

BOARD OF DIRECTORS MEETING IN PUBLIC

17 January 2024, 9am – 11.15am

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

Agenda and Papers

TRUST BOARD MEETING IN PUBLIC

Wednesday 17 January 2024, 9.00 – 11.15am
KCHFT Offices, Rooms 6 and 7, 110 – 120 Upper Pemberton, Kennington,
Ashford, Kent, TN25 4AZ

The recording of the meeting will be published on the website

AGENDA

SERVICE STORY

Service Story	Chief Nursing Officer	Presentation
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STANDING ITEMS

- | | | | | |
|----|---|-------------------|----------|------|
| 1. | Welcome and apologies | Trust Chair | Verbal | 9.15 |
| 2. | Declaration of interests | Trust Chair / All | Attached | |
| | To note the Board of Directors register of interests and declare any conflicts on items on the agenda | | | |
| 3. | Minutes of the Board meeting in public held on 18 October 2023 | Trust Chair | Attached | |
| 4. | Action log and matters arising from the meeting held in public on 18 October 2023 | Trust Chair | Attached | |
| 5. | Chair's report | Trust Chair | Verbal | 9.20 |
| 6. | Chief Executive's report | Chief Executive | Attached | 9.25 |

GOVERNANCE

- | | | | | |
|----|---|---|----------|------|
| 7. | Progress report on breakthrough objectives | Chief Executive | Attached | 9.35 |
| 8. | Board Assurance Framework | Deputy Chief Executive and Chief Operating Officer/
Director of Governance | Attached | 9.45 |
| 9. | Independent inquiry into the issues raised by the David Fuller Case: Phase One report | Chief Nursing Officer | Attached | 9.50 |

PERFORMANCE

- | | | | | |
|-----|-------------------------------|---|----------|------|
| 10. | Integrated Performance Report | Chief Finance Officer/
Executive Directors | Attached | 9.55 |
|-----|-------------------------------|---|----------|------|

COMMITTEE ASSURANCE REPORTS

11.	Audit and Risk Committee Chair's Assurance Report – meeting of 8 January 2024	Deputy Chair of Audit and Risk Committee	Attached	10.00
12.	Finance, Business and Investment Committee Chair's Assurance Report – meeting of 20 November 2023	Chair of Finance, Business and Investment Committee	Attached	
13.	People Committee Chair's Assurance Report – meetings of 25 October and 19 December 2023	Chair of People Committee	Attached	
14.	Quality Committee Chair's Assurance Report – meeting of 16 November 2023	Chair of Quality Committee	Attached	
15.	Charitable Funds Committee Chair's Assurance Report – meeting of 22 November 2023	Chair of Charitable Funds Committee	Attached	

FOR APPROVAL

16.	2022/23 Kent Community Health Charitable Fund Annual Report and Accounts	Chief Nursing Officer/ Chair of Charitable Funds Committee	Attached	10.25
17.	Staff Voice model	Director of Communications and Engagement	Attached	10.30

OTHER REPORTS

18.	Workforce Growth Review 2019/20 Board report	Chief People Officer Chief Finance Officer	Attached	10.45
19.	Gender pay gap report	Chief People Officer	Attached	10.50

ANY OTHER BUSINESS

20.	Any other items of business previously notified to the Chair	Trust Chair	Verbal	10.55
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QUESTIONS FROM GOVERNORS AND PUBLIC

21.	Questions relating to the agenda items.	Trust Chair	Verbal	11.00
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DATE OF NEXT MEETING

Wednesday 17 April 2024; KCHFT Offices, Rooms 6 and 7, Trinity House, 110 – 120 Upper Pemberton, Ashford, Kent TN25 4AZ	Trust Chair	Verbal	11.15
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Board of Directors' Register of Interests

Board member	Declared interests
John Goulston Trust Chair	<ul style="list-style-type: none"> 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 Vice Chair, Kent and Medway Provider Collaborative Board for Adult Mental Health, Learning Disabilities and Autism Board Adviser to Medinet Clinical Services (previously known as Remedy Healthcare Solutions)
Pippa Barber Non-executive Director	<ul style="list-style-type: none"> Director, THF Health Ltd Trustee, Demelza House Children's Hospice
Paul Butler Non-executive Director	<ul style="list-style-type: none"> None
Pauline Butterworth Deputy Chief Executive and Chief Operating Officer	<ul style="list-style-type: none"> None
Ali Carruth Executive Director of Health Inequalities and Prevention (non-voting)	<ul style="list-style-type: none"> None
Peter Conway Non-executive Director	<ul style="list-style-type: none"> Non-executive director, Kent and Medway NHS and Social Care Partnership Trust (KMPT)
Rachel Dalton Chief Allied Health Professionals (AHP) Office (non-voting)	<ul style="list-style-type: none"> None
Gordon Flack Chief Finance Officer	<ul style="list-style-type: none"> None
Kim Lowe Non-executive Director	<ul style="list-style-type: none"> Non-executive director, Kent and Medway NHS and Social Care Partnership Trust (KMPT) Lay Member and Senior Independent Governor, University of Kent Chair of Trust Board, University of Kent Academies Trust
Mairead McCormick Chief Executive	<ul style="list-style-type: none"> None
Sarah Phillips Chief Medical Officer	<ul style="list-style-type: none"> Newton Place Pharmacy LLP (shareholding)
Victoria Robinson-Collins Chief People Officer	<ul style="list-style-type: none"> Independent ambassador, Tropic Skincare
Mercia Spare Chief Nursing Officer	<ul style="list-style-type: none"> None
Razia Shariff Non-executive Director	<ul style="list-style-type: none"> Chief Executive Officer, Kent Refugee Action Network

Last updated 24 October 2023

Karen Taylor Non-executive Director	<ul style="list-style-type: none">• Director of Research and Insights, Centre for Health Solutions, Deloitte LLP
Nigel Turner Non-executive Director	<ul style="list-style-type: none">• Owner, Turner Business Solutions

UNCONFIRMED Minutes of the Board of Directors' meeting in public, held on Wednesday 18 October 2023, 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
In attendance:	Minu Ayaz	Business Manager to the Chief Executive and Chair (minute-taker)
	Marcella Capper	Head of Complaints, PALS and Patient Experience (agenda item 14)
	Mercy Kusotera	Director of Governance
	Vicki Pout	Allied Health Professional Stroke Team Lead, Westbrook House (agenda item 14)
	Mr Andrew Sinden	Patient Story (agenda item 14)
	Mr Tony Sinden	Patient Story (agenda item 14)
Apologies:	Peter Conway	Non-Executive Director
	Julia Rogers	Director of Communications and Engagement
	Nigel Turner	Non-Executive Director

18/10/01 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.

18/10/02 Declarations of Interest

John Goulston advised there was a change in his declarations. He had been a board advisor to Remedy HealthCare Solutions for the past three months. However, the company had been taken over and renamed Medinet Clinical

Solutions. Therefore, he would be advising Medinet for the next three months. The Board's register of interests would be updated accordingly.

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

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

18/10/03 Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 12 July 2023

The minutes were read for accuracy.

The Board **AGREED** the minutes of its meeting held on 12 July 2023 as an accurate record.

18/10/04 Action log and matters arising from the Kent Community Health NHS Foundation Trust Board meeting held on 12 July 2023

The action log was reviewed and all actions were closed. There were no matters arising.

18/10/05 Chair's report

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

Nationally there had been a number of high-profile stories relating to the NHS; in particular the Lucy Letby court case involving the Countess of Chester Hospital NHS Foundation Trust, the introduction of Martha's Law, and a year on since the publication of the Reading the Signals report on maternity services at East Kent Hospital University NHS Foundation Trust (EJHUFT). John Goulston emphasised the importance of these stories in the context of messages for boards and how boards operated. There had been a chief executives and chairs session in September focusing on these events, which had concluded that it was not about boards undertaking more assurance but rather having more effective assurance at board level. This was a journey that all trusts across the country would be taking to define what that meant for them. It was not about resetting but rather about having the right focus and working together. The culture of the trust Board and the organisation would be pivotal in these internal discussions. The trust's board development programme had commenced and it would be looking at how board members worked together to be effective and create a true listening culture.

Freedom to speak up was key in giving staff a sense of psychological safety in the workplace and giving them the confidence to raise any concerns they might have. This would be fully explored in the new year as a Board agenda item.

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

18/10/06 Chief executive's report

Mairead McCormick presented the report to the Board for information.

The report has been redesigned to reflect the four ambitions of the trust's overarching We Care Strategy. With regards to progress with the strategy's implementation, there had been considerable work undertaken in engaging with stakeholders and partners as this would be key to the redesign of the models of care.

The Reading the Signals report on midwifery services at EKHUFT was to be welcomed. It tied in with a number of areas that the trust was focusing on as part of its four ambitions and organisational culture piece. Mairead McCormick echoed John Goulston in stating how important it was for the Board to ensure it was listening and responding in a meaningful and impactful way to the report's recommendations and staff concerns.

The executive team along with non-executive directors continued to carry out service visits. These provided an opportunity for Board members to increase their visibility amongst staff and have a meaningful dialogue with them.

Kent and Medway Integrated Care Board (ICB) had issued a prior intention notice which set out the ICB's intention to procure the significant transformation of the model of care for community services. The Trust was awaiting further detail from the ICB since the Medway Council Health and Adult Social Care Overview and Scrutiny Committee had deemed the changes to be a substantial variation.

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

18/10/07 Board assurance framework (BAF)

Pauline Butterworth presented the report to the Board for assurance.

Mercy Kusotera added that there was still ongoing work to align the BAF to the trust's strategic objectives and it was being reviewed and updated regularly. The BAF has been discussed in various committees and the comments and feedback would be collated into the next iteration which was due to be presented at the Audit and Risk Committee in November.

Pippa Barber queried plans for the oversight of the corporate risk register. Mercy Kusotera confirmed that the updated version would be presented at the next Audit and Risk Committee meeting. It would then come to the Board meeting (in public) in January.

Action – Mercy Kusotera

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

18/10/08 Provider collaborative update

Mairead McCormick presented the report to the Board for decision.

In response to a question from Kim Lowe regarding executive lead arrangements for each of the provider collaboratives, Mairead McCormick explained that there were chief executives leading each of them. Sheila Stenson, Kent and Medway NHS and Social Care Partnership (KMPT) was leading the overarching back-office functions and central provider collaborative work and also the mental health, learning disabilities and autism provider collaborative. Mairead McCormick was leading the community collaborative and Jayne Black, Medway NHS Foundation Trust was leading the acute collaborative. The terms of reference and membership profile for each were being developed.

In response to a question from Pippa Barber as to how the Board would be kept updated on progress with the work of each and the overarching system work, Mairead McCormick explained that the central provider collaborative workstream would link in the work that was relevant to the trust and the system.

The presentation and the Kent and Medway Provider Collaborative Board terms of reference, both of which were in the board pack, had been circulated to all the listed NHS boards to review and approve.

In response to concerns from Paul Butler regarding individual boards supporting the approach when board members had not been privy to all the information, John Goulston explained that the paper had been developed after numerous meetings of chairs and chief executives. He clarified that the paper was seeking to establish whether each board was comfortable with establishing the provider collaborative. These entities would evolve over time and trust boards would be kept updated on progress and governance arrangements.

The Board **SUPPORTED** the approach as set out in the paper.

18/10/09 Integrated Performance Report (IPR)

Gordon Flack presented the report to the Board for assurance.

In response to a question from Pippa Barber regarding dental patients accessing general anaesthetic (GA) theatre slots for treatment, Mairead McCormick explained that this was a system wide issue and consequently a provider collaborative solution had been requested. The acute collaborative was leading on this. Currently, whilst theatre capacity had been offered, it had not met the demand that was required.

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

18/10/10 Audit and Risk Committee chair's assurance report - meeting of 31 August 2023

Pippa Barber presented the report to the Board for assurance.

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

18/10/11 Finance, Business and Investment Committee chair's assurance report - meetings of 26 July and 12 October 2023

Paul Butler presented the report to the Board for assurance.

In response to a question from Pippa Barber regarding when the clinical model for the new Edenbridge Memorial Health Centre would be shared with the Quality Committee, Pauline Butterworth agreed to confirm the date with her outside of the meeting.

Action – Pauline Butterworth

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

18/10/12 People Committee chair's assurance report - meeting of 29 August 2023

Kim Lowe presented the report to the Board for assurance.

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

18/10/13 Quality Committee chair's assurance report - meetings of 20 July, 21 September and 6 October 2023

Pippa Barber presented the report to the Board for assurance.

It had been agreed that a joint development session for the Board and Council of Governors on the patient safety incident reporting framework would be arranged.

Action – Mercy Kusotera / Mercia Spare

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

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

18/10/14 Nobody Left Behind Strategy update

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

The Board was asked to formally approve the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) action plans. Once approved, these would be published before the end of October on the trust's external website.

The Board **NOTED** the Nobody Left Behind Strategy Update and **APPROVED** the WRES and WDES reports and action plans.

18/10/15 Patient Story

Mercia Spare introduced Mr Tony Sinden and his son Andrew. Vicky Pout from Westbrook House and lead for therapy services in the stroke unit and Marcella Capper, Head of Complaints, PALS and Patient Experience were also in attendance. Mr Sinden, with the support of his son talked of his experience of moving through the local health system after suffering a stroke.

Vicki Pout explained the purpose of the unit at Westbrook House and the model of care it was using was based on the Trondheim model from Norway. This was a new model and was based on providing a fully integrated team approach towards providing care, nursing and therapy, for stroke sufferers. The health care assistants were healthcare and rehabilitation assistants and were fully trained in rehabilitation techniques. All members of staff took part in all aspects of the patient's rehabilitation with the result that the environment felt less like a hospital and more like home.

In response to a question from Sarah Phillips about the capacity in the new service to respond to the demand from the east Kent footprint, Vicky Pout indicated that the unit would be able to offer up to fifteen beds. Pauline Butterworth added that this was a work in progress. The long-term plan was to move patients out of the Kent and Canterbury Hospital much earlier which would mean that more beds at the stroke unit would be required. There would also be implications for capacity in the community as there would be a demand to maximise a patient's rehabilitation post-discharge from a bedded unit.

Mairead McCormick responded to Andrew Sinden's comment that the family had not been aware of the new unit which had meant that there had been a delay in his father being admitted for care there. She emphasised that the goal was to get people to the right services the first time. South East Coast Ambulance Service (SECamb) was aware of the unit and would take patients there directly but individuals would be lacking this information. Andrew Sinden emphasised the importance of raising awareness amongst the general public of the new unit in order that patients received the care they needed as soon as possible.

In response to a question from Razia Shariff about how rehabilitation services could be improved to deliver the quality of care that the new stroke unit offered, Rachel Dalton commented that the principles from this unit could be learned and applied across other services. The National Institute

for Health and Care Excellence (NICE) had announced that they would be changing the amount of formal rehabilitation work patients required from 45 minutes a day to three hours. The implications of this change for services around education and engagement would be important to consider.

John Goulston, on behalf of the Board, thanked Mr Sinden and his son for joining the meeting to share their experience.

The Board **RECEIVED** the patient story.

Mr Tony Sinden, Mr Andrew Sinden and Marcella Capper left the meeting.

18/10/16 Approach to 2023/24 winter planning

Pauline Butterworth presented the report to the Board for assurance and information.

In response to a question from Pippa Barber as to how the activities within the plan would be measured as they did not currently appear in the integrated performance report, Pauline Butterworth agreed to include the information in the IPR.

Action – Pauline Butterworth

In response to a question from Karen Taylor regarding access to diagnostics, Pauline Butterworth advised that this work was being undertaken with the provider collaboratives. Mairead McCormick added that there would be a summit taking place with system leaders to look at shifting /changing services and what the focus would be. The matter of diagnostics would be included in those discussions.

In response to a question from Razia Shariff about the performance of the trust's virtual wards, Pauline Butterworth advised that the trajectories were challenging. Initially, more straightforward cases had been admitted. However, more recent cases were far more complex. Therefore, it was hard for her to give the Board more than limited assurance at the moment.

The Board **AGREED** the principles and approach to winter planning and **NOTED** the risks identified.

18/10/17 Learning from Deaths quarter one report and annual report

Sarah Phillips presented the quarterly report to the Board for assurance.

The annual report would be presented at a later date.

Ali Carruth compared the gaps in ethnicity recording between community hospitals and the learning disability cohort. Recording was still an issue at community hospital level compared with the learning disability cohort where 90 per cent ethnicity data was recorded. Sarah Phillips responded that

ethnicity recording was being progressed. Where possible it was looked at in individual cases.

In response to a question from Karen Taylor about the gap in learning in May and June, Sarah Phillips responded that she would be reviewing why that should be.

Action – Sarah Phillips

It was reported that there had been a death in the community that was still being investigated. Once the investigation had been completed, the information would be included in the next report.

Kim Lowe highlighted that from her own personal experience, there was learning to be taken in ensuring that families were clear as to who owned the patient's care and therefore the main point of contact when multiple services were involved.

The Board **RECEIVED** the Learning from Deaths quarter one report and **NOTED** its assurances.

18/10/18 Reading the Signals: Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation update

Dr Mercia Spare presented the report to the Board for assurance.

In response to a question from Karen Taylor regarding what changes the trust had made to ensure that it was getting the right signals, Mercia Spare explained that there had been changes to the data captured in the integrated performance report, an increased use of benchmarking along with enhanced executive visits to services. With regards to staff surveys, Gordon Flack observed that there were still colleagues who questioned whether they were anonymous. Ali Carruth added that there was much value to be gained from speaking with patients in addition to staff when executives and non-executive directors visited services.

It was agreed that a paper would be presented to the Board regarding the arrangements for executive service visits during 2024.

Action – Dr Mercia Spare

The Board **RECEIVED** the Reading the Signals: Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation update and **NOTED** its assurances.

18/10/19 Infection prevention and control board assurance framework

Mercia Spare presented the report to the Board for assurance.

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

18/10/20 Director of Infection prevention and control (DIPC) annual report

Mercia Spare presented the report to the Board for assurance.

The trust remained compliant with the regulatory requirements of the Health and Social Care Act 2012.

The Board **RECEIVED** the director of infection prevention and control (DIPC) annual report and **NOTED** its assurances.

18/10/21 Safeguarding annual report

Mercia Spare presented the report to the Board for assurance.

The trust remained compliant with its statutory and regulatory duties for safeguarding adults and children during 2022/23.

Razia Shariff highlighted that incidents of self-neglect had increased during the period. Mercia Spare responded that the team had noted the rise and there was a specific piece of work in relation to this taking place within the system.

The Board **RECEIVED** the safeguarding annual report and **NOTED** its assurances.

18/10/22 Recognition of the Fit and Proper Person Test (FPPT) Framework

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

In response to a question from Pippa Barber regarding her responsibilities as Senior Independent Director (SID), it was clarified that she would sign off John Goulston's submission, John Goulston would sign off the submissions made by Board members. These in turn would be submitted to NHS England.

The Board **NOTED** the Recognition of the Fit and Proper Person Test Framework.

18/10/23 Any other business

There was no other business discussed.

18/10/24 Questions from Governors and the public relating to the agenda items

Penny Shepherd praised the patient story and agreed with the comments made by the family that some Romney Marsh residents felt underserved by the NHS. With regards to the introduction of two integrated neighbourhood teams (INT) in the Folkstone and Hythe district, she noted that there had been no invitation to a Governor to attend the launch event. She also asked for further information around the proposed role of voluntary, community and

social enterprise (VCSE) organisations in the community provider collaboratives as there was concern from VCSEs that some ICB contracts were being awarded to commercial providers instead from outside the area.

Mairead McCormick addressed Penny Shepherd's comments in turn. With regards to the launch event of the INTs in the Folkestone and Hythe district, she indicated that Ali Carruth would be working on a piece to support wider engagement. With regards to the part that VCSE organisations would play alongside health providers in community provider collaboratives, because many organisations had had to realign their activities, she expected to see a pooling of resources and collective investment in commissioning services. Engagement had started with voluntary sector leaders across the health and care partnerships to design what that might look like.

Ali Carruth added that she would ensure that the governors were on the circulation list for the INT engagement events. There was also a piece of work underway with the National Association of Primary Care which was creating a wider engagement event which would take place shortly. Contributors would include the health and social care sector, VCSE organisations and the local authority. If there was an opportunity for the Governors to participate, she would raise this with the organisers. The event would discuss what the INTs would look like across Kent and Medway and how they would be mobilised.

Action – Ali Carruth

In response to a question from Elaine Ashford regarding the use of vitamin D and magnesium supplements to boost inpatient immunity from infection, Sarah Phillips responded that she was not aware that there was anything directly linked to infection prevention and control in inpatient settings around intervening with vitamin D supplements. More generally, there was a recommendation in the UK that every person should take a vitamin D supplement as this contributed positively to overall health.

Loretta Bellman highlighted the importance of hearing about the carer element in patient stories. Without a supportive carer, there were often limitations for the patient post-discharge. Ruth Davies added there were also challenges for many carers when they were caring for someone who was also end of life.

Loretta Bellman highlighted that she would like to hear more about patients' responsibility to self-care and how this was promoted by services. Ali Carruth responded that the trust offered the Expert Patient Programme. This programme supported people with a long-term condition to learn to self-manage their symptoms.

Alison Fisher commented that she had found the patient story insightful and commended the stroke team and the ethos it was promoting.

Carol Coleman highlighted the recent incident at Newcastle Hospitals where there had been a failure to send out a large number of letters from clinicians

to patients and their GPs after they became lost in a new computer system. She queried whether the trust had been required to undertake a screening of its systems to identify any unsent letters and results. Mairead McCormick explained that the usual practice was that the trust would be notified if such an event had occurred and would then test against this. In this case, no such notification had been received.

In response to a question from Carol Coleman about the aligning of practices across the system, Mairead McCormick explained that there were a number of considerations. Where there was unwarranted variation, this needed to be reviewed. HCP responses might be different depending on local requirements. Where the variation led to a difference in outcomes, the question would then be whether this variation should be replicated elsewhere.

In response to a question from Penny Shepherd regarding governor inclusion and alignment as highlighted in the Reading the Signals report, Mercia Spare confirmed that each governor had been aligned with a named executive director. This information would be shared with both Board and Council of Governors.

Action – Mercy Kusotera

In response to a question around how the trust was supporting those people who did not have access to informal care, particularly in the light of the trust's winter planning, it was noted that the Home First Service did go some way to addressing this. Pauline Butterworth agreed that this matter was an important consideration for the trust. The aspiration was that everyone should have equality of outcome regardless of whether they could access informal care support or not. The trust was undertaking a pilot to demonstrate that it could get people to the right place first time. Once it had been established, then the demand for that approach to care delivery could be increased.

18/10/25 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 11.21am

BOARD ACTION TRACKER PART ONE (OCTOBER 2023) CLOSED ACTIONS

Minute number	Agenda item	Action	Action owner	Update	Action status
19/04/14	Trust Response to 'Reading the Signals: Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation	Schedule an update to the Board in six months' time.	Mercia Spare	This is scheduled to come to the Board meeting in public on 18 October.	Closed
12/07/06	Chair's Report	Schedule an update to the Board on the WRES and WDES at its October Board meeting.	Victoria Robinson-Collins	All actions relating to WRES and WDES are included in the Nobody Left Behind refresh. An update was received by the Board at its September meeting.	Closed
12/07/15	Integrated Performance Report (IPR)	Update the IPR to reflect the Board's comments.	Gordon Flack	Action complete.	Closed

BOARD ACTION TRACKER PART ONE (OCTOBER 2023) 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 and will be presented to the Board in February 2024.	Open
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.	Proposed closure
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.	Proposed closure

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	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.	Open
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 is scheduled for February 2024 Board.	Open
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	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	Proposed closure

		team engagement events		ensure that governors are included.	
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.	Proposed closure

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 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:	<input type="checkbox"/> Decision/approval <input type="checkbox"/> Assurance/Information <input checked="" type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>This report highlights key developments in achieving our four strategic ambitions of Kent Community Health NHS Foundation's <i>We Care Strategy</i> and gives an update since the last public Board report in October 2023.</p>

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
<p>The Board is asked to</p> <ul style="list-style-type: none"> NOTE the report.

Link to CQC domain				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Assurance Level		
<input checked="" type="checkbox"/> Significant	<input type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	No	

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

CHIEF EXECUTIVE'S REPORT January 2024

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

I've been incredibly impressed by the resilience, innovation and achievements of colleagues during the winter months.

As a community provider, we have worked closely with system colleagues to look at the 10 high impact winter actions set by the Department of Health and agree where we should focus. What I'm most proud of is that we have not focused on short-term innovations that we sometimes do at winter, but we have been trialling things that will deliver long-term sustainable change and improvements to patient outcomes.

You'll see some of the green shoots of success in our integrated performance report, but other examples include increasing our virtual ward capacity, our senior clinical decisions makers reviewing ambulance calls and diverting patients to our urgent care response teams rather than patients ending up unnecessarily in accident and emergency departments and our work to introduce new integrated health and social care roles to support people to come home from hospital sooner.

It's always a challenging time and I also want to acknowledge and thank teams who are having to make difficult decisions on a daily basis.

Planning guidance and financial position

KCHFT is continuing to predict a breakeven position for the end of the year – however, there is a significant financial challenge across Kent and Medway. We have much to offer in helping to deliver more care outside of hospital that is better for patients and more cost effective. We are instrumental to the financial recovery programme for the system and our executive team are leading major programmes of change for a more sustainable future.

We continue to seek ways to improve how we do things within the organisation and have embarked on a series of cost-improvement workshops. This involves a check and challenge areas of work where we could deliver efficiency saving, across frontline and infrastructure services. Examples include improvements in clinical productivity, estates and digital, with a view to delivering cost improvement measures during the next six months to two years.

The Department of Health has not yet published the planning guidance for 2024/25 but have asked us not to pause our planning for the year ahead. They have published financial allocations for 2024/25. The overall financial framework will

remain consistent, with a focus on recovering our core service delivery and productivity. System plans will need to achieve financial balance and target a reduction in the cost of temporary staffing.

Chief nurse steps down

Our Chief Nursing Officer, Dr Mercia Spare, will be retiring from the chief nurse role in March 2024. Fortunately, we will still benefit from Mercia's experience as she will work more part time supporting the clinical roles within the academy alongside Chief People Officer Victoria Robinson-Collins. We will be recruiting to the substantive role in the next couple of months and in that period Mercia's deputy Sive Cavanagh will take on additional responsibilities at quality committee and various other forums. We will get an opportunity to formally recognise Mercia's contribution in her final Board, which will be in March.

Community, social and primary care provider collaborative

We had a very positive first official meeting for the collaborative in December 2023, with a focus on the intermediate care model and driving down the overuse of pathway three beds, and enabling work for the integrated neighbourhood teams.

Another focus is the ageing well programme aimed at aligning frailty care pathways, improving dementia diagnosis and programmes to support ageing well across the system.

We have also agreed in principle to KCHFT hosting the academy for Kent and Medway and we will work with local authorities to merge and lead on the health and care academy and develop an integrated leadership programme.

Health and care partnerships

More than 150 colleagues from across health, social care, the community and voluntary sector came together at the East Kent Health and Care Partnership world café networking and information event in November. The purpose was to talk about the work of the partnership and facilitate discussions around a variety of relevant topics areas.

We also led two public health Winter well events in Thanet and Dover in November, building on the success of last year's event in Folkestone. More than 600 people attended the events which brought together partners from local authority, the NHS and the voluntary sector to give people advice on staying healthy and well during the colder months, as well as providing catch-up vaccinations for school-age children.

On the next pages is some of our progress against our We care strategy.

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 at Westbrook House and West View Integrated Care Centre

We are working, as part of the East Kent Health and Care Partnership, with Kent County Council, KCHFT and East Kent Hospitals University NHS Foundation Trust to develop and test a new way of working in wards at Westbrook House in Margate and West View Integrated Care Centre in Tenterden. This work will also test our ambition to rethink how we deliver rehabilitation, recovery and reablement in our community hospitals by providing an integrated model of care. Rachel Dalton our Chief Allied Health professional officer is now leading this new model of care and will be bringing back the evaluation of the first set of trials to our next Board and a plan on how this will help us shape our future delivery.

With winter funding, we have mobilised up to 30 additional beds (15 per site) to deliver an integrated rehabilitation and reablement model on both wards. The project has four key aims: More efficient ways of working, a shared health and care ethos, increased productivity and better system flow. Myself and Richard Smith, Corporate Director for Adult Social care for Kent County Council, held four engagement sessions with staff at Westbrook and Westview in November to discuss the plans and to kick off the work to co-design improvements with staff.

The beds at Westbrook House were mobilised in mid-December and the ward is now at capacity (15 beds). The West View ward opened a week earlier than planned on Tuesday, 2 January. It is taking patients gradually and is on plan to reach capacity in mid-January.

Community hospital rehabilitation and recovery roadshows

Staff engagement roadshows took place in November and December to talk to colleagues about our ambition to transform rehabilitation, reablement and recovery for patients in our community hospitals. There was broad agreement with the aims. Several strong and recurrent themes emerged and some obstacles were identified which were; lack of staff to carry out therapy programmes, silo working between providers and difficulty involving patients in their own recovery. Next steps have been agreed. We have also created a [web page](#) to help us present the ideas and get further feedback from all stakeholders.

We are working on a generic patient admission leaflet following the feedback, developed in partnership with our matrons.



Clinical coordination hubs in west and east Kent

The trust has 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.

In west Kent the trial is operating from MTW offices at Hermitage Lane and has already been extended until March 2024, with appropriate patients being diverted to, among other provision, our Home Treatment Service. The hub is staffed by a frailty consultant from KCHFT with advanced clinical practitioners from SECAMB and MTW urgent care. The service has been successful with around 75 per cent of patients successfully directed away from the emergency department since September.



In east Kent the hub is based at the SECAMB site in Ashford and was started in the first week in November to run for a trial period of six weeks. First evaluations have shown success with up to 10 patients per day diverted from ED to alternatives, including our Frailty Home Treatment service.

Edenbridge health centre opens

After more than seven years of hard work, we opened the doors to Edenbridge Memorial Health Centre and welcomed our first patients on Monday, 27 November.



The new health centre provides NHS and voluntary sector services under one roof, including a new GP surgery, children's services, diagnostic services, a wellbeing centre and a range of outpatient clinics, reducing the need for people to travel to Tunbridge Wells or Maidstone hospitals for some care. The GP practice is providing a minor injuries unit.

Trust ambition: Putting communities first

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

Tackling health inequalities: 1,000 people get help on the road

More than 1,000 people have now been seen on our new public health bus as it completes its first year of operation. The bus has been to festivals, family days, supermarket outreach, information and signposting events, Eat Well Spend Less events and to offer satellite clinics. A range of interventions have been delivered on board, including health checks, health visiting services, immunisations, podiatry services, health and wellbeing conversations, oral health, blood pressure checks and many more.

Adult healthy lifestyle partnership working

The lifestyle pathway continues to work on some exciting projects building and developing partnerships, including south Kent coast community mental health services, Porchlight, Riverside Centre, Buckland Hospital, Folkestone Rainbow Centre, Gravesham Place day centre, Springhead Health, Greenhithe community café, Go Train, Hope Street community centre, Kemsley Hub, Fusion, Hermitage Park, Maidstone market, probation, Level Health, Diabetes UK and Ash surgery.

Our partnership with Job Centre Plus continues to work well and we have host sites with them in Folkestone, Ramsgate, Dover, Sittingbourne and Sheerness, plus a new clinic in Margate. We have started a pilot with Millmead Children's Centre, which is one of the first two centres in Kent to become a Family Hub. This has been very successful and has brought all of the health improvement services together to have a presence in the hub every day. The pilot project with Ash surgery, which involves delivering a group intervention to their patients on a diabetes pathway, has been extended to include those who are pre-diabetic.

Responsive feeding / healthy weaning project

Our health visiting service is working with Kent County Council on a responsive feeding campaign to follow on from the responsive bottle-feeding project which was aimed at clinicians and early years staff and started in 2023. The next stage of the project is focused on families with toddler-aged children and is designed to encourage healthier attitudes to food for the whole family and forms part of the UK.



Trust ambition: A great place to work

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

NHS staff survey 2023



This year's staff survey ran from 2 October to Friday, 24 November. The survey is one of our key channels to receive feedback and we work hard to encourage colleagues to complete it.

To build on the work around our staff voice model and listening strategy, we set a response target of **63 per cent**, as agreed in our We care strategy. We are confident we have exceeded this. Results will be published in March.

Hardship fund

Our hardship fund has now been introduced to support colleagues in financial difficulty with an emergency expense, for example car repairs or an essential household appliance. A total of £13,853.39 has been committed as spend against the hardship fund as of 1 January 2023. The Charitable Funds Committee has been discussing how to manage demand for the hardship fund going forward.

Staff vaccinations

Our seasonal staff vaccinations programme is being extended into January. We are offering free flu vaccinations for every colleague and Covid boosters to anyone who is eligible, and we are also offering both vaccines to wider K&M system partners. Uptake of both vaccines nationally has been lower than in previous years, with vaccine hesitancy thought to be a major factor. For the first time this year the programme has been delivered by our school-age immunisations service. As of 3 January 2024, uptake for the Covid booster was 41 per cent and for flu was 47 per cent.



Nobody left behind strategy refresh

The final recommendations provided by the Public Engagement Agency (PEA) have now been endorsed by our Nobody left behind ambassadors and shared with our People Committee, Executive Team and Board

Our workforce race equality standard (WRES) and workforce disability equality standard (WDES) reports have also been published alongside our action plans to help improve the experience of our colleagues.

We have also published our workforce sexual orientation equality standard report. All three action plans will be brought together to create our three-to-five-year ambition to support and develop an inclusive culture at KCHFT.

The trust has been selected in the inclusive culture category of the Employers Network for Equality and Inclusion (enei) Inclusive Excellence Awards, which celebrate individuals and organisations making a significant contribution to promoting inclusivity and diversity.

Developing our staff voice model

We are continuing to work with colleagues to codesign and test our new Staff Voice model. An update is provided as part of the papers.

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

Demand and capacity nursing programmes

We are working on several programmes to reduce demand on our community nursing teams and provide a better skill mix for our teams to deliver patient care. Workstreams include reducing unexpected end of life incidents / not in the preferred place of death through increased use of RESPECT forms and EOL planning, and a focus on wound care.

Another workstream has trialled voice recording on ipads for adding progress notes, which has resulted in clinicians spending 46 minutes less each day on admin. The process will now be rolled out in other areas.

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

We are continuing with our automation programme. One of our newest flobots is automating processes in our patient record system Rio. Similar bots could help other teams and services across the trust, reducing time spent on admin and giving colleagues more time with patients, fitting in with our We care strategy.

Making best use of our estate

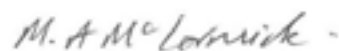
Head Chef at Hawkhurst Community Hospital, Sarah Agyemang, was one of three finalists for Community Food Champion 2023 in the BBC Food and Farming Awards 2023 in November, recognising her commitment to sustainable food growing to support healthcare outcomes at Hawkhurst Hospital. This work has been supported by the Queen's Nursing Institute and exemplifies how the trust are nationally leading in emphasising benefit to patients as we reduce our carbon impact.

Reducing our carbon footprint

Our Sustainability Team received the 'highly commended' accolade in the Net Zero Innovation of the Year category in the Academic Health Science Network and NHS Confederation Innovation Awards 2023 for the NHS Emissions Quantification Recipe Book (NHS EQRB) project in collaboration with NHS Kent and Medway.

I am immensely proud of the people who work for Kent Community Health NHS Foundation Trust and their continued efforts to rise to every challenge keeping patients at the centre of everything they do.

Thank you.



Mairead McCormick
Chief Executive January 2024

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 7
Report title:	Progress report on breakthrough objectives
Executive sponsor(s):	Sarah Phillips, Chief Medical Officer
Report author(s):	Natalie Parkinson, Associate Director Business Development and Service Improvement
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>This paper provides information and assurance on the new approach to strategy development and deployment and the current status of achievement of the ambitions, targets and breakthrough objectives. The ultimate aim is to support the realisation of our vision of <i>'a community that supports each other to live well'</i> and mission <i>'to empower adults and children to live well, to be the best employer and work with our partners as one'</i>.</p> <p>The whole trust has worked together to deliver this new approach, many areas of progress are described in this paper along with learning. The strategy is much more widely understood, translating directly into objectives with people feeling more connected to it. There is increased use of a continuous improvement approach to both local and trust projects and programmes with data featuring much more strongly both as part of the planning and delivery phases. Cultural shifts, which includes giving staff freedom and responsibility to make improvements and the coaching style of leadership is a new approach and whilst there are examples which demonstrate this shift, it is challenging. The NHS environment has historically delivered change through traditional more directive leadership, using skills and tools for performance and project management approaches. Continuous improvement methods and culture requires us all to develop new skills and approaches, and this is a learning curve for all leaders.</p> <p>Levels of achievement against the breakthrough objectives has been mixed with learning regarding some of the initial metrics set needing refinement to ensure they were clear and measurable. Work in refining our approach and developing the objectives resulting in a possible reduction in the numbers is planned to take place early 2024, supported by colleagues from the Maidstone and Tunbridge Wells Trust (MTW). The adoption of the</p>

A3 approach has been very successful and has enabled targeted conversations and adoption of the inch-wide mile deep ethos.

