

**Agenda and Papers**  
**for the**  
**Formal meeting of the**  
**Kent Community Health NHS Foundation**  
**Trust Board**  
**In Public**  
**to be held at 9.30am**  
**on Thursday 11 February 2021**  
**Virtually on MS Teams**



**Meeting of the Kent Community Health NHS Foundation Trust Board**  
to be held from 9.30am – 11.30am  
on Thursday 11 February 2021  
Virtually by MS Teams

**This meeting will be held in Public**

## **AGENDA**

### **1. STANDARD ITEMS 9.30 – 10.15**

1.1	Introduction by Trust Chair	Trust Chair
1.2	Apologies for Absence	Trust Chair
1.3	Declarations of Interest	Trust Chair
1.4	Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 5 November 2020	Trust Chair
1.5	Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 5 November 2020	Trust Chair
1.6	Service Impact Story – Community Nursing	Chief Nurse
1.7	Trust Chair's Report	Trust Chair
1.8	Chief Executive's Report <ul style="list-style-type: none"><li>• Operational Plan Update</li><li>• Kent and Medway Vaccination Programme</li></ul>	Chief Executive
1.9	Board Assurance Framework	Director of Corporate Services

### **2. STRATEGY 10.15 – 10.30**

2.1	People Strategy	Chair of Strategic Workforce Committee
		Director of Workforce, Organisational Development and Communications

### **3. PRIORITIES FOR THE YEAR 10.30 – 10.50**

- |     |   |                                |
|-----|---|--------------------------------|
| 3.1 | Infection Prevention and Control Board Assurance Framework                | Chief Nurse                    |
| 3.2 | Annual Planning Process 2021/22 – Budget; Quality Priorities and Accounts | Director of Corporate Services |

### **4. CURRENT YEAR PERFORMANCE 10.50 – 11.25**

- |     |   |   |
|-----|---|---|
| 4.1 | Integrated Performance Report   | Deputy Chief Executive/Director of Finance<br><br>Executive Directors |
| 4.2 | Audit and Risk Committee Chair's Assurance Report   | Chair of Audit and Risk Committee                                     |
| 4.3 | Charitable Funds Committee Chair's Assurance Report <ul style="list-style-type: none"> <li>• Minutes from the meetings of 8 July and 24 November 2020</li> <li>• Charitable Funds Annual Report and Accounts 2019/20</li> </ul> | Chair of Charitable Funds Committee                                   |
| 4.4 | Finance, Business and Investment Committee Chair's Assurance Report   | Chair of Finance, Business and Investment Committee                   |
| 4.5 | Quality Committee Chair's Assurance Report  | Chair of Quality Committee  |
| 4.6 | Strategic Workforce Committee Chair's Assurance Report  | Chair of Strategic Workforce Committee                                |

### **5. ANY OTHER BUSINESS**

- |  |             |
|--|-------------|
| Any other items of business previously notified to the Chair | Trust Chair |
|--|-------------|

### **6. QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA**

## 7. DATE AND VENUE OF NEXT MEETING

**20 May 2021 - Rooms 6 and 7**  
**Kent Community Health NHS Foundation Trust Offices**  
**Trinity House, 110 – 120 Upper Pemberton**  
**Ashford TN25 4AZ**  
**And virtually by MS Teams**



**UNCONFIRMED Minutes  
of the Kent Community Health NHS Foundation Trust (KCHFT) Board Meeting  
held on Thursday 5 November 2020  
in  
The Boardroom and Unit G, Hermitage Court, Hermitage Lane, Maidstone, Kent  
ME16 9NT; Room 6, Kent Community Health NHS Foundation Trust Offices,  
Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford, Kent  
TN25 4AZ and virtually on MS Teams**

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<b>Present:</b>	John Goulston, Trust Chair (Chair) Sola Afuape, Non-Executive Director Pippa Barber, Non-Executive Director Paul Bentley, Chief Executive Paul Butler, Non-Executive Director Pauline Butterworth, Chief Operating Officer Peter Conway, Non-Executive Director Prof. Francis Drobiewski, Non-Executive Director Gordon Flack, Director of Finance / Deputy Chief Executive Louise Norris, Director of Workforce, Organisational Development and Communications Dr Sarah Phillips, Medical Director Gerard Sammon, Director of Strategy and Partnerships Bridget Skelton, Non-Executive Director Dr Mercia Spare, Chief Nurse Nigel Turner, Non-Executive Director
<b>In Attendance:</b>	Gina Baines, Committee Secretary (minute-taker) Mr Simon Dawes (agenda item 1.6) Natalie Davies, Corporate Services Director Amanda O'Neill, Head of Quality, Governance and Professional Standards West Kent (agenda item 1.6) Wilf Williams, Accountable Officer, Kent and Medway Clinical Commissioning Group (agenda item 2.1)

**05/11/01 Introduction by Chair**

Mr Goulston welcomed everyone present to the Public Board meeting of Kent Community Health NHS Foundation Trust (the Trust).

**05/11/02 Patient Story**

Dr Spare presented the story to the Board for information.

Dr Spare introduced Mr Dawes to the Board. Mr Dawes presented his story. He emphasised that it was not a complaint but rather an opportunity to share his family's experience of the end of life care his father, Mr Neil

Dawes, had received and to suggest the learning that could be taken away from the experience.

He asked whether calls to the rapid response team were triaged to ensure patients who were identified with severe pain due to their health condition were prioritised. He suggested that a team including pain specialists could be brought together to design a triage tool to prioritise these patients. The Rapid Response Team would then be able to manage the expectations of the patient and their family and to support the clinicians who were delivering the care. He also suggested that at the diagnosis of terminal illness, the family should be made aware of the timescales at end of life to help the family decide about the most appropriate care environment.

He also fed back his view of how the Trust had performed against the Care Quality Commission's (CQC) key lines of enquiry and felt that the Trust had not performed as well as it could and that there was room for improvement.

Dr Spare thanked him for sharing his experience with the Board and apologised for the experience that he and his family had had. Ms O'Neill responded to the story and confirmed that she would be sharing it with her teams. She agreed that communication between the service and families was key to providing the support they needed at a difficult time. An information leaflet was available. She confirmed that the service now included a twilight service and additional staff to provide more capacity and planning to support families. Patients were triaged and she reassured Mr Dawes that his father would have been a priority, despite staff shortages. She welcomed his suggestion to create a tool with pain management specialists and she would take that away.

Mr Bentley thanked Mr Dawes for sharing his story and apologised for his experience. He reconfirmed the Trust's commitment to listen and learn from the experience.

Ms Barber confirmed that end of life care was a key area of interest to the Quality Committee which monitored it closely. She would ask the Committee to follow up on how the learning from this story was being implemented across the Trust. She understood that an end of life care pilot was imminent in East Kent.

It was agreed that Dr Spare would take the story to the Quality Committee which would monitor the learning and Mr Dawes would be kept informed of progress.

**Action – Dr Spare**

The Board **RECEIVED** the Patient Story.

Mr Dawes and Ms O'Neill left the meeting.

**05/11/03 Apologies for Absence**

There were no apologies.

The meeting was quorate.

**05/11/04 Declarations of Interest**

There were no conflicts of interest declared other than those formerly recorded.

**05/11/05 Minutes of the meeting of 6 August 2020**

The minutes were read for accuracy.

The following amendment was suggested:

06/08/09 Board Governance Refresh Report - Paragraph three to read 'Mr Turner suggested that there should be some fresh guidelines issued to support report writers in completing the equality analysis section of the front sheet. Mr Sammon commented...'

The Board **AGREED** the Minutes.

**05/11/06 Matters arising from the meeting of 6 August 2020**

06/08/06 Service Impact Story – Dr Spare confirmed that Ms Barber would be discussing the story with the Governors at their morning development session on 11 November 2020.

06/08/11 – Charitable Funds Committee Chair's Assurance Report – Ms Norris confirmed that a message to staff was being issued that day to enable them to claim their vouchers.

06/08/08 – Chief Executives Report and Pre-Consultation Business Case (PCBC) – With regards to the equality impact assessment, Mr Bentley and Mr Goulston confirmed that it had been included in the PCBC.

06/08/10 – NHS England/Improvement Board Assurance Framework for COVID19 (KCHFT) – Dr Spare agreed to check that the Public Health England document had been reviewed against the document.  
Action open.

The Board **RECEIVED** the Matters Arising.

**05/11/07 Trust Chair's Report**

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

Mr Goulston had visited Hawkhurst Community Hospital the previous week where he had met staff, patients and support staff. Other non-executive

directors had visited services in the previous two months for We Care Visits.

Mr Goulston had visited the Rapid Transfer Service based at the William Harvey Hospital where he had had the opportunity to see the interface between Trust services, the acute service and care homes. He had also had the opportunity to visit the new urgent treatment centre in Folkestone.

The Board **RECEIVED** the Trust Chair's Report.

**05/11/08 Integrated Care System (ICS) Accreditation**

Mr Williams joined the meeting virtually and presented the report to the Board for information.

Mr Goulston confirmed that he was the interim chair of the Kent and Medway Sustainability and Transformation Partnership (STP).

In response to a question from Ms Skelton regarding whether there would be any sanctions imposed on the ICS members if they were unable to deliver, Mr Williams suggested that rather than regulation, the system would be encouraged through incentives. With regards to how the delegated authority of the ICS would work, Mr Williams indicated that although the partnership board would be a decision-making board, it would recognise the sovereignty of each individual organisation and their statutory responsibilities in the decision-making process.

In response to a question from Mr Turner as to whether Mr Williams was confident that the outcome of the bid would be communicated in December Mr Williams responded that he was.

In response to a question from Dr Spare regarding the patient experience within an ICS, Mr Williams suggested that with the agencies working more collaboratively this would improve the experience for patients. Because of the pandemic, the opportunity to conduct focus groups with patients had been limited. However, future commissioning would very much focus on outcomes.

Ms Barber urged Mr Williams to maintain focus on the strategic challenges and enablers. She also highlighted the importance of a place-based approach for the system. She suggested that being clear about the critical success factors and what they would mean for patients and communities would give discipline to everyone.

In response to a question from Mr Sammon regarding engaging with the CQC in the future, Mr Williams reflected that it was important to align the activities of the regulators and he would support a culture of supported improvement. Such an arrangement would provide an important opportunity in the system for delivering better healthcare.

In response to a question from Ms Afuape regarding how local decisions for patients would be reflected at the system level, Mr Williams responded that decisions and actions would be taken at the lowest level, mostly within each of the integrated care partnerships (ICPs) but also at the primary care network (PCN) level too. The clinical commissioning group (CCG) would be seeking to facilitate this.

