVE** the report.

Link to CQC domain				
☐**Safe**	☑**Effective**	☐**Caring**	☐**Responsive**	☑**Well-led**

Assurance Level		
☑ **Significant**	☐ **Reasonable**	☐ **Limited**

Implications		
Links to BAF risks / Corporate Risk Register	☐**BAF**	☐**CRR**
Equality, diversity and inclusion	No	

Legal and regulatory	Yes – Breakeven duty

Executive Sponsor sign off	
Name and designation:	Gordon Flack, Chief Finance Officer
Date:	7 April 2024

Kent Community Health NHS Foundation Trust

PLANNING APPROACH AND BUDGETS – 2024/25

1. Summary

This paper presents the Board with the 2024/25 budgets for ratification in public. The budget shows a breakeven plan once adjusted for £36k depreciation on donated assets, with income and expenditure of £300.0m. Final funding decisions and allocations are still to be made by Kent and Medway ICB for virtual wards and discharge schemes.

The capital expenditure plan totals £6.07m. The working capital position remains strong.

2. NHS England Planning guidance for 2024/25

The NHS priorities and operational planning guidance for 2024/25 was published on 27 March 2024 and encompasses the 2024/25 priorities and operational planning guidance. The guidance set out the following priorities:

Priorities	Detail	Comment	Included in Plan/Budget
Quality and patient safety	Ensure robust governance and reporting frameworks are in plan.	Reports to directorate management teams, the integrated management team, executive management team, finance, business and investment committee, and Board. Internal and external audits.	✓
	Embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision-making (including cost improvement plans).	All savings schemes follow a QEIA before budgets are removed. Budgets are approved by budget holders and directors.	✓
Recover our core services	Maintain the capacity expansion delivered through 2023/24.	The budget assumes at least the same level of funding will be continued into 2024/25, but awaiting confirmation of final funding decisions by Kent and Medway ICB.	✓

	Recovering productivity.	Budget productivity +1.5% on 19-20 levels.	
	Improve access to virtual wards by ensuring utilisation is consistently above 80%.	Awaiting decision on additional funding for virtual wards.	
	Expand bedded and non-bedded intermediate care capacity.	Additional community growth funding provided by Kent and Medway ICB used to support additional capacity in services.	
Transform the way we deliver care and create stronger foundations for the future	Embed measures to improve health and reduce inequalities.	The Trust has restructured to prioritise health inequalities work and HCPs have resources for schemes.	
	Supporting our workforce.	Funding set aside to deliver EDI action plan. There are Trust funded apprenticeships alongside training posts funded by NHS England.	
	Reduce agency spend to a maximum of 3.2% of the total pay bill across 2024/25.	Agency ceiling set at 1.47%. Agency used in 2023/24 to the end of February was 1.3% of the pay bill.	
	Digital and data	Digital capital monies secured of £1.8m.	
	Develop impact assured plans that meet the minimum 2.2% efficiency target.	CIP plan set at 4.6%.	
	System working	The Trust works within the Kent and Medway ICS.	

3. Budget setting approach

The Trust has set budgets following the methodology set out in the budget setting framework which was approved by the Finance Business and Investment Committee in October 2023.

4. Draft budgets for 2024/25

Table 4.1 shows the summary income and expenditure budgets for 2023/24 and 2024/25

	Closing Budget 2023/24 (£000s)	Opening Budget 2024/25 (£000s)
Income	-299,795	-299,972
Pay	224,660	226,731
Non Pay	60,082	58,645
Depreciation & Finance	15,053	14,631
Depreciation on donated assets adjustment	0	-36
Total	**0**	**0**

Table 4.1: Summary Income and Expenditure Budgets

Table 4.2 sets out the WTE and income and expenditure budgets for 2023/24 and 2024/25 by directorate:

Directorate	Closing WTE 2023/24	Start WTE 2023/24	Closing Budget £000s 2023/24	Opening Budget £000s 2024/25
Operations	**3,312**	**3,190**	**171,421**	**163,533**
Adult Clinical Services	2,071	2,026	104,986	101,427
Dental and Planned Care	500	471	26,717	24,969
Health, Safety and Emergency Planning	4	4	198	182
Medicines Management	55	53	3,432	3,356
Operations Management	17	11	2,623	2,305
Specialist Services	665	625	33,465	31,293
Central Income	0	0	-269,114	-273,431
Clinical, Care and Quality Directorate	84	84	4,822	4,608
Communications	11	12	698	688
Corporate Services	21	22	3,305	2,658
Depreciation	0	0	9,067	8,545
Estates	214	212	21,847	20,634
Finance Directorate	87	84	3,727	3,539
IT	152	153	11,909	11,207
Medical Director	29	28	1,997	1,832
People & OD	95	98	3,489	3,273
Public Health & Prevention	894	864	37,147	35,916
Reserves	-74	75	-314	17,033
Depreciation on donated assets adjustment	0	0	0	-36
Grand Totals	**4,825**	**4,823**	**0**	**0**

Table 4.2: Income and Expenditure Budgets by Directorate

The Reserves budget includes £10.7m of funding for services that will be allocated to directorates once the proposals from the integrated management meeting subgroup have been approved by the Trust's executive team. This budget includes the allocation of funding for community growth, cost pressures and apprenticeship posts. The pay award funding of 2% equating to £4.6m is also held in reserves until the pay award is paid to colleagues when the budget will then be issued.

The budgets for 2024/25 include the following changes from the 2023/24 budgets:

- Removal of £0.65m non-recurrent funding for the Neurodevelopmental Service.
- Removal of £1.5m non-recurrent funding received from Kent and Medway ICB in 2023/24.
- Removal of non-recurrent project and transition funding in KCC funded Public Health Services.
- Application of changes to the cost inflation uplift factor for NHS commissioned services: 1.7% funding for inflation less 1.1% efficiency.
- Additional funding for community growth of 3.1% less 1.1% reduction for convergence. Convergence is based on how far the system allocation is from a national 'fair share'. This 'fair share' is calculated taking account of the demographic and deprivation make-up of the population. For Kent and Medway, the historic allocation is above a 'fair share' by 3.25% and the convergence is a reduction of 1.1% so that the allocation over time gets to the 'fair share'.

There were CIP adjustments of £7.3m for savings that were delivered non-recurrently in 2023/24 in the following directorates; Adult Clinical Services (£2.6m), Estates (£0.8m), Specialist Services (£0.2m) and Clinical, Care and Quality (£0.1m). There was also £3.6m of trust-wide vacancy factor delivered non-recurrently.

The CIP target for 2024/25 is £13.8m which equates to 4.6%, this is slightly lower than other providers in the Kent and Medway Integrated Care System who have set targets of around 5%.

Funding decisions by Kent and Medway ICB for the continuation into 2024/25 of non-recurrent funding received in 2023/24 are pending for the services. The Trust has incorporated the budgets for these areas into the current plan.

- £2.5m for virtual wards.
- £2.1m for pathway one services in East Kent.
- £0.8m for stroke beds in East Kent.
- £0.5m additional funding for inpatient wards.
- £0.4m for pathway three services in West Kent.

The following services developments have not been incorporated into budgets but are also in negotiation with Kent and Medway ICB:

- £0.7m additional funding for virtual wards.
- £0.7m additional funding for stroke beds in East Kent.
- £0.1m additional funding for pathway three services in West Kent.

Productivity Analysis

Planned productivity for 2024/25 is showing as 1.5% above the 2019/20 baseline. This is a result of cost weighted activity growth of 3.44% compared to the inflation adjusted cost

growth of 1.89%. Within Public Health services a conservative approach has been taken in regards to planned activity levels which are below 2023/24 performance.

Further work has been undertaken to improve on this analysis, in order to provide productivity performance information regularly and to provide it at a more granular level. The chart below shows the planned productivity compared to 2019/20 in green, along with the 2022/23 and 2023/24 actual performance up to month ten.