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

Considered by the executive team on 09 January 2024 which agreed to recommend to the Board for information and 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

No

Legal and regulatory

No

Executive Sponsor sign off

Name and designation:

Sarah Phillips, Chief Medical Officer

Date:

10 January 2024

We Care Strategy: Implementation Progress update REPORT January 2024

1. The background

1.1 Why we needed to change – what was the problem we were trying to solve:

At the end of 2022 there was recognition that our approach to developing and delivering the Trust strategy needed to be revised to address a number of issues including:

- Strategy was seen as being the purview of the few.
- There was an inconsistent line of sight from the front line to the overall Trust mission and vision and therefore unclear how exactly these would be achieved and contributed to by everyone.
- Not all colleagues were supported to feel a sense of purpose and connection with the overall goals of the trust.
- Attempts at shifting the culture to continuous improvement being part of the fabric of the trust supporting a quality management system approach, had not reached everywhere or been embedded to become business as usual.
- The amount of transformation required to deliver high quality care in the current context could not be delivered without a change in approach.

KCHFT is part of a wider NHS and social care system, where traditional management systems do not always support a continuous improvement culture. Linkages between corporate processes, strategies and delivery plans have been inconsistent, meaning that efforts in the organisation may be pulling against each other. The previous strategic approach was also broad and aspirational, which does not lend itself to prioritised measurable improvement work. In addition, work had started on understanding and agreeing improvements to the management systems, but this was not fully embedded in overall strategy. Examples of this include the trust having a number of strategies (digital, innovation, quality, people, EDI, commercial, sustainability, estates) in place with each of those having a number of aims and objectives but not necessarily joined together or developed with clinical services.

Subsequent to this NHS Impact framework (Improving Patient Care Together) was launched in the summer of 2023 as the new, single, shared NHS improvement approach to support organisations, systems and providers to create the right conditions to deliver continuous improvement and high performance. This ultimately aims to support delivery and embedding of a quality management system, characterised by all of the machinery of a large organisation such as KCHFT being aligned to continuous improvement, where all the systems and processes (streamlined) enable this approach to flourish. This framework is underpinned by five components:

1. Building a shared purpose and vision

2. Investing in people and culture
3. Developing leadership behaviours
4. Building improvement capability and capacity
5. Embedding into management systems and processes

All organisations are being asked to self-assess themselves against these components and to develop improvement plans so that organisations can be responsive to challenges, engage staff, and deliver better care for patients through continuous improvement. We are currently in the process of consulting with each division to gauge their initial assessment of current state against each component within their context. Next steps are to collate all of this evidence and plan a session with the board to provide an opportunity to incorporate board leadership in agreeing a set of recommendations and from that which area(s) we will focus on first.

1.2 What we decided to do, when, who with and how:

The decision was made to adopt and adapt the True North approach to strategy deployment which originated from Toyota in the 1950's and focussed on the lean approach. The aspiration is to have every single person in the organisation actively working towards the same goal or the North Star.

A number of NHS trusts have adopted this approach, most notably in Kent and Medway, Maidstone and Tunbridge Wells NHS Trust (MTW) and Medway Foundation Trust (MFT). Their model had been developed and supported by association with or directly partnering with consultancies including the KPMG and Catalysis partnership. KCHFT decided to develop and implement the approach without the support of a consultancy but instead to personalise our approach, drawing on experience, support and learning both nationally and from local providers. This decision was based on the pre-existence internally of key components of the model, progress made to date specifically regarding quality improvement and noting the context of KCHFT both as an entity in itself and within the wider Kent and Medway system. This decision also recognised the financial context in which the trust is operating.

The following steps were used to support how KCHFT then developed and deployed the strategy in line with the True North approach:



Figure 2 We Care Strategy Deployment using True North approach

This ensures that:

- Once the mission, vision and values are set there is a clear and consistent path towards the achievement of a small number of ambitions that are truly strategic.
- Clear measures and timescales are set for targets and associated breakthrough objectives with continuous data at the centre so that we are clear if we are achieving our ambitions.
- An 'inch wide mile deep' method is employed ensuring there is a focused approach to achieve maximum impact in a realistic number of areas through concentration of efforts to continuously measure, understand and improve areas forming the breakthrough objectives.
- Individuals and teams have local goals and objectives that align directly to the achievement of overall targets and objectives. This supports not only cascade of strategy throughout the organisation but also more personal connection at an individual level between job role and organisational goals.
- There is a focus on the lean principle of the creation of standard work (e.g. team huddles) where we look at how fast we should be working, the order that work should be done, and defining the work inventory to make issues/risks/abnormalities obvious.
- Behaviours, tools and techniques that support and enable a continuous improvement culture with front line teams are fostered in order that teams can make improvements as part of their daily routine which in turn supports embedding this approach.

It is worth noting that there are interdependencies with:

- The QI phase 3 strategy which has as its aim: To achieve a CQC rating of outstanding in the 'well-led' domain through embedding QI into everyday work by 2025.
- The CIP efficiency programme and move to a transformational approach.
- Business planning including workforce, finance and activity short and long-term plans.

1.3 What we then did

Commencing January 2023 through to June 2023 a long list of Ambitions, Targets and Breakthroughs was compiled using an A3 format to document outputs concisely and consistently: This was followed by:

- Wide consultation and engagement across the whole organisation in multiple forums both face to face and via MS Teams.
- The agreement and finalisation of a short list of four ambitions, nine targets and 16 breakthrough objectives.
- Creation of a target and breakthrough objectives metrics dashboard in Power BI, supported by additional granular reporting for the objectives, following the inch-wide mile deep ethos. These feed into the Improvement Board.
- A review and draft gap analysis undertaken against KPMG Maturity Matrix and NHS Impact (provisional review) to understand next steps in our implementation of Quality Management System (QMS) and True North.
- Improvement Board set up to support delivery of the We Care Strategy by:
 - Acting as a critical friend using a coaching style to promote openness and transparency and aid solution finding/decision-making.
 - As part of the QMS helping to embed the continuous improvement culture in the organisation.
 - Discussing and agreeing amendments and supporting the development of revised, new or iterative breakthrough objectives.
 - Agreeing a flexible forward plan to enable greater focus on ambitions/targets/breakthroughs as indicated by the data (qualitative and quantitative).
 - Ensuring linkages are made between programmes of work so that there is consistency and the most effective and efficient use of resources.
- Learning from others:
 - A number of the Executive Team visited MTW in August 2023 to hear about their journey in implementing this approach to support decisions on next steps for KCHFT in particular regarding resource implications and processes. Following the visit, the executive team agreed a number of actions to take forward including testing out improvement huddles. A number of these actions have been taken forward. Details on specifics can be found under section three of this report.
 - The KCHFT programme has been supported by two external experts experienced with working with numerous other NHS Trusts in implementing a continuous improvement methodology, the True North approach and the use of metrics and continuous data to provide an 'inch wide mile' deep approach. These experts have also supported SROs in developing their approach to metrics in particular, guiding next steps and being a critical friend to the entire programme.

2. Status of delivering the Ambitions, Targets and Breakthrough Objectives

The below table details the metrics and provides information and assurance on current progress and next steps to be taken. It is set out under the four ambition headings.

Please see the appendices for the A3 documents that capture the work being undertaken against each breakthrough objectives. In particular, please pay attention to:

- SC1a: 20 per cent reduction by March 2024 in clinician time spent putting information into clinical systems as this demonstrates high success rates against targets and clearly shows how improvement methodology is being used.
- PC1b: Reduce the total DNA rate for patients from deprived localities by 25% by October 2024 for the same reasons as above, good example.
- PC1a: 80 per cent of all contacts to have their ethnicity recorded on electronic patient records by March 2024 as a less straightforward example where predicted gains are taking longer to achieve but methodology continues to be applied.

Putting Communities First			
Target	Breakthrough Objective	Current progress – Jan 2024	Next Steps
PC1: 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.	PC1a: 80 per cent of all contacts to have their ethnicity recorded on electronic patient records by March 2024	Information: RAG rated Amber, reduced recording evident. Reporting via KMCR and/or automation via spine explored but not feasible. "How to" guides and learning sessions established to support services to record ethnicity. Assurance: Plans in place with specific actions targeting high volume services initially. High level of confidence that these will improve the recording rate.	Targeting of larger services e.g. community nursing (that will have greatest impact on trajectory) with tailored training sessions as well as continued awareness campaign.
	PC1b: Reduce the total DNA rate for patients from deprived localities by 25% by October 2024	Information: RAG rated Green, on track Assurance: Coordinated DNA reduction projects planned with QI Advisors, Health Inequalities & Engagement teams. Significant reduction in DNA's for health visiting teams.	DNA reduction workshop planned for January. DNA resource packs and QI Cafes to support teams identify reasons for DNAs.
PC2: 50% Reduction in people who wait longer than 12 weeks to be seen compared with March 2027	PC2a: All services with waiting times of more than 12 weeks to have a plan in place by October 2023	Information: RAG rated green as achieved the aim of having plans in place. The analysis concluded that there are 12 services above the 12-week target and 6 services below (improved from 8 services in Sept 23). Assurance: All services have plans in place and those where the 12-week target is not being met have detailed	Data quality group established with Business Partners to standardise measuring methods & identify drivers on waiting times; focus to be on 6 services below target supporting them with QI tools and techniques to undertake small tests of change.

		actions which are being monitored through Executive performance reviews.	
Better Patient Experience			
Target	Breakthrough Objective	Current progress – Jan 2024	Next Steps
BP1: Achieve and sustain throughout winter 24/25 a mean of no more than 30 patients waiting per day for acute 'no longer fit to reside' (NLFTR) in total for east and west Kent	BP1a: Reduce the average number per month of patients who are no longer fit to reside (NLFTR) and waiting to be discharged to a community hospital (P2) to no more than 10 for east and 15 for west Kent by March 2024 and reduce length of time patients waiting to access a pathway 2 bed from an average of 30 hours to an average of 24 hours	<p>Information: RAG rated Green. On track despite increases shown in the charts in the detailed A3.</p> <p>Assurance: Detailed collaborative plans (with acute and local authority) Confident actions being taken will show a reduction in future reports noting data lag and the introduction of the additional beds in Westbrook and Westview in addition to internal flow improvement plan.</p>	Enabling system providers to have visibility of our NLFTR data to support improvement. Mobilisation of winter bed plans.
	BP1b: Reduce the average number per month of patients who are NLFTR and waiting for pathway 1 home with support in EKHUFT, MTW and KCHFT community hospitals to no more than 18 for east and 15 for west Kent by March 2024	<p>Information: RAG rating amber. Good progress was being made in Oct / Nov but System partner capacity issues are a risk. (P1 services increasingly having to provide bridging while awaiting allocation of packages of care from social care services)</p> <p>Assurance: Agreement of revised KPIs for sourcing of social care packages of care.</p>	Evaluation of Home first Model. Identify funding mechanisms for additional capacity to supplement winter plans. Single-handed manual handling training to support single handed care.
BP2: KCHFT will be engaged in neighbourhood integration projects in at least 15 Primary Care Networks or neighbourhoods Care by March 2024	BP2a: KCHFT will be engaged in neighbourhood integration projects in at least 5 Primary Care Networks or neighbourhoods by March 2024	<p>Information: RAG rated green; Trust engaged fully in 6 projects (4 east and 2 west).</p> <p>Assurance: INT Steering Group revitalised and linked into HCP INTs.</p>	Engagement with a further 4 projects in west Kent
Great Place to Work			
Target	Breakthrough Objective	Current progress – Jan 2024	Next Steps
GP1: Increase in staff engagement score by	GP1a: Quality appraisal metric increases to 50 per cent (33 per cent in 2022/23)	Information: RAG rating green; on track.	Design of Leaders development programme and behaviours framework

0.2 compared with March 23 (7.31)		Assurance: Plans in place; proposals for appraisal updates to be submitted to People's Committee	
	GP1b: More than three per cent increase in staff survey response rates compared with 2022/23	Information: RAG rating green; objective achieved. Assurance: Staff survey working group established.	Results currently embargoed; to be available in February 24. Identification and understanding of barriers to completing future surveys.
	GP1c: Increase in 'we have a voice that counts' in staff survey from 7.26 (2022/23) to 7.46	Information: RAG rating green. Await staff survey data to be published. Assurance: Staff Council established, staff voice being developed. NLB and EDI strategy, NLB ambassadors.	Simulation event with key colleagues to stress test new staff voice model.
GP2: Increase in staff morale score by 0.2 compared with March 23 (6.23)	GP2a: Reduction in working unpaid hours to less than 20 per cent compared with average across 2022/23	Information: RAG rating green; on track. Assurance: Results of staff survey currently embargoed; to be available in February 24. Plans in place to do targeted work with one team and undertake some small tests of change.	Targeted focus groups to identify local drivers and specific piece of QI work to be undertaken supporting team with highest reported unpaid hours worked based on staff survey 22/23.
	GP2b: Less than two times more likely to be appointed if white than Black, Asian and Minority Ethnic groups compared to 2022/23 (2.34 times more likely if White)	Information: RAG rating amber as data not indicating improvement currently. Assurance: Nobody Left Behind action plan in place.	Launch of leadership behaviours framework and leadership development framework. Recruitment of inclusion ambassadors to support recruitment. Targeting specific teams and piloting approach.
	GP2c: More than 97 per cent of colleagues have not personally experienced discrimination from colleagues compared to 2022/23 (94.8 per cent)	Information: RAG rating green Assurance: Nobody Left Behind action plan	Triangulation of networks and forums to speak up. Snap surveys in hot spots to understand progress
Sustainable Care			
Target	Breakthrough Objective	Current progress – Jan 2024	Next Steps
SC1: Staff spend 50% less time on admin processes that don't add value to patient care by March 2027	SC1a: 20 per cent reduction by March 2024 in clinician time spent putting information into clinical systems Note baseline data from Meridian work undertaken	Information: RAG rating green, on track. ABC test of change achieved target, plan to rollout widely. Assurance: RIO group programme of work targeting reduction in administration time.	Agree standard work with the team to ensure embedded and sustained. Plan follow up 'audit' against the standard end January/February. Summarise the tests of change, agree next steps including rollout plan to the remaining community nursing teams. Agree any wider spread opportunities into other services where appropriate.

	2017 26% of time and ABC baseline of 27% (20% reduction from 2 hours 1 min to 1 hour 37 mins).	<p>ABC test of change showed reduction of 23% time saved per clinician per day against a baseline of 27% of time. Target to reduce from 27% baseline to 21.6% (20% reduction). Achieved reduction of 23% from 27% to 20.8%.</p> <p>Wellbeing scores indicating increased ability to have breaks, increase numbers of the team being able to leave on time and no negative impact on general wellbeing over the testing period.</p>	Include in the productivity workstream set up as part of wider sustainable care efficiency programme.
	SC1b: Deliver automations to meet 5% (£700k) of the efficiency target in 2023-24	<p>Information: RAG rated amber, 102 processes automated however not significant savings realised to date.</p> <p>Assurance: Pipeline of process developed and prioritisation matrix in place.</p>	<p>Proposal to be taken to Improvement Board to discuss amendment to breakthrough objective, making it full year effect.</p> <p>Current focus on 7 processes prioritised for automation on the basis of implementation effort and potential impact. Steering group focus on one thing each meeting and agree next steps – last meeting focus on letters with agreement to progress with 4 priority services.</p>
SC2: We will reduce the emissions we control by 80 per cent by 2028	SC2a: To identify and report on the trust's carbon footprint based on non-pay spend and the true emissions from staff travel that all budget holders understand and use by March 2024	<p>Information: RAG rated Green Breakthrough achieved</p> <p>Assurance: Reported in M12 budget statement.</p>	Use of induction, team meetings/ team brief to raise awareness of how individuals can contribute to lowering overall Trust target.
SC3: Buildings provide the right space in the right location in the right condition (category B or above) by 2028	SC3a: Estates condition surveys, locations and service needs mapped and a plan of improvement by March 24	<p>Information: RAG rating green, on track.</p> <p>Assurance: Development of Real Estate Strategy and Property Operating model and delivery of Estates Optimisation Project</p>	<p>Gap analysis of the new proposed real estate and property strategy and operating model versus the existing solution.</p> <p>Implementation of new real estate and property strategy - closing any gaps</p>

3. What we've learned

We are continually developing our approach in response to feedback from the Improvement Board participants, external expertise, observed behaviours; initial experience of running the board; SRO experience of the 'inch wide, mile deep' approach to breakthrough objectives, intelligence from operational

teams, in addition to learning from Trusts with more experience in the roll-out of True North. The following table sets these out grouped under the five components of the [NHS England » About NHS IMPACT](#) Framework and includes actions we have already taken with any impact, and next steps:

Theme	Action taken to date	Next steps
Building and Share Purpose and Vision: NHS England » Building a shared purpose and vision Stakeholder engagement is essential to the process of socialising the We Care Strategy and bringing this to life for front-line teams so that is meaningful for all. Learning from MTW indicates we need to refine and prioritise a smaller number of breakthrough objectives in the future to enable focus and facilitate an 'inch wide, mile deep' approach. We intend to use a strategic filter to review all projects and programmes and commit to focussing on those that are mission critical. This will ensure that the overall trust work plan is focussed on delivering the We Care Strategy. It will also necessitate deprioritising some work at different times.	<p>Ongoing communication strategy around progress against breakthrough objectives via Flo mail and Improvement Board output.</p> <p>Sessions have been planned in January and February to undertake this with the support of colleagues from MTW, to be applied to current projects with a view to refocusing resources on mission critical objectives in line with true north approach of 'inch wide mile deep'.</p>	<p>Comms plan and sharing output with the wider Trust added as key part of Improvement Board agenda.</p> <p>Next cycle of planning for 24/25 strategic objectives, selecting replacement objectives for those that have been achieved and refining number and content of objectives is already underway. To complete by April 2024 with support from MTW using a strategic filter approach in order to prioritise mission critical areas.</p>
Developing Leadership Behaviours: NHS England » Developing leadership behaviours Leadership behaviours are critical in order to set the tone and create the conditions for improvement to flourish.	<p>In order to understand how developed we are against the pillar, an initial assessment against the NHS Impact framework is being undertaken with each directorate throughout January.</p>	<p>A bespoke exec away day focussed on leadership and the NHS Impact framework is to take place January 2024.</p> <p>Board session to be planned to consider our status against framework, and priorities for the Board in further development.</p>

<p>Building Improvement Capability and Capacity: NHS England » Building improvement capability and capacity</p> <p>For example</p> <ul style="list-style-type: none"> • “Identify or create an improvement methodology to use across your entire organisation, ensuring a local and systemic way of practising improvement. • Give all people access to improvement training and support, so that everyone can run improvement projects and continuously improve their daily work.”¹ <p>We are still developing in this area. We need to build capability, capacity and confidence at all levels, including senior level, in the continuous improvement approach and in using QI tools and techniques. It is essential to have a practical iterative and coaching approach to growing improvement capacity and capability.</p> <p>The ‘inch wide, mile deep’ approach to the breakthrough objectives is best supported when continuous measurement systems can be identified to support these objectives. There have been challenges around the suitability and clarity of some baseline data and this will need to be improved for future iterations of breakthrough objectives. Measures including baseline data and target setting not being suitable or clear as well as variability of people’s understanding of data and metrics.</p>	<p>Agreement on format of A3 as a tool for structuring improvement work, displaying relevant data and succinct reporting up and down the organisation.</p> <p>Trust wide QI training programme in place, 2508 staff trained to date.</p> <p>Pre-Improvement Board meetings are now scheduled to support SROs with standard report out and to develop their A3s.</p> <p>Supportive monthly meetings are offered with SROs to debrief post Improvement Board, look at data and unblock issues.</p> <p>Whilst we still need to shift the culture to continuous improvement becoming ‘business as usual’ (part of a QMS) as opposed to an addition to the day job. There has already been some notable work on a number of the breakthrough objectives which will support shifting the dial on this.</p>	<p>A tailored QI Fundamentals Development day is planned for the Improvement Board in February 2024.</p> <p>New adapted training programme launching in 2024, Quality Improvement Together.</p> <p>Resource requirements will need to be monitored to ensure capacity is sufficient to meet the objectives of this new approach. For example, headroom for staff to work on transformation projects, QI advisor input to build skills and confidence in using the Model for Improvement, A3 thinking and implementing huddles and standard work concept. Requirements against specific improvement programmes including breakthrough objectives, corporate strategic projects and transformation aligned to CIP will be articulated in the coming weeks.</p>
<p>Investing in People and Culture:</p> <p>NHS England » Investing in people and culture</p>	<p>This work is already commenced with the triangulation of workforce, finance, and activity and business plans.</p>	<p>The governance approach including the Improvement Board</p>

¹ [NHS England » Building improvement capability and capacity](#)

<p>Continuous improvement across all areas of our work, is not only a methodology for making change to clinical services. It is a way of thinking and working for everyone across the organisation. Working towards this is a journey and integral to the culture of the organisation.</p> <p>For example, in relation to strategic thinking, we recognise we need to improve by triangulating and linking all large programmes of work.</p> <p>This area also covers culture such as coaching leadership styles and staff autonomy to make improvements.</p>	<p>Improvement board set up and approach is supporting increased adoption of the continuous improvement ethos. This is evidenced by reports back from SRO's on targeted work based on data to support their decision making and understanding of achievement and supports small tests of change.</p>	<p>will continue (noting that we have only held 3 Improvement Boards so far) and include cycles of PDSA to support continued learning and adaptation. This will support understanding of achievement of the breakthrough objectives and enable a coaching approach to be demonstrated and embedded.</p> <p>Further work needed to help staff understand their work and feel ownership of the potential to make improvements. This can be tracked through specific annual staff survey questions, and improvement activity in teams.</p>
<p>Embedding into Management Systems and Processes:</p> <p>NHS England » Embedding into management systems and processes</p> <p>This is described by NHSE as “an explicit management system that aligns with the strategy, vision and purpose of the organisation at board level and throughout all workforce structures and functions.”²</p> <p>In reality this is a Quality Management System and has many parts to it. Systems and processes sometimes act as a barrier to implementing change e.g. layers of management and leadership and governance/bureaucracy.</p>	<p>We started working with Pete Dudgeon as an external consultant in 2022 to understand and map how our existing systems and processes operate, and how these are aligned (or not) to strategic planning and continuous improvement. We have built on this work with the deployment of True North methodology but many aspects are still developing.</p> <p>We currently view our performance data in time series SPC charts supporting early identification of performance and quality issues, and early feedback on improvements resulting from changes to systems.</p> <p>As cycles of organisation processes take place, we are looking to assess each through the lens of NHS Impact Framework. For example, our Operational Performance</p>	<p>Arrangement made with colleagues from MTW to support us with prioritisation processes as part of strategic planning for the 24/25 cycle. For example, application of the strategic filter to corporate strategic projects which will be initially applied by the executive and then wider leadership team in January and February.</p> <p>A session is to be scheduled, utilising external expertise, on the introduction to standard work in the care profession.</p>

² [NHS England » Embedding into management systems and processes](#)

<p>Deployment of True North seeks to address some of these barriers by identifying measurable priorities for the whole organisation to align with and focus on, and by being data driven. This is a new area of practice therefore it has taken time to establish new ways of working and increase knowledge and understanding of the approach in its entirety.</p> <p>This necessitates the practice of data driven prioritisation which is new, and challenging.</p>	<p>Framework that is currently being reviewed or our annual planning cycle leading to strategic goals.</p>	<p>Continuing to seek feedback and utilise local expertise and experience in addition to continuing with the arrangement with external advisors for the coming months.</p> <p>Increasing our profile nationally through CMO engagement with National Impact Team and National Improvement Directors Network, sharing and receiving learning from other trusts at the forefront of this work.</p>
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4. Conclusion

Implementing a True North strategic approach within KCHFT is part of developing a Quality Management System, linking a small number overarching aims, to a focussed selection of important meaningful and measurable objectives. The aims/direction the Trust wants to take (True North), is clear and relevant and linked to change work that all staff can understand and contribute to. Instead of doing (too) many things at once with many or no clear measures, we focus on the most important things first, measure our achievement then move onto our next objective.

This is a new approach and interdependent with all five areas of the NHS Impact Framework. KCHFT is on a journey to progress against all five areas and this paper gives an update to the Board on progress to date on the deployment of a new approach to strategy. The purpose is to highlight areas of achievement and areas of learning, with plans for next steps.

KCHFT has undertaken a bold approach to strategy and the development of a Quality Management System (QMS), as with the development of the QI programme this has been done with valuable but limited support from external commercial partners. This report contains evidence of our achievements and learning, comments, questions and support from the Board to continue the journey are most welcome.

Dr Sarah Phillips
Chief Medical Officer
10 January 2024

Appendices

Appendix A: December 2023 Breakthrough objective KPI Dashboard

Appendix B: Detailed A3 documents for each ambition area: See separate document pack.

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 8
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:	<input checked="" type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>Overview of paper:</p> <p>The attached BAF sets out an up to date analysis of the major risks being faced across the Trust and the controls and assurance mechanisms in place to mitigate the risks.</p> <p>The BAF was last presented to the Board in October 2023. It is regularly presented to the Executive Team and Board for discussion and assurance. Feedback from the Board and committee meetings have been incorporated into the attached BAF which was recently reviewed by the Audit and Risk Committee on 8th January 2024.</p> <ul style="list-style-type: none"> • No new risks have been added to the BAF since the previous reporting. • No risks have changed their score since the last meeting. <p>There are currently 9 Strategic risks on the attached BAF.</p> <p>The Board is being asked to review and approve the BAF which is attached at Appendix 1.</p>

Report history / meetings this item has been considered at and outcome
The BAF was presented to the Audit and Risk Committee meeting on 8 th January 2024.
Recommendation(s)

The Board is asked to

- **REVIEW** and **APPROVE** the BAF (**Appendix 1**).

Link to CQC domain

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
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Assurance Level

<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited
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Implications

Links to BAF risks / Corporate Risk Register	<input checked="" type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	Yes - the BAF highlights the strategic objectives and key evidence of controls and mitigation.	
Legal and regulatory	Yes - the BAF and wider risk management process deliver 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 January 2024

BOARD ASSURANCE FRAMEWORK BOARD REPORT – JANUARY 2024

1. Introduction

- 1.1 The Board Assurance Framework (BAF) brings together in one place all relevant information on principal risks faced by the Trust in meeting its strategic objectives. The BAF provides the Trust with a clear and comprehensive method of describing:
 - The main risks to achieving the Trust's strategic objectives
 - The controls, assurance and actions being taken to mitigate the risks and the next steps.
 - Sources of evidence or assurance.
- 1.2 All BAF risks are mapped to the Trust's strategic objectives and are aligned to the Board or sub-committee for oversight.
- 1.3 The BAF is maintained by the Director of Governance with the support of the Risk and Datix Manager. It is reviewed at each Audit and Risk Committee meeting. Board sub-committees review relevant risks on a regular basis in line with their terms of reference and annual cycle of business.

2. BAF Risk Profile Overview

- 2.1 There are currently 9 strategic risks on the BAF as shown in **Appendix 1**. Of the 9 strategic risks two score 15 and above (BAF 001 – scoring 16 and BAF 003 scoring 15); the remaining 7 are scored 12 high.

3. Risk movement since the previous Board reporting (October 2023)

- 3.1 There have been no changes to the risk scores since the BAF was presented to the Board in October 2023. No new risk has been added to or removed from the BAF since the previous report to the Board.

Following previous discussions at Trust Board and Committee meetings, the following key changes have been made to the BAF:

- Target completion milestones have been identified for each BAF risk.
- We have added the key to **Appendix 1** to show the RAG rating for the actions:
 - Green – if an action has been completed.
 - Amber – shows that the action is on track but not delivered yet.

- Red – action is overdue.
- Completion dates were reviewed and updated to ensure they are appropriate.
- Progress on the actions being taken to mitigate the risks is tracked and detailed in the report.

4. Recommendation

- 4.1 The Board is asked to review and confirm that the Board Assurance Framework within **Appendix 1** describes the key strategic risks facing the Trust and confirm that they are satisfied with the actions in place to mitigate these risks.

Mercy Kusotera
Director of Governance
9 January 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
On track but not yet delivered
Actions overdue

G
A
R

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

Strategic Goal					Initial score						Current score			Target milestone								
	ID	Opened	SRO	Assuring committee	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	C	L	Rating	C	L	Rating	Planned Actions and Milestones					
Putting Communities First	BAF001	06/06/2023	Pauline Butterworth	People Committee and Quality Assurance Committee	If demand for services continues at current levels and if we cannot secure the workforce or 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 RTT and 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 Transformation Board oversight of breakthrough objectives. • Director of Dental Services, Mark Johnstone is taking a lead CSD role in relation to targeted recovery work. • Harm review process in place for people waiting for over 52 weeks.	4	4	16	3	3	9	<div>Actions to reduce risk</div> <div>Targeted work to identify opportunities to review new to follow up ratios</div> <div>Targeted work to reduce lost capacity through DNAs</div> <div>Implementation of a patient tracker mechanism</div> <div>Clinical engagement with Provider partners to shape new assessment and review models for ASD and ADHD</div>	<div>Progress</div> <div>Update on 4 December 2023: • All actions are ongoing and within their target completion dates. • A Task and Finish Group has been set up and is led by Mark Johnstone, supported by the Performance and Business Intelligent Team. • Mark Johnstone's work on recovery has included divisional business managers to agree a standardised methodology of tracking waiting times.</div>	<div>Owner</div> <div>Pauline Butterworth</div>	<div>Target Completion (end)</div> <div>Mar 2024</div>	<div>Status</div> <div>A</div>	
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	16	• Use of staff networks, champions, NLB Ambassadors and staff governors/ staff side to support engagement. • Webinars led by Board SRO's 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 visits and We Care visits to test understanding and level of cascade within the Trust relating to the strategy.	• Staff survey engagement score • Staff survey "I am able to making changes" and "I feel listened to" questions • Pulse survey engagement score, staff FFT scores, analysis of engagement on flio with blogs, webinars. • Level of attendance at we care conferences and Meet with Mairiad / Executives sessions. • Number of You said, we did examples of listening and acting on feedback.	4	3	12	H	3	3	9	<div>Actions to reduce risk</div> <div>Maximise use of existing forums for staff voice, including staff networks, governors, NLB ambassadors to engage colleagues locally and provide feedback</div> <div>Robust communications and engagement plan using a variety of digital and face-to-face options to engage colleagues across sites, services and co-design new service models, where relevant.</div> <div>Development of Staff Voice/ Council as formal mechanism to engage with staff</div>	<div>Update on 12 December 2023: • No changes to the risk score. There has been a lot of work to maximise the use of existing forums including staff networks. • Nobody Left Behind (NLB) ambassador group continues to meet regularly and is engaged • Staff survey early response rates are positive. • Work has started to develop the role of our staff governors, and simulate and test the new Staff Voice to receive the staff survey results in March 2024.</div>	<div>Owner</div> <div>Julia Rogers</div>	<div>Target Completion (end)</div> <div>Mar 2024</div>	<div>Status</div> <div>G</div>
A Great Place 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.	5	4	20	• Active and bespoke recruitment campaigns for key professions i.e. nursing, facilities • Weekly staff rota review and escalation paths • Integrated Governance Steering Group • 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 conversation in appraisal process • KCHFT academy and recruitment to further cohorts with assessment to consider expansion • Regular review of skill mix to ensure full use of MDT i.e. therapists, and over establishment of assistant grades to support registered professionals.	• Daily Sil rep • IMM report to the Executive Team • Management of vacancy and turnover rates • Oversight of recruitment and other workforce metrics by people committee and board • Monthly quality report and Twice weekly safer staffing review	5	3	15	4	2	8	<div>Actions to reduce risk</div> <div>Recruitment of staff using range of supply streams including international, national and local recruitment, development of entry level + through career pathways via Academy. Utilising pipelines including Step into Health, Return to Practice</div> <div>Continuous review of skill mix to ensure full use of MDT i.e. therapists, and use of assistant grades and blended roles to support registered professionals.</div> <div>Ongoing promotion and utilisation of flexible working options, opportunities for reasonable adjustments and access to career conversations to enable staff to work for longer whilst balancing career, health and family commitments whilst increasing engagement</div> <div>Advertisement of additional staff support, wellbeing and other locally agreed benefits to maximise opportunities to secure workforce</div> <div>Monthly review of staff turnover, vacancy rates and stability metrics with interventions/ recovery plans tracked through IPM, EPR, IPR processes with oversight from PC and Board</div> <div>Lead system to create rotational entry level post across health and social care to support supply chain and succession planning.</div> <div>Lead system to create msc in system leadership at PLACE to support succession planning for future leaders</div>	<div>Update on 12 December 2023: • No changes to the risk score. • Three actions have been completed; the remaining actions are ongoing and within target completion dates. • Ongoing system conversations and the Chief People Officer is the SRO for education and careers. Leading the way on what the Trust could do including Provider Collaborative for entry level roles and leading with kindness. • Community Nursing demand and capacity programme is on track. Monthly progress meetings are in place.</div>	<div>Owner</div> <div>Victoria Robinson-Collins</div>	<div>Target Completion (end)</div> <div>Dec 2023</div>	<div>Status</div> <div>G</div>	
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 Programme Board.	4	3	12	H	2	3	6	<div>Actions to reduce risk</div> <div>Pilot to reduce clinical documentation using progress notes function rather than forms function in RIO and utilising standard abbreviations in notes</div> <div>Test of change (new action)</div> <div>Performance reviews with system supplier and improvement plan</div> <div>Review of Wound matrix and its use in community teams</div> <div>Automation projects to reduce inputs and create structured data from progress notes</div> <div>Review use of other systems such as EMIS and Mosaic for some staff</div>	<div>Update on 5 December 2023: • Pilot to reduce clinical documentation was completed. A new action for the next steps was identified. • The test of change is scheduled for December 2023 and will be reported to FBI as part of the Sustainability breakthrough objectives and for information to the Quality Committee as part of the QI programme. • Pilot work on structuring progress notes going well to provide a baseline for potential structured data extraction. • Action relating to wound matrix review has been completed; a report to be produced by end of January 2024. • Automation - we are piloting neighbourhood teams with EMIS (GP) and project to pilot use of EMIS for electronic prescribing in the frailty teams. Reviewing Mosaic (Local Authority) system for home first teams. Completion date brought forward to January 2024.</div>	<div>Owner</div> <div>Sarah Phillips</div>	<div>Target Completion (end)</div> <div>Oct 2023</div>	<div>Status</div> <div>G</div>
n Flack	AF005	02/2023	n Flack	n Flack	If the current funding constraints continue, then KCHFT may be unable to complete estates transformation ambitions, resulting in inability to reduce emissions by 80%, not follow in reduce our carbon footprint by 100%.	4	4	16	• Representation on system capital group and CFOs overseeing distribution of resources • Partial steering group	• Capital reports to Board and FBI • Reporting of emissions on budget statements and in summary finance report	4	3	12	H	3	3	9	<div>Actions to reduce risk</div>	<div>Owner</div>	<div>Target Completion (end)</div>	<div>Status</div>	

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.