In response to a question from Mr Butler as to what were the key criteria for granting the ICS status, Mr Goulston reflected that NHS England/Improvement (NHSE/I) would want to be confident that the creation of the ICS would improve the health and well-being of the communities in Kent and Medway and that its plans were sustainable.

In response to a question from Prof. Drobniowski as to how the success of the ICS might be measured, Mr Williams responded that there were two areas where he would like to see progress. Firstly, in addressing inequalities and secondly, delivering specific developments which would support the broader aspirations of integration and deliver demonstrable improvements for patients.

In response to Ms Skelton's previous question regarding decision-making at the ICS level and organisational level, Mr Goulston confirmed that the chairs and chief executives of all the providers sat on the Kent and Medway STP Board. Other members of the partnership board included the leaders of the local authorities along with their lead directors. Mr Williams added that he had had positive discussions with the local authority leaders about their challenges and was confident that they would work more closely together in the future.

Mr Goulston thanked Mr Williams for attending the meeting and suggested that a progress report from the ICS to the Board would be helpful in the future. Mr Bentley agreed to arrange this.

**Action – Mr Bentley**

The Board **RECEIVED** the Integrated Care System Accreditation.

**05/11/09 Chief Executive's Report**

Mr Bentley presented the report to the Board for information.

In response to a suggestion from Ms Barber to include a service story about the new urgent treatment centres at a future Public Board meeting, it was agreed that this would be arranged.

**Action - Dr Spare**

With regards to cementing the closer working relationship between the Trust and Kent & Medway NHS and Social Care Partnership Trust (KMPT), Mr Bentley confirmed that the two organisations would be drafting a memorandum of understanding shortly for ratification. The Board would receive a report in due course.

In response to a question from Ms Afuape regarding the Trust's communication plan to support widening the representation on the Council of Governors to reflect the diverse community it served, Ms Davies confirmed that a plan was in place. This included visiting the local temples and mosques to explain the role of the Governor. It was agreed that Ms Davies would send the plan to Ms Afuape for her comment. Ms Afuape offered to support the outreach activity.

**Action** – Ms Davies

The Board **RECEIVED** the Chief Executive's Report.

**05/11/10      Board Assurance Framework (BAF)**

Ms Davies presented the report to the Board for assurance.

Ms Barber suggested that the Quality Committee should consider Risk 110 (system and partnership plans to reset and restart services) at its next meeting, specifically with regards to the east and west Kent discharge model with Kent County Council (KCC) and the frailty models. Ms Butterworth agreed that this would be helpful. The Trust was working in a detailed way with KCC as part of their rethink programme and were looking at pathway discharge modelling to ensure that patients went to the right place first time. This would lead to fewer patient moves and would deliver a safer winter for patients.

**Action** – Ms Barber/Ms Butterworth

The Board **RECEIVED** the Board Assurance Framework.

**05/11/11      Operating Plan**

Mr Bentley presented the report to the Board for assurance.

In response to a question from Mr Turner as to whether Mr Bentley expected Board governance to revert to that previously used in the wave one Covid response, Mr Bentley reflected that it was too early to say but could not be discounted.

In response to a question from Prof. Drobniowski regarding how the Trust would be able to achieve its length of stay target over the coming winter, Ms Butterworth confirmed that the data over the last three years had been reviewed alongside demand and capacity modelling to inform the planning. The Trust would be working to prepare its workforce to cope with a high occupancy level whilst at the same time working with KCC to support pathways which moved patients to the right place. Ms Butterworth was confident that the length of stay target number of days would be achievable but it would dependant on all the system partners continuing to plan and deliver their services accordingly.

In response to a question from Ms Skelton regarding how the shared experience of delivering care in the COVID-19 environment had highlighted to the GP community the important role that community staff

played in supporting their services and the extra value they brought, Mr Bentley responded that the ICPs would help reinforce this message. He wished to see models in place that maintained bilateral and multilateral relationships and that were responsive at a local level.

In response to a question from Ms Barber as to whether the Trust was talking to its partners about their relationship with GPs and particular practices and how this would work for both patient experience and the staff, Mr Bentley confirmed that the Trust did feedback to partner organisations that it wished to work collaboratively with them.

In response to a question from Ms Barber as to whether the Trust was able to offer a seven day therapy service to help with reducing the length of stay in its community hospitals, Ms Butterworth responded that the Trust was unable to offer a uniform service at this time. However, competency training for workers would be explored to deliver this. There was an opportunity to look at funding to facilitate discharge which could provide a temporary workforce to deliver this service. It was agreed that this would be evaluated.

**Action – Ms Butterworth**

In response to a question from Ms Afuape as to what had been the modifications to front line staff training to reflect the changes they had experienced in the last few months, Mr Bentley commented that for the most part staff were not being asked to do anything new but rather to do it more frequently and in a more concentrated way. Dr Phillips added that she had observed real-time professional training in the care setting. Dr Spare commented that from a student perspective, she and the university were looking at virtual placements. Ms Afuape responded that some staff might need reassurance that they had the skill set to respond to the changing environment. Mr Turner added that the Strategic Workforce Committee had received a comprehensive review of how the Trust was supporting staff.

It was confirmed that an update on the operating plan would be presented to the Board at its Public meeting in February. Meanwhile it would receive interim reports at its monthly meetings.

**Action – Mr Bentley**

The Board **RECEIVED** the Operating Plan.

**05/11/12 Integrated Performance Report**

Mr Flack presented the report to the Board for assurance.

The Board **RECEIVED** the Integrated Performance Report.

**05/11/13 Audit and Risk Committee Chair's Assurance Report**

Mr Conway presented the report to the Board for assurance.

The Board **RECEIVED** the Audit and Risk Committee Chair's Assurance Report.

**05/11/14 Finance, Business and Investment Committee Chair's Assurance Report**

Mr Butler presented the report to the Board for assurance.

The Board **RECEIVED** the Finance, Business and Investment Committee Chair's Assurance Report.

**05/11/15 Quality Committee Chair's Assurance Report**

Ms Barber presented the report to the Board for assurance.

The Learning From Deaths Annual Report (September 2019-August 2020) had been received. No deaths had been judged more likely than not due to problems in healthcare in line with NHS England (NHSE) guidance. The number of deaths in scope for this review process had increased during April and May compared to previous years due to the COVID-19 pandemic. Areas of good practice and learning together with methods for sharing across the Trust were being identified. The mortality surveillance group continued to meet over the period to ensure reviews were being undertaken in a timely way. The work linked to the end of life care steering group.

In response to a question from Mr Bentley for clarification around reference to the care home sector and the Trust in her report, Ms Barber explained that the Committee wanted to understand better what the Trust offer would be to the care home sector rather than suggesting that it should be an objective.

The Board **RECEIVED** the Quality Committee Chair's Assurance Report.

**05/11/16 Strategic Workforce Committee Chair's Assurance Report**

Ms Skelton presented the report to the Board for assurance.

The Board **RECEIVED** the Strategic Workforce Committee Chair's Assurance Report.

**05/11/17 Board of Directors Governance Refresh**

Mr Goulston presented the report to the Board for approval.

The table on page 127 of 218 which set out which committee was responsible for which strategic issue was still a work in progress and would be discussed further in the Part Two meeting that would follow.

In response to a comment from Mr Turner regarding improving the equality analyses that were included on the front sheet of Board reports, Ms Norris

responded that the front sheet would be modified following revisions made by the Strategic Workforce Committee and the Executive Team. Not all papers needed an equality analysis but rather an identification of equality and diversity issues.

**Action – Ms Norris**

The Board **APPROVED** the Board of Directors Governance Refresh, subject to the amendment.

**05/11/18 Any Other Business**

There was no other business to report.

**05/11/19 Questions from members of the public relating to the agenda**

A question had been received from Mr John Woolgrove, Public Governor Out Of Area who asked for an update on the outcome of the patient story that had been presented at the February Public Board meeting. Mr Goulston confirmed that Ms Barber would be providing an update to the full Council of Governors at its morning development session in November.

**05/11/20 Date and Venue of the Next Meeting**

Thursday 11 February 2021; Rooms 6 and 7, Kent Community Health NHS Foundation Trust Offices, Trinity House, 110 – 120 Upper Pemberton, Kennington, Ashford Kent TN25 4AZ and MS Teams Live Event



**MATTERS ARISING FROM THE BOARD MEETING OF 5 NOVEMBER 2020 (PART ONE)**

Minute number	Agenda Item	Action	Action Owner	Status
06/08/10	NHS England/Improvement Board Assurance Framework for COVID-19 (KCHFT)	For Ms Afuape to share the Public Health England (PHE) report with the Board and for Dr Spare to review the BAF for COVID-19 against it and update the document if there were any omissions identified.	Ms Afuape Dr Spare	The PHE report has been circulated. Dr Spare agreed to check that the Public Health England document had been reviewed against the document.
05/11/2	Patient Story	To take the story to the Quality Committee in order to monitor the learning; and to keep Mr Dawes informed of progress.	Dr Spare	It was discussed at the November meeting.
05/11/8	Integrated Care System (ICS) Accreditation	To arrange for a progress report from the ICS to come to the Board at a future date.	Mr Bentley	Propose action closure. Update provided in the February Chief Executive report and Mr Bentley will arrange for the Accountable Officer of Kent and Medway Clinical Commissioning Group to attend a future Board meeting to update the progress of the ICS.

Minute number	Agenda Item	Action	Action Owner	Status
05/11/9	Chief Executive's Report	To arrange for a service story to come to a Public Board about the new urgent treatment centres.	Dr Spare	This has been added to the forward plan. A service story about the One You Service is being presented at the February Public Board meeting and a patient story will come to the May Board meeting. A service story about the urgent treatment centres is suggested for the September meeting.
05/11/9	Chief Executive's Report	To send the comms plan for supporting widening representation on the Council of Governors to Ms Afuape.	Ms Davies	Action complete.
05/11/10	Board Assurance Framework	To consider Risk 110 at the November Quality Committee meeting.	Ms Barber Ms Butterworth	Action complete.
05/11/11	Operating Plan	To evaluate the various options to provide a seven day therapy service to help with reducing the length of stay in the community hospitals.	Ms Butterworth	This has been addressed through targeted redeployment as part of the response to winter and the second wave of Covid. It will need a longer term commissioned and funded plan moving in to quarter 2. Action closed.
05/11/11	Operating Plan	To provide an update on the operating plan at the February Public Board meeting and interim reports to the Board at its monthly meetings.	Mr Bentley	Propose action closure. Weekly progress reports are undertaken and emailed to Board members.