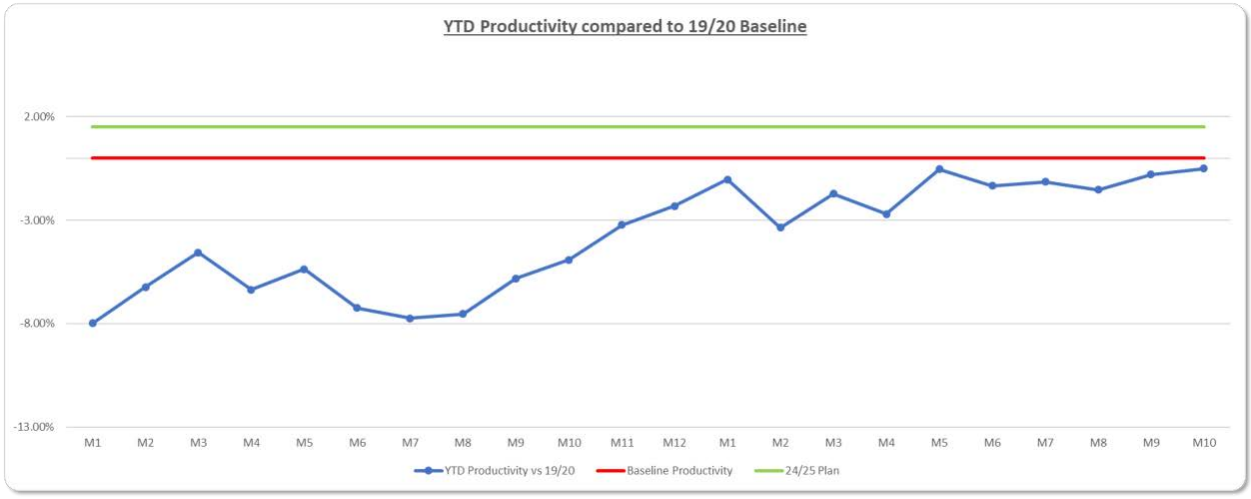


Chart 4.3: Productivity changes 2023/24 to 2024/25 against the 2019/20 baseline

The chart shows that following the reduction in productivity in 2020/21 due to Covid-19, there has been a gradual improvement throughout 2022/23 and 2023/24 with the Trust almost achieving the 2019/20 levels in month ten.

5. Draft Capital Plan

The Trust's operational capital allocation for 2024/25 has been confirmed by Kent & Medway ICB following the agreed methodology applied for Kent & Medway system partners, with the final 2024/25 operational capital allocation of £4.07m.

As in prior-years, the Trust has also been requested to hold ring-fenced monies on behalf of the K&M system (for 2024/25 this amounts to £5.74m), which represents the remaining central system allocation to be redistributed in line with K&M system capital priorities during 2024/25.

For 2024/25, the Trust has also received confirmation of £1.82m external funding allocation for frontline digitalisation - EPR. This allocation is the final year value of the total three-year funding application agreed in 2022/23, with the Trust utilising this funding to implement and develop the Electronic Prescribing and Medicines Administration (EPMA) system, and further enhance other existing clinical systems.

It is also expected that there will be further capital available of £0.19m from the planned sale of Foster Street during the year which equates to the current net book value of the asset.

The 2024/25 capital plan is summarised in table 5.1 below:

2024/25 Capital Plan (Internally Funded) - Summary		
Plan Area	**Priority Focus**	**2024/25 Full Year Plan £000s**
Estates	Backlog Maintenance incl. Health, Safety & Security Compliance Measures	1,180
Estates	Capitalisable Responsive Maintenance incl. Leasehold Improvements	557
	Estates - Total	**1,737**
IT	Kent & Medway Care Record	74
IT	IT Developments - Innovation and Strategy	301
IT	IT Developments - Clinical Systems	800
IT	IT Infrastructure and Networks	642
IT	IT Rolling Replacement - Hardware	250
IT	Cyber Security	100
	IT - Total	**2,167**
Other	Other Minor Schemes & Equipment Purchases	349
	Other - Total	**349**
	Total 2024/25 Capital Expenditure (Internally Funded)	**4,253**

2024/25 Capital Plan (Externally Funded) - Summary		
Plan Area	**Priority Focus**	**2024/25 Full Year Plan £000s**
IT	IT Developments - Clinical Systems	1,566
IT	IT Developments - EPMA System	254
	Total 2024/25 Capital Expenditure (Externally Funded)	**1,820**
	Total 2024/25 Capital Expenditure	**6,073**

Affordability Check	**£000s**
Provider Operational Capital Allocation	**4,066**
Add External Funding:	
Frontline Digitisation - EPR	**1,820**
Add Disposal	
Foster Street Disposal	**187**
Total Funding	**6,073**
Available Funds	***0***

Table 5.1: Capital Plan 2024/25

6. Cashflow

The cash position for 2024/25 is expected to remain strong, with a planned closing cash balance as at 31 March 2025 of £48.5m as shown in table 6.1.

Statement of Cash Flows	2024-25 Plan 31/03/2025 Year Ending £'000
Cash flows from operating activities	
Operating surplus/(deficit)	-1,114
Non-cash income and expense:	
Depreciation and amortisation	14,911
(Increase)/decrease in receivables	1,069
Increase/(decrease) in trade and other payables	-710
Increase/(decrease) in other liabilities	-683
Increase/(decrease) in provisions	-264
Net cash generated from/(used in) operations	**13,209**
Cash flows from investing activities	
Interest received	2,354
Purchase of intangible assets	-1,483
Purchase of property, plant and equipment and investment property	-5,267
Proceeds from sales of property, plant and equipment and investment property	987
Net cash generated from/(used in) investing activities	**-3,409**
Cash flows from financing activities	
Public dividend capital received	1,820
Capital element of lease payments	-6,157
Interest element of lease payments	-621
Interest paid	0
PDC dividend (paid)/refunded	-1,557
Cash flows from (used in) other financing activities	**-6,515**
Increase/(decrease) in cash and cash equivalents	**3,285**
Cash and cash equivalents at start of period	**45,223**
Cash and cash equivalents at end of period	**48,508**

Table 6.1: Cash Flow Statement

Working Capital

The Trust's planned monthly cash position reflects a cash level sufficient for liquidity purposes and indicates no requirement to request financial assistance from the Department of Health and Social Care.

7. Recommendation

The Trust Board is recommended to ratify the breakeven budget plan.

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 17
Report title:	NHS Staff Survey
Executive sponsor(s):	Victoria Robinson-Collins, Chief People Officer
Report author(s):	Sarah Hayden, Director of People Operations
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance ☐ Note
Public/non-public	Public

Executive summary

Overview of paper:
This paper presents key headlines from the 2023 NHS staff survey. It gives the key headlines from the seven people promises, and two theme scores: staff engagement (which includes three sub scores for motivation, involvement and advocacy) and morale (thinking about leaving, work pressure and stressors) and question scores. In addition, the paper also provides an overview of the organisation's performance against the break through objectives for 2023/2024 which are aligned to our ambition – a great place to work.

Items of concern to be brought to the committee's attention:
There are no specific items of concern but the results do identify areas of development for the organisation.

Significant improvements in matters that were previously an area of concern:
N/A

Items of excellence:
KCHFT's response rate was 10 per cent better than the overall response rate for comparative community trusts and the highest organisational staff survey response rate to date. Six of the seven NHS People Promise measures scored better than the benchmarked average score for similar organisations.

Report history / meetings this item has been considered at and outcome
These results have been shared at IMM, ETM, People Committee, and the Trust Board. Divisions are now locally reviewing their results and developing action plans around improving the metrics in next years survey.

Recommendation(s)
The Board is asked to • **RECEIVE and NOTE** the report

Link to CQC domain				
☐**Safe**	☐**Effective**	☐**Caring**	☐**Responsive**	☑**Well-led**

Assurance Level		
☑ **Significant**	☐ **Reasonable**	☐ **Limited**

Implications		
Links to BAF risks / Corporate Risk Register	☐**BAF**	☐**CRR**
Equality, diversity and inclusion	Yes – the results will be analysed across the range of EDI areas to assess progress and other areas for improvement.	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Sarah Hayden, Director of People Operations (in the absence of Victoria Robinson-Collins, Chief People Officer)
Date:	05/03/2024

Kent Community Health
NHS Foundation Trust

Date: 5 April 2024
Report: NHS staff survey results

Situation:

This paper presents key headlines from the 2023 NHS staff survey.

It gives the key headlines from the **seven people promises** and **two theme scores**: **staff engagement** (which includes three sub scores for motivation, involvement and advocacy) and **morale** (thinking about leaving, work pressure and stressors) and **question scores.**

In addition, the paper also provides an overview of the organisation's performance against the breakthrough objectives for 2023/2024, aligned to our great place to work ambition.

Background:

The NHS Staff Survey launched on 2 October 2023 and ran until 24 November 2023.

From the useable sample (5,260), 3,572 questionnaires were completed, which is a **70 per cent response rate** and an eight per cent increase on last year's response rate (62 per cent).

This means that the trust's breakthrough objective of more that three per cent increase in staff survey response rates has been achieved.

KCHFT's response rate was 10 per cent better than the overall response rate for comparative community trusts and the highest organisational staff survey response rate to date.