Actions overdue **R**

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

Strategic Goal	ID	Opened	SRO	Assuring committee	Risk Description (Simple Explanation of the Risk)	Initial score			Controls Description	Top Five Assurances	Current score			Target milestone			Planned Actions and Milestones	Owner	Target Completion (end)	Status
						C	L	Rating			C	L	Rating	C	L	Rating				
Sustainable Care	B	06/01	Sarah Phillips and Gordon	Finance Business and Investment Committee	emissions by 2025 and ensure to reduce poor quality estate by 2025.				• Capital steering group • Estates and services steering Group • Financial Business and Investment committee • ICB Sustainability Group.	• Emissions and in summary finance report • Reports on estates utilisation to estates and services committee • Returns collated on backlog maintenance							Estates optimisation plan being formulated	Philip Griffiths	Mar 2024	A
																	Green travel plan implementation inc lower cost low emissions lease car scheme	Kevin Galvin	Mar 2024	A
																	Disposals to generate additional local funding	Philip Griffiths	Mar 2024	A
																	Decarbonisation plan externally funded	Kevin Galvin	Oct 2023	G
Better Patient Experience	BAF006	05/03/2023	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 in 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. • Full engagement with System UEC Recovery plan and participation with High Impact initiatives.	• 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 these works would be shared with system partners. • We have representation at each HCP INT steering group.	4	3	12	3	3	9	Actions to reduce risk	Owner	Target Completion (end)	Status
																	Full participation in INT Pilots x 5	Ali Carruth	Feb 2024	G
																	Fully embed new integrated approach to P1 delivery in E Kent	Pauline Butterworth	Mar 2024	A
																	Implement new stroke rehabilitation beds in EK to full occupancy	Pauline Butterworth	Oct 2023	G
																	Implement phased approach to Community Hospital transformation; Phase 1: Integrated approach to increase bed utilisation at Westbrook and Westview	Pauline Butterworth	Jan 2024	A
A Great Place to Work	BAF008	05/05/2023	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 SiRRep • 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	4	3	12	3	3	9	Actions to reduce risk	Owner	Target Completion (end)	Status
																	Regular informal meetings with Staff Side Chair, regular local and regional SPF meetings to understand TU intentions and work in partnership locally and regionally	Victoria Robinson-Collins	March 2024	G
																	Safer staffing reviews for community hospitals and hot spot areas weekly	Mercia Spare	March 2024	A
																	Financial and wellbeing initiatives to support colleagues who are struggling with finances alongside decision to strike or not	Victoria Robinson-Collins	March 2024	G
																	Regular review of skill mix to ensure full use of MDT	Mercia Spare	March 2024	A
Sustainable Care	BAF009	06/05/2023	Executive Team	Finance Business and Investment Committee	If we do not have reliable and appropriate data to inform progress and decision making, then we will not know if we are delivering against our ambitions or where there is risk, resulting in wasted resource, inability to deliver the strategy and impacting morale.	4	4	16	• Transformation Board scrutinising performance • Data Quality and System Group • Executive performance reviews • Implemented power BI which provides up to date information and is used by all managers.	• A3 reports and executive leads • Internal and external audit of systems and KPIs • Service manager reviews of contemporary local team data.	4	3	12	3	1	3	Actions to reduce risk	Owner	Target Completion (end)	Status
																	Pilots to reduce data capture enabling better quality	Sarah Phillips	Jan 2024	G
																	Performance management framework refresh to codify how data is utilised	Gordon Flack	Jan 2024	A
																	Data quality and KPI audits	Gordon Flack	Jan 2024	G
																	Teams are given access to BI dashboards and use data for improvement and performance (new action)	Sarah Phillips	Mar 2024	A
e Care	BAF010	06/05/2023	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.	4	3	12	3	3	9	Actions to reduce risk	Owner	Target Completion (end)	Status
																	Medium term system financial plan	Gordon Flack	Sep 2023	G
																	Long term system financial plan	Gordon Flack	Feb 2024	A
																	Integration of care facilities with social services under KCHFT lead provider model	Pauline Butterworth	Mar 2024	A
																	Intermediate care pilot funded by NHSE	Pauline Butterworth	Mar 2024	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.

Actions overdue **R**

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

Strategic Goal	ID	Opened	SRO	Assuring committee	Risk Description (Simple Explanation of the Risk)	Initial score			Controls Description	Top Five Assurances	Current score			Target milestone			Planned Actions and Milestones				
						C	L	Rating			C	L	Rating	C	L	Rating					
Sustainable				IC													Integrated Neighbourhood team pilots and full use of additional roles scheme	£11.5m remaining gap to the plan. • We are fully engaged in Neighbourhood pilots. • Additional Role Re-imbursement scheme (ARRS) - progressed conversations but ultimately it is for primary care to take up the roles. • The provider collaborative has been established. The work of the community provider collaborative is to pull together a case for change to deliver intermediate care which will involve initially a pooling of budgets with health and care at the interface. A bigger case for change for investment in community services is under discussion with system CEO's facilitated by the CEO of the ICB.	Ali Carruth	Mar 2024	A

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 9
Report title:	Independent inquiry into the issues raised by the David Fuller Case: Phase One Report
Executive sponsor(s):	Mercia Spare, Chief Nurse
Report author(s):	Mercia Spare, Chief Nurse
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>Overview of paper:</p> <p>CAUTION – you may find the subject of this report upsetting however, it is pivotal to patient safety that all provider Boards understand the context and consider the recommendations from the David Fuller Independent Inquiry. The recommendations are lifted directly from the report as written by the Inquiry team.</p> <p>This paper provides the Board with an overview of the recommendations made by the Independent Inquiry to Maidstone and Tunbridge Wells NHS Trust (MTW) following the issues raised by the David Fuller case and following internal review, considerations for KCHFT.</p> <p>The Independent Inquiry into the issues raised by the David Fuller case, Phase 1 Report, ordered by the House of Commons, was published on 28 November 2023.</p> <p>The inquiry report set out to discover how David Fuller was able to commit so many offences, over such a long period of time, without ever being suspected or discovered. It investigates what went wrong to allow this to happen and what needs to be in place to prevent it ever happening again.</p> <p>It is important to note that KCHFT does not have any mortuary facilities on any of our sites, rented or owned however, like every NHS organisation who cares for people at the end of their life, we are duty bound to make sure lessons are learned and that people are treated with the same level of dignity and respect in their death, as they are when they are alive.</p>

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

The independent report identified that within MTW there was a lack of curiosity which may have led to missed opportunities to question behaviour and be access aware to protect the public, maintain professionals' standards and public confidence.

While KCHFT has assessed its risks against the inquiry recommendations and identified there are mitigations and governance in place, the inquiry report has highlighted opportunities to strengthen what this and think more consciously through the lens of security of the deceased.

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

As part of the wider estates review, fob access to buildings/rooms for employees has been reviewed and restricted to only areas relevant to their role and location.

Items of excellence:

This initial review of the recently published independent inquiry has not identified items of excellence at this point.

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

This has been considered by the Executive Team.

Recommendation(s)

The Board is asked to

- **RECEIVE** the report.

Link to CQC domain

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
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Assurance Level

<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited
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Implications

Links to BAF risks / Corporate Risk Register	<input type="checkbox"/> BAF	<input checked="" type="checkbox"/> CRR
Equality, diversity and inclusion	Affects all people equally	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Dr Mercia Spare
Date:	09 January 2024

**Briefing Report: Independent Inquiry into the issues raised by the David Fuller case
Phase 1 Report by Sir Jonathan Michael, Chair of the Inquiry**

December 2023

CAUTION – you may find the subject of this report upsetting however, it is pivotal to patient safety that all provider Boards understand the context and consider the recommendations from the David Fuller Public Inquiry. The recommendations are lifted directly from the report as written by the Inquiry team.

Situation

The Independent Inquiry into the issues raised by the David Fuller case, Phase 1 Report, ordered by the House of Commons, was published on 28 November 2023.

The inquiry report set out to discover how David Fuller was able to commit so many offences, over such a long period of time, without ever being suspected or discovered. It investigates what went wrong to allow this to happen and what needs to be in place to prevent it ever happening again. There can be no doubt that responsibility for the 140 known offences against deceased women and girls in the mortuaries at Maidstone and Tunbridge Wells NHS Trust (MTW) lies with David Fuller. The independent inquiry report showed, that the failures of management, governance, regulation and processes, including a persistent lack of curiosity, all contributed to the creation of the environment in which he was able to offend.

It is important to note that KCHFT does not have any mortuary facilities on any of our sites, rented or owned however, like every NHS organisation who cares for people at the end of their life, we are duty bound to make sure lessons are learned and that people are treated with the same level of dignity and respect in their death, as they are when they are alive.

This is why we have been through the recommendations and await part 2 which will look at wider implications across the NHS and the procedures and practices that protect the deceased.

This briefing to the Board members of Kent Community Health NHS Foundation Trust (KCHFT) reviews the recommendations from the report and sets out considerations for KCHFT to take forward to ensure the safety of our patients, living or deceased.

Background

In December 2021, David Fuller, an electrical maintenance supervisor working at MTW, was convicted of the murders of Wendy Knell and Caroline Pierce in 1987. On his arrest for the murders of Wendy and Caroline, in December 2020, police officers conducted a search of his home address. This search uncovered video images, held on several hidden computer hard drives, together with printed photographs of David Fuller performing sexual acts on deceased people. The subsequent police investigation identified that David Fuller had sexually abused deceased people in the mortuaries of the hospitals in which he had worked. David Fuller was convicted of the mortuary offences under the Sexual Offences Act 2003, at the same time as his conviction for the murders of Wendy and Caroline. He

received two whole-life sentences for the murders of Wendy and Caroline and a 12-year prison sentence for the mortuary offences, which will run concurrently with the life sentences.

Patients admitted under the care of NHS organisations should be able to expect the best treatment the NHS is capable of, provided with care and compassion. The public's reasonable expectation was that the same care and compassion would be shown by the NHS to the deceased as to the living.

Assessment

The report makes clear that regulatory requirements that should have protected the deceased in the care of MTW were either insufficient or were not followed by those in a position of responsibility; it goes on to state the unfortunate fact that gaps in safety or regulatory shields are often only identified and closed after somebody has taken advantage of them. History has shown that this even occurs in the most regulated of environments, such as the airline and nuclear industries.

As well as being effective, regulation needs to be proportionate and to recognise the existence and management of risk. The following table lists the recommendations made by the inquiry to MTW within the report and alongside the relevance for KCHFT and how, as an organisation, we can assess and respond to make any necessary improvements in response to what has been shown from the report.

Fuller Report Recommendation	Relevance to KCHFT
1. MTW must ensure that non-mortuary staff and contractors, including maintenance staff employed by the Trust's external facilities management provider, are always accompanied by another staff member when they visit the mortuary. For example, maintenance staff should undertake tasks in the mortuary in pairs.	<p>KCHFT does not have any mortuary facilities on any of our sites, rented or owned.</p> <p>KCHFT facilities staff work from 7am until 8pm in the community hospitals, in an environment with clinical and other staff around. Facilities staff also work in clinic areas once all activity has finished for the day and the clinic is empty.</p> <p>KCHFT has a contract with Hard Facilities and Maintenance (Hard FM) contractors for Estates and two internal Estates Technicians who are KCHFT employees.</p> <p>Risks and Mitigations In most circumstances' facilities staff would clean clinic rooms once the patient has left. If a clinic is running late they will start off in the non-clinical areas such as the kitchen, waiting room or toilets for example.</p> <p>Our trust technicians may be with a patient in their room to carry out work, such as changing a light bulb. However, while this is unlikely to happen if the patient is deceased, it is possible.</p> <p>Recommendation Consider implementation of a 'do not enter without speaking to the nurse in charge' notice on the door</p>

	of single rooms, or bed curtains when the patient is deceased.
2. MTW must assure itself that all regulatory requirements and standards relating to the mortuary are met and that the practice of leaving deceased people out of mortuary fridges overnight, or while maintenance is undertaken, does not happen.	KCHFT does not have any mortuary facilities on any of our sites, rented or owned (see recommendation 12 for out of mortuary processes for the deceased in the community).
3. MTW must assure itself that it is compliant with its own current policy on criminal record checks and re-checks for staff. The Trust should ensure that staff who are employed by its facilities management provider or other contractors are subject to the same requirements.	<p>KCHFT facilities staff and the Estates Technicians will all have been subject to DBS checks. See DBS compliance briefing, 11 December 2023 for assurance around adherence to policy.</p> <p>The contract with Hard FM includes DBS checks on all staff in contact with the trust.</p> <p>All volunteers have ID checks, dependant on their roles and if they meet the eligibility criteria they will undergo DBS checks too.</p> <p>Recommendations KCHFT to request written confirmation from Hard FM contractors of spot checks on staff to assure KCHFT that every person they send to our sites has relevant DBS clearance.</p> <p>KCHFT to consider additional contracts for staffing, such as the nursing agency for Westbrook winter beds. Procurement to do a sweep of contracts and HR to request written confirmation of spot checks on staff (temporary staffing agencies).</p>
4. MTW must assure itself that its Mortuary Managers are suitably qualified and have relevant anatomical pathology technologist experience. The Mortuary Manager should have a clear line of accountability within the Trust's management structure and must be adequately managed and supported.	KCHFT does not have any mortuary facilities on any of our sites, rented or owned therefore KCHFT does not hold a position of Mortuary Manager.
5. The role of Mortuary Manager at MTW should be protected as a full-time dedicated role, in recognition of the fact that this is a complex regulated service, based across two sites, that requires the appropriate level of management attention.	KCHFT does not have any mortuary facilities on any of our sites, rented or owned therefore KCHFT does not hold a position of Mortuary Manager.
6. MTW must review its policies to ensure that only those with appropriate and legitimate access can enter the mortuary.	KCHFT does not have any mortuary facilities on any of our sites, rented or owned (see recommendation

	10 for work undertaken on broader access considerations).
7. MTW must audit implementation of any resulting new policy and must regularly monitor access to restricted areas, including the mortuary, by all staff and contractors.	KCHFT has no specific restricted areas relevant to this recommendation. The majority of sites have key fob access into patient areas and/or manned receptions during office hours (see recommendation 10 for work undertaken on fob access).
8. MTW should treat security as a corporate not a local departmental responsibility.	<p>Security sits with Facilities which is part of Corporate Services. The Director of Estates and Facilities has Trust wide, corporate responsibility.</p> <p>Wider cultural programmes such as 'staff voice' and the 'nobody left behind' strategy focus on actively listening to feedback from colleagues and include freedom to speak up as well as our staff networks and staff governors. This reports via our committee structure and to our Board of Directors.</p>
9. MTW must install CCTV cameras in the mortuary, including the post-mortem room, to monitor the security of the deceased and safeguard their privacy and dignity.	KCHFT does not have any mortuary facilities on any of our sites, rented or owned (see recommendation 10 for broader access considerations).
10. MTW must ensure that footage from the CCTV is reviewed on a regular basis by appropriately trained staff and examined in conjunction with swipe card data to identify trends that might be of concern.	<p>KCHFT has 11 sites with fully functioning CCTV. These are maintained through a commercial contract. Functionality is checked weekly and any adjustments are made by the maintenance company.</p> <p>The footage is recorded for 30 days and then discarded. Cameras are not continually monitored in real time but a number of the cameras can be actively reviewed by the KCHFT security team via their desktop if there is a concern, and all recordings are accessible for 30 days, should the footage need to be reviewed.</p> <p>CCTV is currently in use in all KCHFT wards, Urgent Treatment Centres and Minor Injury Units. The cameras do not cover ward bays, only main corridors and common areas.</p> <p>Some of the CCTV cameras are external and cover car parking areas.</p> <p>Risks and Mitigations It is recognised that the CCTV is not monitored centrally and that equipment requires some standardisation. KCHFT security specialist conduct regular premises inspections which includes CCTV</p>

	<p>and findings are reported to estates and health and safety meetings.</p> <p>As part of the wider estates review, fob access to buildings/rooms for employees has been reviewed and restricted to only areas relevant to their role and location.</p>
11. MTW must proactively share Human Tissue Authority (HTA) reports with organisations that rely on Human Tissue Authority licensing for assurance of the service provided by the mortuary.	KCHFT does not hold a tissue bank or hold an HTA licence.
12. Kent County Council and East Sussex County Council should examine their contractual arrangements with MTW to ensure that they are effective in protecting the safety and dignity of the deceased.	<p>Community Nursing Teams have a responsibility for verification of death in patients own homes.</p> <p>Following verification of death, KCHFT community staff support the family to make the arrangements for transfer by the undertakers. They will then leave the deceased in the care of the family.</p> <p>In KCHFT hospitals the deceased will be washed and prepared for the undertakers to take them to the funeral directors. All nurse training considers the importance of the safety and dignity of the deceased.</p> <p>There is a Care after Death policy in place that identified the requirements of caring for the deceased. This states that 'staff must ensure that the patient continues to receive the same high standard of respect, privacy and dignity in death as they received in life'.</p> <p>Risks and Mitigations</p> <p>It is however possible that the deceased may be left alone behind a curtain or in a room, whilst waiting for the undertakers to arrive or when a member of staff needs to leave the room.</p> <p>Staffing numbers does not allow for the deceased to have a permanent chaperone or for all activities to be carried out in pairs.</p> <p>Recommendation</p> <p>Consider adding a section in the Care after Death Policy relating specifically to roles and responsibilities for security of the deceased.</p>

13. We have illustrated throughout this report how MTW relied on reassurance rather than assurance in monitoring its processes. The Board must review its governance structures and function in light of this.	<p>KCHFT has an integrated governance and risk group which triangulates both clinical and non-clinical risks. Risks generated through operational and directorate governance meetings such as security, estates, mortality, end of life and complaints will all contribute to triangulation and executive oversight of risks and governance.</p> <p>There is a broader Estates review under way, within which a more formalised site security structure is being established.</p> <p>Risks and Mitigations KCHFT Estates commit to having a staff review at contract progress meetings between KCHFT and hard facilities maintenance contactors.</p>
14. MTW Board must have greater oversight of licensed activity in the mortuary. It must ensure that the Designated Individual is actively involved in reporting to the Board and is supported in this.	KCHFT does not have any mortuary facilities on any of our sites, rented or owned.
15. MTW should treat compliance with Human Tissue Authority standards as a statutory responsibility for the Trust, notwithstanding the fact that the formal responsibility under the Human Tissue Act 2004 rests with the Designated Individual. The Act will be subject to review in Phase 2 of the Inquiry's work.	KCHFT does not have responsibility to report to HTA, as no licence is held.
16. The Chief Nurse should be made explicitly responsible for assuring the MTW Board that mortuary management is delivered in such a way that it protects the security and dignity of the deceased.	<p>Chief Nursing officer has accountability and responsibility for privacy, dignity and end of life care including delivery of personal care after death.</p> <p>Recommendation There is a learning opportunity regarding dignity and security of the deceased, to be included within the newly designed End of Life education sessions being led by the End of Life Nurse Consultant.</p>
17. MTW must treat the deceased with the same due regard to dignity and safeguarding as it does its other patients.	As above (recommendation 16).

Conclusion

KCHFT does not have any mortuary facilities on any of its sites, rented or owned, and so direct parallels cannot be drawn. However, broader learning for KCHFT around the need to ensure there is a culture of questioning and curiosity is both relevant and pivotal to the safety of patients, living and deceased.

The independent report identified that there was a lack of curiosity which may have led to missed opportunities to question behaviour and be access aware to protect the public, maintain professionals' standards and public confidence.

While KCHFT have assessed our risks against the inquiry recommendations and identified there are mitigations and governance in place, the inquiry report has highlighted opportunities to strengthen what is in place and think more consciously through the lens of security of the deceased.

Phase 2, report will look at the broader national picture, to understand the procedures and practices across the country that are in place to protect the deceased. KCHFT will review any recommendations from this report when published and update the Board on risks and opportunities for the Trust.

Recommendations

The following are recommendations for action within KCHFT

1. A briefing to all staff across KCHFT to be shared with teams should include:
 - KCHFT has many sites and can be accessed by technicians for a variety of reasons. Staff are reminded to check the ID badges for visiting staff to ensure that they require access for a genuine reason.
 - Professional curiosity is okay. If you are unsure about something, share it with a senior colleague.
2. Procurement to do a sweep of contracts where staff are supplied to KCHFT.
3. KCHFT to request confirmation of spot check audits from each of the external companies identified by procurement to provide assurance that all staff entering KCHFT sites have received DBS clearance.
4. KCHFT Estates commit to having a staff review at contract progress meetings between KCHFT and hard facilities maintenance contactors.
5. Additional learning to be added to the End of life teaching plans for clinical staff to be added as a reminder for safety and dignity of the deceased at all times whilst in our care.
6. Consider adding a section in the Care after Death Policy relating specifically to roles and responsibilities for security of the deceased.
7. Add a section regarding dignity and security of the deceased, to be included within the newly designed End of Life education sessions being led by the End of Life Nurse Consultant.
8. Return to Board in 6 months' time to update on implementation of above recommendations.

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 10
Report title:	Integrated Performance Report
Executive sponsor(s):	Gordon Flack, Chief Finance Officer
Report author(s):	Nick Plummer, Assistant Director Performance and Business Intelligence
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>Overview of paper:</p> <p>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.</p> <p>There are currently 17 KPIs off target for the month, which is 37% of the metrics.</p> <p>Items of concern to be brought to the committee's attention:</p> <p>The KPIs of most concern (also showing negative special cause variation) are KPIs 1.1 (Stop Smoking Quits), 1.8 Looked After Children Review Assessments, 2.16 Community Hospitals Length of Stay, 5.1 Sickness Rate and 5.2 Absence – Stress.</p> <p>We are currently adverse to the national 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 (26.4 days against the benchmark of 24.3 days), 5.3 Turnover and 5.5 Vacancy Rate.</p> <p>Significant improvements in matters that were previously an area of concern:</p> <p>2.14 AHP Access Wait times remains off target but continues to show positive variation with a sustained period (10 months) above the mean, increasing further to 73.2% for month 8.</p>

3.2 and 3.3 – Acute No Longer Fit to Reside - In east Kent, the average daily figure has dipped to c.140 compared to c.170 from June 2022 to April 2023 and is in normal variation at a lower level. For west Kent, there is clear positive variation with a shift below the mean from January 2023, now performing around 100 per month compared to the previous level of c.150 per day.

4.1 Bed Occupancy has shown positive movements in the lead up to winter, with 4 consecutive increases from M4-8 to 93.4%

Items of excellence:

The trust is performing favourably against national benchmarks in KPIs 2.8a (DNA rates for Adults), 4.1 Bed Occupancy, 4.3 CIP, 5.1 Sickness Rate 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 January 2024

Integrated Performance Report

2023/24 Month 8 report
 January 2024

Overall CQC Rating – Outstanding 🌟 (July 2019)

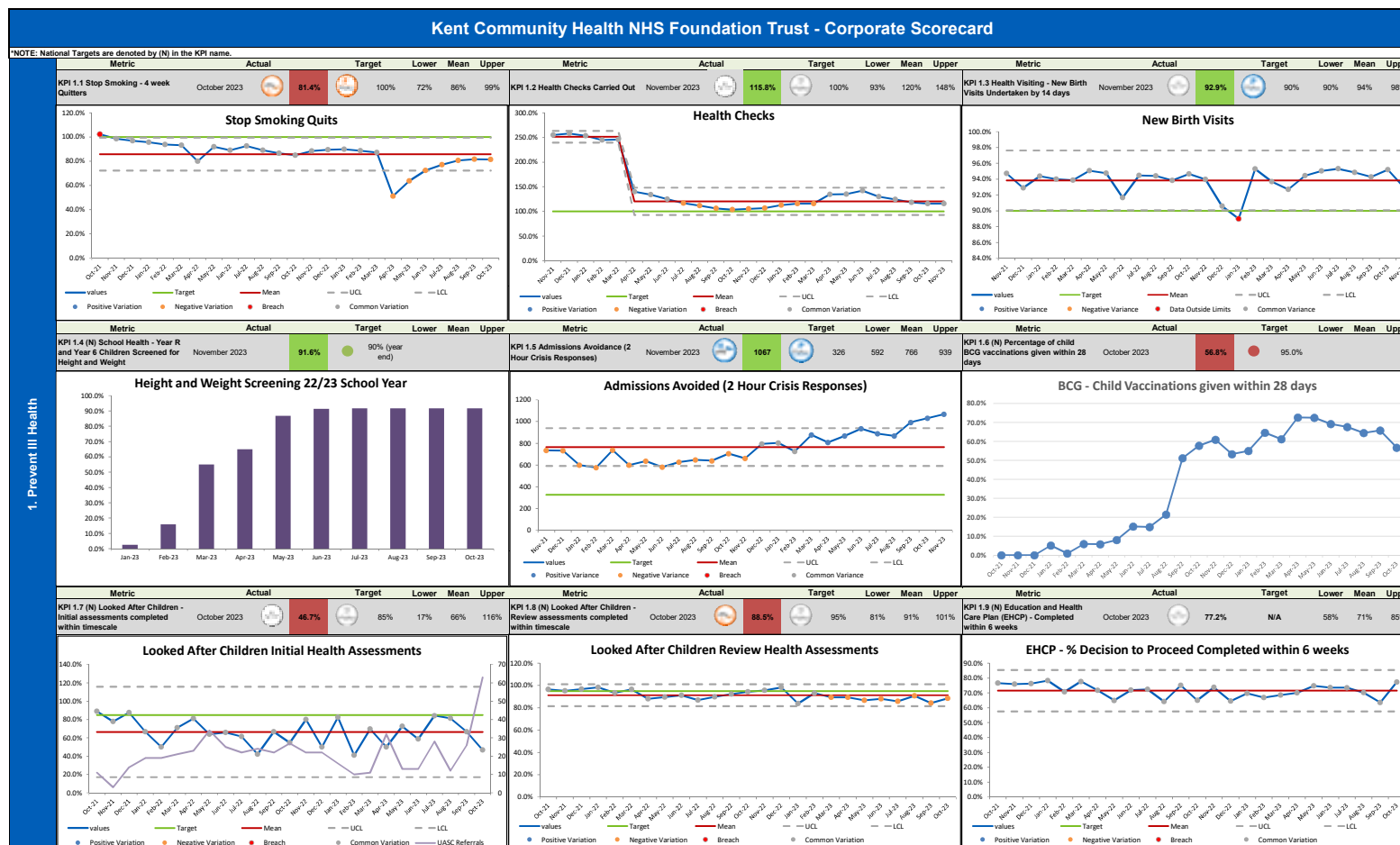
Safe	Good
Effective	Improving
Caring	Outstanding
Responsive	Good
Well-led	Good
Community health services for adults	Good
Community health services for children, young people and families	Good
Community dental services	Good
Community health response services	Good
Community work of the trust	Good
Community urgent care services	Good
Community health sexual health services	Good

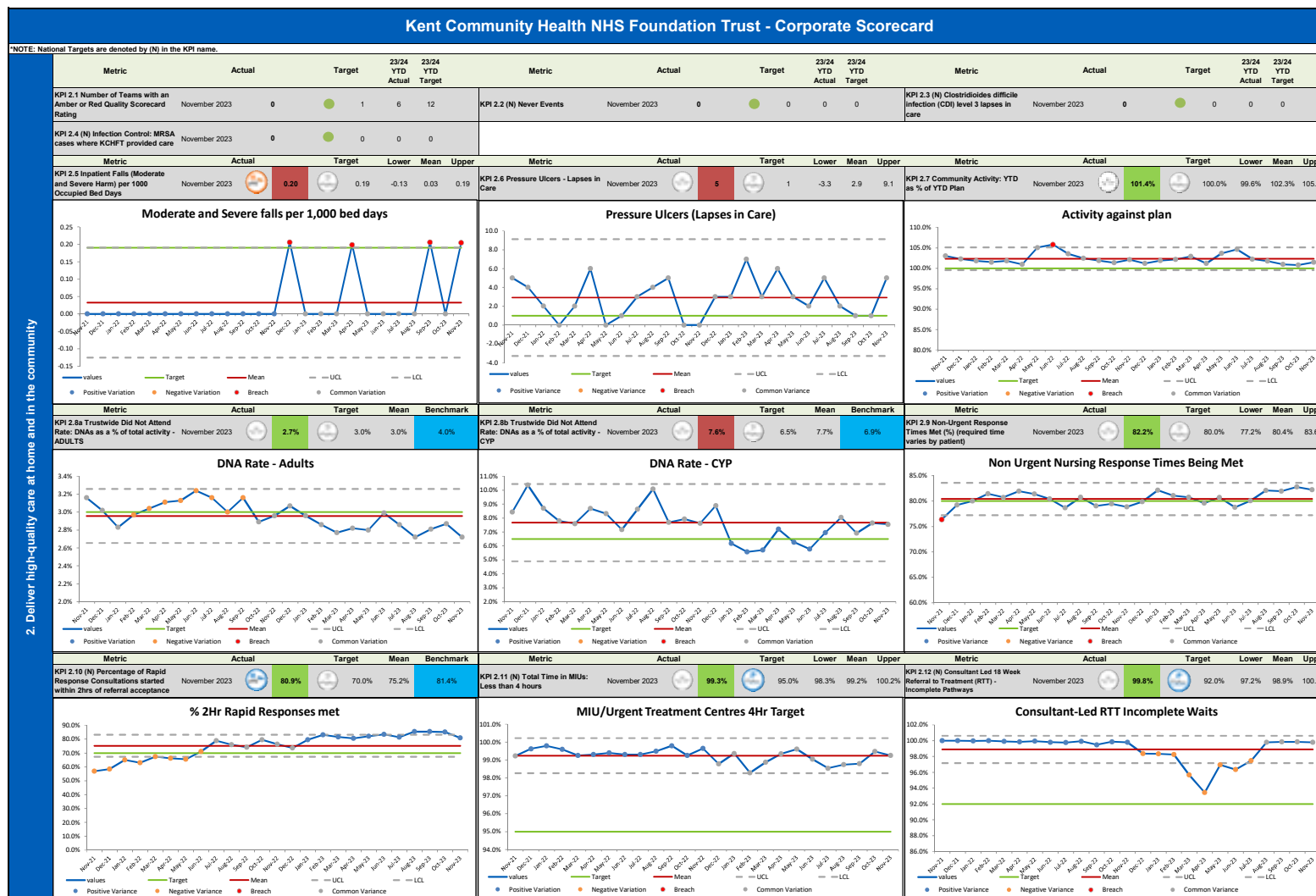


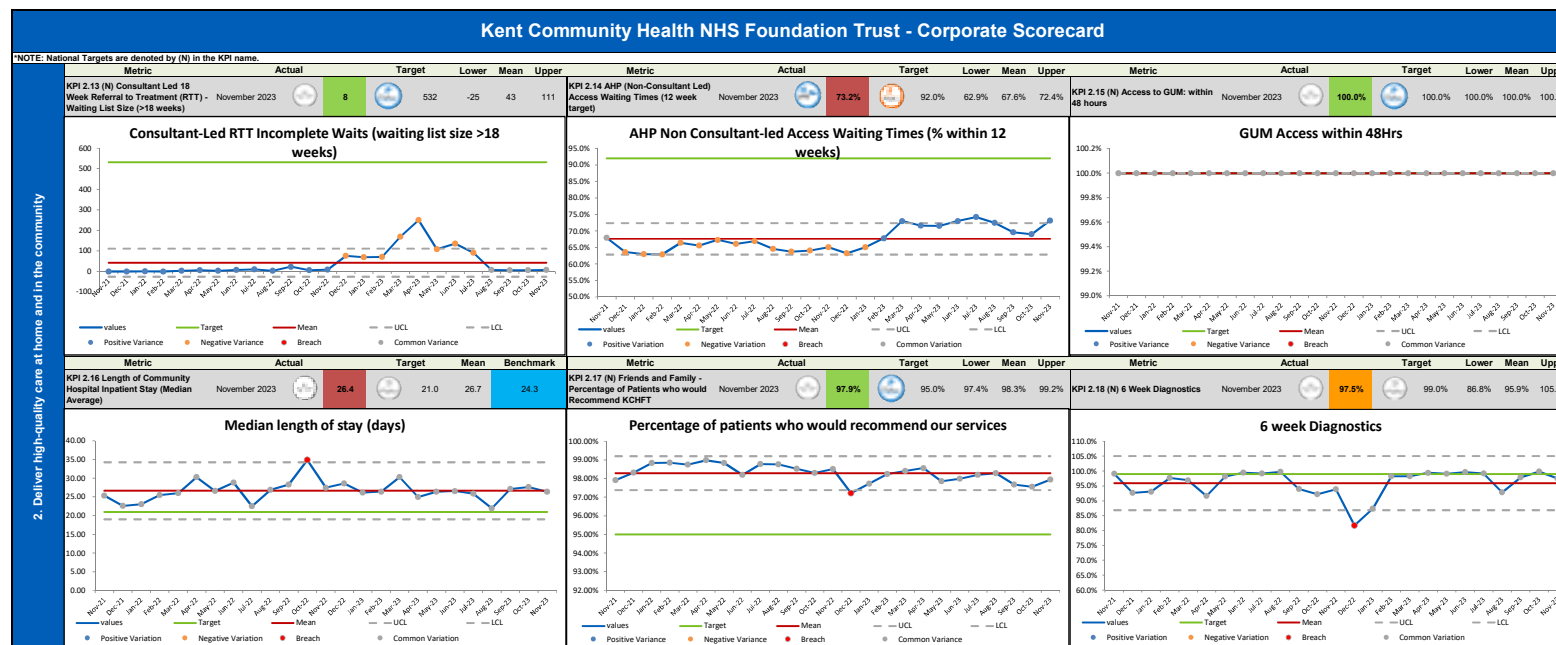
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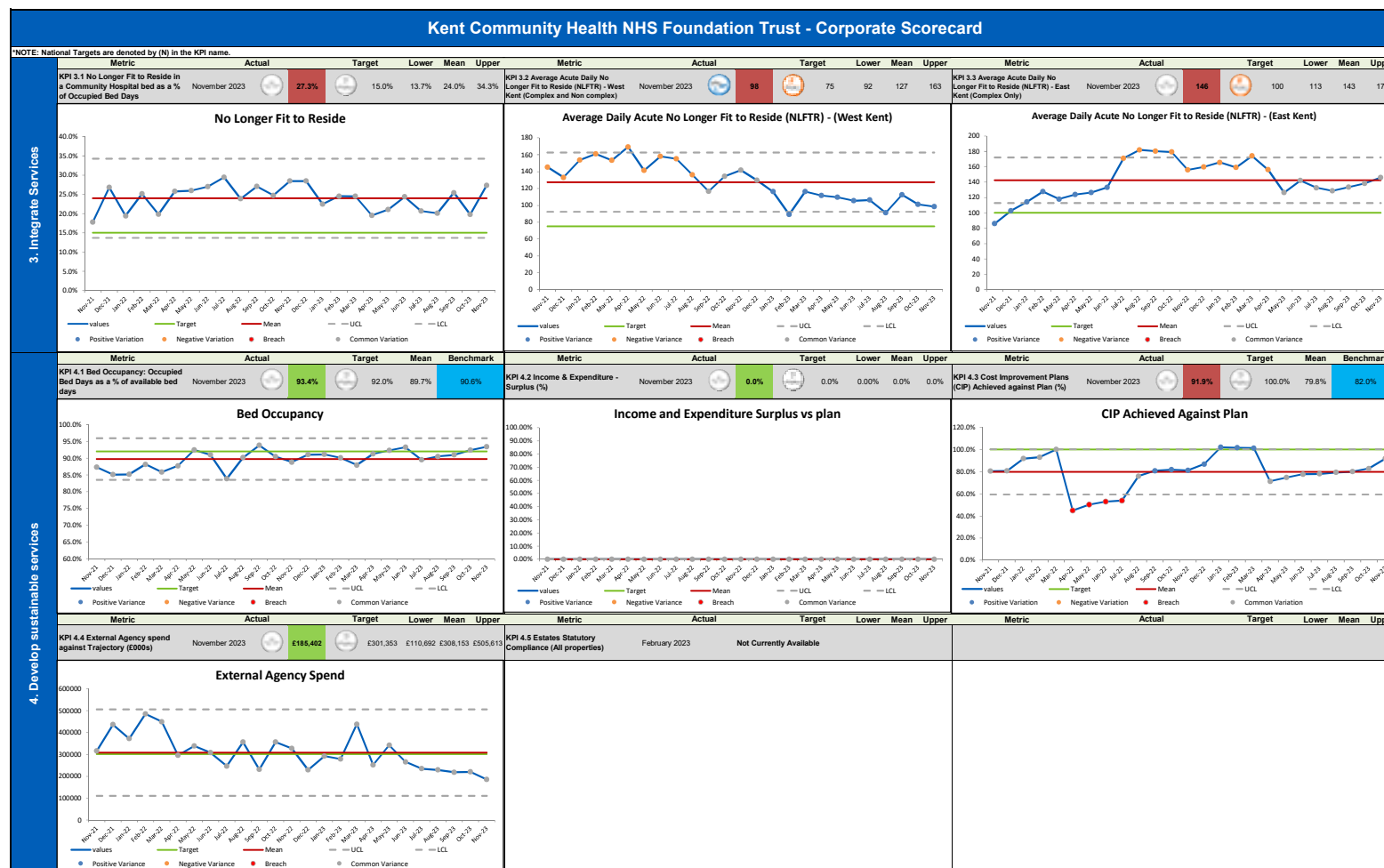
Pages 3-7	– KPI Scorecard
Pages 8-12	– Inequalities Summary
Page 13	– Report Summary
Pages 14-18	– Operational Performance Exceptions and Highlights
Page 19	– Finance Exceptions and Highlights
Page 20-21	– Workforce Exceptions and Highlights
Pages 22-25	– EDI Summary
Pages 26-27	– Appendix 1

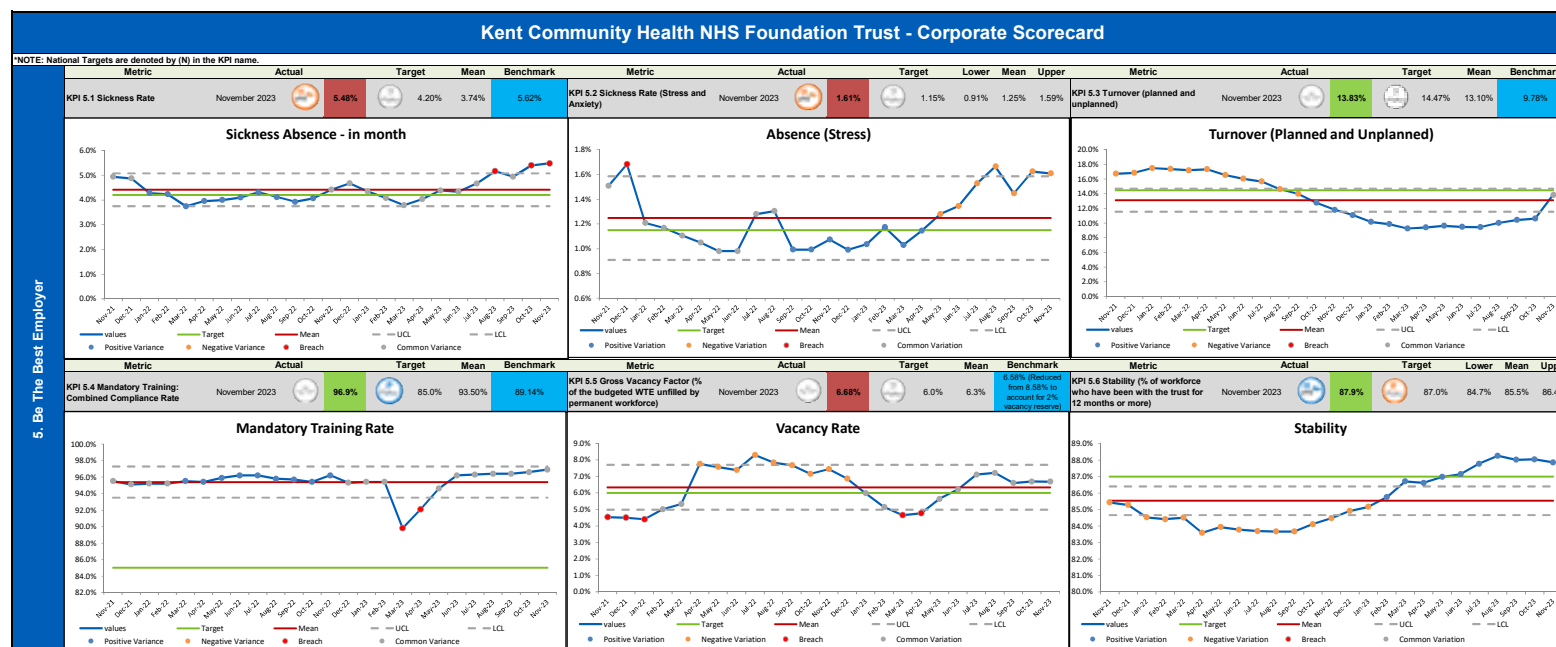












5. Be The Best Employer

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 75%. Over time this will mean the proportion of caseloads with an ethnicity will increase to a point where meaningful equity analysis can be undertaken.