Minute number	Agenda Item	Action	Action Owner	Status
06/11/17	Board of Directors Governance Refresh	To modify the Board paper front sheet to reflect the revisions made by the Strategic Workforce Committee and the Executive Team.	Ms Norris	Action complete. Action closed.



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	1.6
<b>Agenda Item Title:</b>	Service Impact Story
<b>Presenting Officer:</b>	Dr Mercia Spare, Chief Nurse
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

**What is the purpose of the paper and the ask of the Committee or Board?**

(include reference to any prior board or committee review) Has the paper been to any other committee?

The service impact story provides an opportunity for the Board to hear directly from teams and services about improvements made as a result of patient feedback or learning from difficulties in service experience or delivery.

**Summary of key points**

This story will be presented by the Canterbury community nursing team. It relates to the teams experience during the COVID-19 pandemic and the changes this presented with the complexity of patients there were caring for. Specifically the impact on the health and wellbeing of the staff and their resilience to deliver high quality care under unprecedented circumstances. The team will share the steps they took to positively maintain and improve health and wellbeing during this time, and how they have collaborated with colleagues to ensure this was shared across the Trust.

**Proposal and/or recommendation to the Committee or Board**

To note the report

**If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?**

Yes (please attach)

*National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.*

You can find out more about EAs here on [flo](#)

<b>If not, describe any equality and diversity issues that may be relevant.</b>  <i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i>	<input checked="" type="checkbox"/> No (please provide a summary of the protected characteristic highlights in your paper)		
<b>Highlights relating to protected characteristics in paper</b>  Community services are accessible to all patients, service users and/or clients that are referred in to them and therefore there are no specific protected characteristics that are impacted as a direct result of this service impact story. COVID-19 is known to have a disproportionate impact on the frail elderly and BAME people.			
Name:	Dr Mercia Spare	Job title:	Chief Nurse
Telephone number:		Email	m.spare@nhs.net

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	1.8
<b>Agenda Item Title:</b>	Chief Executive's Report
<b>Presenting Officer:</b>	Paul Bentley, Chief Executive Officer
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance

### Report Summary

This report highlights key business and service developments in Kent Community Health NHS Foundation Trust in recent weeks.

### Proposal and/or recommendation

Not applicable.

<b>If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis (EA) for this paper?</b> <p><i>National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.</i></p> <p>You can find out more about EAs here on <a href="#">flo</a></p> <p><b>If not describe any equality and diversity issues that may be relevant.</b></p> <p><i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i></p>	<input type="checkbox"/> Yes (please attach)  <input checked="" type="checkbox"/> No (please provide a summary of the protected characteristic highlights in your paper)
<b>Highlights relating to protected characteristics in paper</b>	

Name:	Paul Bentley	Job title:	Chief Executive
Telephone number:	01622 211902	Email	p.bentley@nhs.net



## CHIEF EXECUTIVE'S REPORT

### February 2021

Since the last time the board met in public (November 2020) the demands on the health service country wide and in Kent and Medway have continued to be significant, as a result of the time of the year and the impact of the COVID-19 pandemic.

I do wish to highlight to the board a number of issues which have arisen since the last time we met, grouped as previously into the following categories patients, our people, and partnerships.

#### **Patients**

##### **1. Response to winter**

The Kent & Medway system has seen very high levels of demand, this has been a result of the predicted winter surge activity alongside the implications of the second wave of COVID-19, exacerbated by the consequences of the variant of the corona virus and the prevalence of this variant in Kent and Medway. KCHFT has worked collectively with the system to respond to the unprecedented demand undertaking a number of measures to support safe patient care including:

- Expansion of our frailty service to facilitate keeping vulnerable people at home when they need clinical care
- Continuing our use of surge and escalation capacity in our community hospitals to offer rehabilitation to patients being discharged from acute sites
- Redeploying 116 staff to support Tier 1 services to provide care to non-elective and urgent care patients
- Working with system partners to develop a model of care for patients suffering the long term effects of COVID-19
- Our respiratory team working in EKHUFT to support patients who attend ED to avoid being admitted for their care

##### **2. Non COVID activity and recovery**

In August 2020 a recovery group was established and chaired by the Chief Operating Officer, the group has oversight of the management of patient and service user waits and the recovery of non COVID activity back to previous levels. This group has met monthly with all services having trajectories for achievement. Backlogs have now either been eliminated, or are meeting trajectory across our divisions with the exception of services where it has not been possible to carry out clinical activity such as schools, prisons and south east driveability. Dental services have also been affected due to lack of operating theatre

availability to undertake dental procedures where the patient requires a general anaesthetic and the guidance which requires a reduced number of appointments and fallow time between patients. Overall Trust level activity had been predicted to reach pre-COVID levels by March 2021; and was on track to meet this trajectory. Trust activity in December was at 92.5% compared to Dec 2019 against a predicted recovery level of 95.8%. The activity recovery forecast will need to be reconsidered and kept under review given second COVID wave and the requirement for targeted short term redeployment of staff to Tier 1 services.

### **3. COVID-19 Vaccination Programme**

As the national vaccination programme started in the late autumn of 2020, KCHFT were asked to fulfil the role of MCO (management co-ordinating organisation) across Kent and Medway. In this role, the Trust will staff and open a number of large vaccination centres across the area. At the time of writing the Trust has opened two, in Folkestone and Gravesham, with at least two more to follow opening in February.

The NHS and the Trust is concentrating on vaccinating groups 1-4 as defined by the JCVI (joint committee on vaccination and immunisation) by 15<sup>th</sup> February, at which point the trust and the wider NHS will move to vaccinate the next groups.

At the time of writing the Trust has vaccinated many thousands of people from the highest risk groups and as more sites open this will increase. The large vaccination sites are open 7 days per week, 12 hours each day.

I am grateful for the support of local MP's in all parts of Kent and Medway, the district and county council and the voluntary organisations for their support for the programme.

The Trust has completed the recruitment of over 2000 members of staff to work on the programme, and these have been deployed into the two large vaccination sites and the two hospital hubs which the Trust is running.

## **Our People**

### **1. Equality and diversity**

The Head of EDI started in December 2020 and has initially undertaken a scoping exercise to establish priorities for the Trust. Equality monitoring data has been limited and a focus on improving this is key. This will enable the Trust to benchmark using National Equality reports and frameworks. Focus groups have been a priority for the Patient & Carer Partnership Team to understand the experiences of our patients and carers using our services during the Pandemic. The team is currently building relationships with community leaders that support health inclusion groups and seldom heard communities to ensure representation and participation at patient focus groups. Developing SMART objectives using the feedback from focus groups will enable targeted interventions to reduce health inequalities, creating an inclusive organisation that promotes equality, celebrates diversity and is accessible to all.

Our new Head of workforce Equality, Diversity and Inclusion commences in February. The main focus will be working with the staff networks to establish priorities for the Trust and the development of a Diversity and Inclusion strategy. The first priority will be implementing a reciprocal mentoring for inclusion scheme, designed to enable change that leads to greater equity of outcomes across the system.

## 2. Schwartz rounds

Trust-wide Schwartz Rounds were introduced in June 2020 which have been very well received and well attended by staff.

There has been an increasing number of requests made from teams for additional more 'localised' Schwartz Rounds. In response to these requests, four new Facilitators have been trained in January 2021 to provide more capacity within the Schwartz team. This will enable the delivery of 'Team Time' Rounds held locally within services, as well as the continued delivery of monthly Trust-wide Schwartz Rounds.

## Partnerships

### 1. Kent and Medway Integrated Care System (ICS) development

During our last public board meeting we were joined by Wilf Williams, Senior Accountable Officer for Kent and Medway CCG. He explained to the board that the application to become an ICS for Kent and Medway was being considered by NHSI/E, this took place and further consideration will take place this month.

The Trust continues to support greater system working and the application to become an ICS and I will update the Board when feedback is received from NHSI/E.

### 2. Integrated care partnerships

The Trust continues to maintain its active involvement in the development of both the East and West Kent Integrated Care Partnerships (ICP's). The partnerships have continued to support COVID related initiatives which has included the introduction of oximetry services designed to monitor patients with high risks at home and early supported discharge schemes.

### 3. Collaboration with Kent and Medway Partnership Trust (KMPT)

Work continues to finalize a practical work plan for collaboration between the Trust and KMPT. It builds on our current and COVID related projects to deliver initiatives in three agreed areas; dementia, the adult neurodevelopmental pathway and the physical health input for learning disability and severely mentally ill patients. A set of principles and a Memorandum of Understanding (MoU) to underpin the collaboration is also being finalized.

### 4. Transfer of NHS Property Services buildings to KCHFT

The Board are aware that the trust submitted business cases for the transfer of four properties into Trust ownership, these buildings are presently owned by NHS Property services. Like much of our work, the original timescales have been impacted through the pandemic, however I am pleased to report that, from 1 February, Tonbridge Cottage Hospital is now under the direct control of the Trust and the final application to the department of Health has been made to transfer the College Road clinic Trust ownership. This final application confirms that all the conditions for the transfer have been met and it is expected that the legal transfer will therefore be completed before the end of February.

One of the conditions of transfer is that all debt, in relation to any tenant has been cleared. This condition is proving challenging to meet at Dover Health Centre and Victoria Hospital in Deal. While the Trust has cleared all of its debt, historical balances from other tenants are still under dispute. This is being worked through but may impact the agreed transfer deadline

of 11 March. Discussions are on-going between the Department of Health, NHSPS and the tenants.

In conclusion the winter months are always the busiest and most demanding times for the NHS; this has been the case this winter, compounded by the impact of the pandemic. Our team members continue to deliver compassionate and quality care in the most challenging circumstances which the NHS has ever faced. I would like to take the opportunity to thank all team members for the way they are conducting themselves and for the service they continue to provide for the people we serve.

**Paul Bentley**  
**Chief Executive**  
**February 2021**

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	1.9
<b>Agenda Item Title:</b>	Board Assurance Framework
<b>Presenting Officer:</b>	Natalie Davies, Director of Corporate Services
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

**What is the purpose of the paper and the ask of the Committee or Board?**

(include reference to any prior board or committee review) Has the paper been to any other committee?

The function of the Board Assurance Framework (BAF) is to inform and elicit discussion about the significant risks which threaten the achievement of the Trust's strategic objectives. To provide assurance that these risks are being effectively managed, the BAF details the controls in place to mitigate each risk, any gap in control, assurance of the controls' effectiveness, the actions planned and being executed together with the date by when the actions are due to be completed.

The BAF is discussed and updated by the Executive Team regularly.

Individual risks have been allocated to relevant committees for scrutiny and are discussed at each meeting and the comments fed back to the Board via the committee chairs' assurance reports.

The full BAF as at 2 February 2021 is shown in Appendix 1.