For the second year, a separate survey was also sent to bank workers. Our final bank response rate was **33.1 per cent (157 out of 474 eligible colleagues) – this was the highest response rate nationally of community trusts.**

Assessment:

We are benchmarked against 16 community trusts that fall in our comparator group. Questions are grouped into:

- **seven people promises** (marked out of 10)
- two themed scores, **morale and staff engagement** (marked out of 10)
- individual question scores (expressed as percentage).

A headline summary of these can be found in appendix 1, with a breakdown report in appendix 2. In most cases, the higher the number, the more positive the staff experience, however there are some, where a lower score is better.

<u>Headline results NHS People Promises and themed scores</u>

The seven people promises are:

- we are compassionate and inclusive – 7.88 (-0.02)
- we are recognised and rewarded – 6.57 (+0.13)
- we each have a voice that counts – 7.23 (-0.07)
- we are safe and healthy – 6.51 (+0.11)
- we are always learning – 6.04 (+0.14)
- we work flexibly – 7.06 (+0.06)
- we are a team – 7.37 (-0.03)

and two themes:

- staff engagement – 7.29 (-0.02)
- morale – 6.32 (+0.09)

Breakthrough objectives

The following two targets and breakthrough objectives were set as part of our 'great place to work' ambition of our We Care strategy.

- **TARGET:** We increase our staff engagement score by 0.2, from 7.31: **7.29 slight decrease, not significant difference.**
- Increase in 'we each have a voice that counts' from 7.26 to 7.46: **7.23 reported in 2023, not, significant difference.**
- Quality appraisal metric increase to 50% from 30% in 2022/2023: 'It left me feeling the organisation values my work': **33.70%, 3.7 increase.**

- **TARGET:** We increase our staff morale score by 0.2, as measured 6.23: 6.32 reported in 2023, slight increase
- Reduction in working unpaid hours from 63.28% to 50% compared with average across 2022/2023: **60.43%, 3 per cent reduction**
- More than 97% of colleagues have not personally experienced discrimination from colleagues compared with 2022/23 (94.8% in 2022) – **94.7%, not significant decrease.**

People promise analysis

- Six of the seven NHS People Promise measures scored better than the benchmarked average score for similar organisations , with 'we are always learning', scoring lower than the average but still showing an increase of 0.14 from our 2022 results.
- While six of the seven areas scored better than the average three saw a slight decline from our 2022 scores:
    - We are compassionate and inclusive 7.88 (-0.02)
    - We each have a voice that counts – 7.23 (-0.07)
    - We are a team – 7.37 (-0.03)
- 'We are recognised and rewarded' and 'we are safe and healthy' have both seen a statistical significantly higher change from 2022.

Each of the people promises has a number of sub-themes with the exception of recognised and rewarded:

- **We are compassionate and inclusive** – all sub themes scored above the benchmarked areas, however diversity, equity and inclusion have seen a slight decline from our 2022 results.
- **We each have a voice that counts** – autonomy and control scored above the bench marked results with raising concerns matching the average. However, both sub-themes have seen a decline from 2022 with the main decline being the questions within autonomy and control.
- **We are safe and healthy** – all sub themes scored above the benchmarked areas as well as an increase on our 2022 results
- **We are always learning** – appraisals scored above the average benchmark and also saw an increase from our 2022 results however, development saw a slight decline from 2022 but did match the benchmark.
- **We work flexibly** – all sub scores saw an increase from our 2022 results and the benchmark .
- **We are a team** – all sub scores are above the benchmark however, there has been a slight decline from our 2022 score in the area relating to team working.

Themed questions analysis

The themes of morale and staff engagement remain key performance indicators for organisations. Morale (6.32) scored both above the benchmark and last year's results and has seen a statistically significantly higher change to 2022. Staff engagement (7.29) was above the benchmark but saw a slight, bit not significant, decline from 2022. The sub scores relating to involvement has seen a decline of -0.8.

New questions for this year

There were three new questions introduced this year and some changes to staffing categories:

Your Health, wellbeing and safety at work

- To what extent does the following apply to you? I can eat nutritious and affordable food while I am working – 63%.
- In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault.
    - 94.8% have not experienced from the public.
    - 98.3% have not experienced from colleagues
- Thinking about your current role, how often, if at all, do you work at/from home? -45%

In 2021 and 2022 the survey contained three questions directly related to COVID-19 (COVID-19 ward/ redeployment and remote working) these have been removed from the 2023 survey.

Improved responses

- 83.7 per cent (+1.24) said they have face-to-face, video or telephone contact with patients / service users as part of their job.
- 25.75 per cent (+ 0.51) said they are contracted to work part time.
- 17.23 per cent (-2.23) said they have experienced gender discrimination.
- 1.17 per cent (-0.84) said they have experienced religious discrimination.
- 2.23 per cent (- 0.84) have experienced sexual orientation discrimination.
- 28.09 per cent (-4.05) said they have experienced other discrimination.
- 94 per cent (+0.43) said the organisation encourages us to report errors, near misses or incidents.
- 11.31 per cent (-0.24) said If they were considering leaving their current job, they would want to move to another job in a different NHS Trust/organisation.
- 3.56 per cent (- 0.88) said they would look to move to job in healthcare outside the NHS.
- 8.02 per cent (-1.28) said they would move to job outside the NHS.

Areas of development

- 21.95 per (-4.99) said they worked additional paid hours.
- 15.64 per cent (+2.74) said they felt pressure from their manager to come to work.
- 12.68 per cent (+0.68) said they have experienced disability discrimination.
- 18.20 per cent (+2.36) said they have experienced age discrimination.
- 19.25 per cent (+0.30) said they have seen errors, near misses, and incidents that could hurt staff and/or patients/ service users.
- 70.82 per cent (-1.04) said the organisation treats staff who are involved in an error, near miss or incident fairly.
- 82.23 per cent (-1.44) felt supported when errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.
- 76.78 per cent (-2.93%) said they are given feedback about changes made in response to reported errors, near misses and incidents.
- 82.39 per cent (-4.65%) said their employer made reasonable adjustment(s) to enable you to carry out your work.
- 15.59 per cent (-0.5) said if they were considering leaving their current job, they would want to move to another job within this organisation.

Actions

We want to make sure KCHFT colleagues are reassured their views have been heard and the results are shared and discussed with them, know the solutions are being worked on and are able to have further input into those solutions and feedback.

Therefore, the actions taken are:

1. Results published and shared on 7 March 2024 via flo, flomail, team brief and via Mairead McCormick through blog/vlog about the results.

2. People and organisational development business partners (PODBP) are reviewing service and team-level information, including free text response analysis, as well as bank worker responses and share key findings with the service leadership teams with view to working with them to create a colleague led action plan.

3. Key themes and actions from each service have been shared at the Integrated People Management meeting to identify trust-wide actions and shared learning, which will then be shared with the Staff voice groups and Staff Council, once established.

4. Case study examples of improvements to be reported on throughout the year as part of Executive Performance Reviews.

5. A review of the breakthrough objectives targets measured through the staff survey has taken place, as part of the Improvement Board.