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 28% 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 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. 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 2.8a DNA Rate Children – There is no statistically significant differences in the DNA rate for children and young people by ethnic group.

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 Mixed, Asian/Asian British and Black/Black British have statistically significantly fewer people meeting the 12 week access target for AHP support. This would benefit from investigation by the services.



Inequalities Summary

Deprivation Analysis

KPI 1.3 Health Visiting - The deprivation analysis suggests that the % of new birth visit undertaken within 14 days is similar across quintiles 2-4. There is a 3.8% difference in the % of visits undertaken in timeframe between people living the least and most deprived areas, however this difference is not statistically significant. 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.

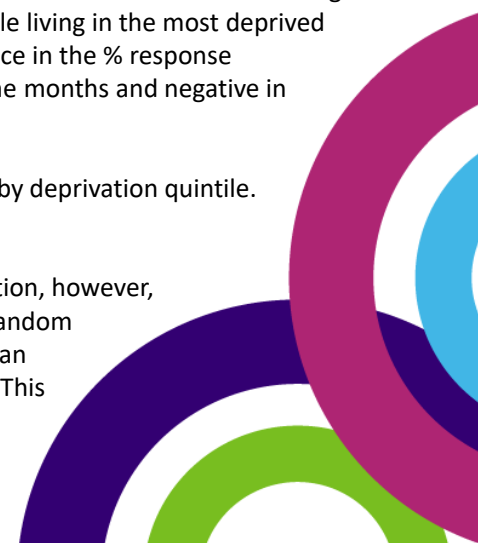
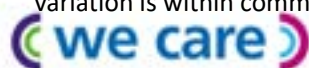
KPI 2.8a DNA Rate Adults- – The DNA rates are highest in the in the people living in the 20% deprived areas. The rates in the most and least deprived areas are statistically significantly different. The variation by month in the difference in rates for people living in the most and most deprived are 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 2.8a DNA Rate 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 in month of the difference in rates between the least and most deprived areas are within common cause variation. 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 people living in the most deprived areas are statistically significantly different. 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, with it being positive some months and negative in others. The month by month variation is within common cause variation limits.

KPI 2.10, 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 impatient 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 8)																		
	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	92.9%		2.7%		7.6%		82.2%		80.9%		99.3%		99.8%		73.2%		26.4	
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	92.8%	872	2.4%	86755	7.4%	30978	83.1%	1599	80.0%	636	99.5%	13013	99.9%	1342	71.3%	8577	25.0	126
White - Irish	100.0%	6	2.4%	848	9.7%	102	85.7%	14	100.0%	2	100.0%	8	100.0%	13	67.7%	62	19.0	1
White - Any other White background	95.6%	90	3.3%	1852	8.1%	2433	89.5%	19	75.0%	8	99.0%	600	100.0%	63	61.8%	573	22.0	1
Mixed	89.4%	85	6.3%	705	8.7%	2229	100.0%	13	100.0%	3	100.0%	120	94.4%	38	47.7%	317	46.0	1
Asian or Asian British	96.1%	77	6.0%	1172	6.1%	1692	83.3%	12	N/A	0	99.0%	690	88.2%	25	58.5%	299	N/A	0
Black or Black British	88.7%	71	3.8%	649	7.4%	1574	63.6%	11	N/A	0	99.2%	381	100.0%	4	68.2%	214	N/A	0
Other	100.0%	19	2.3%	2915	11.5%	813	78.4%	51	40.0%	10	100.0%	18	100.0%	20	47.1%	17	N/A	0
BLANK/Not stated/Incomplete	84.4%	64	3.4%	37585	7.5%	9302	80.6%	866	83.1%	414	98.0%	592	99.7%	2456	77.8%	6947	23.0	33
% Completeness	95.0%	1284	71.6%	132481	81.1%	49123	66.5%	2585	61.4%	1073	96.2%	15422	38.0%	3961	59.1%	17006	79.6%	162
Performance by Deprivation Quintile																		
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	Days	No.
Quintile 1 - Most Deprived	90.2%	203	3.2%	20748	9.3%	10264	78.2%	376	80.4%	97	99.6%	2662	99.7%	633	74.1%	2617	30.5	12
Quintile 2	93.1%	245	2.8%	25842	8.0%	10372	80.5%	478	77.7%	139	99.5%	3479	99.8%	817	71.5%	3161	24.0	29
Quintile 3	94.0%	332	2.9%	32065	7.0%	11881	80.8%	676	84.2%	247	99.5%	3964	99.9%	952	72.8%	4203	25.0	37
Quintile 4	93.1%	274	2.5%	30905	7.0%	9347	83.5%	611	81.1%	265	99.5%	3063	99.5%	802	73.8%	3828	25.0	37
Quintile 5 - Least Deprived	94.0%	183	2.2%	22208	5.8%	5947	87.8%	433	80.4%	322	98.8%	1741	100.0%	609	73.0%	2851	23.5	40





Full Report Summary



There are currently 17 KPIs off target for the month, which is 41.5% of the metrics. Of these, the KPIs of most concern (also showing negative special cause variation) are KPIs 1.1 (Stop Smoking Quits), 1.8 Looked After Children Review Assessments, 2.16 Community Hospitals Length of Stay, 5.1 Sickness Rate and 5.2 Absence – Stress.

2.14 AHP Access Wait times is off target but showing positive variation with a period above the mean, and is a focus for the breakthrough objective work, while 3.2 West Kent Acute No Longer Fit to Reside is also off target but in positive variation.

There are a further 3 metrics with special variation in a positive direction, with highlights being sustained good performance for KPIs 1.5 Admissions Avoided, 2.10 2-Hour Crisis Response and Stability (KPI 5.6).

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 (26.4 days against the benchmark of 24.3 days), 5.3 Turnover and 5.5 Vacancy Rate

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



Operational Performance Highlights and Exceptions



KPI 1.1 - Stop Smoking Quits

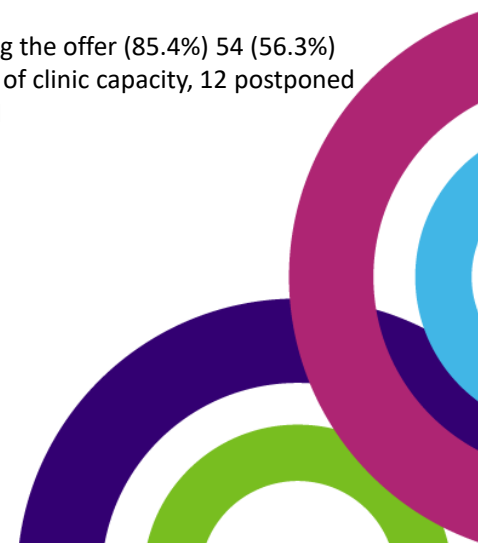
In Month 7 The service recorded 468 quit dates and achieved 269 quits, 9 outstanding outcomes (58.6% success rate). Total service recorded quit dates set to date (month 1-7) is 2974 achieving 1689 Quits (56.9% success rate). Currently we are above our trajectory target of 1650 quits by end of month 7. The service is confident that with staffing issues resolved in our CRU team, the waiting list for Smoke-free appointments reduced, temporary increases in our core smoke free team and streamlining the referral process that the service will be on track to achieve the quit KPI by end of year reporting.

KPI 1.6 - BCG Vaccinations (95% Target)

While not yet hitting the target level, BCG Performance is continuing to show a much improved position compared to last year.

For Month 7, 139 babies were born in North Kent, eligible for BCG vaccination, with 82 accepting the offer (74.5%) 29 referred elsewhere. 63 vaccinations were delivered within 28 days (57.3%) and 19 delivered outside of timeframe: 4 Postponed by parent, 5 Lack of clinic capacity, 3 Babies admitted to hospital, 2 Client choice.

In East Kent, 97 babies were born in October 2023, eligible for BCG vaccination, with 82 accepting the offer (85.4%) 54 (56.3%) vaccinations were delivered within 28 days and 28 delivered outside of timeframe: 5 Due to lack of clinic capacity, 12 postponed by parent, 2 Patient choice, 3 referred late, 2 due to delay in SCID result, 2 DNA/WNB, 9 declined



Operational Performance Highlights and Exceptions



KPIs 1.7 & 1.8 – Looked After Children (LAC)

We are at 88% in Month 7 for over 5's annual health assessments against the statutory target of 95%. This is showing a static trend, with performance being impacted by non-attributable breaches and some internal administration delays, to mitigate we have reviewed all administration processes and we are expecting a reduction in attributable breaches over the next two months.

KPIs 2.8a and 2.8b – DNA Rates

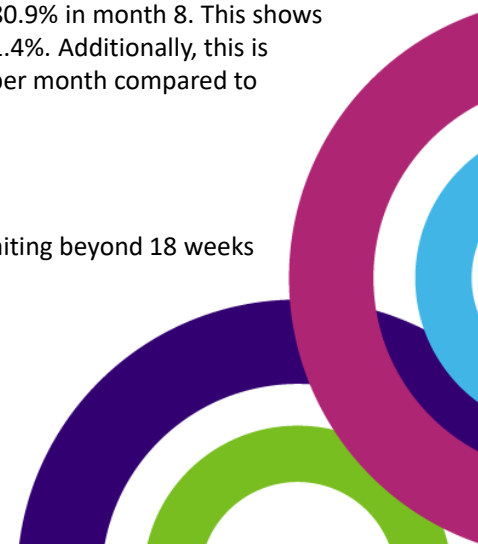
DNA rates within both adult and children's services are both in normal variation, but showing a positive picture compared to 12 months ago. For adult services, the rate (2.7%) continues to be both favourably below target (3%) and below the benchmark of 4%, while showing a number of months (9 out of 10) below the mean since February 2023. Children's services at 7.6%, while above the internally set 6.5% target, are in normal variation for the last 3 months. However, 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 6.9%.

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

Performance continues to show a positive variation trend above the mean, although dipping to 80.9% in month 8. This shows great progress, with the last 10 months consistently above 80% and around the benchmark of 81.4%. Additionally, this is against the backdrop of increased demand and activity, with monthly demand up to over 1,000 per month compared to around 800 for the same period last year.

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

Performance is in normal variation, performing at close to 100% (99.8%), with only 8 patients waiting beyond 18 weeks at month end.

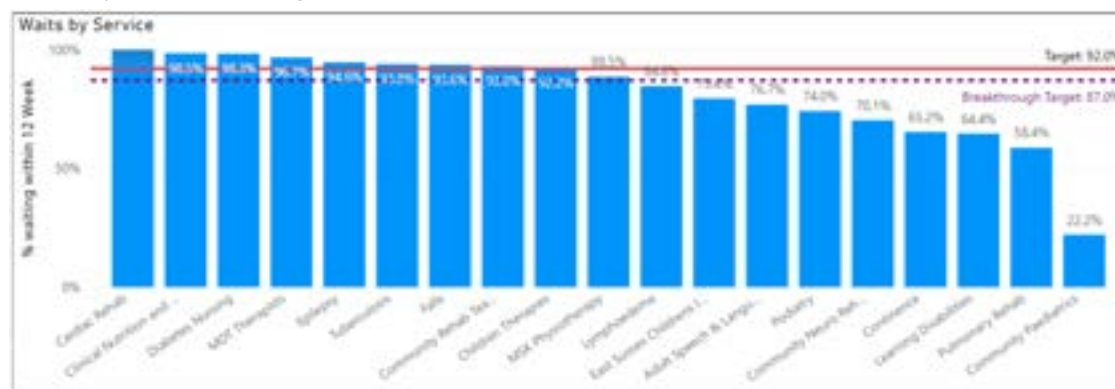


Operational Performance Highlights and Exceptions



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

The overall picture for 12 week access waits is showing positive variation, with improved performance from a low of 63.2% in December 2022 (73.2% in November 2023). The below is the current position at service level, with a number of services showing positive trends (Dietetics, West Kent Falls, MSK Physio, Kent Podiatry and Children's Therapies – See appendix 1 for service level breakdown). However, as can be seen from the chart below, the biggest area of challenge and impacting on the trust position is Community Paediatrics (position excluding Paediatrics increases to 85.9% from 73.2%).



All services have action plans in place to reduce the waiting times. Work is ongoing on reporting on the different drivers behind waiting times and the date is validated across different services. Six services are below the 12 week 87% target. Adult Speech and Language Therapy and Podiatry are on an improving trajectory, Learning disabilities are showing a worsening position, while Community Neuro Rehab Continence and Pulmonary Rehab are in normal variation and stable.



Operational Performance Highlights and Exceptions



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

While the length of stay in our community beds is in normal variation, current levels (26.4 days) are above both target (21 days) and the NHS Benchmark of 24.3 days. There is variation in LoS across the different community hospital sites, and while some variation is appropriate due to clinical pathways (e.g. Stroke), other variation relates to the number of patients No Longer Fit To Reside in community beds.

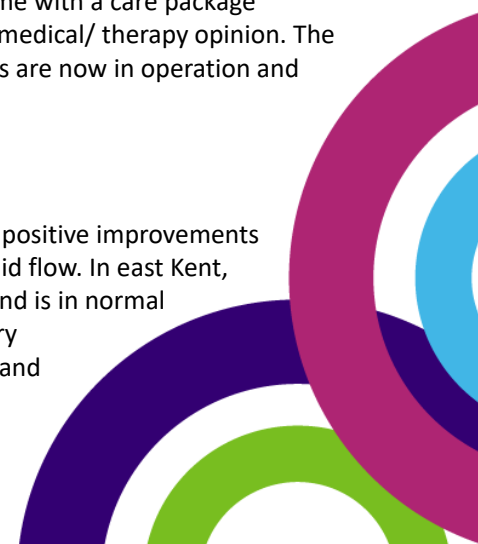
The Community Hospital flow programme will target joint assessment processes with KCC to reduce delays based on the successful work completed in pathway 1 with KPIs for sourcing a Package Of Care and elements of Trusted Assessment. The programme is also improving internal processes via use of SAFER and 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 planned

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

Performance has increased to 27.3% for month 8, continuing to be in normal variation and above the 15% target. This is primarily caused by issues within the domiciliary care sector and ability to discharge patients home with a care package (pathway 1) in a timely manner, although some delays are within our control such as waiting for medical/ therapy opinion. The flow improvement programme will specifically target these. The winter Community Hospital beds are now in operation and should impact capacity, occupancy and NLFTR.

KPIs 3.2 and 3.3 – Acute No Longer Fit to Reside

While both areas (west and east Kent) are currently performing above the (internally set) target, positive improvements are being seen as a result of additional investment and collaborative work within the system to aid flow. In east Kent, the average daily figure is on the rise to c.145 compared to c.170 from June 2022 to April 2023 and is in normal variation. For west Kent, there is clear positive variation with a shift below the mean from January 2023, at around 90 per month compared to the previous level of c.150 per day. Winter schemes and interventions will support this metric and will be monitored daily through winter.



Operational Performance Highlights and Exceptions



Winter Schemes Update

HCP	Winter Interventions	Update
Both	Virtual Ward Expansion	<p>In November 2023:</p> <p>The EK Frailty Virtual ward saw 717 patients against a plan of 983 (which is in line with estimated 70% occupancy). This is an increase since April from 459. Further additional short term clinical capacity has been sourced and the December activity has demonstrated a further increase to nearly 850.</p> <p>The WK Frailty Virtual ward saw 362 patients against a plan of 304. This is an increase since April from 243.</p>
Both	Increase in pathway 2 flow and occupancy	Bed occupancy has increased as per data in report. Discharge flow has been challenged during December due to use of pathway 2 beds to support acute occupancy reduction in advance of Christmas and industrial action. This has resulted in an increase in patients who are no longer fit to reside but this is being managed proactively with partners from KCC.
Both	Single Point of Access (SPOA)	<p>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.</p> <p>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.</p>
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.
Both	Transfer of Care (TOC) hub	<p>EK has hubs in place at all 3 acute sites with phased changes to ward processes being implemented.</p> <p>WK started a pilot of the hub for both acute sites in November 2023.</p>
EK	Pathway 1 Home First support workers	Joint recruitment by KCHFT and KCC of a team of Home First support workers- first two cohorts have started and this is delivering an average of 4 complex discharges on pathway 1 per week.
EK	Stroke Beds	Full capacity of 15 beds in place since 1 st November as planned.
EK	Westview and Westbrook	<p>15 beds mobilised at Westbrook on 11th December 2023</p> <p>7 beds mobilised at Westview on 2nd January 2024 with a plan to mobilise the remaining (up to 15) in the W/B 8th January 2024.</p>
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).



Finance Highlights and Exceptions



KPI 4.2 – Income and Expenditure Surplus

The Trust is in a breakeven financial position to the end of November once adjusted for £24k of depreciation on donated assets. The YTD financial performance is comprised underspends on pay and depreciation / interest of £5,576k and £334k respectively, in addition to over-recovery of income of £1,734k, offset by an overspend on non-pay of £4,200k.

KPI 4.3 – Cost Improvement Programme (CIP)

The Trust achieved CIPs of £8,845k to the end of November against a plan of £9,626k which is £781k (8.1%) 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 continues to climb since June 2023, has been reporting above target for 7 consecutive months and is now at its highest rate since March 2022.

Stress Related absence increased to 1.64% in October 2023 and decreased to 1.61% in November 2023, although in negative variation above the upper control limit. It also remains above target and reporting at similar levels to November and December 2021. It is anticipated that the impact of seasonal sickness will reduce across January and February 2024 in accordance with previous trends. KCHFT still maintains a positive position when benchmarked to other Trusts.

The People and OD Business Partners undertook a deep dive in November 2023 to understand more about the spike in absence. Key emergent themes include increase in seasonal sickness including coughs, colds flu, and sickness in hot spot teams where wrap around support has been put in place. In addition, the prevalence of Covid-19 has increased over the winter months, impacting short term sickness levels.

In relation to stress related absence, many cases relate to personal circumstances of colleagues impacting on anxiety & depression, as well as instances of impact on individuals entering ER related activity or who have been involved in complex organisational change programmes.

Sickness continues to be managed robustly taking a balance of compliance with policy and a compassionate approach to support swift return to work where possible.



Workforce Highlights and Exceptions



KPI 5.3 Turnover Rate (12 month rolling planned and unplanned)

While there has been a noticeable increase this month, this is predominantly related to a number of planned exits from the trust following TUPE transfers, planned redundancies and conclusions of fixed term contract arrangements.

KPI 5.5 Vacancy Rate

Contracted WTE increased by 20 WTE to 4,556 in post in October which includes 16 posts funded by capital projects. Vacancies increased to 327 in October (from 321 in September) which was 6.7% of the budgeted establishment. Budgeted establishment increased by 27 WTE from September, of which 17 WTE is the seasonal increase in the Immunisations team to deliver the flu programme and 7 WTE related to a contract variation for the East Sussex Therapies service.

Recruitment KPI's continue to be managed robustly, with the key 'time to hire' and 'time to start' metrics within tolerated thresholds and a continued trajectory of improvement.



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

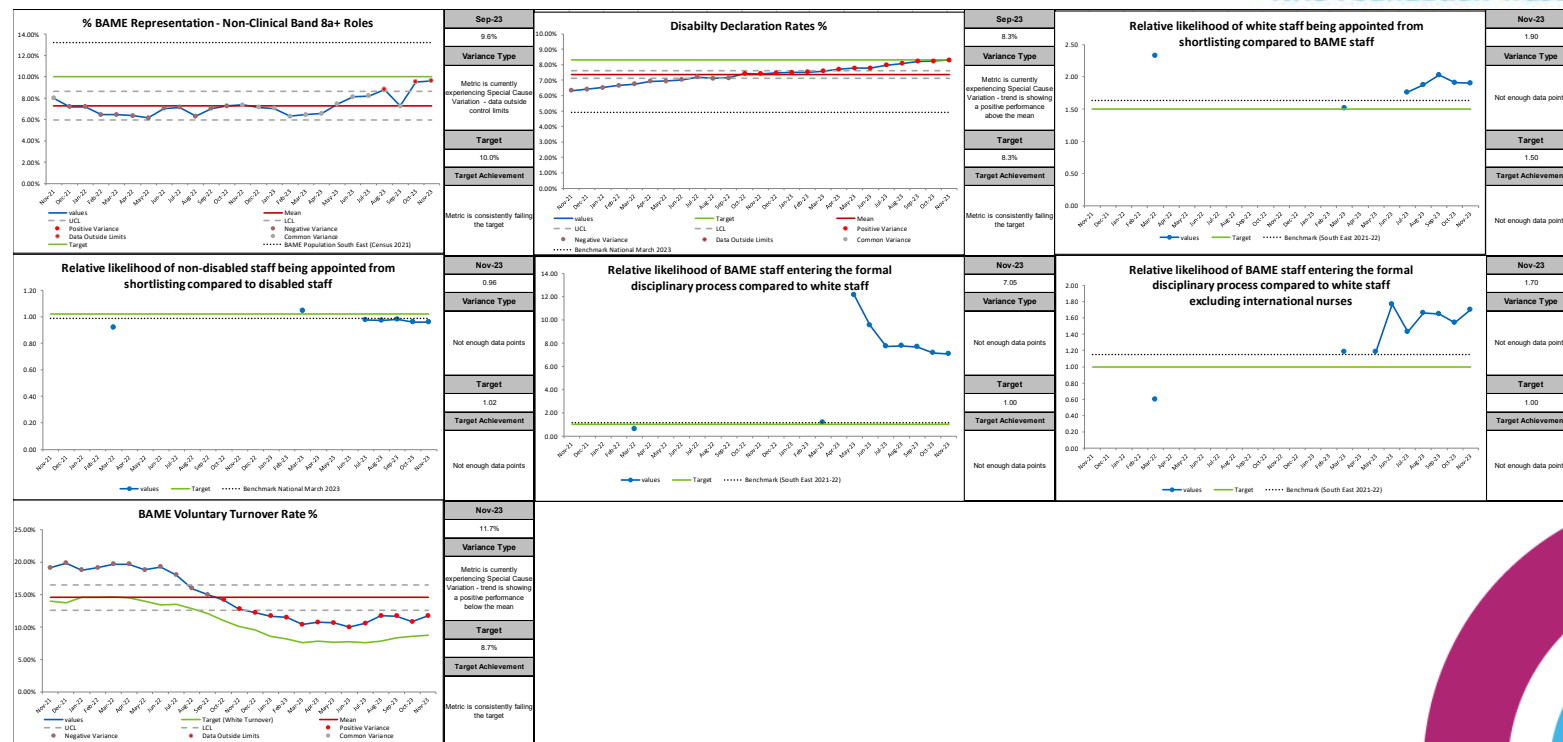
Sex: This compares the current proportion of staff by sex at KCHFT to the sex profile in the South East from the 2021 Census

LGBQ 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



EDI Summary



%BAME Representation – Non-Clinical Band 8a+ roles - In Nov-23, 9.6% of Non-Clinical Band 8a+ roles were held by BAME colleagues. This is no change from Oct-23

Disability Declaration Rates % - The percentage of staff who have declared their disability status in ESR has slowly but consistently risen over the last two years. In Nov-23, the disability declaration rate increased to 8.3%. This has now reached the target set out in the Workforce Disability Standards Report 2023.

Relative Likelihood of white staff being appointed from shortlisting compared to BAME staff - There has been no change in the relative likelihood of white staff being appointed from shortlisting compared to BAME staff in November 2023 . As in October, white applicants are 1.9 times more likely to be appointed at interview than BAME candidates.

Relative Likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff - In Nov-23 there has been no change in the relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff. This remains at 0.96. This is not statically different from the target of 1.0 which equals parity between the two groups. Non-disabled and disabled staff are equally as likely to be appointed at interview.



EDI Summary

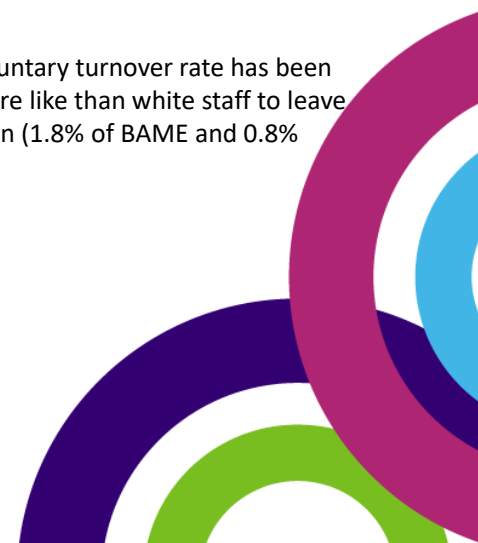


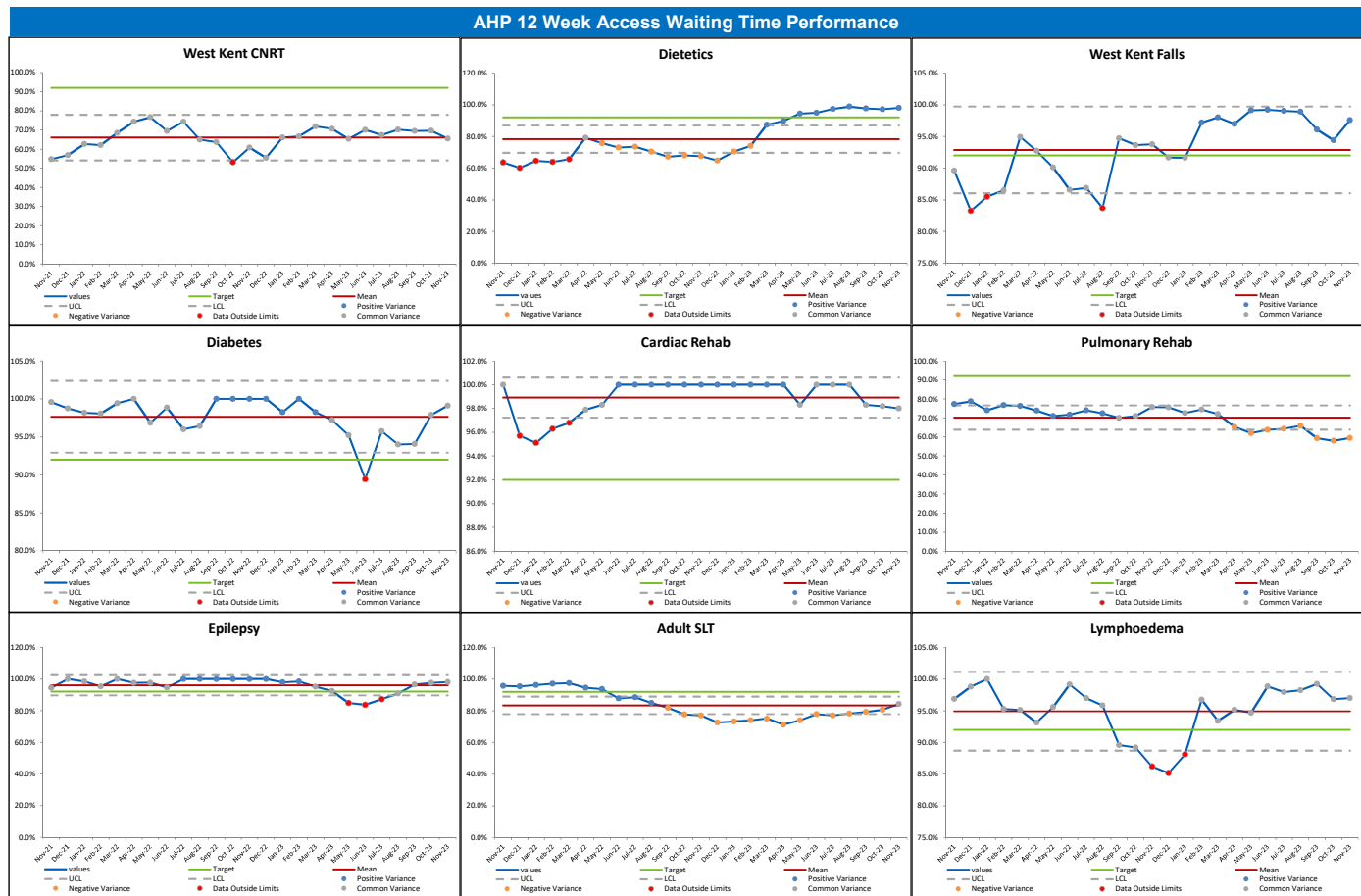
Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff - The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff is 7.05. This means that BAME staff are 7.05 times more likely to enter the formal disciplinary process than white staff. The target for this metric is 1, which equals parity between BAME and white staff. Note that this metric looks at formal disciplinary cases in a rolling 12 month period. 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.

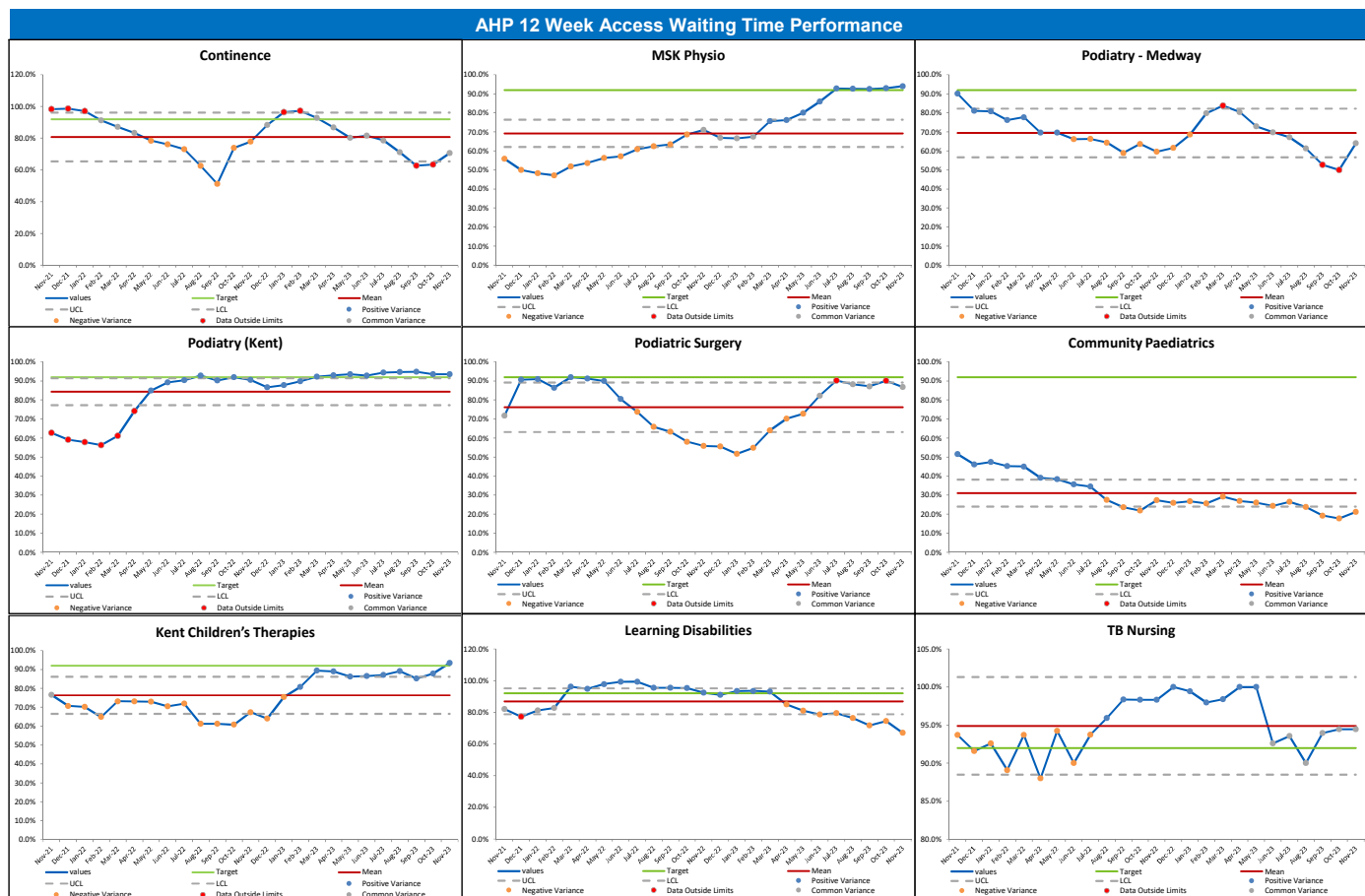
Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff, excluding international nurses - Once the issue referred to above has been removed from the metric, the relatively likelihood of BAME staff entering the formal disciplinary process compared to white staff is 1.70. This means that BAME staff are 1.70 times more likely to enter the formal disciplinary process than white staff. Note that this metric looks at formal disciplinary cases in a rolling 12 month period. This metric has worsened since last month, however the numbers entering the formal disciplinary process are very small. Since last month, 1 BAME and 2 white colleagues have been reported as entered the formal disciplinary process

BAME Voluntary Turnover Rate %

The voluntary turnover rate for BAME staff is 11.7%, compared to 8.7% for white staff. The voluntary turnover rate has been significantly different between BAME and white staff for the last two years. BAME staff are more like than white staff to leave the trust due to Relocation (3.2% of BAME and 0.9% of white voluntary turnover) and Promotion (1.8% of BAME and 0.8% of white voluntary turnover)







Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 11
Report title:	Audit and Risk Committee Chair's Assurance Report – meeting of 8 January 2024
Report sponsors:	Peter Conway, Chair of Audit and Risk Committee
Report author:	Peter Conway, Chair of Audit and Risk Committee
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>This report provides an update on the Committee's meeting held on 8 January 2024.</p> <p>The Committee received and discussed the following key areas:</p> <ul style="list-style-type: none"> • Risk Management, Board Assurance Framework and Corporate Risk Register • Internal Controls including: <ul style="list-style-type: none"> - Internal Audit Progress Report - Emergency Preparedness Resilience and Response (EPRR) - Health and Safety annual report • External Audit update • Financial Reporting and Controls <p>Key points to note are outlined in the report.</p> <p>The Board is asked to receive and note the report for assurance.</p>

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to <ul style="list-style-type: none"> RECEIVE and NOTE the report.