**Summary of key points**

**Proposal and/or recommendation to the Committee or Board**

The Board is asked to note this report.

**If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?**

Yes (please attach)

*National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.*

You can find out more about EAs here on [flo](#)

**If not, describe any equality and diversity issues that**

<b>may be relevant.</b>  <i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i>	<input type="checkbox"/> No <i>(please provide a summary of the protected characteristic highlights in your paper)</i>
<b>Highlights relating to protected characteristics in paper</b>	
Equality impact assessments should be completed, taking into consideration any issues or characteristics. These should be implemented in individual risk actions that feed into the BAF.	

Name:	Ben Norton	Job title:	Head of Transformation and Risk
Telephone number:	01233667744	Email	ben.norton@nhs.net

## **BOARD ASSURANCE FRAMEWORK**

### **February 2021**

#### **1. Introduction**

- 1.1 The Board Assurance Framework (BAF) is comprised of strategic risks identified against the strategic goals defined within the Integrated Business Plan (IBP) in addition to risks identified against the achievement of business and operational objectives with a high gross (inherent) risk rating.
- 1.2 The BAF is therefore comprised of high risks. Refer to section 3 below for a definition of high risk.
- 1.3 Risks may be identified by Services or Directorates and escalated upwards to the Executive Team, or may be identified at the Board or any of its sub Committees.
- 1.4 The Executive Team review newly identified high risks to ensure that those with significant potential to impact on the achievement of strategic goals are recorded on the BAF and reported to the Board. This allows the Board to monitor mitigating actions. As actions are implemented, controls improve and this can enable the exposure to risk to reduce.
- 1.5 The full BAF as at 2<sup>nd</sup> February 21 is shown in Appendix 1.

#### **2. Amendments to the BAF**

- 2.1 Since the BAF was last presented to the Board there have been no new risks identified against the strategic objectives.
- 2.2 Since the BAF was last presented to the Board there has been one risk removed.

BAF ID 112 – ‘Uncertainty regarding the details of the UKs exit from the European Union could result in potential significant disruption for the organisation following the deadline date of 31 December 2020’.

#### **3. High risk definition**

- 3.1 A high risk is defined as any risk with an overall risk rating of 15 or above, as well as those risks rated as 12 with an impact score of 4. The risk matrix below provides a visual representation of this.

### 3.2 Figure 1: Trust risk matrix.

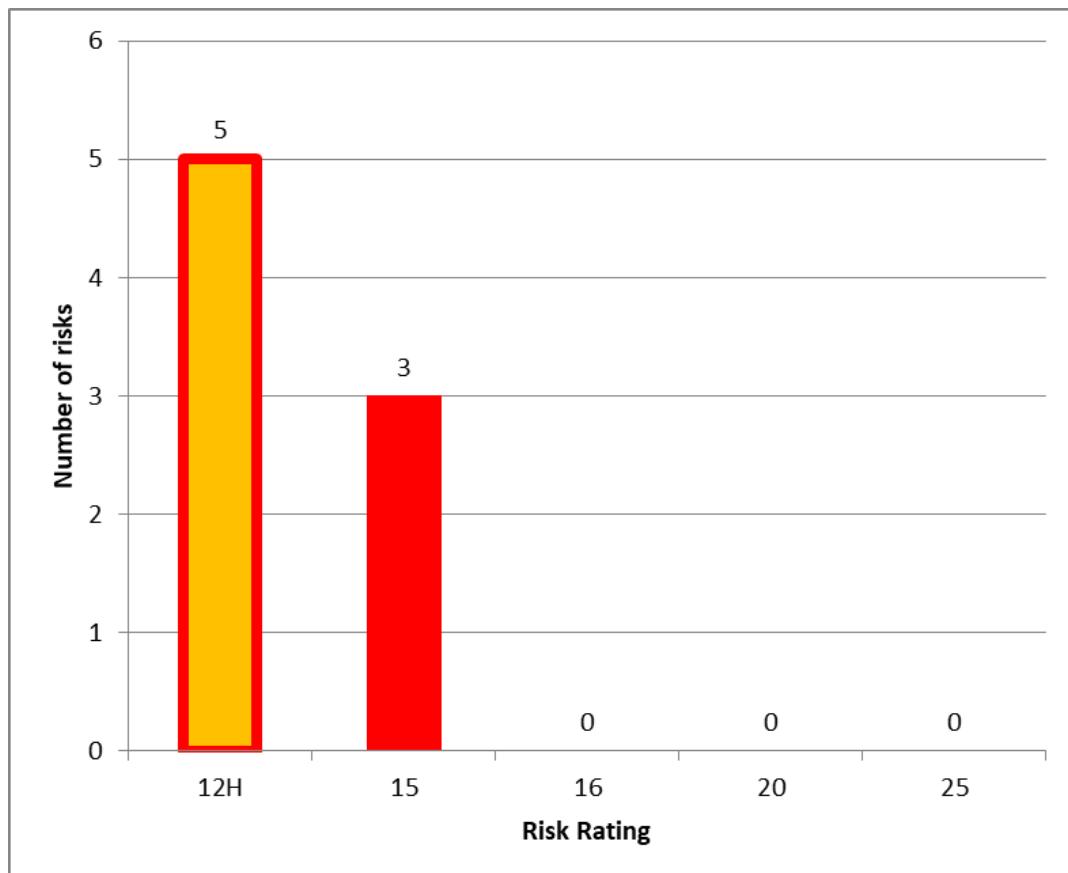
		<i>← Impact / Severity →</i>				
		Insignificant	Minor	Moderate	Major	Catastrophic
↓ Likelihood ↓		1	2	3	4	5
Rare	1	1	2	3	4	5
Unlikely	2	2	4	6	8	10
Possible	3	3	6	9	12	15
Likely	4	4	8	12	16	20
Almost Certain	5	5	10	15	20	25

The scores obtained from the risk matrix are assigned grades as follows:



## 4. Organisational Risk Profile

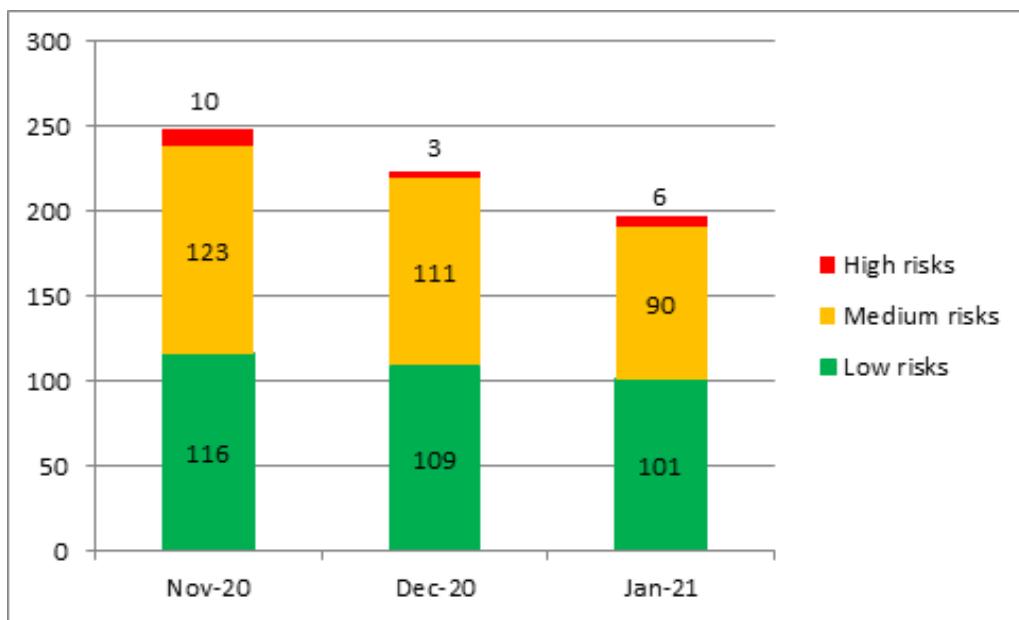
### 4.1 Figure 2: BAF Risk Profile



## 5. Risk Overview

5.1 The total number of open risks within the Trust stands at 190 this is comprised of 98 low risks, 84 medium risks and 8 high risks. Figure 3 (below) provides a visual representation. There are currently 32 out of date risks and 12 risks past their target completion date. Low risks are initially reviewed by Heads of Service with further reviews by the responsible officer at least bi monthly. Medium risks would initially be reviewed by Heads of Service and then onward to the Community Service Director/Assistant Director for approval, these would normally be reviewed on a monthly basis. All risks are extracted by the Risk Team on a weekly basis and the officer responsible for those risks that have passed their review date or target completion date are contacted by the team to prompt a review.

5.2 Figure 3: Organisational Risk Profile.



## 6. Recommendation

6.1 The Executive Team should review the Board Assurance Framework within Appendix 1 to ensure sufficient mitigating action is in place to address the risks.

**Ben Norton**  
**Head of Transformation and Sustainability**  
**03 February 2021**



# Board Assurance Framework Framework

## Appendix 1 Board Assurance Framework Section 1 Risks with a high net risk rating which have not been tolerated.

**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

Updated 2nd February 2021

### Kent Community Health NHS Foundation Trust

Action status key:  
 Actions completed G  
 On track but not yet delivered A  
 Original target date is unachievable R