6. Campaign recommendations set out in an evaluation report are taken forward.

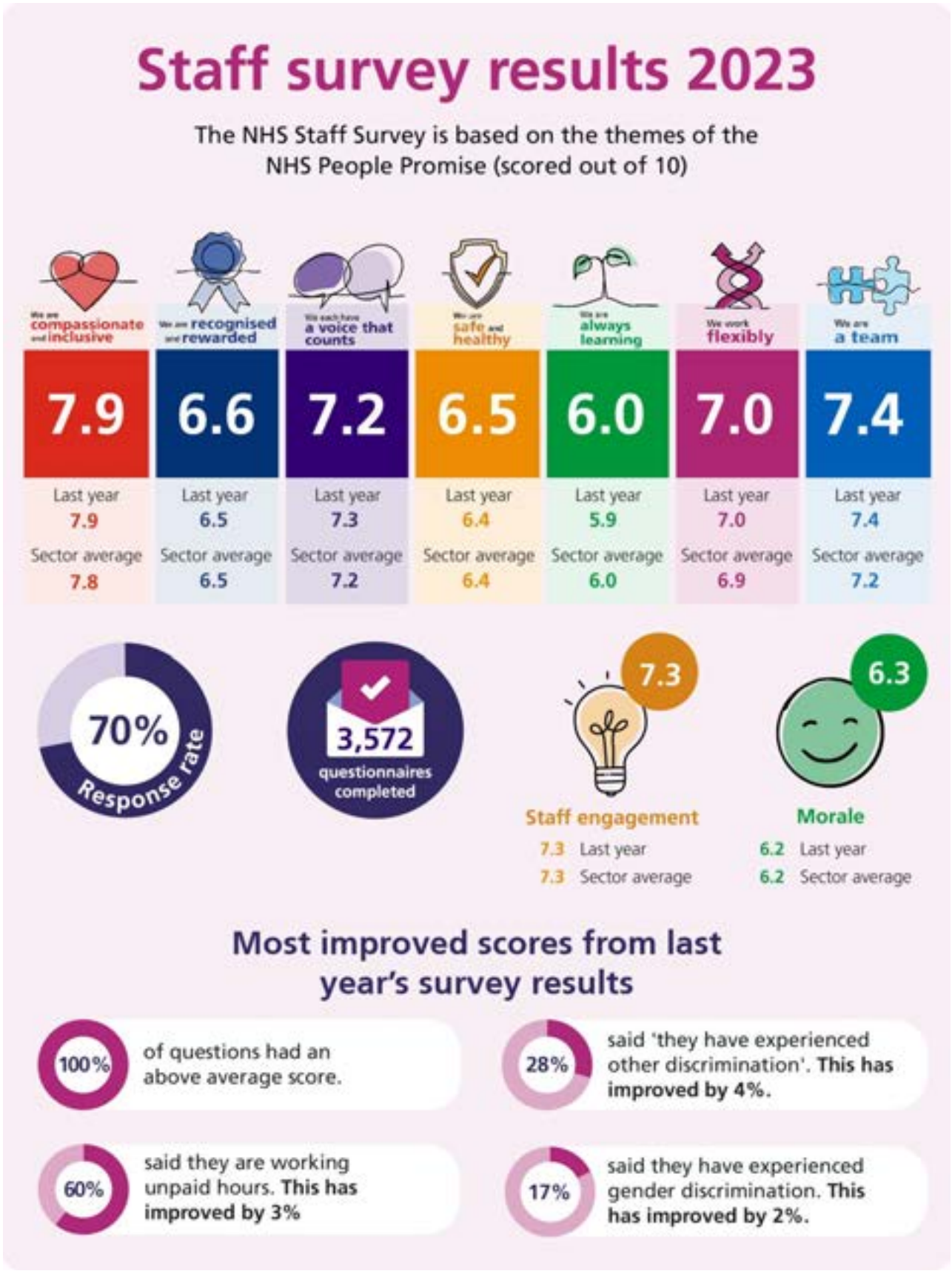
Recommendations

The Board is asked to note this report.

Name: Sarah Hayden
Job Title: Director of People Operations

Appendices

1 – NHS Staff Survey trust-wide benchmarking report (supplementary pack)
2 – NHS Staff Survey results – breakdown(supplementary pack)



1 – NHS Staff Survey trust-wide benchmarking report
2 – NHS Staff Survey results – breakdown.

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 18
Report title:	Learning from Deaths
Executive sponsor(s):	Dr Sarah Phillips, Chief Medical Officer
Report author(s):	Tatum Mallard – Mortality Review Programme Lead, Amy Radford- Senior LeDeR Reviewer
Action this paper is for:	☐ Decision/approval ☐ Information ☑ Assurance ☐ Note
Public/non-public	Public

Executive summary

Overview of paper:
The Mortality Surveillance Group (MSG) meet bi-monthly via Microsoft Teams. This group provides assurance to the Quality Committee and the Board by overseeing and monitoring Trust mortality review processes for those who die whilst receiving care provided by KCHFT. The purpose is: - to review themes and trends with regard to patient mortality and identify any areas for improvement in clinical practice, care or patient/carer experience for dissemination within KCHFT, to identify avoidable mortality and outliers in mortality indicators that require further analysis, and to support the recognition of examples of good practice and care relating to patient mortality for dissemination within KCHFT.

A full assurance report will be submitted to the Quality Committee each quarter. The Trust Board will receive a summary report and assurance via the Quality Committee related to the full report.

The Committee is asked to note the quarter 2's data and learning points described in this report, for assurance. The full quarter 2 report was reviewed by Quality Committee in February. Significant improvements in matters that were previously an area of concern and items of excellence are detailed in the report, and the action taken to improve patient care, safety and or staff wellbeing.

During this quarter the Mortality Review Program has collaborated with the Patient Safety, Pharmacy. Legal, Complaints, Quality & Governance, Safeguarding, End of Life Care Support teams and the Transfer of Care Group to facilitate learning from deaths.

A project has been set up to review and relaunch learning from deaths. This will update the SJR method to ensure it supports the Patient Safety Incident Response Framework (PSIRF), supports staff to learn from deaths, integrate the Just Culture, and incorporate Duty of Candour.

Report history / meetings this item has been considered at and outcome
The report was considered by the Quality Committee on 15 February which agreed to recommend it to the Board for assurance.

Recommendation(s)
The Board is asked to • **RECEIVE** the report.

Link to CQC domain				
☑**Safe**	☑**Effective**	☑**Caring**	☑**Responsive**	☐**Well-led**

Assurance Level		
☐ **Significant**	☑ **Reasonable**	☐ **Limited**

Implications		
Links to BAF risks / Corporate Risk Register	☐**BAF**	☐**CRR**
Equality, diversity and inclusion	Mortality reviews include any learning arising from people with protected characteristics to ensure appropriate health inequalities are identified	
Legal and regulatory	Learning and service improvements will consider the legal, regulatory and best practice frameworks and will include attendance/ reports received from the Trust's Legal Service.	

Executive lead sign off	
Name and post title:	Dr Sarah Phillips, Chief Medical Officer
Date:	5 April 2024

Kent Community Health NHS Foundation Trust

Summary Learning from Deaths Report 2023-2024 Quarter 2 (July - September 2023)

1. Introduction

The Trust Mortality Review and Learning from Deaths process adheres to the National Learning from Deaths Guidance (2017). All inpatient deaths in East Kent have been scrutinised by the Medical Examiner since Q1 2021-22 and scrutiny for inpatient deaths in West Kent is in place for deaths occurring after Q2 2022-23. Where internal review is indicated in accordance with the learning from deaths and mortality review policy, this is conducted using a structured judgement review (SJR) method.
In line with the national guidance, mortality data is published quarterly and learning points recorded. This data includes the total number of community inpatient deaths and those deaths the Trust has subjected to review. Of those deaths reviewed, the Trust reports how many deaths were judged more likely than not to have been due to problems in care.

2. Community Inpatient Deaths Reported during Quarter 2 2023-2024:

Community Hospital Inpatient Deaths Dashboard – (Including Deaths Occuring >28 days post Transfer of Care (ToC))								
Number of Inpatient Community Hosptials Deaths			Number of Completed Structured Judgement Reviews			Number of deaths considered more likely than not due to problems in care		
Sep.	Aug.	July	Sep.	Aug.	July	Sep.	Aug.	July
2	**5**	**1**	**1**	**3**	**0**	**0**	**0**	**0**
Quarter 2	Prev. Q1		Quarter 2	Prev. Q1		Quarter 2	Prev. Q1	
8	**8**		**4**	**8**		**0**	**0**	
Year 2023-24	Prev. Year 2022-23		Year 2023-24	Prev. Year 2022-23		Year 2023-24	Prev. Year 2022-23	
28	**55**		**10**	**63**		**0**	**0**	

Community Hospital Inpatient Mortality Data Q2	
Deaths selected for review by Structured Judgement Review (SJR) %	50
COVID-19 deaths recorded	0
Nosocomial deaths Recorded	0
Cause of Deaths including Frailty and Advanced Frailty	6
Referred to coroner	0
Referred for SJR by Medical Examiner	0

3. Summary of Learning identified from Community Inpatient Deaths

During Q2 The East and West Kent Medical Examiners did not make any recommendations for a structured judgement review. In one West Kent patient death at Edenbridge Hospital the ME process was not followed and they where unable to provide oversight scrutiny of the case, this case was selected for SJR.

Three other inpatient deaths were selected for review by SJR process in accordance with Trust policy. One as the patient died within 6 hours of transfer to the acute, and two others selected at random for learning and quality review.

There was no evidence that any patient death was contributed to by unsafe practice arising from mismanagement or misuse of controlled drugs.

Primary causes of death included; Frailty, Advanced Vascular Dementia, Cerebrovascular Disease, Decompensated cardiac failure, Atrial fibrillation and Infective Exacerbation of Bronchiectasis, Congestive Cardiac Failure, Pneumonia, Sepsis and Right leg cellulitis.

Four inpatient deaths were subject to a Mortality Case Review and 2 SJR were completed during Q2 in accordance with Trust policy, one of these deaths occurred in the previous quarter.