Link to CQC domain				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Assurance Level		
<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input checked="" type="checkbox"/> BAF	<input checked="" type="checkbox"/> CRR
Equality, diversity and inclusion	Not covered in this report	
Legal and regulatory	Yes – Well-led framework	

Report Sponsor sign off	
Name and designation:	Peter Conway, Chair of Audit and Risk Committee
Date:	9 January 2024

Note to: KCHFT Board
 From: Peter Conway
 Date: 8.01.2024

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

Risk Management, Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

Process:

Processes continue to improve. Further tweaks to the format of the BAF suggested. There are improving risk conversations going on and good join-up across Board committees. The new Integrated Governance and Risk Management Committee has had its first meeting and ARAC will receive reports from them going forward

ARAC requested that further consideration be given to:

- (1) how reputational risks are calibrated
- (2) how the Board is sighted on the high risks that appear on the CRR
- (3) capturing all the higher risks especially those that have been tolerated at a relatively high appetite (for example, mandatory training for Bank staff and staff personnel files - see below)
- (4) greater clarity and explanation of the risks appearing on the CRR.

Content:

ARAC considered the following risks:

- 1) tolerance of retention of local staff personal files (risk level 12): the position should be benchmarked with other trusts and the minute of the executive meeting (EMT) meeting that tolerated the risk checked for completeness
- 2)an alternative base for Thanet Community Nurses (risk level 15): a long-standing issue that needs to be brought to a head with agreed target dates and actions
- 3)Storage of SAIS vaccines (risk level 12): this was last reviewed in October 2023. This risk needs to be mitigated as soon as possible
- 4)Mandatory training for Bank staff (risk level 9): risk appetite and mitigations to be revisited (on the radar of People Committee)
- 5)Fire safety (risk level 15): Mitigation of the fire doors and (some of) the compartmentation risks will be undertaken in this financial year now which is good news. Sevenoaks Hospital first floor fire evacuation at night needs to be revisited and tested for effectiveness
- 6)Estates maintenance: early resolution of known issues such as rain ingress at Trinity House, Sevenoaks Hospital, various bathrooms across the estate (on the radar of the Quality Committee)
- 7)Insulin pumps (risk level 15): mitigation appears to be drifting and needs actions and resolution dates (on the radar of the Quality Committee)

Internal Controls - 3rd party

TIAA Progress Report:

Reasonable assurance. Audit Plan on track

Anti-Crime Progress Report:

Substantial assurance

External Auditors

Audit Plan for 2023/24 year-end to be received at the next meeting in April

Internal Controls - Trust

Emergency Preparedness, Resilience and response (EPRR)

Substantial assurance

Health and Safety (H&S) Annual Report

Reasonable assurance. A number of recommendations or points to note:

- Board committee overall responsibility and reporting for H&S is under review
- ARAC requires an interim update in October regarding progress in areas such as violence and aggression incidents towards staff

In both areas above, efficiency and effectiveness reviews should become automatic considerations when evaluating assurance/compliance.

Financial Reporting and Controls

Update on Kent integrated care system (ICS) position.

It is understandable but disappointing that closure of the system financial gap will be facilitated by delays to community schemes:

- the Community respiratory service (£0.45m)
- health inequality funding (£0.5m)
- MH safe havens and crisis cafes (£1.9m)
- Long covid counselling (£1.2m)
- Diabetes prevention and treatment (£1m)
- Dementia treatment expansion (£1m)

Single Tender Waivers

A benchmarking exercise has been completed and KCHFT is a significant adverse outlier in terms of waivers. This would suggest inadequate forward planning which the Finance Team will address. Internal Audit will also consider auditing elements of the end to end process when formulating their Critical Financial Assurance Plans for 2023-24. The significance to the Trust is that possible commercial opportunities (for further efficiencies and effectiveness) may be foregone

Governance

There was general discussion whether the "reasonable assurance" assessment on many of the front sheets reflected the underlying position. Also, because of:

- the lack of consistency of front sheets across Board committees
- some labels that are too general
- confusion on what constitutes assurance vs noting vs for information and
- continued worries and lack of clarity on equality impact assessments.

It is recommended that these be addressed at a future Board Development session

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 12
Report title:	Finance, Business and Investment Committee Chair's Assurance Report – meeting of 20 November 2023
Executive sponsor(s):	Gordon Flack, Chief Finance Officer
Report author(s):	Paul Butler, Chair of Finance, Business and Investment Committee
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
This report provides an update on the Committee's meeting held on 20 November 2023.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to <ul style="list-style-type: none"> RECEIVE the report.

Link to CQC domain				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well-led

Assurance Level

<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited
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Implications		
Links to BAF risks / Corporate Risk Register	<input checked="" type="checkbox"/> BAF	<input checked="" type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Gordon Flack, Chief Finance Officer
Date:	08 January 2024

FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is based on the Finance, Business and Investment Committee meeting held on 20 November 2023.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Kent and Medway system financial position (6/12)	<p>A paper was presented which set out the worsening financial position of the system for the half year and the Chief Finance Officer gave an overview of current discussions ongoing with executives across the system.</p> <p>It should be noted that in the figures presented, it was included that the trust is continuing to report a breakeven position for the year to date.</p>	
Business development and service improvement report	<p>The latest report was noted by the Committee.</p> <p>The Executive was asked to consider the approach to extensions of contract in terms of authorisation within the Trust. This should result in a paper setting out appropriate procedures and may conclude that the terms of reference for the Committee required amendment.</p>	Potential Terms of Reference change.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Continence contract award	It was noted that the continence contract with Essity was APPROVED by the Committee virtually on 27 October 2023.	
Service line reporting for Community Rehabilitation	A paper on service line reporting for Community Rehabilitation was presented to the Committee. This generated significant discussion of the Committee. There were two key outcomes: -a paper on total trust overhead was requested by the Committee -an update on the performance of the Community Rehabilitation service was requested.	
Productivity report	An update on Trust productivity reporting plus a high-level commentary on data through to mid-2023/24. Following a discussion, the Committee requested that a further report with additional analysis should be included on a future agenda of the Committee.	
Finance report including service line reporting and 2023/24 cost improvement	The latest report was presented and noted. The Committee suggested that, when presenting a breakeven position to the Board, it was important to	

Issue	Committee review and assurance	Matters for Board awareness and/or action
programme reports (7/12)	<p>ensure that the provision included for potential cost was clearly highlighted.</p> <p>It was also discussed that consideration to the approach towards the year end forecast would be considered when putting together a forthcoming updated year end forecast. This would also include consideration of how such a position would be dealt with at a systems level.</p>	
Capital plan review and forecast	<p>The latest update on the capital plan was presented and noted by the Committee.</p>	
We Care Strategy highlight report	<p>The paper presented on progress to date against the strategic initiatives assigned to the Committee for oversight, namely:</p> <ul style="list-style-type: none"> -reduction in non-productive administration activity -reduction in carbon footprint -efficient and effective use of Trust estate. <p>Although the Committee appreciate receiving the report, it had concerns about the clarity of actual targets to be achieved and therefore the future ability of the Committee to monitor progress. Interestingly, there was</p>	<p>Taking the discussion at the Committee as a guide, it is important for the success of the whole We Care Strategy that targets to achieve desired outcomes are robust in design and programme delivery terms.</p> <p>It is suggested that this is revisited by the Improvement Board and represented to the Board in due course.</p>

Issue	Committee review and assurance	Matters for Board awareness and/or action
	<p>also a general feeling that more pace was required in the current delivery of initiatives.</p> <p>The Committee asked that the Executive give further thought to the required targets and reporting thereof and present back to the Committee in due course.</p>	
Edenbridge Memorial Health Centre	<p>The Committee had previously received a background paper on the Section 278 dispute between the contractor and the trust. As a follow up, the Committee received a verbal update from the Director of Estates and Facilities which concluded that the trust may proceed to arbitration on the matter. A further update will be provided to the next Committee meeting in January.</p>	

Paul Butler
Chair, Finance Business and Investment Committee
15 December 2023

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 13
Report title:	People Committee Chair's Assurance Report – meetings of 25 October and 19 December 2023
Executive Sponsor:	Victoria Robinson-Collins, Chief People Officer
Report author:	Kim Lowe, Chair of People Committee
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
These reports provide an update on the Committee's meetings held on 25 October and 19 December 2023.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to <ul style="list-style-type: none"> RECEIVE the report.

Link to CQC domain
<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well-led

Assurance Level

<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited
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Implications		
Links to BAF risks / Corporate Risk Register	<input checked="" type="checkbox"/> BAF	<input checked="" type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Victoria Robinson-Collins, Chief People Officer
Date:	8 January 2024

PEOPLE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the People Committee meeting held on 25 October 2023.

Agenda items

- Update on industrial action
- Community Nursing demand and capacity programme
- Staffing Update – operations/nursing/people
- Workforce implications of winter plan
- Equality, diversity and inclusion (EDI) update including the workforce race equality standard (WRES) and the workforce disability equality standard (WDES) action plans
- Staff Voice
- Pulse survey response- taking breaks
- Workforce performance report including board assurance framework
- Medical revalidation report
- Freedom to Speak Up report
- Health and wellbeing report including financial support
- Digital HR (Bots) Update
- Ratification of Policies

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
Community Nursing - demand and capacity programme	<p>A hugely important piece of work is underway to address the demand and capacity challenges in the Adult Community Nursing Service The objectives being to make it fit for purpose for the future needs of the local population. The Committee noted the initiatives around new internal models of care which are being introduced to address the gap. A new co-ordinated programme of work has been put in place to manage it.</p> <p>Gap analysis has also shown that identifying the skills and competencies that are needed in the future will be essential to the success of the new models. This work is underway. The Committee noted the report and supported the actions in the recommendations. The Staff Survey results in March 2024 will show if the people element is more positive.</p>	<p>Reasonable Assurance</p> <p>The Committee expects a further report on progress.</p> <p>The Board will receive its regular six-monthly update on safer staffing at its April and October public board meetings.</p>
Equality, diversity and inclusion (EDI) update including the workforce race equality standard (WRES) action plan, the workforce disability equality standard (WDES) action plan; and the Gender Pay Gap Report	<p>The Board received the WRES and WDES action plan at its meeting on 18 October. The Committee received assurance and supported the publication of the reports and action plans on the Trust website by the end of October 2023.</p>	<p>The Committee sought assurance that the next budgeting round will include support for the people elements of the strategy in particular the Nobody Left Behind (NLB) action plans.</p>

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
Staff Voice	In June, as part of the trust's series of We Care conferences, the concept of a new staff voice model was tested. The model has now been worked up based on extensive feedback and will be tested and refined on a small scale in quarter four. It is clear that our staff governors will play an important role in the success of the staff voice, alongside others such as our trade unions through the Staff Partnership Forum. Further scoping work will also be progressed by the People and Organisation Development Business Partners. This will sit alongside the development of an effective staff voice section on flo as a central point for all staff engagement work and an area to share feedback. The Committee fully supported the recommendations in the paper and welcomed the support by the executive team for this important step forward.	Reasonable Assurance A paper will be brought to the Council of Governors in January or April 2024 with a proposal as to how the staff governors will input into the staff voice.
Staff pulse survey response	The theme for this quarter's national survey was around understanding whether staff were taking a break during the day to recover sufficiently to do their job. Compared with previous pulse surveys, this survey produced the best return to date with 26% of the workforce responding. However, the feedback and benchmarking with other community trusts highlighted further work needed in this area. The trust's new improvement board has taken on the issue and is supporting follow up work, as this is identified as a breakthrough	Reasonable assurance received. Further triangulation is needed. Board members will be asking staff if they take a break when they meet them on their service visits.

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
	<p>objective in the WeCare Strategy. Some service hotspots have been identified and work is being done to understand if this links to those services who have long waiting lists. More broadly though, reasons for not taking a break regularly through the day appear to be more complex. Some small changes are being tested to see if they make a difference to staff's ability to take a break.</p> <p>A number of recommendations have been approved by the executive which includes executive messaging back to staff on the results of the survey and what actions have come from it to be implemented.</p> <p>The Committee noted and received the report.</p>	
Medical revalidation report	<p>The report, which is mandated by NHS England, provided a summary of the policies and systems in place within the trust to meet the requirements of medical revalidation.</p> <p>The Committee noted that there had been an increase in trained active appraisers in 2022/23 from nine to eleven.</p> <p>On behalf of the Board, the Committee noted the annual report and approved the' NHS England Framework of Quality Assurance (FQA) for Responsible Officers and</p>	<p>Significant assurance received.</p> <p>Mairead McCormick, Chief Executive to sign the compliance document which will be submitted to NHS England.</p>

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
	Revalidation: Annex D – Annual Board Report and Statement of Compliance' confirming that the organisation, as a designated body, followed the relevant regulations.	
Freedom to Speak Up report	<p>Although the Board had received a report on Freedom to Speak Up at its meeting on 18 October, the Committee meeting provided further opportunity for scrutiny.</p> <p>The FTSU Guardian handles a small but steady number of cases, it was noted that very few of these require the input of Karen Taylor, FTSU non-executive director champion. The Committee would like to encourage staff to come forward to Karen or the FTSU Guardian if they have any concerns, particularly around patient safety. To date, most cases have been related to HR issues but a small increase in raising concerns around patient safety has been seen since the FTSU Guardian begun a staff engagement campaign following the Countess of Chester case.</p>	<p>Reasonable Assurance</p> <p>The Committee would like to see more intelligence around themes as well as triangulating soft intelligence from the Staff Voice, service visits and staff networks to identify themes and issues that are coming through.</p>
Health and wellbeing report including financial benefits	There was a lot of good news reported to the Committee with interest in the trust choir and football team of particular note. The football team continues at strength and is open to other NHS organisation in Kent and Medway. The choir is also open to system partners and has recruited four new choir masters across Kent and East Sussex to help with	<p>Significant Assurance</p> <p>The Committee noted the usage of the hardship fund and challenged the Trust to look at</p>

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
	<p>giving access to staff from as far afield as possible. The trust has also received funding from the NHS Charities Together to provide enhanced mental health support for staff including team trauma and debrief sessions. The bid also included training 540 staff in mental health awareness to support those having mental wellbeing conversations with colleagues and signposting for professional support and resources.</p> <p>A hardship fund has been launched this month and is already receiving applications for financial assistance.</p>	<p>how it can make this fund sustainable for future use.</p>

Kim Lowe
Chair, People Committee
25 October 2023

PEOPLE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the People Committee meeting held on 19 December 2023.

Agenda items

- Access into health visiting as a profession
- Focus items – NHS Long term workforce plan
- Transition to new payroll provider
- Local provision of nursing education
- Real living wage
- Response to the independent inquiry into the issues raised by the David Fuller case (staff DBS checks)
- We care strategy update – a great place to work
- Staffing update – operations/nursing/people
- Leadership and behaviour framework
- Recruitment and retention report
- Workforce performance report including Board assurance framework and corporate risk register
- Gender pay gap report
- Ratification of policies
- Education group minutes
- Workforce equality group minutes

- Any other business

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
Access and health visiting as a profession	A great presentation was given by the Head of Operational Services in the Health Visiting team. The Committee heard about the work the service has done to refine its skill mixing and improve career pathways and progression for team members. The service is committed to developing life long career pathways for team members and the programme is aimed at staff at all points in their career or age. Apprenticeships have been introduced to allow staff to change their career or work while they train. This has provided opportunities for many members of the service to develop their career which has been welcomed.	Significant assurance
Transition to new payroll provider you	The procurement process and transition to the trust's new payroll provider has been successful with the new provider already embedding into the organisation. A number of historical issues with the previous provider have been identified and are being worked through and support to impacted colleagues is in place/ will be provided.	Significant assurance

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
Local provision of nursing education	The Committee noted that there are some risks in relation to nursing education with the local university provider. The trust is working the educational institution to address the issues. The Committee sought assurance of the work in the system to support alternatives. The Chief People Officer as a Senior Responsible Officer in the system is also working with the integrated care board on what the future education provision will be in Kent and Medway.	Limited assurance re local education provider Significant assurance re system approach to education and careers
Real living wage	The trust had carried out an assessment of the Real Living Wage since there has been an uplift in pay nationally for those members of staff on the lowest banding. These staff have seen an improvement in their pay and the trust has concluded that the Real Living Wage is no longer required. Therefore the decision has been made to withdraw from the accreditation of the scheme.	
Response to the independent inquiry into the issues raised by the David Fuller case (staff DBS checks)	One of the recommendations from the inquiry report had been for trusts to report on their compliance with Disclosure and Barring Service (DBS) checks. The assurance report provided the Committee with information on the trust's compliance with its DBS checking policy. Regular reporting	Reasonable assurance. Wider themes came out of the report which are discussed in a separate report to the Board from the Chief Nursing Officer.

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
	against this key performance indicator will be included in the workforce report dashboard to the Committee.	
We Care strategy update – a great place to work	The Committee received assurance on the work being undertaken on the specific breakthrough objectives within the We Care strategy under the ambition “A Great Place to Work”	Significant assurance. The report on progress against the complete suite of ambitions and breakthrough objectives is provided separately to the Board.
Staffing update – operations/nursing/people	The focus for the trust was its continued implementation of its winter plans including planned escalations and ensuring mitigations were in place to support the system with the forthcoming junior doctor industrial action.	Reasonable assurance
Recruitment and retention report	The Committee noted the data in relation to the new starter questionnaire. More returns are being received which is allowing for better triangulation with service data to deliver targeted interventions. The Committee also discussed the themes in relation to exit interviews which were around the quality of the relationship with line managers.	Reasonable assurance
Workforce performance report including Board assurance	Sickness absence rates are below target which is to be expected at this time of year. Consideration is being given to	Significant assurance

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
framework and corporate risk register	<p>modulating the target over the year so that it is more realistic. Turnover is reporting an improved trajectory. With regards to Covid and non-Covid sickness absence, this is being amalgamated going forward.</p> <p>The Committee received an update on the workforce risk on the Board assurance framework.</p> <p>With regards to the workforce risk on the corporate risk register around statutory and mandatory training compliance of bank staff, a paper will be going to the executive team in the new year setting out a number of suggestions as to how this could be improved.</p>	<p>The Committee will receive an update to note once the paper had been discussed by the executive team.</p>
Gender pay gap report	<p>The Committee noted that the recommendations in the report are being picked up in the trust's Nobody Left Behind strategy.</p>	<p>Reasonable assurance.</p> <p>The Board is receiving the report as a separate item at the Board meeting.</p>
Ratification policies	<p>Two policies had been ratified since the Committee last met.</p> <ul style="list-style-type: none"> • Organisational Change Policy • Maintaining High Professional Standards for Doctors and Dentists policy 	
Education group minutes	<p>The Minutes were received for the 1 November 2023 meeting.</p>	

Agenda item	Assurance and key points to note	Assurance status. Further actions and follow up
Workforce equality group minutes	The Minutes were received for the 29 November 2023 meeting.	
Any Other Business	A high-level summary of the system's financial pay control proposal was shared with the Committee ahead of discussions. A decision will be made in early January 2024.	

Kim Lowe
Chair, People Committee
19 December 2023

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 14
Report title:	Quality Committee Chair's Assurance Report – meeting of 16 November 2023
Executive sponsor:	Dr Mercia Spare, Chief Nursing Officer
Report author:	Pippa Barber, Chair of Quality Committee
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
This report provides an update on the Committee's meeting held on 16 November 2023.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to <ul style="list-style-type: none"> RECEIVE the report.

Link to CQC domain				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Assurance Level		
<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input checked="" type="checkbox"/> BAF	<input checked="" type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Dr Mercia Spare, Chief Nursing Officer
Date:	14 December 2023

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Quality Committee meeting held on 16 November 2023.

Agenda items

- Public Health and Prevention – Ashford One You Shop
- Relevant feedback from other committees and service visits
- Board assurance framework and corporate risk register for Quality Committee
- Updates on legislation/regulations – changes and impact
- National and local quality issues
- Monthly quality report
- Operational deep dive
- Population Health Group chair's assurance report
- Learning from Patient Experience Council chair's assurance report
- Patient Safety and Clinical Risk Group chair's assurance report
- Edenbridge clinical model
- Patient safety incident response report
- Research and development report
- 2023/24 Cost improvement programme equity and quality impact assessment (EQIA) schemes
- Any other business

Agenda item	Assurance and key points to note	Further actions and follow up
Adult Health Improvement – Ashford One You Shop	<p>The Committee received an excellent presentation from the Ashford One You Shop which sits within the Public Health and Prevention Directorate. The shop has continued to deliver good outcomes for the community with a focus on increasing healthy life expectancy and reducing health inequalities. Since 2017, there have been 16,487 attendances and 18,174 interventions. As well as taking individual appointments from the public, the shop actively works with partner organisations as diverse as Age Concern and the Disability Assist through to Dental Services and Digital Poverty. The Committee was very supportive of the shop as a potential model for health on the high street and is a good example of joint commissioning between Kent County Council, Ashford Borough Council and the NHS. There is the potential to up-scale to most town centres and the service is planning to present its model to members of the East Kent Wellbeing Health and Improvement Partnership (WHIP) in the New Year. The team would also would like to encourage other trust services to use the shop as a base to provide a more integrated approach to delivering services.</p>	
Board assurance framework (BAF) and	<p>The Committee received the risks on the BAF and CRR that are overseen by the committee. There was a focus</p>	

Agenda item	Assurance and key points to note	Further actions and follow up
corporate risk register (CRR)	<p>on those risks on the CRR which had been identified as having uncertain or inadequate controls. These relate to fire separation in buildings (uncertain), GA theatre slots for dental patients (inadequate) and the East Kent Diabetes Service (inadequate).</p> <p>Work is being done to ensure that all the relevant services have completed fire separation drawings. Negotiations continue with the other trusts to improve access to theatre slots for dental patients and reduce the waiting list. The risk has been escalated to the system. Harm reviews are in place and there is regular contact being maintained with parents of children who are waiting for an appointment.</p> <p>The Committee discussed the risk relating to the East Kent Diabetes Service. There is no formal contract in place for provision of the service which risks a lack of funding for insulin pumps. Risk highlighted were contracted activity, budgets and increasing demand.</p>	<p>An update on the fire separation in buildings risk will be included in the estates paper to be received by the Board at its December meeting</p> <p>The Committee will receive and consider a deep dive into the implications of the risks facing the East Kent Diabetes Service at the February Committee meeting.</p>
National and quality issues	<p>The Committee was updated on progress with the learning from patient safety events (LFPSE) Service. The trust was working with NHS England and the new provider to pilot the new training site. There were some technical issues that had been identified which were being addressed. This is a national issue.</p>	

Agenda item	Assurance and key points to note	Further actions and follow up
Monthly quality report	<p>The post for a resuscitation officer is currently being recruited to and remains a work in progress.</p> <p>The trust is currently running its annual staff flu vaccination programme which this year is also offering the Covid vaccination to all eligible colleagues. The position at 16 November was 36.8% take up of the flu vaccination and 33.8% for the Covid vaccination. The numbers are similar to other trusts in the system at this point in the programme.</p>	<p>Further work will be done to highlight the benefits of vaccination to staff to increase uptake.</p>
Operational deep dive	<p>All unaccompanied asylum-seeking children who arrive in Kent are now being considered the responsibility of Kent County Council following a recent High Court ruling. This is putting the process for delivering initial health assessments under even further pressure because of the increasing numbers. Currently, the risk the service will not be able to meet increasing targets is actual and the service is in dialogue with the ICB on increased funding for community paediatricians. There was a helpful discussion about workforce planning of community paediatricians going forward.</p> <p>The Board had had a lengthy discussion the previous day about the Adult Neurodevelopmental Service waiting times and harm reviews. The process for harm reviews for patients waiting for over 52 week discussed.</p>	

Agenda item	Assurance and key points to note	Further actions and follow up
	The Committee received assurance around the local process for managing the ADHD medication supply problem which was being felt nationally across the NHS.	Further consideration is being given by the executive on the way forward re harm reviews. An update will come to the Quality Committee in February.
Population Health Group chair's assurance report	The chair's assurance report was received and noted.	The Committee will receive a presentation on the work being done with the Roma community to improve their access to healthcare services at its February meeting.
Learning from Patient Experience Council chair's assurance report	The chair's assurance report was received and noted. The council's terms of reference were approved.	
Patient Safety and Clinical Risk Group chair's assurance report	The chair's assurance report was received and noted.	
Edenbridge clinical model	The Board had asked for the Committee to take assurance on the clinical model which is being implemented at the new Edenbridge Memorial Health Centre. The Committee considered the clinical offer for the site and was updated on the associated risks and opportunities.	

Agenda item	Assurance and key points to note	Further actions and follow up
Patient safety incident response report	The Committee received updates on progress with the investigations into two serious incidents which had been discussed at the previous Quality Committee meeting. The incidents were still under investigation and were expected to be completed in December. The trust was working closely with the families and partner organisations.	The Committee will receive an update on the outcomes and learning at its meeting in February.
Research and development report	This was the first report from the Research and Development Team to be received by the Committee and it was noted that there was significant work going on. The Committee was particularly pleased with the success of the student nurse apprentice research placements. These had been well-received and provided new opportunities and a new way of viewing and engaging with research for nursing students.	The research and development annual report will come to the Board in May.
2023/24 Cost improvement programme equity and quality impact assessment (EQIA) schemes	The Committee received schemes to a total value of £448k. There were no schemes in this group that were identified as requiring a deep dive by non-executive directors.	Going forward where there are therapist schemes, Rachel Dalton the trust's Chief Allied Health Professional (AHP) Officer will join the Chief Nursing Officer and Chief Medical Officer in the executive review before the schemes come to the Committee.
Any other business	The Global Majority Conference: Delivering Change Leadership Symposium took place this month. Sive	

Agenda item	Assurance and key points to note	Further actions and follow up
	Cavanagh, Deputy Chief Nursing Officer attended the event and accepted an award on behalf of the trust for the most significant impact on people. Congratulations and thanks were noted for those involved.	

Pippa Barber
Chair, Quality Committee
November 2023

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 15
Report title:	Charitable Funds Committee Chair's Assurance Report – meeting of 22 November 2023
Executive sponsor:	Dr Mercia Spare, Chief Nursing Officer
Report author:	Nigel Turner, Chair of Charitable Funds Committee
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
This report provides an update on the Committee's meeting held on 22 November 2023.

Report history / meetings this item has been considered at and outcome
Not applicable

Recommendation(s)
The Board is asked to <ul style="list-style-type: none"> RECEIVE the report.

Link to CQC domain				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Assurance Level		
<input type="checkbox"/> Significant	<input checked="" type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Nigel Turner, Non-Executive Director
Date:	10 January 2024

CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on 22 November 2023.

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. Focus was given to a more granular report format as agreed at a recent Charitable Fund Committee improvement workshop. As an example, the group discussed interim funding decisions on supporting the LGBTQ+ network conference and long service awards. The Committee was assured that the charitable fund's current account looked sound and delegated funding decisions were appropriate and flowing.	Revised Quarterly Update format to continue.

Agenda item	Assurance and key points to note	Further actions and follow up
Draft 2022/23 Charitable Fund annual report and accounts	The Committee received the draft 2022/23 Charitable Fund annual report and accounts. Kreston Reeves, the recently appointed auditors had provided good insight into the accounts which was welcomed by the Committee.	
Hardship fund	Victoria Robinson-Collins, Chief People Officer and fund manager for the hardship fund led the Committee through a paper enabling a first review of the launched and running Hardship Fund. This followed a previous session at Exec where the fund was discussed in conjunction with the Trust's other channels of 'hardship' support and also fund raising. Back office support is proving onerous and will need to be monitored closely. 24 claims raised in October. 13 in November to date. Review of the criteria for application to the hardship fund was constantly ongoing due to nature of some claims being submitted. Victoria Robinson-Collins reported that a stage-gate had now been reached whereby further access to the General Fund would be required. Gordon Flack, the fund manager of the General Fund led a discussion whereby the Committee sanctioned a further £15k provision. This will be monitored closely, reviewed at the March Committee meeting and if an extraordinary meeting was required in the interim based on growing volumes of	Awareness of a possible need for an interim financing adjustment and extraordinary meeting prior to next Hardship Fund review in March 2024.

Agenda item	Assurance and key points to note	Further actions and follow up
	claims, this was noted. The Committee was assured that the Hardship Fund was on course.	
NHS Charities Together: Funding for wellbeing trauma and MSK work	Victoria Robinson-Collins reported on the success of a bid for £110k supporting colleagues who had had trauma arising from experiences at work, and also for colleagues suffering from MSK (muscular skeletal conditions) at work. Awards and monies will be managed by the fund manager through to the Committee as a restricted fund.	

Agenda item	Assurance and key points to note	Further actions and follow up
Maintaining future income streams	An agenda discussion took place at Committee on the topic of maintaining future income streams, as an action point from the prior Charitable Funds Committee improvement workshop. Whilst, as previously reported, the cash position of the charitable fund was sound, the projections of future income prompted the need for a discussion on income streams and especially fundraising. Discussions around the role of the Committee and its fundraising obligations/activity followed. For example, the validity of employing a fund-raising professional was debated. Mairead McCormick, Chief Executive informed the Committee that the executive had shared similar debates at their executive meetings around the scope of Trust fundraising. She would take away an action to explore the viability of such a role in a joint capacity with perhaps East Kent health and care partnership and Kent County Council.	<p>Viability of a joint 'system' based fund-raising role to be carried forward.</p> <p>Sharing with the Committee a run-rate report of Charitable Fund funds through the volatile pre-pandemic and pandemic years to further understand income stream dynamics.</p>
Any other business	None	

Nigel Turner
Chair, Charitable Funds Committee
02 January 2024

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 16
Report title:	2022-23 Kent Community Health Charitable Fund Annual Report and Accounts
Executive sponsor(s):	Gordon Flack, Chief Finance Officer
Report author(s):	Carl Williams, Head of Financial Accounting
Action this paper is for:	<input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>Overview of paper: The 2022-23 Annual Report and Accounts (Appendix 1) are presented for final approval by the Board. This follows the conclusion of the Independent Examination undertaken by the Charity's external auditors Kreston Reeves LLP, and the review and assurance provided by the Charitable Funds Committee on 22 November 2023.</p> <p>The Independent Examination Report issued is within the accounts presented and this will be signed by the external auditor on receipt of the signed accounts.</p> <p>A Letter of Representation in support of the accounts and audit process is also presented for noting.</p>

Report history / meetings this item has been considered at and outcome
The draft 2022-23 Annual Report and Accounts were reviewed and recommended for final Board approval by the Charitable Funds Committee on 22 November 2023.

Recommendation(s)
The Board is asked to approve the draft 2022-23 Annual Report and Accounts, and note the approval of the Letter of Representation.

Link to CQC domain				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Assurance Level		
<input checked="" type="checkbox"/> Significant	<input type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	Yes – mandated process aligned to Charities accounting and legislation.	

Executive Sponsor sign off	
Name and designation:	Gordon Flack. Chief Finance Officer
Date:	22 November 2023

Kent Community Health Charitable Fund

Annual Report and Accounts for the Year Ended 31 March 2023

Registered Charity Number: 1139134

Kent Community Health Charitable Fund

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Kent Community Health Charitable Fund

Report of the Trustee for the year ended 31 March 2023

Foreword

The Trustee presents their annual report and the audited financial statements for the period ended 31 March 2023.

The annual report and financial statements comply with the charity's trust deed, applicable Accounting Standards in the United Kingdom and the Statement of Recommended Practice (Charities SORP FRS 102) "Accounting and Reporting by Charities" second edition issued in October 2019 for reporting periods effective from 1 January 2019 and the Charities Act 2011.

Reference and Administrative Details

Name and address of Charity: Kent Community Health Charitable Fund
Trinity House
110-120 Upper Pemberton
Eureka Park, Kennington
Ashford, Kent, TN25 4AZ Tel: 01622 939747

Registered Charity Number: 1139134

Other Name Used by Charity: i care

Trustee Arrangements:

Kent Community Health NHS Foundation Trust is the Corporate Trustee of the Charity. The Board of Directors (Voting Board Members) who served Kent Community Health NHS Foundation Trust during the year to 31 March 2023 were as follows:

Name	Position on Trust Board	*Additional Info.
John Goulston	Chairman	
Mairead McCormick	Chief Executive	from 1 July 2022
Pauline Butterworth	Chief Operating Officer/Deputy Chief Executive	Deputy Chief Executive from 17 November 2022.
Gordon Flack	Chief Finance Officer	Acting Chief Executive from 1 January 2022 to 30 June 2022. Chief Finance Officer from 1 July 2022.
Gill Jacobs	Acting Director of Finance	Until 30 June 2022
Dr Mercia Spare	Chief Nurse	
Dr Sarah Phillips	Medical Director	
Victoria Robinson-Collins	Chief People Officer	
Gerard Sammon	Director of Strategy and Partnerships	Until 6 November 2022
Peter Conway	Vice Chairman, Non Executive Director	
Pippa Barber	Non Executive Director	
Paul Butler	Non Executive Director	
Kim Lowe	Non Executive Director	
Karen Taylor	Non Executive Director	
Dr Razia Shariff	Non Executive Director	from 1 February 2023
Nigel Turner	Non Executive Director	

The Board of Directors are also informed by the views of the Council of Governors.

Kent Community Health Charitable Fund

For further information on the Trust's Board of Directors, its full Leadership Team and the Council of Governors please visit www.kentcht.nhs.uk

Bankers: Natwest Bank,
Corporate & Institutional Banking,
9th Floor, 280 Bishopsgate,
London, EC2M 4RB

Independent Examiner: Samantha Rouse FCCA DChA
Kreston Reeves LLP,
37 St Margaret's Street,
Canterbury, Kent, CT1 2TU

Structure, Governance and Management of the Charitable Funds

The charity was created by Trust Deed and is registered with the Charities Commission as Kent Community Health Charitable Fund (Registered Charity No. 1139134). The primary object of the charity, as stated in its governing document, requires the Trustee to 'hold the trust fund upon trust to apply income, and at its discretion, so far as may be permissible, the capital, for the general purpose of Kent Community Health NHS Foundation Trust'. The charity helps pay for services and items not funded by NHS budgets, which enhance patient care and services, as well as improve patients' and staff wellbeing and morale.

Kent Community Health NHS Foundation Trust is the Corporate Trustee of the funds held on trust.

The Executive and Non-Executive Directors of Kent Community Health NHS Foundation Trust Board share the responsibility for ensuring that the NHS body fulfils its duties as corporate trustee in managing the charitable funds.

The board of Kent Community Health NHS Foundation Trust, on behalf of the Corporate Trustee, has delegated to the Charitable Funds Committee (CFC) the responsibility to ensure charitable funds held are being managed and accounted for in accordance with the terms of NHS Charities Guidance and Charities Law. Membership of the Committee includes 2 non-executive directors, and the Chief Nurse. The Chair of the Charitable Funds Committee for 2022-23 was Nigel Turner (Non-Executive Director). All members of the CFC have regard to the principles outlined in the Charities Commission's guidance on public benefit and annual bids/spending plans are requested to ensure the most effective use of resources.