ID	Board Level	Risk Description (Simple Explanation of the Risk)	Rating C L	Control Description	Top Five Assurances	Planned Actions and Milestones	Current rating		Assessment	Target rating	Target Date (end)
							Rating	Target Completion (end)			
106	Pauline Butterworth	Risk that the significant impact on the system and the organisation due to the Covid 19 pandemic may result in the inability to deliver services to an acceptable standard either in coverage or quality.	5 / 4	20	Covid 19 Response Plan Operational Response SRO appointed On-call structure reviewed and amended to support current Covid activity Established Battle rhythm reporting and communications plan Trigger and escalation framework established	Internal and External Reporting Executive site-reporting daily Department of Health Response confirmation Operational KPIs LRF area ratings nationwide and local	5 / 3	15	Actions to reduce risk	Medium	March 2021
107	Pauline Butterworth	Board Committee Lead on Assurance: The Board	Mar 2020	Actions completed 1. Communication of ICP update 2. Review of current risk register 3. Review of current risk register 4. Communication of ICP update 5. Review of current risk register 6. Review of current risk register 7. Further review of trust governance against current context	Internal and External Reporting Executive site-reporting daily Department of Health Response confirmation Operational KPIs LRF area ratings nationwide and local	5 / 3	15	Actions to reduce risk	Medium	March 2021	
108	Pauline Butterworth	Risk that the extended and ongoing response to Covid will impact on staff stress and morale, an effect that the delivery of services to patients is compromised.	5 / 4	20	Covid 19 Response Plan Operational Response SRO appointed Incident Team appointed Membership of LHRP Established Battle rhythm reporting and communications plan	Internal and External Reporting Executive site-reporting daily Department of Health Response confirmation Operational KPIs LRF area ratings nationwide and local	5 / 3	15	Actions to reduce risk	Medium	March 2021
109	Pauline Butterworth	Risk that the balance of factors, including safety, operational effectiveness, patient need and engagement, as part of res may impact our ability to stand up all services.	5 / 3	15	Organisation priorities reviewed and established Covid 19 Response Plan Operational Response SRO appointed Established Battle rhythm reporting and communications plan Trigger and escalation framework established Cross directorate working and membership CQC ICP BAFF	Internal and External Reporting Executive site-reporting daily Department of Health Response confirmation Operational KPIs LRF area ratings nationwide and local Contingency Planning - Local BIAs	4 / 3	12H	Actions to reduce risk	Medium	March 2021
110	Pauline Butterworth	System and partner plans to reset and restart could be insufficient or insufficiently co-ordinated to meet the demand resulting in the system being overwhelmed and patients not receiving the services they require.	5 / 3	15	Actions completed & removed 1. System and partner plans to reset and restart could be insufficient or insufficiently co-ordinated to meet the demand resulting in the system being overwhelmed and patients not receiving the services they require.	System led Covid response and recovery plans Integrated management team meeting introduced Data sharing reporting - Locally and Nationally Operational risk and control logs Membership of LHRP Kent and Medway Covid plan	5 / 3	15	Actions to reduce risk	Medium	April 2021
111	Pauline Butterworth	System Committee Lead on Assurance: Quality Committee	Jul 2020	Actions completed & removed 1. System and partner plans to reset and restart could be insufficient or insufficiently co-ordinated to meet the demand resulting in the system being overwhelmed and patients not receiving the services they require.	System responses through LHRP/NHSIE Internal and external reporting LRF area ratings	5 / 3	15	Actions to reduce risk	Medium	April 2021	

Initial Rating	Risk Description (Simple Explanation of the Risk)	C L	Rating	Planned Actions and Milestones		
				Top Five Assurances	C L	Rating
Aug 2020 ID 111 Open/Board Owner	Risk that the organisation's services may be overwhelmed as a result of the impact of winter pressures in combination with Covid.	4   3   12H	Vismo Operational and monitored	<ul style="list-style-type: none"> <li>• Previous emergency plans successful during testing</li> <li>• Staff flu vaccination programme for KCHFT staff.</li> <li>• Actions have been identified in order to reduce the gap in controls relating to this risk.</li> <li>• Collaboration with Covid partners</li> </ul>	4   3   12H	<b>Actions to reduce risk</b>
Aug 2020 ID 112 Open/Board Owner	Risk that the organisation may encounter collaborative challenges with health partners and demands on the trust not being able to cope with the system wide delivery of the Covid 19 vaccination programme.	4   3   12H	Pauline Butterworth Board Committee Lead on Assurance: Quality Committee	<ul style="list-style-type: none"> <li>• Governance structure including programme board and work streams – SRO appointed – Chief Executive</li> <li>• Governance structure matching the regional and national governance plan supported by sit rep</li> <li>• Membership of local, regional and national fora</li> <li>• Implement staff &amp; patient Covid vaccination Programme</li> <li>• Understanding of Covid demand profiles</li> <li>• Establish weekly sit rep to manage system vaccine delivery.</li> </ul>	4   3   12H	<b>Actions to reduce risk</b>
Aug 2020 ID 113 Open/Board Owner	Risk that the organisation may encounter collaborative challenges with health partners and demands on the trust not being able to cope with the system wide delivery of the Covid 19 vaccination programme.	4   3   12H	Pauline Butterworth Board Committee Lead on Assurance: Board	<ul style="list-style-type: none"> <li>• New assurance added to the programme board and work streams – SRO appointed – Chief Executive</li> <li>• Support mass vaccination programme. Communication of Covid 19 vaccination programme to all stakeholders via email and newsletter.</li> <li>• Online Q&amp;A session with CCGs and other providers to help with CCGs and other providers to implement their mass vaccination programme plan.</li> </ul>	4   3   12H	<b>Actions to reduce risk</b>
Aug 2020 ID 114 Open/Board Owner	Potential for the unavailability of GA theatre space to undertake GA dental work could cause patient harm through undressed pain, negative impact on child development and represent a reputational risk to the trust.	4   3   12H	Pauline Butterworth Board Committee Lead on Assurance: Quality Committee	<ul style="list-style-type: none"> <li>• To review each patient using tSSA surgical prioritisation standard</li> <li>• Offer patients 3 monthly review F2F or via telephone to ensure any changes to dental status is pick up by team</li> <li>• Carry out as many treatment as possible under sedation if patient can tolerate some treatment in the chair</li> </ul>	4   3   12H	<b>Actions to reduce risk</b>
Jan 2019 ID 103 Open/Board Owner	The price of ICS transition is resulting in an inconsistent narrative which could impact our ability to progress the strategic aims of the organisation.	4   3   12H	Pauline Butterworth Board Committee Lead on Assurance: Board	<ul style="list-style-type: none"> <li>• Sustainability and Transformation Plan (STP) Programme</li> <li>• Board TOFs and membership</li> <li>• TORS for ICP forms, Local Care Boards; Frailty Group; Executives Forum</li> <li>• KCHFT Chief Executive as SIRO for East CP and Medway STP/ICS</li> <li>• System transformation governance structure</li> <li>• Involvement and promote nature development of ICS</li> <li>• Continue to deliver outstanding healthcare enhanced.</li> <li>• NED presence and role in the system to be pursued and enhanced.</li> <li>• Active in ICPs</li> </ul>	4   3   12H	<b>Actions to reduce risk</b>
May 2021 ID 6 Rating C	Pauline Butterworth Board Committee Lead on Assurance: Quality Committee	2   3   6	May 2021			
June 2021 ID 6 Rating G	Pauline Butterworth Board Committee Lead on Assurance: Quality Committee	2   3   6	June 2021			
April 2021 ID 6 Rating A	Pauline Butterworth Board Committee Lead on Assurance: Quality Committee	2   3   6	April 2021			
March 2021 ID 9 Rating A	Pauline Butterworth Board Committee Lead on Assurance: Quality Committee	3   3   9	March 2021			

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	2.1
<b>Agenda Item Title:</b>	People Strategy
<b>Presenting Officer:</b>	Bridget Skelton, Chair of Strategic Workforce Committee  Louise Norris, Director of Workforce, Organisational Development and Communications
<b>Action – this paper is for:</b>	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Information <input type="checkbox"/> Assurance

### Summary of key points

The Trust's first People Strategy was launched in 2017. The strategy set out a three year roadmap to achieve the aim of being the best NHS employer.

The key workforce metrics from 2017 to now are:

Key metric	2017	2021
Turnover	15.29%	13.97 %
Absence	4.18 %	4.11 %
Vacancies	7.65 %	4.20 %

The workforce metrics, coupled with the year on year improvements in the annual staff survey results, demonstrate that the strategy is achieving its aim.

This refreshed three-year People Strategy will help us to continue to build our reputation as the best NHS employer and explains our commitment to our people. It is an enabling strategy to support the delivery of the Trust's overall strategy and should be read with our other enabling strategies. There has never been a more important time to set out the Trust ambition to its workforce. It has seven ambitions to enable us to engage, retain and recruit staff.

Our pledge is simple – to be the best place to work. We aim to have a happy, engaged and productive workforce, which provides outstanding service and care.

We firmly believe our Trust belongs to our people – both the people we care for and the people who work here. Our people are our most valued asset and the best resource we have to deliver all that is required of us. They shoulder enormous responsibility for the lives of patients and their working life must reflect this. They

should be trusted, have compassionate leadership and be duly recognised for their contribution.

To achieve this we will:

- engage our people
- empower our people
- look after our people
- develop our people
- treat our people fairly
- have compassionate, inclusive and effective leaders for our people
- and have people ready for the future.

Our pledge is simple – to be the best place to work.

Each of the seven themes has an ambition and a program of work to deliver them over the next three years. Each theme is described in more detail in the following sections together with our ambition and most importantly, our measures of success.

The strategy has been developed by listening to our people, through our senior leaders' forum, staff partnership forum and Our Big Listen Two event, as well as feedback from our regular staff surveys. It was recommended by the Executive for approval to the Strategic Workforce Committee.

The Strategic Workforce Committee commend the approval to the Board.

#### **Proposal and/or recommendation**

The Board is asked to approve our People Strategy.

<b>If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis (EA) for this paper?</b>	<input type="checkbox"/> Yes (please attach)
<i>National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.</i> You can find out more about EAs here on <a href="#">flo</a>  One of the themes of the strategy sets out our ambition that we are an employer known for our inclusive culture. We celebrate diversity and our workforce represents the communities we serve. We have an equitable environment, free from harm, a just culture that is safe and respectful.	<input type="checkbox"/> No (please provide a summary of the protected characteristic highlights in your

<p><i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i></p>	<i>(paper)</i>
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**Highlights relating to protected characteristics in paper**

Name:	Louise Norris	Job title:	Director of Workforce, Organisational Development and Communications
Telephone number:	01622 211905	Email	louisenorris@nhs.net



# Our People Strategy

2020/21 to  
2023/24





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Whatever their role, wherever they work – every single one of our 5,000 colleagues, plays an outstanding role in delivering the high-quality care to our communities.

This People Strategy has been written at a time when NHS colleagues have faced unprecedented challenges responding to a pandemic; some putting their lives on hold to save others, and everyone juggling work and family life.

It has been developed at a time when Covid-19 has forced the world to recognise the value of our health, at whatever age and laid bare the huge inequalities faced by our black, Asian, and minority ethnic and other deprived communities. And it's important to recognise that some of our colleagues are among these.

This three-year strategy sets out Kent Community Health NHS Foundation Trust's (KCHFT) commitment to all our colleagues – to be the best employer – so united, we are ready to face whatever the challenges that lie ahead.

Rightly so, it's been developed by listening to our people, through our senior leaders' forum, staff partnership forum and Our Big Listen 2 event, as well as feedback from our regular staff surveys.

And as its heart is compassion and admiration for colleagues who have achieved something remarkable and of whom, as well as saying thank you, we continue to ask for more.

Describing our ambition is one thing; delivering is another. So, this strategy identifies seven themes for action, which we will focus on for the next three years to continue to engage, retain and recruit colleagues.