Service name	**Top 3 key themes**	**Good practice**
Mortality Review Programme; Learning from Deaths Community Hospital Patients	1. Issues relating to Personalised Care Plans; Holistic assessment to be completed on admission to inform care planning, admission weight and MUST to be completed, Care plan to be completed on, admission. End of life care plan to be completed, Care planning needed for catheters and nutrition. 2. Issues relating to communication; TEP completed, however, no evidence of discussion around this or the DNACPR with patient and family on admission to Community Hospital. Disparity of patient wishes recorded on the DNACR (acute) with TEP (community hosp.).	Excellent documentation in all phases of care from admission to verification of death. Excellent ongoing and EoL care; sudden deterioration of patient recognised, patient wishes documented and followed, family kept informed throughout, JIC meds given and regular intervals.
	Additional information The above themes where collated from the areas of improvement data set. There have been no problems in care identified from the deaths that occurred during Q2 that have been reviewed to date. The good practice section has been drawn from one case where there is excellent documentation throughout the patient's stay. Where there is excellent	

	documentation we often find this is followed by excellent scoring as there is lots of documentation to support the judgement of excellent care.

All deaths have been reviewed against the RCP problem categories. A community death from May which has undergone an SJR found problem in cares occurred during their stay at one of the community hospitals.

Areas of Improvement Categories	Jul - 23	Aug -23	Sep -23	Total 23-24
Problems in assessment, investigation of diagnosis including assessment of PU risk, VT risk, history of falls				**2**
Ineffective recognition of end of life	0	0	0	**0**
Issues relating to physical needs	0	0	0	**2**
Problems with medication including administration of oxygen				**7**
Issues relating to medications and/or symptom control	0	1	2	**7**
Problems related to treatment and management plan				**19**
Lack of involvement in care decisions	0	0	0	**0**
Lack of respect of patient and family wishes in decision making	0	0	0	**0**
Lack of documentation around capacity and best interests	0	1	1	**2**
Issues relating to Personalised Care Plans and other documentation	0	7	2	**17**
Issues relating to Fast Track and palliative care support	0	0	0	**0**
Problems with infection management	0	0	0	**0**
Problems related to invasive procedures	0	0	0	**0**
Problems related to clinical monitoring				**3**
Reversible causes of deterioration not considered/excluded and/or documented	0	1	0	**3**
Issues relating to nutrition and hydration	0	0	0	**0**
Problems in resuscitation following cardiac or respiratory arrest	0	0	0	**0**
Problems of any other type not fitting other categories				**7**
Issues relating to emotional, psychological, social, spiritual, cultural and religious needs	0	0	0	**1**
Issues relating to support of families and those important to the dying person	0	0	1	**1**
Patient related communication issues	0	1	0	**2**
Team related communication issues	0	2	0	**3**
Total number of issues arising by month	**0***	**13**	**6**	**38**
No. deaths with completed SJRs	0*	3	1	**11**

*This column is nil as the 1 death in July was not selected for SJR

4. Community Deaths Mortality Data

Community Deaths Dashboard Q2								
Number of Adult patients discharged from active caseloads due to death			Number of Community Deaths Reported for Mortality Review			Number Selected for Review under the SJR process		
Sep.	Aug.	July	Sep.	Aug.	July	Sep.	Aug.	July
421	**468**	**315**	**18**	**11**	**16**	**4**	**3**	**1**

Quarter 2	Prev. Q1	Quarter 2	Prev. Q1	Quarter 2	Prev. Q1
1204	**1027**	**45**	**36**	**8**	**13**
Year 2023-24	Prev. Year 2022-23	Year 2023-24	Prev. Year 2022-23	Year 2023-24	Prev. Year 2022-23
2231	**-**	**126**	**109**	**30**	**37**

Community Mortality Data	Current Quarter Q2	Q2 Previous Year
Community Deaths notified via complaints	2	5
Community Deaths reviewed due to family's comments collated by the Medical Examiners/Clinical Teams.	13	-
Number reviewed via PSIRF	4	2
Number with Safeguarding investigations	0	0
Number referred for SJR by the Medical Examiner	0	0
Number of 2nd stage SJRs	1	-

In September 2021 the Medical examiner (ME) process began its phased induction for all community deaths in East Kent. The ME process roll-out in the west began in April 2023. During this quarter, East and West Kent Medical Examiners did not make any recommendations for a structured judgement review.
There was one statement request from the Coroner's office this quarter for a death in December 2022 which has had an SJR completed.

All 8 cases selected for an SJR have been completed and closed, plus one of the 13 cases from the previous quarter. No cases reviewed found evidence that any patient death was contributed to by unsafe practice arising from mismanagement or misuse of controlled drugs.

5. Learning from Community Deaths

All deaths have been reviewed against the RCP problem categories. Three of the SJRs of deaths occurring during Q2 have had problems identified. The one review carried over from the previous quarter (a death in May) also identified problems in care. Action plans have been completed, with oversight and assurance of the Mortality Surveillance Group.

6. Learning Disability (LD) Mortality Reviews Report

LeDeR Mortality Review Report Q2.pdf

Tatum Mallard – Mortality Review Programme Lead
April 2024

Kent Community Health NHS Foundation Trust

Mortality Review Report (LeDeR) – July-September 2023 (Q2)

1. Introduction

The LeDeR Review team was commissioned in April 2021 and hosted by the Learning Disability service in KCHFT to carry out all LeDeR reviews on behalf of Kent & Medway ICB. They are responsible for leading and reviewing all deaths of people with a learning disability and/or Autism (aged 18+) across Kent & Medway that have been reported onto the national NHS England LeDeR programme. The ICB are accountable for the delivery of the actions identified in LeDeR reviews to ensure system wide learning.

2. LeDeR Mortality Data

Deaths reported to LeDeR during Quarter 2 2023		
	2023	2022
Number of deaths reported to LeDeR in Q2 open to KCHFT at time of death	23	14
Reviews awaiting allocation in Q2 2023	36	

The number of reviews currently awaiting allocation is higher than it has previously been. In Q2, 2022, the number of reviews awaiting allocation was 7.

There has been an increase in the number of focused reviews undertaken by the LeDeR team. In Q2, 2022, the LeDeR team completed 3 focused reviews. In Q2, 2023, the LeDeR team have 7 focused reviews allocated.

There was an increase in notifications reported in the month of August 2023, there were 17 deaths notified compared to 7 in August 2022. It is not yet known why there has been an increase in the deaths reported or if there are any initial themes in regards to the cause of death, as these reviews have not yet been started.

On average, there are 6 deaths a month notified to LeDeR, where the person was open to a KCHFT service.

Number of breaches *(reviews not completed within 6 months of notification) in Q2 2023*		
Review Type	Learning Disability	5
	Autism	2
Reasons for breaches:		
Review awaiting sign off by the ICB on the LeDeR platform		4
Reviews on hold		2
Late allocation due to capacity and delays in receiving information		1

KCHFT LeDeR Reviews completed/ signed off in Quarter 2 2023		
Number of LeDeR reviews signed off by the ICB in Q2		12
Age range (years)		19-82
Mean age (years)		61.8
Ethnicity (%)	White British	100
Place of Death	Hospital	8
	Residential Home	3
	Home	1

Cause of Death	
Pneumonia	6
Cancer	1
Disease of the Circulatory System	1
Sepsis	1
Bowel conditions	2
Covid-19	1

3. Learning from completed LeDeR reviews

Themes Identified for learning in reviews completed July-September 2023

Direct Learning for KCHFT

- **Case 1:** The client was referred to the KCHFT community falls team, however they reported that they could not implement a falls prevention plan due to her mental health and 'learning disability problem'. They did not refer on to the community learning disability team (physio or OT).
  Action: The LeDeR reviewer has contacted the community falls team to highlight this concern and to advise of the referral process to the community learning disability physio team. They were also provided with the Clinical LD physio Lead contact details, who has also been made aware of the outcome of this LeDeR review.

- **Case 2:** The client was a 71-year-old gentleman with down syndrome. He was assessed in 2017 by a mental health trust and a Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQUID) was completed. There was no follow up from this assessment or onward referrals. The client was referred to KCHFT community learning disability service in 2021 to the nursing and speech and language therapy departments. Despite a decline in his functioning, a DSQUID was not completed by the service. The next DSQUID that was completed was in 2022 by the mental health trust.

Action: KCHFT adult learning disability service has an open workstream focused on reviewing the clinical reporting process of people with dementia. This includes; working alongside KMPT's Mental Health and Learning Disability (MHLD) and older adult community mental health services to plan a patient journey across Kent service and working with RIO to explore options to incorporate the DSQUID and follow up requirements onto the RIO system.

Other learning identified for the wider system

The themes detailed below are those most commonly found in the 12 reviews completed in Q2 for patient's whose death occurred at the time they were open to a KCHFT service. The key themes and trends for Q2 23/24, mirror those seen in Q1 23/24.