Kent Community Health NHS Foundation Trust is committed to providing a first class and comprehensive healthcare service for the people within their area of responsibility. The Trustee is determined that the charity will continue to prosper, and support delivery of improved patient care for both revenue and capital projects.

Kent Community Health Charitable Fund

Financial Review

The net assets of the charity as at 31 March 2023 were £465k (2021-22 £752k).

Income Generation

Income during the year totalled £20k (2021-22 £139k) and includes income from donations and interest earned from bank accounts.

Income from donations during the period totalled £9k (2021-22 £17k).

Income received from legacies in 2022-23 totalled £1k (2021-22 £120k).

The Trustee would like to thank all donors who have made contributions to the charity during the year and is very grateful for the donations received and the positive impact these donations have had on the services and staff of Kent Community Health NHS Foundation Trust.

Resources Expended

Expenditure during the period totalled £307k (2021-22 £93k), of which £58k was expended on staff welfare and amenities and £231k on patients' welfare and amenities. Expenditure during 2022-23 included spend on the following:

- Heron Ward refurbishment
- Staff awards & long service event
- CAT communication devices for all hospitals
- Patients Christmas presents
- Specialist Fun2Go electric bike
- Lawn area at Deal hospital
- Dayroom furniture at Whitstable & Tankerton Hospital
- Faversham Hospital Staff Kitchen
- Deal Hospital patient bedside chairs
- Biodiversity studies

Investment powers, policy and performance

The charity's investment powers require funds to be managed by robust financial organisations so as to maximise the return on the funds, whilst minimising risk accordingly and to ensure that the funds are easily accessible for spending in accordance with the charity's objectives.

Charitable Funds are held as cash in Government Banking Service accounts and in the form of short term liquid investments held for a period of 60 days' notice. Where funds are invested in the latter form, the deposit is arranged via the Charities Aid Foundation (CAF) and is therefore exclusively for charitable organisations.

Non-NHS Grant making policy

Grants are made, at the discretion of the Trustee, where the spending meets the objects of the charity. No grants were made to Non-NHS organisations during the 2022-23 financial period (2021-22 Nil).

Kent Community Health Charitable Fund

Reserves Policy

The reserves policy agreed by the Charitable Funds Committee is that no minimum level of reserves is maintained.

A scheme of delegation operates through which all grant funded activity and support costs are managed and authorised by relevant seniority thus enabling the facilitation of a fully accountable, effective and efficient management of the funds held. This in turn ensures sufficient and appropriate controls are in place to prevent the over-commitment of the charitable funds.

Risk Management

At the time of approval of the accounts the Trustee has reviewed the major strategic, business and operational risks to which the charity is exposed. The strong governance structure in place ensures continued effective stewardship and achievement of the charity's objectives.

Trustee Responsibilities

The Trustee is required by charity law to prepare financial statements for each financial year or period which gives a true and fair view of the state of affairs of the charity and of the surplus or deficit of the charity as at the end of the financial period.

In preparing those accounts the Trustee is required to:

- Confirm that suitable accounting policies have been used and applied consistently;
- Make judgments and estimates that are reasonable and prudent; and
- Confirm that applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and that the financial statements have been prepared on the going concern basis.

The Trustee is also responsible for:

Keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011; and

Safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Kent Community Health Charitable Fund

2022-23 Key Highlights

Heron Ward Refurbishment (Mermikides Fund)

The Queen Victoria Memorial Hospital Heron Ward refurbishment was completed in August 22 and was partially funded from the Mermikides fund. The fund was a restricted legacy fund left by the Mermikides family to be used for the benefit of Heron Ward at Queen Victoria Memorial Hospital in Herne Bay.



The 19-bed ward refurbishment included a new reception area and nurses' station. Patient spaces were all freshly decorated with new flooring and LED-lighting, bedside televisions and Juliet balconies in the side rooms.

Community Hospitals

The funds have once again enabled us to provide each patient in our community hospitals with a present on Christmas day of a fleece blanket.



The lawn area outside Bluebell Ward at Deal Hospital has undertaken renovation works.



All hospitals have been provided with a Communication Assistance Tool (CAT) device. This is a 10-inch touch screen device which enables staff to quickly and easily communicate with patients who are non-verbal and where English may not be their first language.

We also provided specialist patient chairs for the day rooms at Whitstable & Tankerton & Deal hospitals.

Kent Community Health Charitable Fund

Adult Clinical Services

An additional Fun2Go bike was funded from the Adult Clinical services fund. This one is electric and is used at sessions at the Cyclopark by the Community Learning Disability Team. This has benefitted patients with regaining, and in some cases, even improving their level of mobility. The bike provides side by side support, adjustment and positioning.



NHS Charities Together

The final spends from the grants received included providing outdoor furniture to Trust sites for the teams to enjoy. Also, production and delivery of YOU magazine to all staff providing details of key health and wellbeing, and financial discounts and guidance.

Staff Wellness



The staff football team was funded for another season. The funding enables the team to train once a week and current players have commented on the benefits being part of the team brings to them from both a physical and mental health perspective. The team has

helped the standing of the Trust in the community with matches being played against teams from various other organisations.

Fundraising



Mega-fundraiser Steve Bamford completed a grand biking tour of our hospitals, urgent treatment centres and sexual health clinics in Kent to raise money for our charity, i care, and improve awareness of the undetectable = untransmittable HIV campaign.

Kent Community Health Charitable Fund

Donation methods

We have a just giving page and within this we can set up various pages for each fund/appeal. Just Giving automatically pay donations via text or on the website into our Charitable Fund account on a monthly basis. They also calculate and reclaim any gift aid on our behalf and also pay this directly.

<https://www.justgiving.com/icare>

Text donations are also now available through the Donor giving platform, and as with Just Giving they calculate and reclaim any gift aid on our behalf.

Text ICARE plus your donation amount to 70480



Donors are still able to send in cheques, made payable to Kent Community Health Charitable Fund. The acknowledgement forms include a wish to gift aid section.

Charity Mission Statement

i care (Kent Community Health Charitable Fund) is a registered charity that helps pay for services and items which enhance patient care, as well as boost patients' and staff morale, but which cannot be funded by the NHS. We support the trust's aim of delivering first-class, comprehensive healthcare while looking after the health and wellbeing of the people providing that service.

A big thank you

On behalf of staff and patients who have benefitted from improved services due to donations and legacies, the Corporate Trustee would like to thank all patients and their relatives and the staff of the Trust who have made charitable donations.

By order of the Trustee

Signed:

John Goulston, Trust Chair

Date: 17 January 2024

Kent Community Health Charitable Fund

Independent examiner's report For the year ended 31 March 2023

Independent examiner's report to the Trustees of Kent Community Health Charitable Fund ('the Charity')

I report to the Charity Trustees on my examination of the accounts of the Charity for the year ended 31 March 2023.

Responsibilities and basis of report

As the Trustees of the Charity you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the 2011 Act').

I report in respect of my examination of the Charity's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

Your attention is drawn to the fact that the Charity has prepared the accounts in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has been withdrawn.

I understand that this has been done in order for the accounts to provide a true and fair view in accordance with the Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2019.

I have completed my examination. I confirm that no matters, other than those fully detailed below, have come to my attention in connection with the examination giving me reasonable cause to believe that in any material respect:

1. accounting records were not kept in respect of the Charity as required by section 130 of the 2011 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I confirm that there are no other matters to which your attention should be drawn to enable a proper understanding of the accounts to be reached.

Use of my report

This report is made solely to the Charity's Trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. My work has been undertaken so that I might state to the Charity's Trustees those matters I am required to state to them in an Independent examiner's report and for no other purpose.

Kent Community Health Charitable Fund

To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the Charity's Trustees as a body, for my work or for this report.

Signed:

Dated:

Samantha Rouse FCCA DChA

Kreston Reeves LLP
Chartered Accountants
37 St. Margaret's Street
Canterbury
Kent
CT1 2TU

Kent Community Health Charitable Fund

Annual Accounts for the year ended 31 March 2023

Kent Community Health Charitable Fund

Statement of Financial Activities for the year ending 31 March 2023

		2022-23			2021-22
Statement of Financial Activities for the year ended 31 March 2023	Note	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s	Total Funds £000s
Income from:					
Donations and Legacies	2.1	10	-	10	137
Investment - Bank Interest	2.3	5	5	10	2
Total Income		15	5	20	139
Expenditure on:					
Charitable Activities	3.1	66	241	307	93
Total Expenditure		66	241	307	93
Net Income/(Expenditure)		(51)	(236)	(287)	46
Other Recognised Gains/(Losses)		-	-	-	-
Net Movement in funds		(51)	(236)	(287)	46
Reconciliation of funds					
Total funds brought forward		252	500	752	706
Total funds carried forward		201	264	465	752

All results stated in the above Statement of Financial Activities derive from continuing operations.

The notes at pages 16 to 25 form part of this account.

Kent Community Health Charitable Fund

Balance Sheet as at 31 March 2023

		2022-23			2021-22
		Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s	Total Funds £000s
Balance Sheet as at 31 March 2023	Note				
Total Fixed Assets		-	-	-	-
Current Assets:					
Cash and cash equivalents	9	202	266	468	757
Total Current Assets		202	266	468	757
Liabilities:					
Creditors: Amounts falling due within one year	8	1	2	3	5
Total Net Assets		201	264	465	752
Funds of the Charity:	10				
Restricted Income Funds		-	264	264	500
Unrestricted Income Funds		201	-	201	252
Total Funds of the Charity		201	264	465	752

The notes at pages 16 to 25 form part of this account.

The financial statements on pages 13 to 15 were approved and authorised for issue by the Trustee on 17 January 2024.

Signed:

Name, John Goulston, Trust Chair

Date: 17 January 2024

Kent Community Health Charitable Fund

Statement of Cash Flows for the year ended 31 March 2023

Reconciliation of net income/(expenditure) to net cash flow from operating activities	2022-23 £000s	2021-22 £000s
Net income/(expenditure) for the reporting period (as per the Statement of Financial Activities)	(287)	46
Adjustments for:		
Dividends, interest and rents from investments	(10)	(2)
(Increase)/decrease in debtors	-	1
Increase/(decrease) in creditors	(2)	(30)
Net cash provided by (used in) operating activities	(299)	15

	2022-23	2021-22
Statement of Cash Flows	Total Funds £000s	Total Funds £000s
Cash flows from operating activities:		
<i>Net cash provided by (used in) operating activities</i>	(299)	15
Cash flows from investing activities:		
Dividends, interest and rents from investments	10	2
<i>Net cash provided by (used in) investing activities</i>	10	2
Change in cash and cash equivalents in the reporting period	(289)	17
Cash and cash equivalents at the beginning of the reporting period	757	740
Cash and cash equivalents at the end of the reporting period	468	757

Analysis of cash and cash equivalents	2022-23 £000s	2021-22 £000s
Cash at bank and in hand	468	456
Notice deposits (less than 3 months)	-	301
Total cash and cash equivalents	468	757

Kent Community Health Charitable Fund

Notes to the Accounts

1 Accounting Policies

Kent Community Health Charitable Fund is an unincorporated charity operating in England and Wales. The address of the registered office is Trinity House, 110-120 Upper Pemberton, Eureka Park, Kennington, Ashford, Kent TN25 4AZ. Details of the principal activities are included in the Trustees' report.

1.1 Basis of preparation

The financial statements are prepared on a going concern basis under the historical cost convention with the exception of investments which are held at fair value.

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 and effective from 1 January 2019; and the Charities Act 2011.

The financial statements have been prepared to give a true and fair view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a true and fair view. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has been withdrawn.

Kent Community Health Charitable Fund represents a public benefit entity as defined by FRS 102.

The Trustee considers that there are no material uncertainties that exist with the Kent Community Health Charitable Fund's ability to continue as a going concern.

The principle accounting policies applied in the preparation of the financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

1.2 Income Recognition

- a) All incoming resources are recognised in full in the Statement of Financial Activities when the following criteria are met:
 - Entitlement – control over the rights or other access to the economic benefit has passed to the charity.
 - Probable – it is more likely than not that the economic benefits associated with the transaction or gift will flow to the charity.

Kent Community Health Charitable Fund

- Measurement – the monetary value or amount of the income can be measured reliably and the costs incurred for the transaction and the costs to complete the transaction can be measured reliably.
- b) Income from donations is recognised when there is evidence of entitlement to the gift, the receipt is probable and its amount can be measured reliably.
- c) Receipt of a legacy is recognised as an incoming resource when it is probable that the legacy will be received. Receipt is normally probable when:
 - there has been grant of probate;
 - the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy; and
 - any conditions attached to the legacy are either within the control of the charity or have been met.
- d) Gifts in kind, such as food and care packages are not accounted for when they are accepted and immediately distributed unless a single donation is material.

1.3 Expenditure Recognition

All expenditure is accounted for on an accruals basis and is recognised when all of the following criteria are met:

- Obligation – a present legal or constructive obligation exists at the reporting date as a result of a past event.
- Probable – it is more likely than not that a transfer of economic benefits, often cash, will be required in settlement.
- Measurement – the amount of the obligation can be measured or estimated reliably.
- a) Grants payable are payments made to third parties (including NHS bodies) in furtherance of the charity's charitable objectives. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive a grant. This includes grants paid to NHS bodies.
- b) Charitable activities expenditure comprise of all costs incurred in the pursuit of the objectives of the charity. These costs include direct costs and an apportionment of overhead and support costs as reflected in note 4 to the financial statements.
- c) Raising funds includes the costs attributed to generating income for the charity.
- d) Support costs are those costs which do not relate directly to a single activity. Support costs include costs associated with finance, governance and other central costs which support or relate to more than one area of activity. These costs are apportioned and allocated to charitable activities and raising funds on an appropriate basis, approved by the Charitable Funds Committee. The analysis of support costs and the bases of apportionment are shown in note 4.
- e) Irrecoverable VAT is charged to the category of resources expended for which it was incurred.

Kent Community Health Charitable Fund

1.4 Structure of Funds

Unrestricted funds are resources held which are available for use at the discretion of the Trustee in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds are a portion of the unrestricted funds that have been set aside by the Trustee for particular purposes, normally reflecting the non-binding wishes of the donors.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds is charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements on page 24 (note 10.3).

1.5 Tangible and Intangible Fixed Assets

The Charitable Fund had no tangible or intangible fixed assets for 2022-23 (2021-22 Nil).

1.6 Fixed Asset Investments

Fixed asset investments are held to generate income or for their investment potential, or both. Investment gains and losses arising during the reporting period are recorded in the Statement of Financial Activities. Fixed asset investments in quoted shares, traded bonds and similar investments are measured initially at cost and subsequently at fair value at the reporting date.

Dividend income from fixed asset investments is included in the period in which it is received and is allocated to funds based on the average balance of the funds across the period during which the income accrued.

The Charitable Fund had no fixed asset investments for 2022-23 (2021-22 Nil).

Realised and Unrealised Gains/Losses

All gains and losses are taken to the Statement of Financial Activities as they arise and allocated to the relevant fund. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year-end and opening market value (or date of purchase if later).

Kent Community Health Charitable Fund

1.7 Cash and cash equivalents

Cash and cash equivalents includes cash held at bank and in hand and short-term highly liquid investments with a maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Bank interest is allocated to funds in direct proportion to that fund's share of the total bank balance.

1.8 Stocks and Work in Progress

The Charitable Fund had no stocks or work in progress for 2022-23 (2021-22 Nil).

1.9 Transfers between funds

Transfers between funds are made at the discretion of the Trustee. There were no transfers between funds during the reporting period 2022-23 (2021-22 Nil).

1.10 Financial Instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

2. Analysis of Income

2.1 Donations and Legacies - 2022-23

	2022-23		
	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s
Donations and Legacies			
Donations from individuals and groups	9	-	9
Legacies	1	-	1
Total Donations and Legacies	10	-	10

2.2 Donations and Legacies – 2021-22

	2021-22		
	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s
Donations and Legacies			
Donations from individuals and groups	17	-	17
Legacies	120	-	120
Total Donations and Legacies	137	-	137

Kent Community Health Charitable Fund

2.3 Gross Income from Investments – 2022-23

	2022-23		
Income from Investments and Cash on Deposit	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s
Bank and Building Society Interest	5	5	10
Total Income from Investments and Cash on Deposit	5	5	10

Bank interest is recorded in the period in which it is received and is allocated to funds in direct proportion to that fund's share of the total bank balance.

2.4 Gross Income from Investments – 2021-22

	2021-22		
Income from Investments and Cash on Deposit	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s
Bank and Building Society Interest	1	1	2
Total Income from Investments and Cash on Deposit	1	1	2

3. Analysis of Expenditure – Grants payable to NHS Bodies

All grants are made to Kent Community Health NHS Foundation Trust.

3.1 Expenditure on Charitable Activities – 2022-23

	2022-23		
Charitable Activities	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s
Patients welfare and amenities	23	208	231
Staff welfare and amenities	33	25	58
Support costs	10	8	18
Total Charitable Activities	66	241	307

Kent Community Health Charitable Fund

3.2 Expenditure on Charitable Activities – 2021-22

	2021-22		
Charitable Activities	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s
Patients welfare and amenities	11	28	39
Staff welfare and amenities	18	16	34
Support costs	7	13	20
Total Charitable Activities	36	57	93

4. Allocation of Support Costs and Overheads

	2022-23			2021-22
Support Costs and Overheads	Charitable Activities £000s	Raising Funds £000s	Total Support Costs and Overheads £000s	Total Support Costs and Overheads £000s
Independent Examination - External Audit	3	-	3	4
Administration - Finance	15	-	15	15
Other	-	-	-	1
Total Support Costs and Overheads	18	-	18	20

Support Costs and Overheads	Basis of apportionment	Notes
Administration - Finance	apportioned based on number of transactions per fund (excluding income transactions)*	75% of admin fee deemed to be transactional related e.g. bid processing, purchase orders, accounts payable, cash-book etc.
Administration - Finance	apportioned equally over number of funds in operation during financial year**	25% of admin fee deemed to relate to central tasks required for all funds irrespective of size, usage etc, e.g. overview and governance, day to day accounts admin (e.g. control account rec and bank rec), accounts preparation including annual report and accounts, audit liaison, reporting etc
Independent Examination - External Audit	apportioned equally over number of funds in operation during financial year**	Mandated requirement and will cover all funds.
NHS Charities Together Membership Fee	apportioned equally over number of funds in operation during financial year**	Charity as a whole (all funds) benefit from membership.
Just Giving Admin Fee	apportioned equally in accordance with the funds that have used Just Giving during financial year	Based on usage only.
Bank Charges	apportioned based on monthly fund balance held	Allocated monthly and ensures most equitable share of charges considering size of fund held.

*excludes income transaction volumes

**excluding funds with <£1k fund balance at the commencement of the financial year

5. Trustee Remuneration, Benefits and Expenses

No representative of the Trustee received any remuneration or re-imbursement of expenses from the Charitable Fund.

Kent Community Health Charitable Fund

6. Analysis of Staff Costs

The charity had no employees for the reporting period 2022-23 (2021-22 Nil) and therefore does not pay any salaries, national insurance and pension contributions direct. Costs for staff incurred by Kent Community Health NHS Foundation Trust are recharged to the Charitable Fund in the form of an administration fee. The administration fee for 2022-23 was a total of £15k (2021-22 £15k).

7. Auditor's Remuneration

External Auditor's remuneration of £3k including VAT (2021-22 £4k including VAT) relates solely to the agreed Independent Examination fee for the 2022-23 Charitable Funds annual report and accounts.

8. Creditors: amounts falling due within one year

	31 March 2023	31 March 2022
Creditors: amounts falling due within one year	Total £000s	Total £000s
Other Creditors	3	5
Total Creditors	3	5

9. Cash and cash equivalents

Analysis of cash and cash equivalents	2022-23 £000s	2021-22 £000s
Cash at bank and in hand	468	456
Notice deposits (less than 3 months)	-	301
Total cash and cash equivalents	468	757

Cash and cash equivalents relate to those funds held in Government Banking Service (GBS) bank accounts and on short-term investment (60-day notice deposit). The deposit account is provided by Shawbrook Bank Ltd and is made available through the Charities Aid Foundation.

Kent Community Health Charitable Fund

10. Funds of the Charity

10.1 Analysis of Charitable Funds held – 2022-23

	Balance at 1 April 2022	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2023
Restricted Funds	£000s	£000s	£000s	£000s	£000s	£000s
Community Hospitals Restricted	208	4	(23)	-	-	189
Deal Hospital	42	-	(1)	-	-	41
NHS Services in Dover	29	1	(1)	-	-	29
Bow Road Property	1	-	-	-	-	1
Mermikides - Heron Ward	195	-	(195)	-	-	-
Covid19 - NHS Charities Together	25	-	(21)	-	-	4
Total Restricted Funds	500	5	(241)	-	-	264

	Balance at 1 April 2022	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2023
Unrestricted Funds	£000s	£000s	£000s	£000s	£000s	£000s
Unrestricted Funds	252	15	(66)	-	-	201
Total Unrestricted Funds	252	15	(66)	-	-	201

	Balance at 1 April 2022	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2023
Total Funds	752	20	(307)	-	-	465

10.2 Analysis of Charitable Funds held – 2021-22

	Balance at 1 April 2021	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2022
Restricted Funds	£000s	£000s	£000s	£000s	£000s	£000s
Community Hospitals Restricted	216	1	(9)	-	-	208
Deal Hospital	42	-	-	-	-	42
Bow Road Property	23	-	(22)	-	-	1
Sensory Room appeal	1	-	(1)	-	-	-
Mermikides - Heron Ward	196	-	(1)	-	-	195
Covid19 - NHS Charities Together	49	-	(24)	-	-	25
NHS Services in Dover	29	-	-	-	-	29
Total Restricted Funds	556	1	(57)	-	-	500

	Balance at 1 April 2021	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2022
Unrestricted Funds	£000s	£000s	£000s	£000s	£000s	£000s
Unrestricted Funds	150	138	(36)	-	-	252
Total Unrestricted Funds	150	138	(36)	-	-	252

	Balance at 1 April 2021	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2022
Total Funds	706	139	(93)	-	-	752

Kent Community Health Charitable Fund

10.3 Restricted Funds detail

Name of Fund	Description of the nature and purpose of each fund
Community Hospitals	This fund includes all legacies received for the following Community Hospitals; Faversham Cottage Hospital, Whitstable & Tankerton Hospital, Deal Hospital, Queen Victoria Memorial Hospital, Sheppey Hospital, Sevenoaks Hospital, and Tonbridge Cottage Hospital. All legacies are for the general purpose of the hospitals
Deal Hospital	Any charitable purpose relating to NHS wholly or mainly for Deal hospital
Bow Road Property	Community healthcare for the benefit of the residents of Watlingtonbury and Nettlestead.
NHS Services in Dover	For the use and benefit of NHS medical services in Dover
Mermikides - Heron Ward QVMH	To be used for the purpose of Heron Ward at QVMH only
Covid19 - NHS Charities Together	Grants from NHS Charities Together to be spent on enhancing the well-being of NHS staff, volunteers and patients impacted by Covid-19
Sensory Room	To provide and equip a Sensory Room at Heathside Children's Centre, Maidstone

11. Analysis of Net Assets between Funds

The net assets are held for the various funds as follows:

	Tangible Fixed Assets	Fixed Asset Investments	Net Current Assets/(Liabilities)	Long Term Liabilities	2022-23 Total	2021-22 Total
Fund Classification	£000s	£000s	£000s	£000s	£000s	£000s
Restricted Funds	-	-	264	-	264	500
Unrestricted Funds	-	-	201	-	201	252
Total Restricted Funds	-	-	465	-	465	752

12. Related Party Transactions

Board members of Kent Community Health NHS Foundation Trust which is the Corporate Trustee of the charity are also members of the committee which is empowered by the Trustee to act on its behalf in the day to day administration of all funds held on trust, which is the Charitable Funds Committee (CFC).

Board members of Kent Community Health NHS Foundation Trust, the Corporate Trustee, and members of CFC ensure that the business of the charity is dealt with separately from that associated with exchequer funds for which they are also responsible.

During the year neither the Corporate Trustee nor members of the key management staff or parties related to it has undertaken any material transactions with or received any remuneration or expenses from the Kent Community Health Charitable Fund.

The charity made revenue payments to the Kent Community Health NHS Foundation Trust to the value of £307k as detailed in note 3.1. As at 31 March 2023 £1k (2021-22 £5k) was owed to the Kent Community Health NHS Foundation Trust.

13. Commitments

The charity has commitments totalling £77k at 31 March 2023 (2021-22 £19k) arising from approved bids and requisitions placed for which the relevant goods and services have not been received.

Kent Community Health Charitable Fund

14. Events after the end of the reporting period

There are no events after the reporting period which are deemed to impact the 2022-23 annual accounts presented.

Kent Community Health Charitable Fund
1139134

Kent Community Health Charitable Fund
Trinity House
110-120 Upper Pemberton
Eureka Park, Kennington
Ashford, Kent
TN25 4AZ

Kreston Reeves LLP
Chartered Accountants
37 St Margaret's Street
Canterbury
Kent
CT1 2TU

Dear Sirs

This letter is furnished at your request in connection with your independent examination of the financial statements of the charity for the period ended 31 March 2023 for the purposes enabling you to issue your report to the trustees required by the Charities Act 2011 in respect of the charity's accounting records and preparation of the financial statements.

We recognise that our representations concerning the matters referred to below are significant in enabling you to issue your independent examiner's report.

We have fulfilled our responsibilities as trustees of the charity, as set out in your terms of engagement dated 26 July 2023, under the Charities Act 2011 for preparing financial statements in accordance with the applicable law and United Kingdom Generally Accepted Accounting Practice, which you have drafted on our behalf, which give a true and fair view of the financial position of the charity as of the period end and of the results of operations for the period then ended and for making accurate representations to you.

The financial statements have been prepared in accordance with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the Trust Deed, and in accordance with United Kingdom Generally Accepted Accounting Practice, including *Accounting and Reporting by Charities: The Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102)* ("the SORP"), including all subsequent Update Bulletins issued that apply to the period under review .

Audit exemption

We confirm that the charity is entitled to the exemptions from an audit of the financial statements as set out in the Charities Act 2011 in that:-

- The incoming resources of the charity did not exceed £1 million; or
- The incoming resources of the charity did not exceed £250,000 and the charity's gross assets did not exceed £3.26million; or
- The incoming resources of the charity and its group did not exceed £1 million, after eliminating intra group transactions and consolidation adjustments; and

An audit of the financial statements is not required by the charity's governing documents.

Fraud

We acknowledge our responsibility for the design, implementation and maintenance of a system of internal control in order to prevent and detect fraud.

We have assessed the risk that the financial statements may be materially misstated as a result of fraud and it is our opinion that any such risk is minimal.

We are not aware of any irregularities involving management or employees who have a significant role with regards to the internal control system or that could have a material effect on the financial statements.

We are not aware of any fraud or suspected fraud of any kind communicated by current or former employees, analysts, regulators or any others.

We are not aware of matters related to fraudulent activity or other non-compliance with law or regulation arising since the beginning of the period which have been communicated to the Charity Commission.

Provision of information

We have made available to your representatives all significant financial records and related data. We have provided to you all other information requested and given unrestricted access to persons within the charity from whom you have deemed it necessary to obtain information. All other records and related information, including minutes of all management meetings, have been made available to you.

Accounting records

All financial transactions of the charity have been properly reflected in the accounting records in accordance with the requirements of the Charities Act 2011 and have been properly reflected in the financial statements.

Minutes and Contracts

The minute books presented to you contain complete and authentic minutes of all meetings of the charity's trustees held since the beginning of the period under review.

We have complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of non-compliance.

None of the trustees had at any time in the period an interest in any contract with the charity except as disclosed in the notes to the financial statements.

Law and Regulations

We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal and regulatory framework within which the charity conducts its business and which are central to the charity's ability to conduct its business, except as explained to yourselves and disclosed in the financial statements.

We confirm that we have reviewed the guidance "How to report a serious incident in your charity" published by the Charity Commission. We also confirm that no Serious Incident Reports have been submitted to the Charity Commission, nor any events considered for submission, during the accounting period or in the period from the balance sheet date to the date of approval of the financial statements.

We are not aware of any instances during the period where the charity has operated outside its charitable objectives as laid down in its governing documents.

We can confirm that our procedures for handling data are compliant with the General Data Protection Regulation and that there have been no events which could result in any penalty being levied by the Information Commissioner's Office which could have a material impact on the financial statements.

Other Current Assets

We are of the opinion that other current assets have a value on realisation in the ordinary course of operations at least equal to the amounts at which they are stated in the financial statements. In particular adequate provision has been made against all amounts owing to the charity, which are known, or may be expected, to be irrecoverable.

Assets - General

We confirm that the charity has satisfactory title to all assets appearing in the balance sheet and that they are free from any lien or charge unless otherwise stated in the financial statements.

We have no intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

Liabilities - General

All known liabilities of the charity at the balance sheet date have been included in the financial statements. Adequate provisions have been made in the financial statements for liabilities, which are known to exist but the amount of which, cannot be accurately determined.

Provision has been made for all grant commitments made by the charity in line with the requirements of the SORP.

Contingent Liabilities

We have disclosed to you all claims in connection with litigation or any other claims of material importance that have been, or are expected to be, received and any such claims have been appropriately accounted for and disclosed in the financial statements.

We have disclosed to you all other contingent liabilities.

Taxation

The charity has not undertaken any activities during the year upon which a tax liability arises.

Statement of financial activities

All income of the charity for the period under review has been included in the financial statements.

Except as disclosed in the financial statements the results for the period were not materially affected by:

- transactions of a sort not usually undertaken by the charity.
- circumstances of an exceptional or non-recurring nature.
- charges or credits relating to prior periods.

All grants, donations and other income, the receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms or conditions during the period in the application of such income.

We confirm that the Mermikides legacy monies received were used as funding towards the Heron Ward refurbishment works at QVMH in accordance with the legacy to enhance patient and staff areas, improving patient experience.

Transactions with trustees and other related parties

Trustees' remuneration

We confirm that no remuneration was paid to trustees during the period under review.

Key management personnel compensation

We confirm that the key management personnel of the charity comprise solely the trustees of the company who have held office during the period. No other person has had any authority or responsibility for planning, directing or controlling the activities of the company.

Related party transactions

We confirm that we have fully disclosed to you the identity of all of the charity's related parties.

You have been provided with details of all transactions between the charity and its related parties that have arisen during the accounting period and we confirm that the disclosure made in the financial statements of these transactions is complete and accurate.

We confirm the factual accuracy of the controlling party disclosure in the financial statements.

Capital Commitments

The financial statements make full disclosure of all outstanding amounts contracted for at the balance sheet date in respect of capital expenditure.

Post Balance Sheet Events

Since the balance sheet date no events or transactions have either occurred or are pending which would have a material effect upon the financial statements at that date, or for the period then ended, or which are of such significance in relation to the charity's affairs as to require disclosure in the financial statements.

Financial Facilities

Since the balance sheet date adequate financial facilities have continued to be available to the charity and we have no reason to believe that such facilities will be withdrawn within the next twelve months.

Review of going concern basis

We confirm that we have considered the charity's future operations, working capital requirements and cashflows and we feel that the going concern basis is appropriate for the preparation of the financial statements for the period under review. Our considerations have covered a period of not less than 12 months from the date of the approval of the financial statements.

Our consideration has included a thorough assessment of the charity's ability to continue trading as a going concern in light of the current economic climate. We have taken appropriate measures, as far as possible based on the information currently available to us, to safeguard the current and future operations of the charity.

There are no material uncertainties of which we are aware that cast doubt on the charity's ability to continue as a going concern.

All projected cashflows, management accounts and other information and assumptions used in reaching this conclusion have been made available to you for the purposes of your assignment. We confirm that our plans for future actions required to enable the charity to continue as a going concern are feasible.

We are of the opinion that the disclosure on going concern in both the trustees' report and the financial statements is an accurate reflection of the charity's financial position.

Current economic climate

We confirm that we are aware of our responsibility as trustees to consider, as far as possible with the information currently available to us, the possible impact of current economic issues on all aspects of the charity's financial and narrative reporting. These issues include, but are not limited to, the COVID-19 pandemic, the UK's exit from the EU, the conflict in Ukraine, changing interest rates and inflation.

We confirm that all representations made in this letter include due consideration of these factors. In particular this includes, but is not limited to, the following:

- Appropriate disclosure has been included in the charity's narrative reporting regarding the impact of the current economic climate on the charity's performance during the period, our assessment of principal risks and uncertainties and the future activity of the charity;
- We acknowledge our responsibility in the preparation of the financial statements for making appropriate judgments, estimates and assumptions. We have informed you of the judgements and estimates, including those related to the current economic climate, that have had the most significant impact on the financial statements. We confirm that the disclosure in the financial statements of the critical accounting estimates and areas of judgement accurately describes our assessment of matters relating to the current economic climate;
- The financial statements reflect the conditions which existed at the reporting date,
- The effect of material non-adjusting events subsequent to the reporting date has been disclosed in the financial statements;
- At the reporting date, any additional liabilities arising as a result of the current economic climate have been recognised. We have specifically considered whether any additional provision is required in respect of:
 - Doubtful debts;
 - Onerous leases and contracts;

Approval of Financial Statements

We confirm that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and experience and, where appropriate, of inspection of supporting documentation sufficient to satisfy ourselves that we can properly make each of the above representations to you.

The financial statements and the contents of this letter were formally approved by the board at a meeting held on the date shown below.

Yours faithfully



Board member

for and on behalf of the Board of Trustees

Date: 17/01/2024

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 17
Report title:	Staff Voice model
Executive sponsor(s):	Julia Rogers, Director of Communications and Engagement
Report author(s):	Julia Rogers, Director of Communications and Engagement Lorraine Denoris, Public Engagement Agency (PEA)
Action this paper is for:	<input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>This paper sets out our proposed way forward to establish a staff council. The paper provides a description of co-design work to develop the structure and measure the impact.</p> <p>The proposed draft model describes three levels of escalation:</p> <p>Local level: This describes how colleagues raise issues, concerns and ideas first within their <i>line management chain</i>, with the support of their people and organisational development business partner.</p> <p>Forum level: If issues or ideas need wider support to investigate or unblock, individuals can seek help from a range of existing forums and networks, that can provide expert, confidential support. These include our <i>staff governors, staff networks, people and organisational development business partners, health and wellbeing leads and Freedom to Speak Up Guardian</i>. These may refer to each other appropriately between forums to help source solutions. The model has been revised to recognise the different role played by Staff Side and the independent nature of the Freedom to Speak Up (FTSU) Guardian made clear.</p> <p>Staff council: The purpose of the new Staff Council, led by the staff governors, with an independent chair and made up of forum-level representatives, is to help identify issues that prevent KCHFT from delivering on its strategic ambitions. It will do this by interpreting the big picture, triangulating data and insight from across multiple staff groups, using the insight and coordinating the responses to the NHS Staff Survey and Pulse surveys. The Staff Council is not a decision-making body. It is our intention that</p>

everyone who sits on the council is supported with training and has a good knowledge of the organisation, the context and the environment in which decisions are made. Themes and trends identified by the Staff Council would be **reported to the Executive Team, every two months, as part of a dedicated 'Staff Voice' section of the Executive Team agenda**, which will also be used to triangulate insight from Executive Team and We Care visits. The Executive Team's role would be to provide support to unblock issues or support sharing of best practice.

Our aim is to have a working Staff Voice model up and running to receive the NHS Staff Survey results in quarter one of 2024.

The success of the model will be shown by an increase in our staff engagement score – as measured via our NHS Staff Survey and set out in our We Care Strategy target.

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

The current staff governors have been heavily involved in co-designing the model and the terms of four of them will complete in March 2024. Should they not re-stand, or not be re-elected, we would need to achieve the buy-in of our new staff governors to take forward the model.

It is important colleagues are reassured that the Freedom to Speak Up Guardian is independent, impartial and people can still feel confident that what they share with the FTSU is confidential. Therefore, it maybe that, even though the suggestion is only themes or insights are shared at the Staff Council, the FTSU Guardian does not sit on the council and these insights continue to be shared every six months with the People Committee. This will be explored and tested as part of a simulation in March.

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

The model has been revised and simplified since it was first brought to the Executive Team and tested at the We Care conference in June 2023.

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

The report was discussed by Executive Team on 9 January and ETM approved the process and next steps.

Recommendation(s)

The Board and Council of Governors are asked to:

- **APPROVE** the approach to a new Staff Voice model.