While it has built on the learning from a very difficult six months, we live in an uncertain and ever changing environment, so we can say with confidence we will need to update and adapt our people strategy during the timeframe it covers.

Our commitment is to continue to listen and evolve our People Strategy in response to any changing context.

*Louise*

Louise Norris  
Director of Workforce, Organisational Development and Communications



## About this strategy

This three-year People Strategy will help to build our reputation as the best NHS employer and explains our commitment to our people. It is an enabling strategy to support the delivery of the trust's overall strategy and should be read with our other enabling strategies. It has seven ambitions to enable us to engage, retain and recruit staff.

To achieve this we will:

- engage our people
- empower our people
- look after our people
- develop our people
- treat our people fairly
- have compassionate, inclusive and effective leaders for our people
- and have people ready for the future.

Our pledge is simple – to be the best place to work. We aim to have a happy, engaged and productive workforce, which provides outstanding service and care.

We firmly believe our trust belongs to our people – both the people we care for and the people who work here. Our people are our most valued asset and the best resource we have to deliver all that is required of us. They should enormous responsibility for the lives of patients and their working life must reflect this; they should be trusted, have compassionate leadership and be duly recognised for their contribution.

**Our pledge is simple  
– to be the best  
place to work.**



# Context and background

## Our organisation

We provide wide-ranging NHS care for people in the community, in a range of settings including people's own homes; nursing homes; health clinics; community hospitals; minor injury units and increasingly urgent treatment centres and in mobile units.

We are one of the largest NHS community health providers in England, serving a population of about 1.4 million across Kent and 600,000 in East Sussex and London. We employ more than 5,000 staff, including doctors, community nurses, physiotherapists, dietitians and many other healthcare and administrative professionals.

## Our mission and vision



### Our vision

A community that supports each other to live well.

### Our mission

To empower adults and children to live well; to be the best employer and work with our partners as one.

### Our values

We have four values:



#### Aspiration

We feel empowered and we empower our patients. We strive to improve. Our focus is on research and generating ideas and innovations. We're open, transparent and we think creatively.



#### Excellent

We strive to deliver the best care we can. We grow a culture of excellence in our teams. We challenge complacency.



#### Compassionate

We put patients and our service users at the heart of everything we do. We're positive, kind and polite. We understand diversity. We're respectful, patient and tolerant.



#### Responsive

We listen. We act. We communicate clearly. We do what we say we will. We take account of the opinions of others.

## Our challenges

### Nationally

The challenges facing the NHS are evolving. We have an ageing population, many living with multiple long-term conditions. The way we are living our lives is also changing, meaning that younger members of the population are accessing health services. All of this is putting increased demand on the NHS.

In response to this, the NHS published the NHS Long Term Plan in 2019, which sets out the priorities for NHS for the next 10 years. Much of this relies on re-designing care pathways and delivering care in different ways, such as:

- integrated local care systems
- stronger network of GPs and community services
- radically transformed outpatient services
- avoiding hospital admittance
- specific commitments relating to a range of priority areas such as cancer, stroke, children's services and maternity.

Success in delivering this ambitious 10-year plan requires the NHS to re-think traditional workforce models and to develop a sustainable and flexible workforce of the future.



### In June 2019, NHS England and Health Education

England published an interim people plan. Actions from the interim plan were taking place. Then at the start of the COVID-19 everything changed. Consequently, NHS England published 'We are the NHS: People Plan for 2020/21' in July 2020. The plan sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021. It focuses on:

- Looking after our people particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.
- Belonging in the NHS highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- New ways of working and delivering care emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- Growing for the future particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

The descriptions are what we should be able to say about working for the NHS by 2024 and falls under the strategic theme of looking after our people in the 'We are the NHS: People Plan For 2020/21'. Our People Strategy encompasses the NHS people promise and NHS People Plan.

## Locally

There are approximately 1.8 million people living in Kent and Medway. The population of Kent and Medway is rapidly growing. The number of people living in Kent and Medway is predicted to rise by almost a quarter by 2031.<sup>1</sup> This increase is higher than the average across England. This is because local people are living for longer and because people are moving into the area. We are very unlikely to see any more significant increases in health and social care budgets in the near future. Our budgets are not rising at the same pace as costs and demand. Across Kent, all NHS providers face significant financial challenges. Funding for council-provided services is reducing due to budget pressures.

From April 2021, Kent and Medway aim to become an integrated care system. The system will be made up of GP practices working together in primary care networks, four new and developing integrated care partnerships, drawing together all the NHS organisations in a given area and working more closely with health improvement services and social care, and a single commissioner, NHS Kent and Medway to take a bird's eye view of health priorities for local people and look at shared challenges.

East Sussex has a varied and diverse population and is home to around 555,110 people. The county is seeing many of the same challenges as Kent, in terms of the proportion of people over 65 and over 85 being higher than the national average. The numbers of young people are expected to increase by three per cent in the next three years and there is also a growth in the numbers of children with statements of SEND or Education Health Care Plan, some of whom will have complex medical and care needs.

Across Sussex, the NHS and local councils that look after social care and public health are working together to improve health and care. The Sussex Health and Care Partnership (SHCP) brings together 13 organisations into an integrated care system (ICS).

The East London Health and Care Partnership is looking at what kind of workforce they need now and at the future and is one example of what they see as being tackled at scale. North east London, has a population of almost 2 million. It has the highest population growth in London – equivalent to a new borough in the next 15 years, as well as significant health inequalities. The health and care workforce has a high turnover, with recruitment difficulties and high reliance on temporary agency workers, although there is huge variation across the patch. It also faces a funding gap between the demand and cost of services and if nothing is done, this is estimated to be £1.5bn over the next five years.

**Our people strategy encompasses the NHS people promise and NHS People Plan.**



## Delivering our vision through our people

Our People Strategy is an enabling strategy to deliver our vision of care, achieve the trust's strategic objectives and be ready for future changes and challenges. It is in the context of increased scrutiny, austerity, changing models of care and increasing demand for improved standards of care that our people strategy for 2021-2024 has been written. It outlines how we will recruit, retain and engage staff to unlock their potential and achieve the strategy.

It outlines how we build and maintain the culture, capacity and capability required to meet the challenges we face in the years ahead and continue to deliver high-quality patient-centred care, with staff setting the pace.

Our People Strategy is an enabling strategy.

## The strategy our seven themes and aims

Each of the seven themes has an ambition and a program of work to deliver them over the next three years. Each theme is described in more detail in the following sections together with our ambition and most importantly, our measures of success. Progress will be monitored by a Board Sub Committee – The Strategic Workforce Committee.

### Our people of the future

We plan for the future and we do it well. We act quickly, responding to need and all our services are staffed appropriately.



11



## Our People Strategy 2021-2024

## Our People Strategy 2021-2024

Alignment to We are the NHS and NHS people promise	Theme	Ambition	Area of focus
Belonging to the NHS; We are recognised and rewarded We each have a voice that counts	Engaging our people	<p>People are proud to work here, feel supported and recognised. They feel able to speak up and enjoy coming to work.</p>	<ul style="list-style-type: none"> <li>• Staff communication and engagement</li> <li>• Reward and recognition</li> <li>• Building confidence to speak up</li> </ul>
Belonging to the NHS; We are a team	Empowering our people	<p>Decisions are made as close to the patient as possible.</p> <p>High-performing teams have all the authority they need to make the right decisions, quickly.</p>	<ul style="list-style-type: none"> <li>• Reimagine Teams wrapped around PCNs where appropriate</li> <li>• Team effectiveness</li> <li>• Decision making framework</li> </ul>
Looking after our people, belonging to the NHS; We are safe and healthy We work flexibly	Looking after our people	<p>Our people are safe, healthy and well in their mental and physical wellbeing.</p> <p>Our approach is to value every member of the KCHFT team; supporting them in their role, but also as an individual.</p>	<ul style="list-style-type: none"> <li>• Wellbeing passports</li> <li>• Continue to build our wellbeing offer</li> <li>• Risk assessments</li> <li>• Flexibility by default</li> <li>• Supporting people with career responsibilities</li> </ul>
New ways of working and delivering care, growing for the future; We are always learning	Developing our people	<p>Whether it's personal or professional development, all colleagues have everything they need to build on their potential.</p> <p>We regularly learn from our success, as well as when things don't go right.</p>	<ul style="list-style-type: none"> <li>• Clear career pathways</li> <li>• Career conversations</li> <li>• Talent management</li> <li>• Expanding e-learning</li> <li>• Helping and supporting staff to understand the choices they take, to reduce carbon usage and use more sustainable options can support staff and families wellbeing in the future.</li> </ul>

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Alignment to NHS people promise	Theme	Ambition	Area of focus
Belonging to the NHS; We are recognised and rewarded We each have a voice that counts	Treating our people fairly	<p>Looking after our people, belonging to the NHS; We each have a voice that counts</p> <p>We are an employer known for our inclusivity.</p> <p>We celebrate diversity and our workforce represents the communities we serve.</p> <p>Everyone has what they need in a just, safe and respectful place of work.</p>	<ul style="list-style-type: none"> <li>• Reverse mentoring</li> <li>• Cultural awareness training</li> <li>• Resolution and accountability framework</li> <li>• Just culture embedded</li> <li>• Further expand our work with Kent Supported Employment (KSE)</li> <li>• Equality change agents</li> <li>• Work with Prince's Trust (introducing young people into the workforce)</li> </ul>
Belonging to the NHS; We are a team	Compassionate, inclusive and effective leaders of our people	<p>Belonging to the NHS; We are compassionate and inclusive compassionate and inclusive</p>	<ul style="list-style-type: none"> <li>• Coaching culture</li> <li>• Listening and responding</li> <li>• Role modelling from the top</li> <li>• Leadership academy</li> </ul>
Looking after our people, belonging to the NHS; We are safe and healthy We work flexibly	Our people of the future	<p>New ways of working and delivering care, growing for the future</p>	<ul style="list-style-type: none"> <li>• Recruitment and retention</li> <li>• Long term workforce planning</li> <li>• Workforce innovation</li> <li>• Expanding the Academy</li> <li>• Employment schemes expansion</li> <li>• Facilitating opportunities to retire and return</li> </ul>

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## Theme: Engaging our people

### Our ambition

People are proud to work here, feel supported and recognised. They feel able to speak up and enjoy coming to work.