1. Annual Health Checks
2. Cancer Screening/Treatment
3. DNACPR Documentation

1. **Annual Health Checks (AHC)**
• In 6 of the completed reviews, issues related to Annual Health Checks (AHC) checks were identified. This related to the quality of the AHC and the client had not been invited for their AHC. • In 9 of the completed reviews, a health action plan was not formulated following the AHC.
2. Cancer Screening/Treatment
• In 4 of the completed reviews, there were issues regarding cancer screening. This included the limited or no age-related screening.
3. DNACPR Documentation
• In two of the completed reviews, there were issues with DNACPR. This included Down syndrome being documented as a reason to not attempt CPR. This issue has been highlighted to the hospital trust for follow up.

4. Good practice identified from completed LeDeR reviews

- Case 1- Good evidence of multi-disciplinary involvement from GP and community teams. Support provided by the district nurses was very good, the care provider felt reassured by having a number to ring for out of hours incidents involving the catheter.
- Case 2- The client's health and dementia had deteriorated in the 3 months leading to her death. There were clear records of appropriate referrals to the frailty team and joint visits were undertaken with the LD community nurse. Following a joint visit by the Frailty team Dr and the LD community nurse a detailed plan was drawn up and shared with the care provider for management

of the clients EOL care. A ReSPECT plan was in place and the adult nursing team visited the client daily at home to administer end of life medications.
The review identified that the provider felt very well supported by the community learning disability health team including speech and language therapy and nursing. The care provider benefited from the support and guidance provided by the LD support worker clinics which were held on a weekly basis by teams or face to face.

5. Other

- The LeDeR team are working on a systematic way of sending out redacted LeDeR reviews and will go back to reviews completed from April 2023. There has been a delay in the redaction of LeDeR reviews by the NHS service who are commissioned to do this.
- The LeDeR team will be holding a Bitesize training session for the learning disability and neurodevelopment service on the 16th November. This will include information from the recently published Kent and Medway LeDeR annual report. This session will be recorded and available for those who are unable to attend.

Amy Radford- Senior LeDeR Reviewer

October 2023

Kent Community Health
NHS Foundation Trust

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 April 2024
Agenda item:	Item 19
Report title:	Public Sector Equality Duty Annual Report
Executive sponsor(s):	Ali Carruth, Executive Director for Health Inequalities and Prevention Victoria Robinson-Collins, Chief People Officer
Report author(s):	Adam Lott, Head of Health Inequalities and Hasan Reza, Head of Workforce Equity, Diversity and Inclusion
Action this paper is for:	☐ Decision/approval ☐ Information ☑ Assurance ☐ Note
Public/non-public	Public

Executive summary

Overview of paper:

- As an NHS trust, we are subject to the Public Sector Equality Duty (PSED). The PSED is a duty that requires all public authorities to consider how their policies or decisions affect people who are protected under the Equality Act 2010.
- Within the Equality Act there is a statutory requirement for the Trust to publish information to demonstrate compliance within the PSED. This includes our equality objectives.
- This paper is updating our progress against the equality objectives the Trust had previous set itself and updating with refreshed objectives for patients and services.

Items of concern to be brought to the Board's attention:

- The new patient and services objectives include one on interpreting and translation services. This service is regularly going over budget given the high level of need. Use of this is, as far as we can tell, all appropriate. This year we go out to tender for a new provider and there is a risk that, given we do not put a contractual value out, that bids could all come back significantly higher than our budget. This has been listed as a risk on our Datix system and will be managed and communicated on by Head of Health Inequalities as risk owner. Work is

underway to understand the services with most use and options for high use services to contribute financially in their overheads as appropriate.

Significant improvements in matters that were previously an area of concern:

- Since publishing the original equality objectives, the Trust has invested in and created the Workforce Equality, Diversity and Inclusion Team and also the Health Inequalities Team in 2022.

Items of excellence:

- Both the Workforce Equality, Diversity and Inclusion Team and also the Health Inequalities Team since inception have made impacts trust-wide:
    - The workforce EDI Team with the Nobody Left Behind Strategy and creating strong engagement for cultural change, further embedding EDI into teams and services.
    - The Health Inequalities Team finishing the first year of the Health Inequalities Programme that includes the health equity profiles for services and follow support.

Report history / meetings this item has been considered at and outcome
Last year's report approved at April 2023 Board meeting. The 2024 report has been noted at Executive Team Meeting (ETM) on 2 April 2024.

Recommendation(s)
The Board is asked to • **APPROVE** the report.

Link to CQC domain				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Assurance Level		
☑ Significant	**☐ Reasonable**	**☐ Limited**

Implications		
Links to BAF risks / Corporate Risk Register	☐**BAF**	☐**CRR**
Equality, diversity and inclusion	Yes. The nature of the report is assurance against the Trusts reporting requirements as a public sector duty to meet the Equality Act (2010)	
Legal and regulatory	Yes. The nature of the report is assurance against the Trusts reporting requirements as a public sector duty to meet the Equality Act (2010)	

Executive Sponsor sign off	
Name and designation:	Ali Carruth, Executive Director for Health Inequalities and Prevention Victoria Robinson-Collins, Chief People Officer
Date:	17 April 2024

Kent Community Health NHS Foundation Trust

Equality Objectives Public Sector Equality Duty (PSED) Report 2023-2024

1.0. Introduction

As an NHS Trust, we are subject to the general Public Sector Equality Duty (PSED). The PSED is a duty that requires all public authorities to consider how their policies or decisions affect people who are protected under the Equality Act 2010. Within the Equality Act there is a statutory requirement for the Trust to publish information to demonstrate compliance within the PSED.

The NHS uses several frameworks to support evidencing due regard for the PSED. These include the Workforce Race Equality Standard (WRES); Workforces Disability Equality Standard (WDES) and the refreshed Equality Delivery System (EDS). These reports provide assurance to commissioners, partners, public, staff and patients that the Trust has due regard to the needs of those to whom the frameworks relate. The Trust reports on these separately from this paper.

This report explains how Kent Community Health NHS Foundation Trust (KCHFT) has regard for the Public Sector Equality Duty. It also details the steps being taken to ensure the Trust is reducing Health Inequalities and addressing workforce inequities with regards to the three aims of the General Duty.

The report demonstrates progress against the Objectives in the last four years. Previous reports are in the same format and published on our Trust public facing website.

2.0. Background

The equality duty consists of a general equality duty, supported by specific duties which are imposed by secondary legislation.

Those subject to the equality duty must, in the exercise of their functions, have due regard to the three aims of the general equality duty:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Specific Duties require public authorities to:

- Publish information to demonstrate compliance with the three aims of the public sector equality duty.
- Publish data on those affected by policies and procedures
- Set equality objectives, at least every four years.

3.0 2021-2024 Workforce focused Equality Objectives

Equality is at the heart of everything KCHFT does and the equality objectives already set will continue to be a focus. The Trust will look to identify wider areas in healthcare planning and delivery where early targeted intervention may support reducing workforce inequalities. The objectives are underpinned by national frameworks, standards and policies and have been developed to demonstrate the Trust's ongoing commitment to provide a fairer, more inclusive organisation for all who work within it. These objectives support the Trust in meeting its legal obligations as a public organisation (The Equality Act 2010, Public Sector Equality Duties) and have been aligned to the Trust Quality Strategy and the outcomes and metrics that make up the Workforce Equality Standard Reports (WRES, WDES, Gender Pay Gay (GPG).

The three objectives are:

Objective 1: To promote fair Recruitment, Promotion and Retention of staff

Objective 2: To improve wellbeing of staff by eliminating discrimination and victimisation

Objective 3: To improve the experience and career progression of staff with protected characteristics

Objective 1:	**To promote fair recruitment, promotion and retention of staff**
EDS2 Goal 3	A representative and supported workforce
EDS2 Goal 4	Inclusive leadership
Objective Aim	To attract and recruit colleagues who represent the communities we serve by having diverse recruitment panels. To ensure the recruitment process is driven by the Trust values. To appoint the best candidates for the post through a bias-free process.
Rationale	Fair recruitment leads to a more representative workforce at all levels. Staff stay with employers that treat them fairly, support their professional development and make them feel valued.
Impact	Employment and retention of staff that are fully supported and professionally developed, results in high quality services for all service users. It also increases the Trust's reputation as the best employer.
Aims 2021-2022	Increased transparency around shortlisting, appointments, acting up and internal promotions. Embedded monitoring system of external and internal recruitment. Completed Equality Impact Assessment of the recruitment process
Progress 2021-2022	• All acting up or internal promotions must be advertised to give all colleagues across the organisation an equitable opportunity to apply • Recruitment is monitored using the report functionality within the Trust's Recruitment Tracking system and reported in its annual WRES report
Aims 2022-2023	A just and fair culture of recruitment across the organisation is embedded with clear processes for colleagues applying for acting up positions. Established pathways and defined personal and professional objectives that support colleagues to apply for stretch opportunities within the organisation.