Link to CQC domain

<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
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Assurance Level		
<input checked="" type="checkbox"/> Significant	<input type="checkbox"/> Reasonable	<input type="checkbox"/> Limited

Implications		
Links to BAF risks / Corporate Risk Register	<input type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	Yes, the model has been designed to improve accessibility to make sure everyone has a voice that counts.	
Legal and regulatory	No	

Executive Sponsor sign off	
Name and designation:	Julia Rogers
Date:	10 January 2024

Date: January 2024

Report: A great place to work – staff voice proposal

Staff voice model | We each have a voice that counts

Situation

As part of our *We care* strategic ambition to make KCHFT a '**great place to work**', one of our targets is to improve staff engagement – and see a significant shift in this score in the NHS Staff Survey.

While KCHFT benchmarks strongly against other community trusts for engagement (7.3 out of 10, compared to 7.4 best in sector), *we know not all colleagues enjoy work, feel like their voice is heard or feel they can change things to make their job more rewarding*.

There is a considerable and growing [body of evidence](#) that shows more engaged staff deliver a higher performance and better patient care; with correlations with increased staff satisfaction, better retention and improved staff health and wellbeing, all contributing to a better patient experience. By further improving the way in which we engage, we hope to support the trust to retain and build on its 'outstanding' rating – and most importantly, deliver a better working environment for our colleagues and improved outcomes for our patients.

This paper sets out our progress to develop a Staff Council to provide a more structured approach to our listening and develop a culture where colleagues feel listened to, their feedback is acted upon, and they can help shape and drive positive change.

It describes a proposed staff voice model based on best practice and has drawn learning from NHS organisations and those outside of the sector. It has been co-designed with colleagues, based on 10 principles, and will be tested at an engagement session on 7 March 2024.

The work has included:

- a Staff Voice working group
 - mapping the current model for engagement
 - identifying gaps and issues
 - co-designing a new draft model
- testing of a draft model with 250 colleagues as part of our *We care conference*
- identify themes and engaging further on our model
- adapting the model based on feedback
- designing a simulation exercise to test our new model.

As we are taking a quality improvement approach to this work, we recognise we will not get the model right the first time and that the model will take time to embed. Our approach will be to evolve our model, as we learn.

Our aim is to have a working Staff Voice model up and running to receive and act on the NHS Staff Survey results in quarter one of 2024/25.

Background

Staff voice and why does it matter?

Staff voice is the ability of employees to express their views, opinions, concerns and suggestions and for these to influence decisions at work. Having a voice that counts – is one of the NHS People Promises, which is measured through the NHS Staff Survey, but having a voice impacts all areas of the People Promise, such as wellbeing, recognition and reward, compassion and inclusion and team work. Effective voice contributes to positive outcomes for individuals and organisations, supporting: Innovation, productivity, increased job satisfaction, retention, employee engagement and wellbeing.



Where are we now

KCHFT has a fairly strong track record of engaging with colleagues and benchmarks strongly against other NHS trusts, **achieving best in sector results in some areas.**

Our score for **staff engagement** in the 2022 staff survey is 7.3 out of 10, a slight improvement from 2021, better than average across the sector, with the highest score 7.4.

Results for 2023, are due to be published in March 2024.

	2022 Score	2021 Score	Diff	Sector Score	Diff
Motivation	7.27	7.26	+0.01 (Not sig.)	7.20	+0.07 (Not sig.)
Involvement	7.20	7.08	+0.12 (Not sig.)	7.04	+0.16 (Not sig.)
Advocacy	7.45	7.47	-0.02 (Not sig.)	7.22	+0.23 (Sig.)
Overall Staff Engagement	7.31	7.27	+0.04 (Not sig.)	7.16	+0.15 (Not sig.)

Staff engagement is measured across three sub scores:

- Motivation – 7.3 (7.5 best in sector)
- Involvement – 7.2 (7.3 best in sector)
- Advocacy – 7.4 (7.7 best in sector)

We each have a voice that counts is made up of three sub themes:

- we each have a voice that counts – 7.3 (7.3 best in sector)
- autonomy and control – 7.3 (7.3 best in sector)
- and raising concerns – 7.3 (7.4 best in sector)
- overall score – 7.3 (7.3 best in sector).

However, we know the scores don't tell the whole picture. Alongside our drive to improve our engagement model is our target to increase the number of people who respond to the NHS Staff Survey and Pulse Survey. We have seen positive progress in the past year, significantly exceeding this year's target for an increase in the NHS Staff Survey response rate.

While there are some good pockets of engagement at local levels, many of the corporate mechanisms we use for listening to or hearing employees could be considered 'transactional engagement'.

To further develop a culture where colleagues feel listened to, that their feedback is acted upon and they can help shape and drive positive change, we want to move towards a model which supports 'transformational engagement'.

Our engagement to date has emphasised the need to also focus on colleagues who have supervisory, line management and leadership roles. The model assumes all colleagues regardless of their role and grade will participate in the model. We already know, for example, staff from across the trust lead and engage in the staff networks. The working group does however recognise that staff in leadership roles may need additional support to contribute to the new model, as individual or to support staff that they work with or manage. We also recognise there are specific staff groups who not regularly engage with organisational channels.

Assessment

Methodology

To progress the development of a new listening strategy and model for engagement, a Staff Voice Working Group was set up, chaired by the Director of Communications and Engagement, with supportive facilitation by Pea, the specialist agency which is supporting the work of the Nobody Left Behind (NLB) Strategy action plan refresh.

It included a core group of representatives to help explore the idea of a 'Staff Council' and how it might work, as well as bring together the learning from the Staff Survey Working Group and the themes emerging from the NLB engagement.

The Staff Voice Working Group included:

- Five staff governors
- Six people and organisational development business partners
- Joy Fuller, Governor Lead and Freedom to Speak Up Guardian
- Hasan Reza, Head of Workforce Equity, Diversity and Inclusion
- Staff network chairs or a lead from the network
- John Stone, Health and Wellbeing Lead
- Communications representatives
- Representative(s) from the Staff Partnership Forum
- Staff Side representative
- HR and employee relationships representative
- Lorraine Denoris, Pea.

From March to May, we ran a series of five workshops, which focused on:

- mapping our current mechanisms for engagement
- developing principles
- sharing best practice and learning from other organisations
- co-designing our new model.

In addition to this, members of the group gained feedback from their forums to feed into the model.

Early research mapped the various ways in which the trust currently listens and is shown below:

How we listen now

National tools need to be integrated into our local listening to create a cohesive approach. Mapping our engagement model, these local listening channels will form an important part of our listening strategy.



NB: The diagram above shows six staff networks however, a Men's Network is in development.

After mapping the current model, key themes emerged. These were:

- there is some good engagement at a local level that must be built upon
- general agreement that pockets of listening need to be brought together and we need to triangulate what we are hearing
- people need to be and feel heard – any new group/forum should be a vehicle to identify themes and issues, 'unblock' and create change as well as share best practice
- we need to create a 'safe space' for any new model to work and this looks different for different people e.g. people feeding in anonymously, others having time to reflect
- managers are key to good engagement and more support should be provided to support them to engage well, recognising the significant pressures they are under
- any new model needs resource – budget, time and training for key roles and responsibilities, which need to be clearly defined
- new engagement group needs to provide a check and challenge that we are acting on feedback
- more awareness was needed about the role and responsibilities of staff governors and how they can help, recognising we may need to increase the number
- staff network chairs feel the purpose of networks is not entirely clear, nor is the governance arrangements and learning across networks or themes are not shared
- staff council wasn't a term that resonated or was popular and was agreed this was a working description only.

The early engagement also demonstrated that existing mechanisms for listening to staff, do not have strong governance and that there was a need to improve the way we triangulate themes and trends or act on feedback.

Learning from elsewhere

Given that KCHFT generally benchmarks well within its NHS sector, we looked outside of the sector to organisations that are renown for enabling their employees to have a **strong voice**, such

as John Lewis Partnership and Waitrose, as well as other successful NHS models, while recognising these organisations were employee-owned and our role and function differs.

Key learning included:

- having an independent chair is key to success and elected representatives have to feel comfortable in asking the hard questions
- part of creating a safe space is a complete absence of defensiveness to any questions raised from senior leadership and honest answers in response
- colleague representatives need to be well trained, capable and supported, e.g. a buddy system where their elected reps are buddied with a member of the Board and Waitrose and John Lewis give training
- staff council representatives are offered an induction of key elements of the business, e.g. finance, governance
- agenda should be decided by the people not influenced by what the organisation's leaders want to talk about.

Model principles

The model builds on a number of important principles that have been identified through staff engagement and the working group.

It was agreed the new model must:

1. **listen to and triangulate colleagues' views on KCHFT**, hearing issues, themes and trends that are vital to the **success of our strategic priorities**
2. act upon feedback at the **lowest level possible/closest to the person through line management** or with the support of the people and organisational development business partners
3. **build on engagement, insight and engagement activities that are already in place** and be easily accessible
4. **have staff governors** playing a more significant role in staff voice, increasing them in number and putting them at the heart of our new model
5. provide a safe space where issues can be raised without prejudice or judgement
6. ensure colleagues receive a **full and complete response to issues and questions raised**
7. provide a place where new **staff initiatives can be tested and refined, and best practice can be shared**
8. **provide a resource to support internal engagement** across and within teams using a range of engagement techniques
9. develop mechanisms through which existing initiatives such as staff networks, health and wellbeing champions, FTSU, alongside PODBPs and staff governors, can **liaise and co-ordinate** to support resolution of organisational issues more effectively
10. create a **staff council** that can review relevant insight at a strategic level and escalate to make sure colleagues' voices are heard **at Exec and Board-level**.

Overview of draft staff voice model

An initial model – showed in appendix 1 – was developed and tested at the We care conference in June 2023. What we heard and what we changed can be read in appendix 1.

The revised proposed staff voice model is made up of three levels that build on the principles described above.



Local level (purple)

This level describes how colleagues raise issues, concerns or ideas within their teams or line management arrangements, who may seek the support of their PODBPs.

If issues are solved at this level, the prompt is to ask if this learning could be shared elsewhere via the PODBPs.

We know the most efficient organisations address issues and challenges locally with their peers, exercising independence and autonomy around problem solving, learning and performance improvement.

However, there may be some instances where this is not possible. This is not about escalating above the line management – the line manager may support the individual to raise issues, concerns or ideas if it cannot be solved locally.

Forum Level (blue)

If issues or ideas need wider support to investigate or unblock, individuals can seek help from a range of existing forums and networks, that can provide expert and confidential support in a safe space.

These include our *staff governors, staff networks, people and organisational development business partners, health and wellbeing leads and Freedom to Speak Up Guardian*.

Ideas can be raised with any of the groups. We know colleagues are not always clear about the role and remit of the networks, so as part of the model we will improve awareness and support

them to coordinate better, signpost to one another and bring together their insights to help source solutions.

To improve accessibility, it is proposed staff governors – who will play a key role in bringing the insights from across the forums and networks together, will hold monthly surgeries for colleagues to drop-in either virtually or face-to-face.

There will be instances, where as part of KCHFT's business as usual practices, issues raised at local or forum levels may, for operational reasons, need to be escalated through usual governance arrangements, for example from a senior manager to IMM, or straight to the Employee Relations Team. This model does not preclude this from continuing.

Issues affecting people's terms and conditions should be referred to Staff Side and the Staff Partnership Forum (SPF), which has a very specific role and remit to agree or influence issues that affect people's terms and conditions of employment. These would not be discussed at the Staff Council – which will focus on issues that shape and develop the culture and working experience of our workforce – but the two-way arrow demonstrates that Staff Side could escalate issues to Staff Council for consideration and vice versa.

Staff Council (pink)

Purpose

The new Staff Council will help identify issues and trends from colleagues' experiences and feedback that prevent the trust from delivering on its strategic ambitions. It does this by listening and interpreting the big picture; triangulating data and insights from across multiple staff groups and the NHS Staff Survey and Pulse surveys. It is not a decision-making body.

Membership

Led by our staff governors, with an agreed quorate membership to include:

- Independent chair
- minimum of four staff governors
- minimum of three Staff network leads
- the Freedom to Speak Up Guardian or a champion
- the Health and Wellbeing Lead or a champion
- minimum of three PODBPs.

There will be a number of **open spaces for invited colleagues** as well as some places for staff observers and speakers (by arrangement/invitation). This will help to illustrate the lived experienced in a similar way as Board stories, where appropriate, or allow staff to tell their story for themselves. There will also be an **observer place for a public governor for transparency**.

In addition, a number of colleagues will support and enable the staff council, and these will include **administrative and communications support, a member of the equality, diversity and inclusion team and data analyst, as required**.

It's important to note the FTSU Guardian is an independent and confidential role and would only participate in sharing themes and issues, maintaining people's anonymity. Whether this role can sit on the Staff Council and still retain the confidence of staff, will be explored further as part of the simulation.

In response to feedback, the Board and Council of Governors approved on 9 January a change to KCHFT's Constitution to increase the number of governors from five to six and for governor constituencies – which no longer reflect new organisational divisions – to be replaced with one staff constituency. This will be formally ratified at the Annual Members' Meeting in September 2024.

To support this, we are committed to making sure our election campaign results in staff running who are representative of our diverse workforce. We know from our engagement that barriers to this will be colleagues understanding the role of the staff governor and feeling they can make a difference. The Staff Council is intended to provide support for them to achieve this. We know another barrier will be providing adequate training not only for staff governors, but for anyone who sits on the Staff Council to make sure they have good knowledge of the organisation and the context and environment in which decisions are being made.

Draft role descriptions for these need to be tested and expanded and can be seen in appendix 2.

Agenda

The meeting will be in two parts. Part one discusses insight from previously agreed agenda themes, part two sets agenda and insight requirement for following meetings and confirms which other colleagues need to be in attendance, e.g. community services director, operational leads, IMM members.

Key topics to be discussed may be structured around the elements of the People Promise, e.g. we work flexibly, we are always learning, or on key topics, e.g. cost of living crisis, new models of care, demand and capacity and new ways of working.

Detailed terms of reference will be drafted as part of the engagement process.

Frequency

The council will meet every two months, face-to-face or hybrid. The suggested length is a half day meeting, with lunch and refreshment break.

The meeting may move around the patch. To ensure a safe space, this meeting is not live streamed.

Outputs

- The Staff Council, with the independent chair, sets the agenda and decides what's for information, action or escalation to the Executive Team.
- Staff governors will present a **themed report to the Executive Team** as part of a dedicated staff voice section on the Executive Team agenda, every two months. As part of this staff voice section, we will also triangulate insight from Executive Team visits and the We Care visits. The Executive Team's role would be to provide support to unblock issues.
- **Themed reports will also be shared with the Improvement Board** – as this monitors the progress of our strategy – and our **Integrated Management Meeting (IMM)**, to support any action that needs to be taken.
- **Quarterly summary reports** – which include how feedback has been acted upon – would be shared with the **Council of Governors and The Board**.

To ensure the feedback loop is completed, feedback is expected to follow back down the routes it was escalated to the individuals or staff groups who raised the issues or ideas and also be supported by 'together we did' examples through KCHFT's range of communication channels.

Next steps

Simulating the model

The sections above describe the co-design approach but to 'stress test' the model, the Staff Voice working group is designing a simulation.

This will create a life-like environment, with a number of scenarios, to challenge how the model will work in practice, in a safe space.

After the event, a session with a decision-making panel will discuss any potential changes and implementation – but we recognise the model will continue to evolve and may take 18-months to embed.

Developing roles and responsibilities in the model

The principles described emphasise the need to build on existing good practice, improve learning, identify trust-wide learning alongside better coordination of staff voice.

In developing those principles, the working group recognised this will not happen without some behaviour change. The new model is intended to underpin a new way of working that will provide a trusted mechanism through which staff voices can be heard and acted upon.

Key to success are the groups and networks described in forum level. They are the groups that in broad terms currently support staff, gather insight and lived experience so as part of their usual activities, can provide data, intelligence and information that will support the model.

We are developing role descriptions for the part they play in the staff voice model and these will be further tested at the simulation. Draft role descriptions can be read in appendix 2.

Defining measures of success

Our overarching target is to increase our staff engagement score in the NHS Staff Survey and our breakthrough target for the next 12 to 18 months is to increase the 'I have a voice that counts' measure.

However, we have also developed success measures that can be tested during the engagement session and once agreed will be regularly reviewed by the Staff Council to check on progress, identify risks and mitigations. These will be developed into SMART measures.

These are:

1. the new staff voice model is known and understood by staff across KCHFT
2. the value of the staff voice model is recognised by The Executive Team, Board and Council of Governors and that issues raised can be linked to the delivery of our strategic ambitions
3. staff governors are provided with relevant support to fulfil their lead roles at staff council
4. an inaugural staff council meeting takes place in the second quarter of 2024
5. existing networks and groups identified at local forum level are given opportunities to collaborate more explicitly (this may be through a combination of face-to-face and virtual channels)
6. the Staff Council produces demonstrable change that staff recognise as improving their working environment
7. issues and ideas are referred through the new arrangements and feedback is provided to colleagues about how they have been addressed
8. feedback is communicated to staff using a variety of channels
9. existing forums and networks recognise the value of the new model and are willing to continue to engage with it on an ongoing basis.

Risks and issues

- Time and resource will be needed to support the new model and to release people to train and attend.
- Four of the current staff governors who have been involved in the co-design are due to come to the end of their three-year service in March 2024 and may not stand or be re-

elected and we may need to seek the support of a new governors to take forward the model.

- It is important colleagues are reassured the Freedom to Speak Up Guardian is confidential, so it maybe that, even though the suggestion is only themes or insights are shared at the Staff Council, that they do not sit on the staff council and these insights continue to be shared every six months with the People Committee. This will be explored and tested as part of the simulation.

Recommendations

The Board and Council of Governors are asked to:

- APPROVE the approach to a new Staff Voice model.

Appendix

1 – Draft staff model and what has changed in response.

2 – Draft role descriptions for the Staff Council.

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 18
Report title:	2019/20 Workforce Growth Review
Executive sponsor(s):	Victoria Robinson-Collins, Chief People Officer Gordon Flack, Chief Finance Officer
Report author(s):	Sarah Hayden – Director of People Operations Debra Ody – Deputy Chief Finance Officer Claire Poole – Director of Operations Emma Skinner – Assistant Director of People
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p>This report has been prepared at the request of the ICB to provide written assurance to the Board on the implementation of financial controls within KCHFT and that all necessary actions and reviews have been undertaken as per the letter dated 30 June 2023, received on 3 July 2023, from Anne Eden (Regional Director – South East).</p> <p>The structure of this report differs from our usual report format as it has been provided by the ICB to ensure consistency of reporting to all Boards across the system.</p> <p>This report is an assurance report to confirm that the controls stipulated are in place for KCHFT and that the review of workforce growth since 19/20 has been completed; no areas for concern were identified. The KCHFT workforce budget has grown by 301 WTE from 4,468 WTE in March 2020 to 4,768 WTE in March 2023; of this growth, 59% relates to externally funded investments. KCHFT are not an outlier when a comparison has taken place against other organisations within the system.</p> <p>Another area covered in the report is banding profile which shows some transition between Band 2 and 3 roles, all of which can be justified. The most significant growth is reported within the senior roles, specifically Band 9. This was the result of the restructure and comparability across the system, the system data provided below shows that the establishment growth is in line with other organisations within the system.</p>

KCHFT will continue to operate the pay and expenditure panel that we have in place and continue with the business as usual approach regarding budgetary review, management and planning.

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

Executive review 12 December 2023

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	<input type="checkbox"/> BAF	<input type="checkbox"/> CRR
Equality, diversity and inclusion	No	
Legal and regulatory	No	

Executive Sponsor sign off

Name and designation:	Victoria Robinson-Collins – Chief People Officer Gordon Flack, Chief Finance Officer
Date:	10 January 2024

2019/20 Workforce Growth Review Board Report

Introduction and background

To include overview of action set from NHSE and subsequent discussions across Kent and Medway through ICS Workforce Planning and Analytics sub-group

At the request of the ICB this report has been prepared for the Board to assure that due process has been followed and Kent Community Health NHS Foundation Trust (KCHFT) are performing well in relation to financial controls and workforce growth. The format of this report has been prescribed by the ICB to ensure consistency of reporting to all Trust Boards across the system.

To provide background and context, a letter from Anne Eden (Regional Director – South East) dated 30 June 2023 to the ICB was received in the Trust on 3 July 2023. The letter details the K&M ICB final system operating plan. One of the key requirements for all ICBs was to deliver financial balance which the K&M system has been unable to achieve. Although the deficit plan was in line with the expectations of the NHSE Regional Team at that stage, there was an expectation that all system partners would continue to mitigate the deficit in year and strive to deliver a break-even out-turn position. As a result, a number of conditions were stipulated that the system and all providers are expected to comply with.

The ongoing conditions stipulated in 2022/23 remain which are:

- Commit to recurrent delivery of efficiency schemes from quarter 3 to achieve a full year effect in 2024/25 to compensate for any non-recurrent measures required to achieve 23/24 plans and be describe how this will be achieved by the end of quarter 1
- Fully engage in national pay and non-pay savings initiatives, in particular around national agreements for medicines and other non-pay purchasing
- Monitoring of agency usage by providers, and compliance with usage and rate limits
- Any revenue consultancy spend above £50,000 and non-clinical agency usage continue to require prior approval from the NHS England regional team based on agreed regional process.

As a system in deficit, there were a number of additional controls stipulated for all providers to adhere to, which are:

- Review current processes and arrangements around the pay controls
- Ensure a vacancy control panel is in place for all recruitment
- Apply the agency staffing and additional payment controls
- Ensure an investment oversight panel in place to oversee all non-pay expenditure, with papers shared with NHSE

The letter then went on to outline 20 specific actions that needed to be undertaken to ensure full pay and expenditure controls were in place within all organisations in the K&M system.

This report is an assurance report to confirm that the controls stipulated are in place for KCHFT and that the review of workforce growth since 19/20 has been completed; no areas for concern were identified. The KCHFT workforce budget has grown by 301 WTE from 4,468 WTE in March 2020 to 4,768 WTE in March 2023; of this growth, 59% relates to externally funded investments. KCHFT are not an outlier when a comparison has taken place against other organisations within the system.

SIP	Mar '23 % of total SIP						Growth %					
	DGT	EKHUFT	MTW	MFT	KMPT	KCHFT	DGT	EKHUFT	MTW	MFT	KMPT	KCHFT
Apprentice	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	-79.45%	0.00%	0.00%	0.00%	0.00%
Band 1	0.03%	0.00%	0.23%	0.00%	0.00%	0.00%	0.00%	-100.00%	-57.30%	0.00%	0.00%	-100.00%
Band 2	14.96%	19.41%	18.14%	27.38%	15.47%	9.82%	13.46%	-0.36%	4.50%	5.19%	-6.44%	-24.34%
Band 3	10.13%	9.01%	13.28%	7.80%	18.97%	19.71%	22.05%	8.23%	22.80%	1.76%	12.93%	19.68%
Band 4	7.56%	9.56%	11.73%	9.33%	9.96%	15.31%	56.99%	37.07%	54.95%	28.07%	49.19%	11.02%
Lower Grade	12.68%	18.02%	41.17%	44.52%	44.40%	44.81%	24.24%	8.75%	19.56%	8.81%	10.98%	1.60%
Band 5	20.11%	22.28%	19.85%	20.80%	11.30%	15.23%	40.61%	43.82%	12.19%	7.77%	12.01%	22.43%
Band 6	15.44%	15.30%	15.72%	19.32%	20.26%	18.35%	12.79%	14.21%	20.27%	15.03%	4.12%	-1.75%
Band 7	10.93%	10.57%	13.10%	9.90%	13.14%	15.02%	33.98%	14.49%	24.34%	27.60%	30.15%	12.88%
Band 8 - Range A	3.61%	2.95%	4.71%	2.87%	4.74%	3.90%	31.53%	26.72%	38.52%	8.76%	13.36%	14.63%
Middle Grade	50.10%	51.10%	53.38%	52.89%	49.45%	52.50%	28.79%	26.33%	19.42%	13.76%	12.82%	9.78%
Band 8 - Range B	1.60%	1.42%	1.52%	1.29%	2.83%	1.43%	71.27%	12.34%	27.84%	23.52%	27.70%	19.59%
Band 8 - Range C	0.63%	0.50%	0.84%	0.60%	1.38%	0.63%	40.46%	90.58%	101.39%	45.09%	70.17%	15.72%
Band 8 - Range D	0.28%	0.24%	0.26%	0.24%	0.94%	0.19%	-14.06%	-2.26%	-21.90%	98.68%	22.19%	-53.04%
Band 9	0.33%	0.14%	0.47%	0.27%	0.44%	0.24%	168.89%	490.00%	177.78%	45.14%	188.96%	183.16%
VSM	0.18%	0.14%	0.16%	0.18%	0.56%	0.18%	0.00%	-28.59%	29.35%	-42.18%	17.33%	-14.29%
Higher Grade	3.04%	2.44%	3.24%	2.59%	6.15%	2.66%	50.04%	22.22%	45.68%	24.12%	38.97%	9.49%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	27.65%	18.28%	20.18%	11.65%	13.29%	6.91%

The above data show that KCHFT has a higher proportion of lower grade staff in post compared to system partners and at 6.91% the lowest % of growth in establishment across the system.

Existing workforce growth controls

To include an overview of existing financial/recruitment controls in place and previous workforce growth reviews undertaken since March 2020

The pay and expenditure control panel has been introduced at KCHFT to ensure that any pay impacting changes, new posts or vacancies for advertising have the funding in place. The panel consists of senior representatives from People and OD, Operations, Quality and Finance.

The purpose of the panel is to ensure that any recruitment or employment changes have the necessary budget in place. Where any budget anomalies are identified it enables virements to be undertaken to ensure budgets stay aligned at the point skill mixing is undertaken and that skill mixing is supported by a quality overview as well.

Previous workforce growth has broadly been as a result of externally funded investments, particularly in Operational services. All other growth has been through robust governance channels, whether that be IMM approval, Executive Team approval or Cost Pressure / Business Development Group approval.

Establishment growth

To include overview of analysis, evidence demonstrating key drivers of growth, impact of the pandemic on establishment growth, evidence of benefits of new posts, overview of posts which have non-recurrent funding and opportunities identified (including quantification of posts which can be removed)

The Key drivers for growth since 19/20 have been funded developments from the ICB which include investment into frailty services, respiratory and early supported discharge stroke services, as well as KCC funded developments particularly in school health services. There have been specific funding requests approved by the executive team such as investment in People & OD, Automation, KMCR and the AHP academy. There were also changes for the transition to a new delivery model for Health Visiting which increased WTE by 19 during this period, and some transfers of services between organisations - the main changes being to stop hosting the STP and transfers into specialist services for Medway looked after children, Medway learning disabilities and the neurodevelopmental service.

The table below shows the breakdown of the 301 WTE increase from March 2020 to March 2023:

Directorate	Service Transfer	Internal Investment	External Investment - K&M ICB	External Investment - Other	Skill Mix - New Service Model	Other Changes	Total WTE Growth/ (Reduction)
Clinical, Care & Quality		9					9
Estates		7	0				8
IT		13	12				25
Kent & Medway STP	-20						-20
Medical Director		2					2
Operations - AHP Academy		20					20
Operations - Adult Clinical Services	1		74				75
Operations - Dental & Planned Care	-2		0	9			7
Operations - Specialist Services	31		8	13			51
People & OD		35		6			42
Public Health & Prevention				48	19		67
Reserves				7			7
All Directorates						9	9
Totals	10	86	94	82	19	9	301
Percentage	3.3%	28.6%	31.4%	27.4%	6.3%	3.0%	100.0%

The pandemic had minimal impact on the establishment growth as Bank and Fixed Term contracts were used to resource the Covid vaccination programme and fill any resource requirements of the pandemic. The PPE store (reported under CCQ) is the only service that had posts implemented as a direct response and currently remain within the establishment having been funded recurrently, partly through the immunisation service as the store also coordinates the supply and storage of vaccinations and partly through trust reserves.

In the 2023/24 Kent & Medway ICB contract, there were non-recurrently funded developments for virtual wards, stroke inpatient beds, pathway one and pathway three services where posts have been recruited to on a substantive basis as, we would not be successful recruiting to the posts on a fixed term basis. The total budgeted WTE for these enhanced services is 82 and the ICB are aware substantive recruitment has been undertaken for these posts and the risks have been set out in the initial contract discussions for 2024/25.

The exercise to review the establishment growth identified that there were no specific issues that required follow up or investigation, however, there is a routine assessment of reference costs and corporate benchmarking to ensure that we are aligned.

Workforce above establishment

To include overview of analysis and current control processes in place to approve temporary staffing requests, identification of hotspot teams/service areas where temporary staffing usage exceeds establishment and the key drivers for this, and opportunities identified

Bank requests are managed on the e-Rostering system, vacant duties are controlled by the template to ensure this is in line with the budget, any duties required over the template are recorded and reported as 'Additional Duties'. Agency requests for non-clinical colleagues require approval from the executive lead and are then submitted to the ICB panel for approval and informing NHSE. KCHFT has a very low agency expenditure in comparison to other organisations in the system and currently sit 1st out of the 27 in the South East Region of agency as a percentage of the total pay bill – in M6 YTD = 1.4% and Bank is 5.4% of the total pay bill which is also low.

KCHFT are reporting under our overall establishment; over-establishments are offset by under-establishments elsewhere in budgets which are for a number of reasons such as awaiting PINs, qualified positions held for current apprentices and the general maintenance of budgets.

Banding profile

To include overview of analysis and current control processes in place to avoid "grade drift", evidence of benefits of new posts at senior manager grades, identification of hotspot teams/service areas where "grade drift" is most prominent and opportunities identified

The growth in establishment is the lowest across the system and reflects that the organisation is performing well and there is minimal growth outside of the commissioned service developments.

The establishment budget growth split across bands was as follows:

- Apprentice to band 4 - +109 WTE which includes a reduction in band 2 posts of 85 and an increase in band 3 of 108. The change includes regrade of CHIS staff from band 2 to band 3 (26 WTE), a change in role in Adult rapid transfer service resulting in Band 2 roles converting to Band 3 roles (35WTE) and the remaining variation is due to a restructure within Health Visiting services whereby Band 2 roles were removed and replaced with Band 3 roles carrying out a larger remit (51WTE). All changes have been funded within existing budgets. There have been other increases in Band 3 roles as well such as the increase of apprentice nurses.
- Band 5 to band 8a - +188 WTE growth due to service developments.
- Band 8b to very senior manager - +7 WTE.
- Medical - -3 WTE.

The highest percentage growth of staff in post (183%) is reported in Band 9 although this relates to just 7 WTE and is more than offset by a reduction in Band 8d and VSM. This was as a result of a restructure and aligning with the system counterparts to ensure equity and comparability.

Action plan

To include high level milestones and timelines of actions, informed by the above assessment (to include equalities impact assessment)

Following the required actions to support the system to mitigate the deficit in year, KCHFT will continue to operate the pay and expenditure panel that we have in place and continue with the business as usual approach regarding budgetary review, management and planning.

Risks and mitigation

To include organisational risks and mitigating actions

As reported above the most significant growth is reported within the senior roles, specifically Band 9. This was the result of the restructure and comparability across the system, the system data provided below shows that the establishment growth is in line with other organisations within the system.

SIP	Mar '23 - WTE in Post					
	DGT	EKHUFT	MTW	MFT	KMPT	KCHFT
Band 9	12.91	11.80	27.00	10.16	13.87	10.76

Next steps and asks of Board

The board is requested to note this paper for assurance.

Meeting:	Board Meeting - Part 1 (Public)
Date of Meeting:	17 January 2024
Agenda item:	Item 19
Report title:	Gender Pay Gap Report 2023
Executive sponsor(s):	Victoria Robinson-Collins, Chief People Officer
Report author(s):	Hasan M Reza, Head of Workforce Equity, Diversity and Inclusion Jill Day, Equity, Diversity and Inclusion Data Analyst
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Assurance/Information <input type="checkbox"/> Note
Public/non-public	Public

Executive summary
<p><i>To include below subheadings:</i></p> <p>Overview of paper:</p> <p>The Gender Pay Gap (GPG) report 2023 provides an in-depth analysis of the Trusts mean and median gender pay gaps, representation of men and women across pay qualities and the bonus payments attracted by both.</p> <p>The mean hourly pay gap continues to trend down as it has been since 2018 indicating positive movement for the organisation. However, the median hourly pay gap has grown 4.1% year/year. This growth is in line with a disparity that has been worsening since 2020. It is important to note though that the median pay gap has seen volatility for a number of years now and is more sensitive to changes within the organisation. For example, the closure of the Covid vaccination programme resulted in a large divergence of the pay gaps. These kinds of headcount related changes have a more immediate impact on the median pay gap as oppose to the mean pay gap.</p> <p>Items of concern to be brought to the Board's attention:</p> <p>There continues to be an overrepresentation of men in the upper pay or highest pay quartile compared with the profile of men at KCHFT. This has increased 0.5% year/year and is something the Workforce EDI team recommends the Trust continue to observe.</p> <p>This year the Workforce EDI team has also, for the first time, included information relating to the pay gap further filtered by age groups. This has uncovered larger than</p>

anticipated pay gaps in the age brackets of 36-40 through to 56-60 while in age brackets <=25 through to 31-35 the pay gap favours women. It is suspected there is a link to other factors here which could be beneficial to explore further.

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

The Trust's Nobody Left Behind refresh programme has had a significant focus on matters of equity and inclusion related to gender. It is hoped that these will deliver on an improved report in the year 2023/24.

Items of excellence:

The Trust ranked 2nd in community trusts nationally in last years GPG submission. All community trusts reported a mean gender pay gap which favours men. KCHFT has the second smallest mean gender pay gap within the community trust peer grouping. Of the fourteen community health trusts, five trusts have a median gender pay gap which favours women, and five trusts have a median gender pay gap close to zero. KCHFT is one of the four community trusts which have a median pay gap which favours men.

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

Considered at Nobody Left Behind Ambassadors group – shared with Ambassadors for note. Has been to ETM and December People Committee

Recommendation(s)

The Board is asked to

- **RECEIVE** the report and discuss its contents.

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 existence of a gender pay gap is inherently inequitable.
Legal and regulatory	No

Executive Sponsor sign off	
Name and designation:	Victoria Robinson-Collins, Chief People Officer
Date:	12 December 2023



Kent Community Health
NHS Foundation Trust

Gender Pay Gap Report 2023

Gender pay gap report



 we care

www.kentcht.nhs.uk

Purpose

As an employer for and a provider of health services in Kent, London and East Sussex, Kent Community Health NHS Foundation Trust (KCHFT) take the issues of fairness, rights and equity very seriously. We recognise the value of our colleagues and their diversity. We work to ensure that our workforce is representative of the communities we serve and understand that colleagues work better when they can be themselves. The need to be an inclusive employer is paramount to this and is a central tenant of our both or organisation strategy ([We Care](#)) and our equity, diversity & inclusion strategy ([Nobody Left Behind](#)).

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 came into force on 31 March 2017. These regulations underpin the Public Sector Equality Duty, which requires all public and private sector bodies with a workforce of more than 250 members of staff to publish details of any gender pay gap within their organisation. The purpose of this report is to present the Gender Pay Gap position for KCHFT for the snapshot date 31 March 2023, to increase transparency around gender pay disparities and to identify steps that can be taken to reduce these inequalities.

What is the gender pay gap?

The gender pay gap is the difference between the average pay of men and women in an organisation. The types of roles that men and women do in an organisation might be different. If women do more of the less well-paid jobs than men, the gender pay gap will usually be bigger. The gender pay gap therefore captures any pay inequity/disparity resulting from difference in the sort of jobs performed by men and women, and also the seniority of these jobs. It should be noted that the gender pay gap does not show differences in pay for comparable jobs. There are six gender pay gap figures which must be reported and published each year.

These are:

1. Mean (average) gender pay gap for hourly pay
2. Median gender pay gap for hourly pay
3. Percentage of men and women in each hourly pay quarter
4. Mean (average) gender pay gap for bonus pay
5. Median gender pay gap for bonus pay
6. Percentage of men and women receiving bonus pay

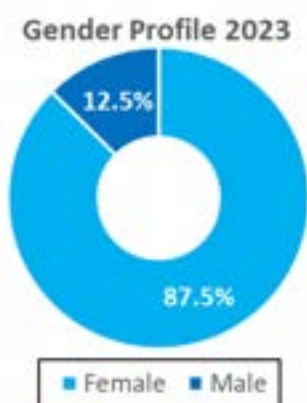
Definitions

A table of definitions is included as appendix item 1 and can be found [here](#). This includes the definition of the snapshot date of 31 March 2023 used in this report.