<b>Year 1</b>	<ul style="list-style-type: none"><li>Introduce pulse surveys.</li><li>All staff to have a 'what matters to me?' conversation.</li><li>Flo app embedded.</li><li>Launch resolute and accountability framework.</li><li>Freedom to speak up promotion campaign.</li></ul>
<b>Year 2</b>	<ul style="list-style-type: none"><li>Leadership rounds in place to engage colleagues in how they find meaning and purpose in their work.</li><li>Active listening training in place for all managers.</li><li>Build support networks within administrative professions</li></ul>
<b>Year 3</b>	<ul style="list-style-type: none"><li>More personalised benefits.</li><li>Introduction of senior manager surgeries.</li><li>Review of staff awards.</li><li>Development of an engagement network.</li></ul>



### We will know that we have it right when:

- our turnover in all teams is below 10 per cent
- pulse surveys report engagement to be at 80 per cent or above
- our staff survey score on employee engagement is top 20 per cent in the country
- staff feel confident and safe to speak up as reported in the staff survey 90 per cent
- staff sickness levels are below three per cent
- an increase in our people nominating their colleagues for awards
- increased number of contracts made to Freedom to Speak up Guardian.

## Theme: Empowering our people

### Our ambition

We have distributed authority; decisions are made as close to the patient as possible through a high performing team approach, devolved authority with real time measure.



<b>Year 1</b>	<ul style="list-style-type: none"><li>Have 42 reimagine teams in place.</li><li>Staffing levels in adult teams are set to meet population need.</li><li>All colleagues will have a buddy.</li><li>We will standardise what makes sense.</li><li>Decision-making framework in place.</li></ul>
<b>Year 2</b>	<ul style="list-style-type: none"><li>Infrastructure services redesigned to support reimagine.</li><li>Teams will have real time performance systems.</li><li>All teams have a daily huddle where appropriate.</li></ul>
<b>Year 3</b>	<ul style="list-style-type: none"><li>Hold people strategy refresh sessions with people across the organisation to inform our next three year plan</li></ul>



### We will know that we have it right when:

- all our teams are high-performing and self-directed
- our staff survey score for staff engagement and team working is the top 20 per cent
- reimagine teams evaluation demonstrate that teams are empowered and are making decisions.

**Theme:**  
**Looking after our people**

### Our ambition

Our people are safe, healthy and well both physically and psychologically. We have a health and wellness self-culture and a system appreciation for the whole person.



<b>Year 1</b>	<ul style="list-style-type: none"> <li>Wellbeing conversations and wellbeing passports for all colleagues.</li> <li>Identify and implement posts that can be home working and hybrid.</li> <li>Promote flexible working.</li> <li>Psychological PPE in place for all colleagues.</li> <li>Expand the number of people trained to support schwartz rounds.</li> <li>All staff risk assessed on a regular basis.</li> <li>Wellbeing guardian appointed.</li> </ul>
<b>Year 2</b>	<ul style="list-style-type: none"> <li>Careers strategy in place.</li> <li>Active promotion of taking annual leave and breaks regularly.</li> <li>Working from home support package developed..</li> </ul>
<b>Year 3</b>	<ul style="list-style-type: none"> <li>Introduce new and different leave packages.</li> <li>Expand our benefits packages and access to support</li> </ul>

### We will know that we have it right when:

- staff survey results on health and wellbeing theme is in top 20 per cent in the country
- year-on-year increase in colleagues working flexibly
- all staff have a bi-yearly risk assessment
- achieved platinum rating for Kent and Medway Workplace standard
- 20 per cent of colleagues based at home
- all colleagues have wellbeing conversation



**Theme:**  
**Developing our people**

### Our ambition

Personal and professional development for all colleagues to build on their potential. We have regular proactive learning from when things don't go so well, as well as from our successes.



<b>Year 1</b>	<ul style="list-style-type: none"> <li>Everyone will have a career conversation, which will inform our learning and development offering.</li> <li>Career clinics are offered to all staff.</li> <li>Capacity of learning and development for all staff will be increased to deliver to larger audiences, using technology.</li> <li>Training needs assessment will inform central Learning and Development offering.</li> <li>Clear development pathway and Talent Management Programme for employees wishing to move into a people management role for the first time.</li> <li>E-learning and virtual learning will be expanded to ensure staff receive the training they need, as soon as they need it.</li> <li>Improvements to usability of TAPs functions.</li> </ul>
<b>Year 2</b>	<ul style="list-style-type: none"> <li>Comprehensive digital development strategy in place.</li> <li>Clinical skills pathways developed.</li> <li>Using TAPs for Talent Management, mapping development areas and allocating training to fill skills gap.</li> <li>Branding on TAPs for Leadership and Admin Academy.</li> <li>Improvements to reporting and visibility of compliance for managers and staff.</li> <li>Dashboards.</li> <li>Automated course allocation.</li> </ul>
<b>Year 3</b>	<ul style="list-style-type: none"> <li>Creation of Succession Pipelines and secondment opportunities to allow effective promotion of staff internally using TAPs.</li> <li>In-house competence assessment model where appropriate.</li> </ul>

### We will know that we have it right when:

- our staff survey results rank as top 20 per cent in the country for the quality of appraisals
- our staff survey results for admin staff demonstrate a year-on-year measured improvement
- 90 per cent of our academy students remain employed with the trust following qualifying



## Theme: **Treating all our people fairly**

### **Our ambition**

We are an employer known for our inclusive culture.  
We celebrate diversity and our workforce represents the communities we serve. We have an equitable environment, free from harm, a just culture that is safe and respectful.



Theme:

## **Compassionate, inclusive and effective leaders for our people**

### **Our ambition**

Our leaders are highly-visible, capable, positive, confident and enthusiastic leaders, who exemplify our values. Our leaders understand daily work, recognise what team members are doing and celebrate outcomes.



<b>Year 1</b>	<ul style="list-style-type: none"><li>Equality, diversity and inclusion strategy in place.</li><li>Gender pay gap reduced.</li><li>Reverse mentoring implemented.</li><li>Cultural awareness training for all staff.</li><li>Resolution and accountability framework in place.</li><li>Work with the Prince's Trust and Kickstart schemes.</li></ul>
<b>Year 2</b>	<ul style="list-style-type: none"><li>Colleagues with protected characteristics have a coach or mentor.</li><li>All services have diversity improvement plans in place.</li><li>Job carving expanded to support work with Kent Supported Employment and migrant communities.</li><li>Embed a just and learning culture across the organisation.</li></ul>
<b>Year 3</b>	<ul style="list-style-type: none"><li>Introduction of equality change agents.</li><li>Networks empowered and driving organisation inclusion agenda and improvement.</li></ul>



<b>Year 1</b>	<ul style="list-style-type: none"><li>Leadership career pathways developed and mapped against KCHFT Leaders and Managers Behaviours/Competencies and supporting development opportunities if not meeting competency or wish to develop further.</li><li>Leadership Academy/Talent Development Programmes running for current KCHFT leaders and managers and those of the future.</li><li>All leaders attending coaching workshops.</li><li>All leaders attending action learning sets.</li><li>All managers role model and challenge behaviours when this is not in line with trust values.</li><li>Implement assessments for all leadership roles above 8a.</li></ul>
<b>Year 2</b>	<ul style="list-style-type: none"><li>People Manager's hub available via Flo/TAPS with development and guidance to support all managers with the day-to-day management of their teams, which is accessible at all times.</li><li>All people managers to have attended Compassionate Leadership/Leading at KCHFT (linked to Behaviour Framework).</li><li>All managers effectively using the resolution and accountability framework.</li></ul>
<b>Year 3</b>	<ul style="list-style-type: none"><li>360 degree appraisals for all managers.</li><li>Central review of 360 degree appraisals to identify any areas of development/support.</li><li>Annual review of leaders against our organisational values.</li><li>Regular refresh of insight profiles for leaders and team members with sharing of this information with all team members to aid better understanding of each other.</li><li>All aspiring manager to mentor new or entry level staff.</li></ul>



### **We will know that we have it right when:**

- our equality diversity and inclusion score on the staff survey is the top 20 per cent in the country.
- No colleagues experience discrimination at work, as reported in staff survey.
- All colleagues with a protected characteristic have a coach or mentor.
- BAME staff are proportionately represented at all levels of the trust
- gender pay gap reduced.



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### **We will know that we have it right when:**

- our staff survey results for the immediate manager theme is top in the country
- concerns raised by colleagues are resolved informally without recourse to formal investigation.

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## Theme: Our people of the future

### Our ambition

Our workforce plans are forward-focussed, agile and linked to service plans and our services are appropriately staffed.



#### Year 1

- Each directorate develops an integrated workforce plan.
- Retention plans developed focused on highest rate of turnover and vacancies.
- Introduce new e-rostering module.
- Develop a programme of secondment opportunities.
- Improve our internal transfer process.
- Continue e-recruitment and speed up recruitment processes.
- Promoting careers in schools.
- Annual programme of events to attract our workforce of the future and promotion of KCHFT as a place to work.
- Continue to expand KCHFT bank to cover growth in demand.
- Maximising the functionality of Healthroster analytics.
- Roll out of e-job planning for all clinical staff.

- Improvements to boarding program in TAPs.
- Three-hour virtual welcome for induction to ensure new starters have a face-to-face welcome.
- All new starters to meet with their organisation development business partner within first month.
- Annual cycle of AD/CSD/director drop-ins with each team within their service.

- Creation of career trials programme for young people (rotational posts across a number of services to try before you decide).
- Academy expansion continues.
- We have robust workforce planning embedded into organisational processes.

**We will know that we have it right when:**

- our vacancy rates in all teams is below five per cent
- our time to hire is below five weeks
- our bank fill rate is 80 per cent
- 20 per cent of our colleagues work from home.