Progress 2022-2023	• Colleagues applying for acting up positions follow the same process as those applying for any other role, the shortlisting and interview processes are conducted in a similar way to other forms of recruitment with selection assessments being determined by what is required for the role • The Trust has published career pathways for many of the staff groups within the organisation and is in the process of developing these for its administrative colleagues. All colleagues have a career conversation at their annual appraisal and complete a Personal Development Plan (PDP). For those individuals looking to progress, talent boards are available to identify training and development opportunities for them that can't be provided with the support of their manager in their service.
Aims 2023-2024 and beyond	Improved recruitment practice by service managers and leaders. Colleagues are confident there is transparency in Trust processes and are clear on the opportunities available for growth. Increased number of stretch opportunities created and offered to staff through an auditable process.
Progress 2023 – 2024	Recruiting managers across KCHFT have attended a system wide debiasing recruitment training programme. Pre and post workshop surveys indicate a clear shift in the thinking and practice of attendees in a number of key areas such as awareness of and challenging biases of other panellists. The organisation has also committed to pilot an inclusion ambassadors programme designed to support recruitment panels in reaching equitable appointments. The programme will increase diversity on our panels and work to better our already improving shortlisting to appointment ratios. In the latest WDES report the Trust had a 1:1.04 appointment from shortlisting rate for applicants who had and had not declared disabilities. In a number of areas, the Trust has moved forward with its recruitment metrics.

Objective 2:	**Improve wellbeing of staff by eliminating discrimination and victimisation**
EDS2 Goal 3	A representative and supported workforce
EDS2 Goal 4	Inclusive leadership
Objective Aim	To have a workforce that is well supported and have the flexibility and adjustments they need to support their health or caring needs. To have a workforce that enjoys a healthy work-family balance.
Rationale	Mental and physical illness caused by stress at work is the cause of staff unhappiness and absence from work. Staff that are well looked after can deliver high quality services to the population they serve.
Impact	Cultural change in the organisation. Improved staff performance and job satisfaction will result in less staff turnover.
Aims 2021-2022	Promotion of flexible working options to all staff. Conversations about access to flexible working take place and are encouraged. Flexible working is encouraged and fairly allocated by managers. It is recorded, reported and monitored.
Progress 2021-2022	• KCHFT have participated in the "Flex for the Future" programme and include a statement in all of its job adverts inviting applicants to talk to the recruiting manager about flexible working. • KCHFT are signatories to the Kent and Medway commitment statement that all colleagues, regardless of their role, level, background or status can work

	in a way which enables a work life balance and effective delivery of our organisational objectives. • Discussions about flexible working take place during the appraisal process and colleagues are asked specifically what their manager can do to assist them to work flexibly. • Flexible working information is gathered through the national staff survey, quarterly pulse surveys, exit questionnaires and the electronic staff record (ESR) and monitored by a dedicated working group.
Aims 2022-2023	Health and wellbeing conversations are embedded and extend to the impact discrimination and bullying and harassment can have on physical and mental health .
Progress 2022-2023	• Health and wellbeing conversations are part of the annual appraisal and ask a range of questions related to health and wellbeing, and what more can be done to make their area of work more inclusive and one where their diversity is recognised
Aims 2023-2024 and beyond	Cultural and religious needs of staff are taken into consideration when allocating leave and benefits packages.
Progress 2023 – 2024	A dedicated disability and carers leave offering has been setup to enable staff to better manage their health and well-being, attend appointments and ensure they are not having to utilise other forms of protected leave to take care of their health/caring needs. The Trust's Head of Workforce EDI is undertaking a project to look at the existing systems and guide around violence and aggression within the Trust with a view to propose improvements if appropriate.

Objective 3:	**To improve treatment, experience and career progression of staff with protected characteristics**
EDS2 Goal 3	A representative and supported workforce
EDS2 Goal 4	Inclusive leadership
Objective Aim	Increased proportion of staff with protected characteristics access career progression opportunities and improve their working lives and lived experience.
Rationale	Trusts that score high on the WRES, WDES and gender pay gap results are those that score highly in the staff survey results. The Trusts' aim is that all staff recommend the services it provides to family and friends as a place to work and receive treatment.
Impact	Better engagement of staff with protected characteristics and improved WDES, WRES and gender pay gap results.
Aims 2021-2022	Published Equality, Diversity and Inclusion communications to: • re-assure staff of their rights under the Equality Act 2010 and • inform of the work being done by the Trust to improve work experience Supported Staff networks with increased membership number that is actively engaged and contributing to the delivery of the EDI strategy Published Pulse analysis of relevant data showing improvement
Progress 2021/2022	• The Trust has a Workforce Equality, Diversity and Inclusion policy, accessible via the Trust intranet • In quarter 3 of 2021/2022 the Trust launched its EDI strategy "Nobody left behind" and this has been promoted on a regular basis through the year in Flomail, the Trusts weekly bulletin, and by Executive Directors in Personal Messages sent to all colleagues

	• Staff networks have been supported with the creation of the Menopause network, an Armed Forces network and most recently a Neuro-diversity network • Results from the Pulse surveys have been published along with updates in respect of what action the Trust is taking to address the feedback received
Aims 2022-2023	Improved results of staff survey with a reduced number of staff with protected characteristics reporting bullying, harassment and who feel they have been denied development opportunities.
Progress 2022-2023	• Staff survey results for 2022/2023 have yet to be published but work has been started across the Kent and Medway system to look at violence reduction for our colleagues. • KCHFT made a suite of EDI training available to colleagues including cultural awareness, upstander and being inclusive in the way you lead. • Development opportunities for colleagues from a diverse background have been widely promoted included a Kent and Medway supported mentoring programme and more recently an aspiring development programme for nurses looking to move from a Band 5 to Band 6 role.
Aims 2023-2024 and beyond	Leaders and managers support staff to work in a culturally competent environment by encouraging colleagues who have participated in the talent programme to join the KCHFT aspire programme. Leaders' performance is measured against their contribution to EDI.
Progress 2023 – 2024	A Trustwide programme has been undertaken to review and refresh the delivery of our Nobody Left Behind EDI strategy. This has included a focus on career progression and career development of people with protected characteristics. The annual WRES report found that staff continue to hold a stronger belief year on year in regards to the fairness of the career progression mechanisms in place at KCHFT. Likewise, bullying and harassment data continues to trend down year on year. A more robust EqIA process has also been developed between the Trust's Heads of Workforce EDI and Health Inequalities. This is designed to further embed the process and ensure the primary purpose of the EqIA process – decreasing inequitable outcomes/impacts – is brought to the forefront. Over the past 12 months the existing EqIA process has been managed more effectively across both the Health Inequalities and Workforce EDI teams with a lot of interest from teams and individuals across the organisation to ensure they are best utilising the process.

4.0 Patient Equality Objectives

Equality is at the heart of everything KCHFT does. The equality objectives will continue to focus on the areas that will enable the Trust to identify wider areas in healthcare planning and delivery where early targeted intervention may support reducing health inequalities. The two objectives are underpinned by national frameworks, standards and policies and have been developed to demonstrate the Trust's ongoing commitment to provide a fairer, more inclusive organisation for all who use it. The Trust uses the outputs of these objectives to identify, engage and reduce health inequalities across services. These objectives support the Trust in meeting its legal obligations as a public organisation (The Equality Act 2010, Public Sector Equality Duties) and have been aligned to the Trust Quality Strategy and the outcomes and metrics that make up the refreshed Equality Delivery System (EDS2).

The objectives for 2021-2024 are:

Objective 1: to increase equality monitoring across all services

EDS2 Goal 1: Better Health Outcomes
EDS2 Goal 2: Improved patient access and experience

Objective 1:	**Increase equality monitoring across all services**
EDS2 Goal 1	Better Health Outcomes
EDS2 Goal 2	Improved patient access and experience
Objective Aim	• To ensure the information we hold on our patients accurately reflect how a patient identifies. • Use the data outputs to develop our services according to patient need, directing resources where they are needed most. • Develop targeted interventions where health inequalities and barriers are identified.
Rationale	Health inequalities can exist in all aspects of healthcare. Over the years research has highlighted many disparities in patient outcomes across several protected groups such as people with learning disabilities, Deaf people or specific ethnic groups. Evidence suggests there are many communities and protected groups at risk of poorer health outcomes and/or experience of healthcare and even death.
Impact	We want to ensure no one is left behind and healthcare is accessible to all. By understanding local communities and cultures we will develop our services to meet the needs of those communities. We will use collated patient data to ensure services and information about services is accessible to all communities.
Aims 2021-2022	We aimed to review service level patient equality information to identify how services identify and record protected characteristics. Services were supported to ensure patient equality data is accurate and regular progress will be fed back to the services. Services will then consider how access to services reflect their local communities.
Progress 2021 – 2022	• Established processes, campaigns, advice for services to monitor and see status of ethnicity monitoring of active caseloads. Where recording is low or not improving support is targeted to these services. • Two e-learning modules have been created and are available to staff: 'Understanding Culture in Healthcare' and 'Cross-Cultural Communication'. The first explores the broad meaning of culture and its impact in healthcare, and will replace current mandatory Equality, Diversity and Inclusion (EDI) training. The second focusses on achieving effective cross-cultural communication. • A bank of resources has been produced to support staff including 'how to guides', relating to how to ask sensitive questions and a guide to new ethnicity categories for our patient electronic record. • Ethnicity recording month on month increased between September 2021 and October 2022 from 61.6% to 67.9% organisation wide.