Context

Kent Community Health NHS Foundation Trust (KCHFT) is one of the largest NHS Community Providers in England, serving a population of 3.3 million across Kent, East Sussex and London. During the snapshot period of March 2023, the workforce population at KCHFT was 5,371. This includes bank only workers¹ who were paid during this period. Like all NHS Trusts, KCHFT has a significantly higher proportion of female workers in its workforce than male workers; during March 2023 the gender profile is 87.5% female and 12.5% male.

These figures show a small increase in the male workforce and a decrease in the female workforce compared to 2022 by 0.7 per cent respectively.



¹ Bank Workers are temporary members of staff similar to an agency service through which unfilled demand in a service/team rota is resourced

GENDER PAY GAP - HOURLY PAY

The mean gender pay gap is **4.9%** for hourly pay

This means for every £1 that the average man earned, the average women earned £0.95



The mean gender pay gap has **decreased** from 5.4% in 2022

The median gender pay gap is **7.5%** for hourly pay

This means for every £1 that the median man earned, the median woman earned £0.92



The median gender pay gap has **increased** from 3.4% in 2022

Men are overrepresented in the Upper Pay quartile and the Lower Pay Quartile. Men are underrepresented in the two middle quartiles.



The proportion of females in the upper pay quartile has **decreased** by -0.5% from last year

GENDER PAY GAP - BONUS PAY

The mean bonus pay gap is **29.4%**.

For each £1 that the average bonus earning man earned, the average woman earned £0.71



The mean bonus pay gap has **increased** from -0.2 in 2022

The median bonus pay gap is **70.2%**.

For each £1 that the median bonus earning man earned, the median woman earned £0.30



The median bonus pay gap has **decreased** from 71.2 in 2022

0.4% of females and 0.5% of men at KCHFT received a bonus in 2023

	Female	Male
Employees Paid Bonus in 2023	21	4
Total Relevant Employees	5,445	770
% of Staff	0.4%	0.5%

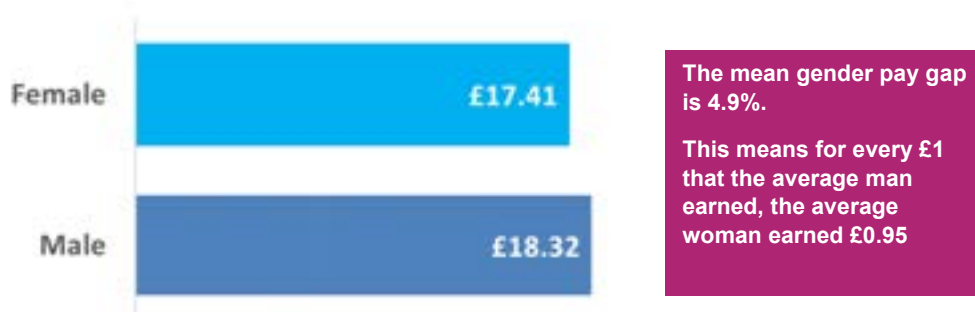
Gender pay gap for hourly pay

The first section of the report will look at the three metrics which relate to employee hourly pay².

Metric 1: Mean (average) gender pay gap for hourly pay

During the snapshot period of 31 March 2023, females earned on average £17.41 per hour which is £0.91 less than men who earned on average £18.32 per hour. This is a gender pay gap of 4.9%.

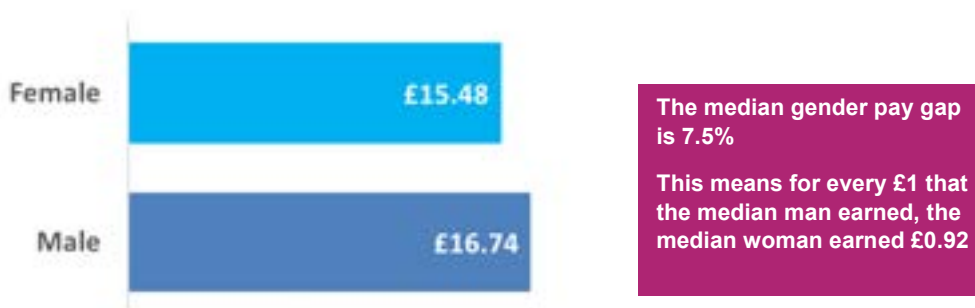
Figure 1. Mean (average) Gender Pay (hourly rate), March 2023



Metric 2: Median gender pay gap for hourly pay

During the snapshot period of 31 March 2023, the median hourly pay for females is £15.48 which is £1.26 less than for men who have a median hourly pay of £16.74. The median gender pay gap is 7.5% favouring men.

Figure 2. Median Gender Pay (hourly rate), March 2023



² A definition of this can be found [here](#) including the definition of the snapshot date of 31 March 2023 used in this report.

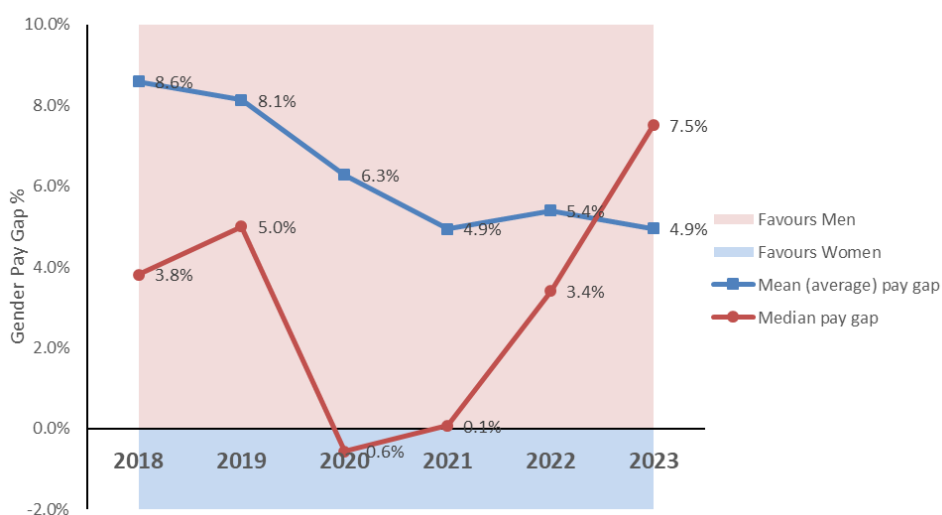
Hourly pay gap trend (2018-2023)

Figure 3 shows both the mean and median gender pay gap since 2018. In each of the last six years there has existed a mean gender pay gap which favours men. This means that men were being paid more per hour than women.

The mean gender pay gap was 8.6% in 2018 and this decreased steadily to 4.9% in 2021. The mean gender pay gap in 2023 is 4.9% which shows that there has been little improvement over the last two years in closing the mean (average) gender pay gap. This is a sign of the positive work that has taken place at KCHFT and assurance that we are headed in the right direction.

The median gender pay gap has seen some volatility over the last six years. In 2020 and 2021 the median gender pay gap was 0.6% and 0.1% respectively in favour of women. This reflects the fact that KCHFT employed a large number of bank staff to support the Covid vaccination programme, and the median pay between male and females was approximately equal in these years. Since 2021, the median gender pay gap has increased sharply, and in March 2023 the median pay gap is report as 7.5% favouring men. This is an increase of 4.1% compared to the previous year.

Figure 3. The Gender Pay Gap for hourly pay trend (2018-2023)



Metric 3: Proportion of men and women in each hourly pay quartile

Figure 4 shows the proportion of men and women in each pay quartile³. In the context of the overall gender profile at KCHFT (87.5% female and 12.5% male), men are over represented in the upper pay quartile and also the lower pay quartile. In the Upper Pay Quartile 15.3% are men and in the lower power quartile 14.3% are men. Men are underrepresented in the middle two pay quartiles

Figure 4. Proportion of men and women in each pay quartile (March 2023)

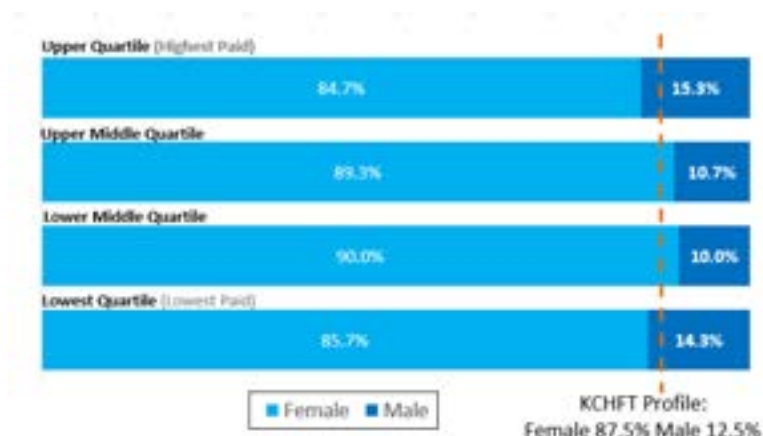


Table 1 shows how the split between genders at each pay quartile has changed in 2023 compared to 2022. The increase in the median pay gap this year has been driven by the percentage increase in males in the Upper Middle quartile (an increase of 1.4%) and the Upper Quartile (0.5% increase). It should also be noted that there has been an increase of men in the lower quartile of 1%, but this has not balanced the increase in the higher pay quarters and as such has not reduced the median pay gap.

Table 1. Percentage of staff in each quartile, 2023 compared to 2022

	2022 Rates		2023 Rates		Year on Year Change	
	Female %	Male %	Female	Male	Female	Male
Lower Quartile (Lowest Paid)	86.7%	13.3%	85.7%	14.3%	-1.0%	1.0%
Lower Middle Quartile	90.0%	10.0%	90.0%	10.0%	0.0%	0.0%
Upper Middle Quartile	90.7%	9.3%	89.3%	10.7%	-1.4%	1.4%
Upper Quartile (Highest Paid)	85.3%	14.7%	84.7%	15.3%	-0.5%	0.5%

³ The quartiles can be found [here](#).

Further analysis of gender pay for hourly pay

Figure 5 details the number and percentage of females and male staff within each pay band as at 31 March 2023. This shows that females are over represented in all bands when compared to the general population. 51% of the population of the South East is Female (2021 Census)

However, the overall gender split at KCHFT is 87.5% female and 12.5% male. When viewed in this context female staff are underrepresented in Band 8a+, the more senior pay bands at the Trust. At the most senior pay bands Band 9 and VSM, the proportion of females is 73% and 75% respectively. The pay band which contains the smallest proportion of females is Band 8b, where 71% of roles are taken by women. Men are underrepresented in Band 3-6 roles and this is the reason for the lower proportion of men in the two middle pay quartiles.

Figure 5. Gender Profile by Pay Band, March 2023

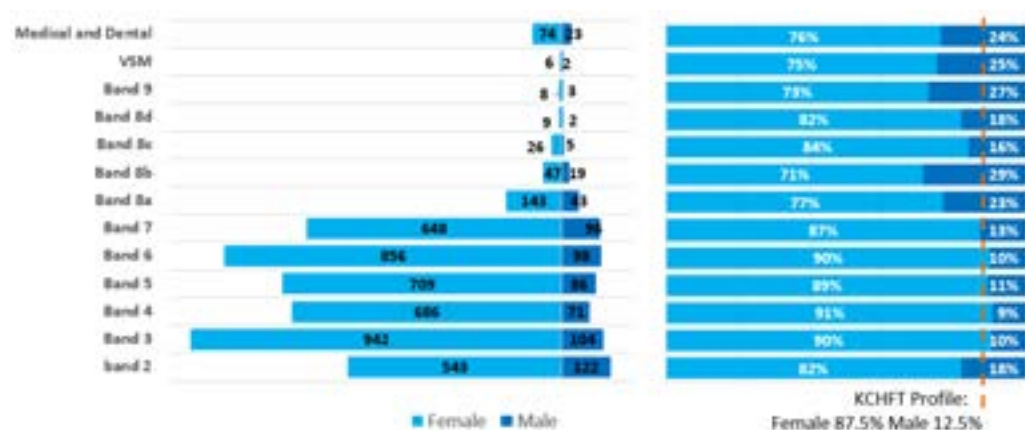


Table 2 below compares the proportion of males and females in each pay band in March 2023, compared to March 2022. This shows that the proportion of females in Band 8d has increased by 10% since 2022. However, this relates to an increase of only one additional female in a Band 8d position. The overall number of Band 8d positions at KCHFT has fallen from 14 to 11 between 2022 and 2023, with an increase of four positions at Band 9.

The proportion of men in the band Bands 8b, 8c, VSM and Medical and Dental has increased compared to 2022.

Table 2. Pay band comparison, 2023 to 2022

	2022		2023		Year on Year	
	Female	Male	Female	Male	Female	Male
Band 2	85%	15%	82%	18%	-3%	3%
Band 3	90%	10%	90%	10%	0%	0%
Band 4	90%	10%	91%	9%	0%	0%
Band 5	90%	10%	89%	11%	-1%	1%
Band 6	91%	9%	90%	10%	-2%	2%
Band 7	87%	13%	87%	13%	0%	0%
Band 8a	74%	26%	77%	23%	3%	-3%
Band 8b	73%	27%	71%	29%	-1%	1%
Band 8c	86%	14%	84%	16%	-2%	2%
Band 8d	71%	29%	82%	18%	10%	-10%
Band 9	71%	29%	73%	27%	1%	-1%
VSM	78%	22%	75%	25%	-3%	3%
Medical and Dental	80%	20%	76%	24%	-4%	4%

Figure 6 below shows the proportion of males and females in each of the staff groups. This shows that the Additional Clinical Service staff group (which makes up 23% of the overall trust) has a very low percentage of males. Only 9% of these roles are taken by men. This staff group contains roles which are predominately Band 3 and Band 4 and this is a key factor in lower proportion of men in the lower middle pay quartile.

In the context of the overall gender profile at KCHFT (87.5% female and 12.5% men), men are over represented in the Estates and Ancillary Staff Group, with 36% of this staff group being male. The majority (83%) of roles in the Staff group are Band 2 and this is the driver for the higher proportion of men in the lower pay quartile. Men are also over represented in the Medical and Dental Staff Group (24% of men are in this staff group), were 99% of staff are in the upper pay quartile.

Figure 6. Gender Profile by Staff Group, March 2023

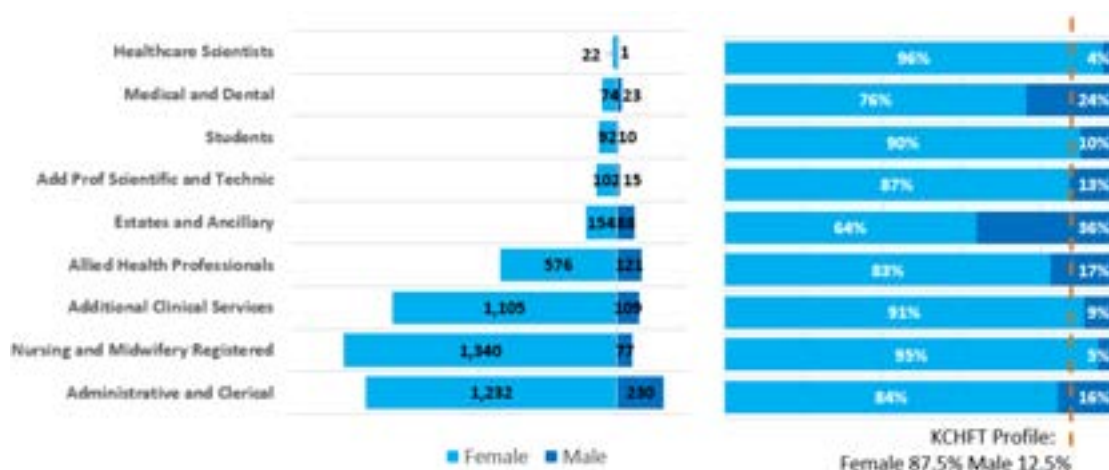
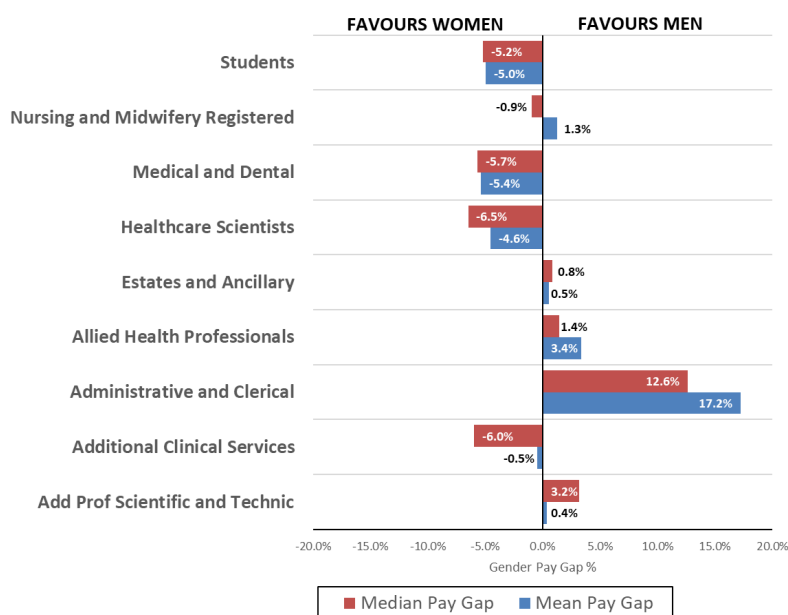


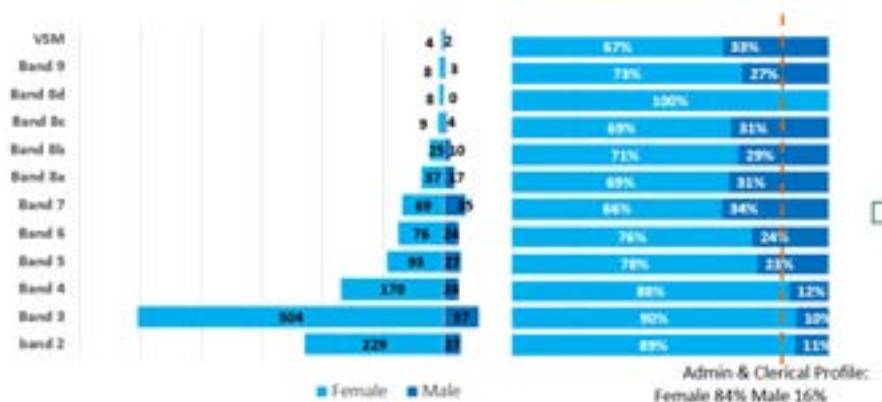
Figure 7 shows the gender pay gap by staff group. The largest gender pay gap is in the Administrative and Clerical staff group. The mean gender pay gap in this staff group is 17.2% and the median gender pay gap is 12.6%, both favouring men.

Figure 7. Gender Pay Gap by Staff Group, March 2023



The Administrative and Clerical staff group is the largest staff group in KCHFT with 1,462 employees paid during the snapshot period. Figure 8 below shows the number and proportion of men at each banding for Admin & Clerical roles. In the context of the Admin & Clerical staff group (84% female and 16% male), men are underrepresented in the lower pay bands 2-4 and overrepresented in all pay band from Band 5 to VSM (with the exception of Band 8d where all 8 assignments are taken by women). This is the driver behind the large gender pay gap in the Admin & Clerical staff group

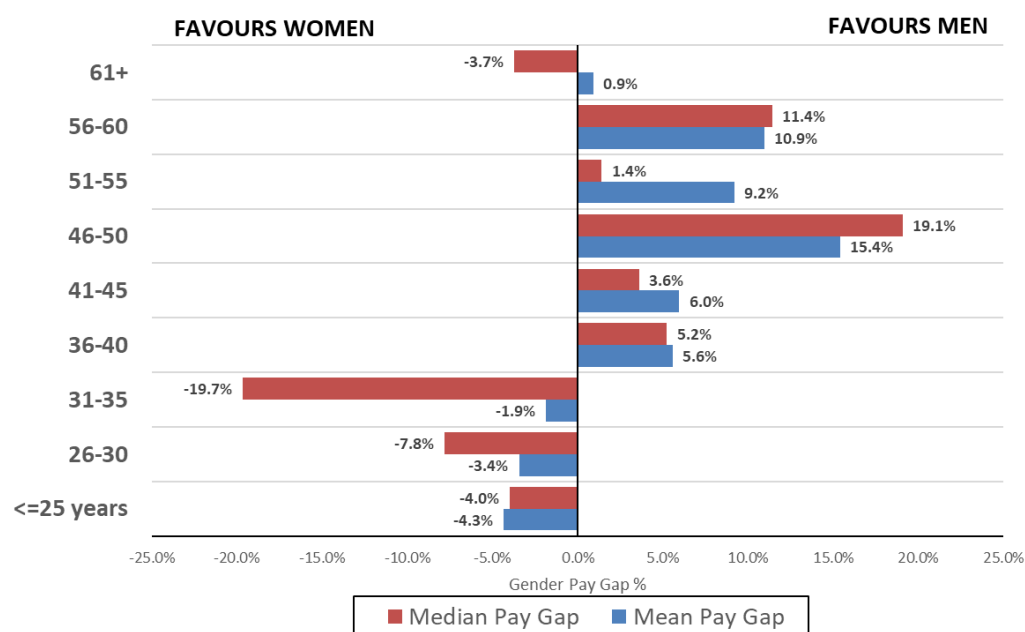
Figure 8. Male and Female headcount in the Administrative and Clerical Staff group.



Gender pay gap by age

The Gender Pay Gap is influenced by the age of the employee. Figure 9 below shows both the mean (average) and median gender pay gap for different age categories.

Figure 9. Gender Pay Gap for Hourly Pay by Age, March 2023



In younger age categories the gender pay gap favours females, with the average (mean) gender pay gap in the under 25 year old group being 4.3% favouring females. However, the gender pay gap favours men for all age categories in the range 36-60 years. The largest gender pay gap is in the 46-50 age category where the average (mean) gender pay gap is 15.4% and the median gender pay gap is 19.1%. This means that for every £1 the average man in this age category earns, the average woman in this age category earns £0.85. For every £1 the median man earns in the 46-50 age category, the median woman earns £0.81

Gender pay gap hourly pay: benchmarking against similar trusts

2023 data is not yet available for other Community Trusts for benchmarking purposes, as the 2023 position is not due to be published until March 2024. We instead present complete figures from the March 2022 which is the latest complete comparison of data from other Community Trusts.

All community trusts reported a mean gender pay gap which favours men. KCHFT has the second smallest mean gender pay gap within the community trust peer grouping. Of the fourteen community health trusts, five trusts have a median gender pay gap which favours women, and five trusts have a median gender pay gap close to zero. KCHFT is one of the four community trusts which have a median pay gap which favours men.

Table 3. Gender Pay Gap Community Trust Benchmark Data, 2022

Community Trust Name	Mean Gender Pay Gap %	Median Gender Pay Gap %
Shropshire Community Health NHS Trust	3.8%	-6.8%
Kent Community Health NHS Foundation Trust	5.4%	3.4%
Hertfordshire Community NHS Trust	5.7%	-4.7%
Leeds Community Healthcare NHS Trust	6.7%	0.2%
Sussex Community NHS Foundation Trust	7.4%	-0.4%
Central London Community Healthcare NHS Trust	7.5%	0.0%
Wirral Community NHS Foundation Trust	7.7%	-1.4%
Norfolk Community Health and Care NHS Trust	8.2%	-3.1%
Solent NHS Trust	11.8%	0.5%
Cambridgeshire Community Services NHS Trust	12.9%	0.0%
Birmingham Community Healthcare NHS Foundation Trust	13.4%	4.8%
Bridgewater Community Healthcare NHS Foundation Trust	14.5%	0.3%
Derbyshire Community Health Services NHS Foundation Trust	14.8%	6.0%
Lincolnshire Community Health Services NHS Trust	24.3%	18.5%

Gender pay gap for bonus pay

A requirement of the Gender Pay Gap statutory reporting is to examine the difference between bonus payments received by men and women. At KCHFT, there were 25 individuals who received a bonus in 2022-23 under the gender pay gap criteria. These bonuses were either and Agenda for Change (Afc) bonus, cash bonus or Clinical Excellence Awards (CEA). Some individuals received several different bonus payments. Table 4 below shows the number of bonus payments by gender and the average payments made

Table 4. Bonus payments by Gender, 1 April 2022 to 31 March 2023

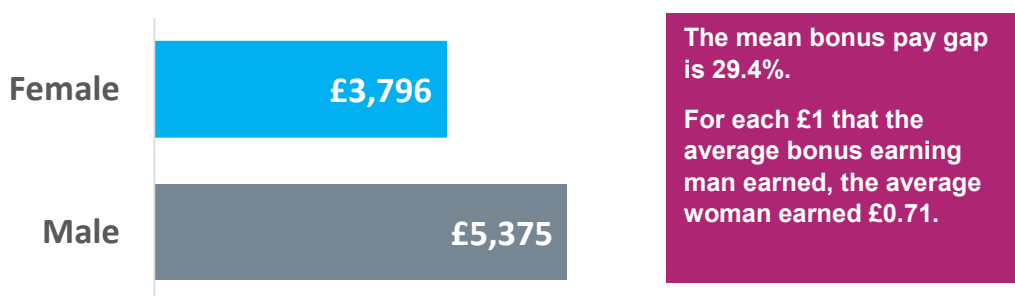
Bonus Name	Female		Male	
	Number of payments	Average (Mean) Bonus Payment	Number of payments	Average (Mean) Bonus Payment
Agenda For Change (Afc) Bonus	8	600		
Cash Bonus	12	2,020	3	1,469
Clinical Excellence Award (CEA)	4	12,667	3	5,697

It should be noted that there were no men who received the lower value AfC Bonus. This will have an impact on the median and mean bonus gender pay gap; the lower value AfC bonuses are included in the average bonus pay calculation for women, but not for men.

Metric 4: Mean (average) gender pay gap for bonus pay

During 2023, the mean (average) bonus pay for females was £3,796 and the male mean (average) bonus pay was £5,375. This is a mean (average) gender pay gap for bonus pay of 29.4%

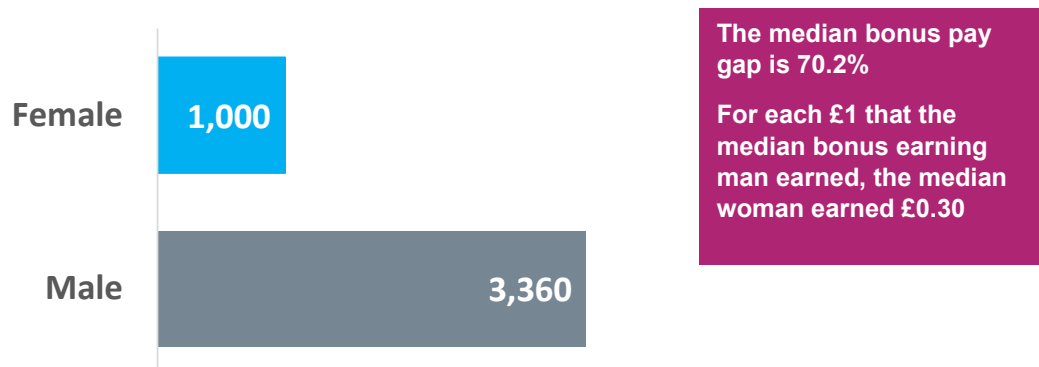
Figure 10. Mean (average) Bonus Gender Pay, March 2023



Metric 5: Median gender pay gap for bonus pay⁴

During 2023, the median bonus pay for females was £1,000 and the male median bonus pay was £3,360. This is a median gender pay gap for bonus pay of 70.2%

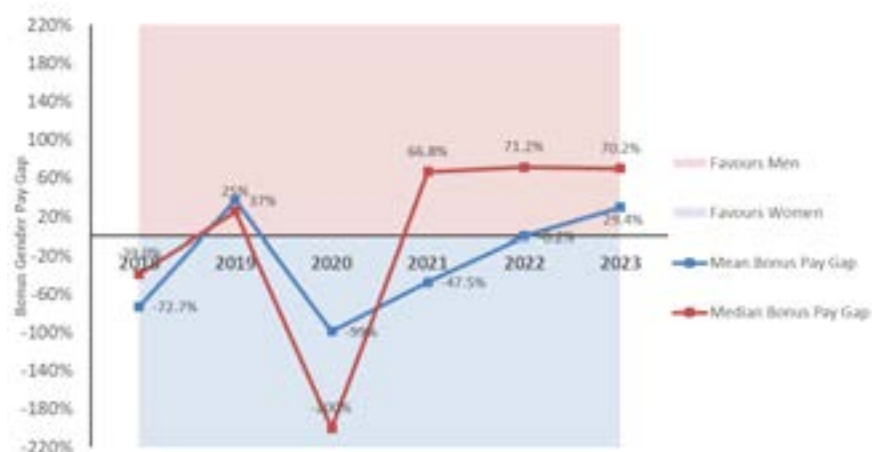
Figure 11. Median Bonus Gender Pay, March 2023



Bonus pay gap trend (2018-2023)

Figure 12 shows the mean and median gender bonus pay gap since 2018. Due to the small numbers of staff who receive bonuses at KCHFT, the bonus pay gap are subject to fluctuations from year to year. The current year, 2023, is the first year since 2020 that the mean bonus pay gap favours men. However, the median bonus pay gap has been high for the last three years and the median bonus pay gap of 70.2% favouring men shows little improvement on the 2022 figure. However, it should be noted that the 2023 figures are influenced by the payment of the lower value AfC bonuses, which were paid only to women.

Figure 12. The Gender Pay Gap for bonus pay trend (2018-2023)



⁴ A definition of this can be found [here](#) including the definition of the snapshot date of 31 March 2023 used in this report.

Metric 6: Proportion of men and women who receive a bonus payment

A higher proportion of male workforce received a bonus in 2023, with 0.52% of males receiving a bonus compared to 0.39% of female staff.

Table 4. Proportion of staff receiving a bonus, 2022 and 2023

	2022		2023	
	Female	Male	Female	Male
Employees Paid Bonus	28	6	21	4
Total Relevant Employees	6,117	854	5,445	770
% of Staff	0.46%	0.70%	0.39%	0.52%

Conclusion

In 2023 there has been a small increase in the proportion of men working for KCHFT, 12.5% of the employees paid in the snapshot period of March 2023 were male and 87.5% were female. Kent Community Trust NHS Foundation Trust does not represent the population of the South East, where 49% of the population are male and 51% are female. However, this is an issue across the entire NHS; all NHS trust have significantly higher proportion of female workers in the workforce than male workers

In 2023 there existed both a mean (average) and median gender pay gap for hourly pay of 4.9% and 7.4% respectively, both favouring men. The mean (average) pay gap for hourly pay has slightly narrowed since 2022, the median pay gap had significantly widened.

The gender pay gap at KCHFT is driven by a disproportionate number of men in the higher bands compared to middle bands. In the pay bands 8a+, the proportion of men is greater than the 12.5% male gender profile of the overall trust. The pay band which contains the largest proportion of males is Band 8b, where 29% of roles are taken by men.

There is an underrepresentation of men in the pay bands 3-6. Many of these roles fall in the Additional Clinical Services Staff group. This is the driving factor behind the lower representation of men in the Lower Middle Pay Quartile.

In Band 2, men are overrepresented with 18% of the roles taken by men. These men work predominately in the Estates and Facilities staff group. This contributes to the higher representation of men in the lower pay quartile.

The largest gender pay gap exist in the Administrative and Clerical staff group, this is driven by men occupying a disproportional percentage of the roles at Band 5 and above.

The gender pay gap for women in the age category 46-50 is the largest of all age bands, with a mean gender pay gap for hourly pay of 15.4% and a median gender pay gap of 19.1%, both favouring men.

In 2023 there existed a large mean (average) and median gender pay gap for bonus pay of 29.4% and 79.2% respectively, both favouring men. However, this is highly influenced by the payment of the relatively lower value AfC bonus to eight women within the trust which reduced the overall average bonus pay for women. There were no payments of this type made to men.

Recommendation

Over the course of 2023 the Trust has engaged in a refresh in the delivery of its EDI strategy Nobody Left Behind. A large element of this included looking at the experiences of our people based on their gender. In the coming months an action plan will be developed addressing the findings of the project which will include remedial action and proactive action to address the disparities that exist on a gender basis within our organisation. It is expected that this will also have a positive impact on our performance on the Gender Pay Gap but also on the associated work we do to address the real inequities that underpin this report.

There have been some clear areas identified as a result of writing this report that require further study and discussion to plan interventions. In particular the pay gap when looked at through a lens of age is concerning.

Our aim as an organisation is to champion equity and inclusion throughout the work we do. We are proud of the gender diversity at our organisation and recognise that there are few leadership teams with as high a representation of women as ours. This is something that should be celebrated and recognised. We are also very cognisant of the fact that there are areas within the organisation where we have historically struggled to recruit men. As part of the outcomes of this report as well as the Nobody Left Behind work we hope to better this in the years to come.

These recommendations include:

- Better representation of men in the additional clinical services staff group
- Understand why women in their late 40s are likely to earn less
- Better representation of men in bands 3-6
- Aim for true pay equity/parity in Admin & Clerical roles

Appendix

Definitions

Snapshot Period 31 March 2023 (Hourly Pay)

A pay period is a timeframe in which you pay your relevant employees basic pay. The gender pay gap calculations must be made using the pay period in which the snapshot date of 31 March 2023 falls.

For KCHFT:

- For substantive assignments, which are paid monthly, this is the pay period March 2023 which covers 1-31 March 2023.
- For bank assignments, which are paid weekly, this is the pay period 27 March-2 April 2023.

Snapshot Period 31 March 2023 (Bonus Pay)

The bonus gender pay gap is calculated on bonus payments made to employees in the 12 months ending on the snapshot date of 31 March 2023. This covers payments made between 1st April 2022 – 31 March 2023.

Pay gap	Difference in average pay between two groups.
Mean gap	Difference between the hourly rate for female and male employees. Mean is the sum of the values divided by the number of values.
Median gap	Difference between the median hourly rate of pay for female and male employees. Median is the middle value in a sorted list of values. It is the middle value of the pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median.
Mean bonus pay	Difference between the mean bonus paid to female and male employees. Mean is the sum of the values divided by the number of values.
Median bonus pay	Difference between the median bonus paid to female and male employees. Median is the middle value in a sorted list of values. It is the middle value of the bonus pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median.
Bonus proportions	Proportions of female employees who were paid a bonus, and the proportions of male employees who were paid a bonus.
Quartile pay bands	Proportions of female and male employees in the lower, lower middle, upper middle and upper quartile pay bands. Quartile is the value that divides a list of numbers into quartiles

Hourly pay definition

Hourly pay for the purposes of the Gender Pay Gap is made up of many different pay elements on top of Basic Pay. These include:

- Recruitment and Retention allowances
- Pay Protection
- Clinical Excellence Aware Pay,
- Bonus pay received in the pay period in which the snapshot date falls (bonus pay should be pro-rated where it relates to a period longer than the pay period)
- Enhancements for unsocial working including Bank Holidays, weekend and night working,
- High Cost Living allowance.
- Full paid leave including annual, sick, maternity, paternity, adoption or parental leave

Pay quartiles

The table below shows how the pay quartiles divide up the hourly pay distribution of KCHFT in 2023

Pay quartile	Hourly pay
Lowest Quartile	£0-£12.25
Lower Middle Quartile	£12.25 – £15.54
Upper Middle Quartile	£15.54 - £20.90
Upper Quartile	£20.91+

The distribution of the 5,721 employees from the snapshot period by pay quartile and primary assignment pay band is detailed in the table below.

Employee Primary Assignment Pay Band	Number of Employees			
	Lowest Quartile	Lower Middle Quartile	Upper Middle Quartile	Upper Quartile
	Hourly pay in the range £0.00-£12.25	Hourly pay in the range £12.25-£15.54	Hourly pay in the range £15.54-£20.90	Hourly pay in the range £21.90+
Band 2	420	206	38	1
Band 3	770	260	15	1
Band 4	131	588	37	1
Band 5	12	275	461	47
Band 6	1	14	731	208
Band 7		1	66	677
Band 8a			1	185
Band 8b				66
Band 8c				31
Band 8d				11
Band 9				11
VSM				8
Medical and Dental			1	96

(we care)