Aims 2022-2023	Working with public health data, the national 2021 Census and robust patient equality data, we will explore how reflective patient access to services is. Where gaps and barriers are identified, services will engage with local communities, vulnerable and inclusion health groups to explore quality improvement (QI) projects and changes to improve access and experience through a Healthy Communities Steering Group.
Progress 2022 - 2023	• Senior Trust staff have built relationships with public health colleagues in the HCP and ICB to develop early discussion around partnership working and await the latest census data release by protected groups in October 2022 to inform our planning to reduce health inequalities. • Work is already underway towards next year's aim by developing our health inequality data workspaces on PowerBI. This will enable profiling of services data as an evidence base for improvement in terms of access, DNA's, waiting times and caseload for example by deprivation, age, sex and ethnicity. • The Healthy Communities Steering Group was renamed the Health Inequalities Community Steering Group. This group is currently focussing on patient experience by ethnicity, hospital food choices, improving interpreting services, advice on recruitment and opportunities for partnership working in the future. • The Trust has begun its plans toward an agreed health inequalities programme for the next three years.
Aims 2023-2024 and beyond	By monitoring missed and delayed appointment rates, patient feedback, surveys, complaints and contacts to PALS, we will identify where QI projects and changes have had the greatest impact and share learning outcomes across services to embed those changes.
2023-2024 Progress	• Working across health and care systems the responsibilities have been shared across the senior leadership of the Prevention and Public Health Directorate. • The health inequalities Power Bi workspace has evolved and being used more by staff across the organisation to look at key issues within their service such as ethnicity monitoring rates, missed appointments and access across groups and services. • The health inequalities team was employed to in January 2023 and provides guidance and support Trust wide for community insights, Equality Impact Assessments, assessing the Trust against the new NHS Equality Delivery System, delivery equality related training sessions and working closely with voluntary, charity and Social Enterprise Sectors. • The Trust has designed and begun delivering on a new health inequalities delivery plan since April 2023. This has included developing equity profiles for services using population health methods and analysis. • The Trust has been focussed on increased ethnicity monitoring in the last 12 months as a Trust Strategy break-through objective and also implemented training for staff on LGBTQ+ health and monitoring importance. Trust patient equality monitoring data reports have been created for the first time and these will be published on the Trust website. • The DNA/was not brought rate for those living in the most deprived areas has reduced due to quality improvement programmes delivered by services facing the most challenges. • The percentage of contacts with ethnic group recorded reached over 80% in January 23, although the % has slightly reduced it has meant services

	can now look at equity of access, outcomes and experience by ethnic group. Work continues with those services with low reporting rates.

Objective 2: All relevant procedural documents identify equality related impacts including risks, and how risks will be managed

EDS2 Goal 1: Better Health Outcomes
EDS2 Goal 4: Inclusive Leadership

Objective 2:	**All relevant procedural documents identify equality related impacts including risks, and how risks will be managed**
EDS2 Goal 1	Better Health Outcomes
EDS2 Goal 4	Inclusive Leadership
Objective Aim	• To have an Equality Impact Assessment (EqIA) that highlights where in a process, due regard to protected characteristics and inclusion health groups has been given, any mitigations made and how equality related risk is being managed. • All relevant KCHFT procedural documents, policies, strategies and business plans will have a completed EqIA. • Reduce health inequalities; improve access, health outcomes and patient experience.
Rationale	Having due regard for the Public Sector Equality Duty (PSED) is a legal obligation. Proactively working to identify and mitigate health inequalities before a decision is made not only supports the Trust in meeting its legal obligations, it can also prevent unequal distribution of resources, improve access and experience as well as having a positive impact on trust resources.
Impact	We want to ensure health inequalities are identified and mitigated wherever possible, before a decision is made or a policy is approved. Where inequalities are identified and cannot immediately be mitigated, people and local communities can be confident there are effective mechanisms and robust governance procedures in place to manage these risks.
Aims 2021-2022	Conduct a deep dive into the current processes for conducting EqIAs and work with governance groups to identify best practice. Develop and test new process.
Progress 2021 – 2022	• EqIA tested and governance processes proposed and agreed.
Aims 2022-2023	EqIAs will be built into all policy templates. Policy development protocols and guidance will reflect the new process. Support sessions to be made available to policy developers and decision makers responsible for EqIAs.
Progress 2022-2023	• The new EqIA process is now established within policy development processes and development of guidelines and services. • Toolkit and range of resources and videos to support staff are in place and have been widely promoted. • Staff have access, as part of the process, to request advice and support directly from the health inequalities team.

	• An audit of our progress against our equality objectives.as part of the trust annual audit programme will be conducted in Q4. • The business and performance team are working with the health inequalities team to ensure EqIA is embedded into the business planning and cost improvement programme (CIP).
Aims 2023-2024 and beyond	Assessing impact on equality and managing equality related risk will be an integral part of decision making. Regular support sessions will contribute to continued improvement for policy development and decision-making processes.
Progress 2023-2024	• The EqIA audit was conducted and completed in Q4 from external provider. The Trust understands areas for improvement and adopting better way to govern and support the process with the Head of Workforce EDI and Head of Health Inequalities. • There have been EqIA mini-training sessions piloted with staff between June – September 2023 and these will be reviewed for content and delivery and adapted for delivery later this year. • The new template for EqIA has been simplified and includes key information requirements to help manage governance and actions to improve policies, processes and services. • Quality checks on EqIAs will be delivered annually checking a sample of EqIA's for each main service governance groups. Risks, issues and actions will be embedded in the action or risk log for each service governance group. • Services will be encouraged to use population/services inequality data to rationalise position within EqIAs. • Staff will be encouraged to use non-identifiable staff data e.g. staff survey or workforce reports to inform the position of workforce related EqIA's,

8.0 Conclusion Refresh of Trust Objectives and Newly Produced Objectives

Trusts are required to produce equality objectives every four years and report against these annually. The Trust has reported against those objectives each year covering the last three years to our Board.

In the last 12 months a range of things have changed in policies and standards:

- The updated national NHS Equality Delivery System (EDS) with renewed outcomes and our current objectives are set against the previous version. Recently the latest EDS assessments for patients and services have been reported through our governance processes.
- Our first KCHFT health inequalities delivery plan addressing the needs of patients and services has been delivering and reported against to the Trust Population Health Group. An annual report will go through governance processes, Population Health Group, by end April.
- Long term engagement for our workforce equality Strategy – *Nobody Left Behind* – has been recently mobilised and actions planned and reported against through our governance processes.

For Workforce: The workforce objectives are owned within the Workforce Equity, Diversity and Inclusion (ED) Team. This will largely stay the same and reflect the work of the Nobody Left Behind Strategy. The objectives proposed for 24/25 are:

Objective 1: To promote fair Recruitment, Promotion and Retention of staff

Objective 2: To improve wellbeing of staff by eliminating discrimination and victimisation

Objective 3: To improve the experience and career progression of staff with protected characteristics

For patients and services:
Given the significant change across NHS and the way in the Trust is internally managing this agenda for patients and services, , the objectives have been refreshed for the next 4 years. The previous objectives have been fulfilled and the objectives for 24/25 are outlined below.

The health inequalities objectives are owned with the Public Health and Prevention Directorate and lead within the health inequalities team.

Trust Ambition	**Directorate Objective 24/25**
Putting Communities First	Development of a health inequalities Strategy with operational delivery of action plans.
Putting Communities First	To undertake 2 place-based health inequalities projects that builds delivery to meet community need.
Better Patient Experience	To complete the interpreting and translation procurement process, and implement with contract monitoring against clear performance measures.

The objectives are required to be reported on annually from when they are agreed and published. We are finalising the previous three years objectives contained in this report by this date and will engage and publish new objectives for the year ahead on the Trust website.

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