# Our People Strategy 2012-2014

Alignment to We are the NHS and NHS people promise	Theme	Ambition	Area of focus
<b>Belonging to the NHS:</b> We are recognised and rewarded We each have a voice that counts	<b>Engaging our people</b>	People are proud to work here, feel supported and recognised. They feel able to speak up and enjoy coming to work.	<ul style="list-style-type: none"> <li>• Staff communication and engagement</li> <li>• Reward and recognition</li> <li>• Building confidence to speak up</li> </ul>
<b>Belonging to the NHS:</b> We are a team	<b>Empowering our people</b>	Decisions are made as close to the patient as possible. High-performing teams have all the authority they need to make the right decisions, quickly.	<ul style="list-style-type: none"> <li>• Reimagine Teams wrapped around PCNs where appropriate</li> <li>• Team effectiveness</li> <li>• Decision making framework</li> </ul>
<b>Looking after our people, belonging to the NHS:</b> We are safe and health We work flexibly	<b>Looking after our people</b>	Our people are safe, healthy and well in their mental and physical wellbeing. Our approach is to value every member of the KCHFT team; supporting them in their role, but also as an individual.	<ul style="list-style-type: none"> <li>• Wellbeing passports</li> <li>• Continue to build our wellbeing offer</li> <li>• Risk assessments</li> <li>• Flexibility by default</li> <li>• Supporting people with career responsibilities</li> </ul>
<b>New ways of working and delivering care, growing for the future:</b> We are always learning	<b>Developing our people</b>	Whether it's personal or professional development, all colleagues have everything they need to build on their potential. We regularly learn from our success, as well as when things don't go right.	<ul style="list-style-type: none"> <li>• Clear career pathways</li> <li>• Career conversations</li> <li>• Talent management</li> <li>• Digital capability</li> <li>• Expanding e-learning</li> <li>• Helping and supporting staff to understand the choices they take, to reduce carbon usage and use more sustainable options can support staff and families wellbeing in the future.</li> </ul>
<b>Looking after our people, belonging to the NHS:</b> We each have a voice that counts	<b>Treating our people fairly</b>	We are an employer known for our inclusivity. We celebrate diversity and our workforce represents the communities we serve. Everyone has what they need in a just, safe and respectful place of work.	<ul style="list-style-type: none"> <li>• Reverse mentoring</li> <li>• Cultural awareness training</li> <li>• Resolution and accountability framework</li> <li>• Just culture embedded</li> <li>• Further expand our work with Kent Supported Employment (KSE)</li> <li>• Equality change agents</li> <li>• Work with Prince's Trust (introducing young people into the workforce)</li> </ul>
<b>Belonging to the NHS:</b> We are compassionate and inclusive compassionate and inclusive	<b>Compassionate, inclusive and effective leaders of our people</b>	Our leaders are highly visible, capable, positive, confident and enthusiastic leaders, who exemplify our values. Our leaders understand daily work, recognise what team members are doing and celebrate outcomes.	<ul style="list-style-type: none"> <li>• Coaching culture</li> <li>• Listening and responding</li> <li>• Role modelling from the top</li> <li>• Leadership academy</li> </ul>
<b>New ways of working and delivering care, growing for the future</b>	<b>Our people of the future</b>	We plan for the future and we do it well. We act quickly, responding to need and all our services are staffed appropriately.	<ul style="list-style-type: none"> <li>• Recruitment and retention</li> <li>• Long term workforce planning</li> <li>• Workforce innovation</li> <li>• Expanding the Academy</li> <li>• Employment schemes expansion</li> <li>• Facilitating opportunities to retire and return</li> </ul>



Kent Community Health  
NHS Foundation Trust

## Our People Strategy 2012-2014



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	3.1
<b>Agenda Item Title:</b>	Infection Prevention and Control (IPC) Board Assurance Framework (BAF) and Nosocomial Infection Report and Action Plan
<b>Presenting Officer:</b>	Dr Mercia Spare, Chief Nurse
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

#### **What is the purpose of the paper and the ask of the Committee or Board?**

(include reference to any prior board or committee review) Has the paper been to any other committee?

COVID-19 Board Assurance Framework and nosocomial infection prevention plan is presented to provide assurance to the Board on compliance with Health and Social Care Act (2008) Code of Practice on the prevention and control of infections and other related guidance. This paper has been updated since last presented to the Board in January 2021. Further discussion has taken place on specific actions at the January Quality Committee meeting.

#### **Summary of key points**

The Trust remains compliant with the regulatory requirements of the Health and Social Care Act (2008) Code of Practice on the prevention and control of infections and other related guidance. Work is being undertaken in areas where further assurance is required such as patient placement, mechanical ventilation and separation of staff to care for COVID-19 positive and COVID-19 negative patients. Mitigations are in place while work is developed.

There is daily focus on the key actions that will provide the biggest impact on management and prevention of nosocomial infection including

- Hand washing/decontamination
- Patient isolation/cohorting
- Personal protective equipment and social distancing
- Environmental and equipment decontamination
- Ventilation
- Vaccination

Nosocomial infection oversight is provided primarily by the Quality Committee.

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<b>Proposal and/or recommendation to the Committee or Board</b>
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To note the report.
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<p>If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?</p> <p><i>National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.</i></p> <p>You can find out more about EAs here on <a href="#">flo</a></p> <p>If not, describe any equality and diversity issues that may be relevant.</p> <p>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</p>	<p><input type="checkbox"/> Yes (please attach)</p> <p><input checked="" type="checkbox"/> No (please provide a summary of the protected characteristic highlights in your paper)</p>
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<b>Highlights relating to protected characteristics in paper</b>			
Management and delivery of robust infection prevention and control practice is important for all staff and service users. Nosocomial infection represents a risk to all individuals. However, some people with protected characteristics combined with underlying health conditions are known to be disproportionately affected by COVID-19 including BAME, older individuals and those who are obese. National guidance on inequalities has been considered in the development of these plans.			

Name:	Dr Mercia Spare	Job title:	Chief Nurse
Telephone number:		Email	m.spare@nhs.net



## Infection Prevention and Control board Assurance Framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key Lines of Enquiry	Systems in place	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure:	<ul style="list-style-type: none"><li>• All outpatient departments &amp; MIU/UTC assess prior to admission (UTC's utilising 111 appointments) Patients assessed again on arrival – flow charts for these processes. Domiciliary – assessed via phone, and in person before entering.</li><li>• Infection risk is assessed at the front door and this is documented in patient notes</li><li>• Patients with possible COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission</li><li>• compliance with the national guidance around discharge or transfer of COVID-19 positive patients</li><li>• monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice</li><li>• monitoring of compliance with PPE, consider</li></ul>	<ul style="list-style-type: none"><li>• PPE champions / guardians</li></ul>	<ul style="list-style-type: none"><li>• PPE buddies in place where required. Identified through learning from outbreaks and local audit results.</li><li>• Ward huddles and key focus areas include PPE awareness and key risk information.</li></ul>

implementing the role of PPE guardians/safety champions to embed and encourage best practice	<ul style="list-style-type: none"> <li>• staff testing and self-isolation strategies are in place and a process to respond if transmission rates of COVID-19 increase</li> <li>• training in IPC standard infection control and transmission-based precautions are provided to all staff</li> <li>• IPC measures in relation to COVID-19 should be included in all staff Induction and mandatory training</li> <li>• all staff are regularly reminded of the importance of wearing face masks, hand hygiene and maintaining physical distance both in and out of work</li> <li>• all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each</li> </ul>	<p>and monitoring and audits</p> <ul style="list-style-type: none"> <li>• Reviewed by IPC team on visits – team leads reviewing Lateral flow testing</li> <li>• Implemented for all patient facing staff.</li> <li>• Process in place to support uptake and reporting.</li> <li>• Mandatory training programme – current compliance 92%</li> <li>• Training in place for donning and doffing PPE and COVID information pages on Flo</li> <li>• Back to basic focused comms campaign and links to national resources</li> <li>• IPC training provided both electronic and face to face where required. Full PPE info on Flo, and posters available</li> <li>• Fit-testing training programme in place on multiple masks for all staff that perform AGPs or work in areas where AGPs are performed.</li> <li>• All guidance reviewed, discussed at IMM, and changes implemented where required, through internal cascade system, as well as on internal intranet.</li> <li>• Risks highlighted on Datix and discussed through IMM,</li> </ul>

<p>setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance</p> <ul style="list-style-type: none"> <li>• national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way</li> <li>• changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted</li> <li>• risks are reflected in risk registers and the board assurance framework where appropriate</li> <li>• robust IPC risk assessment processes</li> <li>• and practices are in place for non COVID-19 infections and pathogens</li> <li>• that Trust CEOs or the executive responsible for IPC approve and personally signs off all data submissions via the daily nosocomial step. This will ensure the correct and accurate measurement and testing of</li> </ul>	<p>any high risks, on Trust BAF</p> <ul style="list-style-type: none"> <li>• All IPC policies remain in date and reviewed within agreed timescales.</li> <li>• Director level approval of COVID-19 sitreps.</li> <li>• Outbreak management team is minuted and common themes reported to DIPC and bimonthly to IPCAS.</li> <li>• Overarching data provided to performance team daily, presented through IPCAS and in daily exec sitrep.</li> <li>• Reported to Quality committee and to board.</li> <li>• IP&amp;C audit programme in place. Evidence of compliance assessed biweekly.</li> </ul>	

<p>patient protocols are activated in a timely manner</p> <ul style="list-style-type: none"> <li>• ensure Trust Board has oversight of ongoing outbreaks and action plans</li> </ul>	<p><b>2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</b></p>	<p><b>Key lines of Enquiry</b></p> <p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>• designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas</li> <li>• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas</li> <li>• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance</li> <li>• increased frequency at</li> </ul> <p><b>Systems in place</b></p> <ul style="list-style-type: none"> <li>• IPC training updated to incorporate COVID-19 information, donning and doffing, viral swabbing, and face to face fit test training including donning and doffing. Domestic staff have received training, and where appropriate have been fit tested.</li> <li>• Terminal clean checklists - utilising Chlorine 1000 ppm in place</li> <li>• Implemented – daily cleaning sheets in place and undertaken twice daily if outbreaks are declared.</li> <li>• Chlorclean / titan chlorine based cleaning solutions are in place</li> <li>• National cleaning</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• Patient pathways and the built environment within community hospitals presents the need to have amber and red designated bays or rooms as opposed to sites.</li> <li>• Mechanical ventilation, air flow and air change compliance has been reviewed and is currently subject to discussions with landlords.</li> <li>• Terminal clean checklists - utilising Chlorine 1000 ppm in place</li> <li>• Implemented – daily cleaning sheets in place and undertaken twice daily if outbreaks are declared.</li> <li>• Chlorclean / titan chlorine based cleaning solutions are in place</li> <li>• National cleaning</li> </ul> <p><b>Mitigating Actions</b></p> <ul style="list-style-type: none"> <li>• Patient pathways are regularly reviewed to assess demand and capacity and if designation of red or amber sites is required. Discussed at IMM.</li> <li>• Non COVID-19 areas cleaned and visited prior to COVID-19 areas.</li> <li>• Lateral flow testing in place for staff twice weekly.</li> <li>• Patient information available and the offer of masks for patients risk assessed.</li> <li>• Window opening regime in place and assurance on routine oversight and maintenance of mechanical ventilation by Landlords in progress.</li> </ul>
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<p>least twice a day of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidelines</p> <ul style="list-style-type: none"> <li>• cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses</li> <li>• Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance</li> <li>• 'Frequently touched'</li> </ul>	<p>standards are measured and audited in all areas.</p> <ul style="list-style-type: none"> <li>• Frequent touch areas cleaned 4 times a day and when visibly contaminated</li> <li>• Ward checklist for daily equipment - evidenced on IPC team checklist</li> <li>• Linen and laundry handled in line with national guidance and checked on all observational audits</li> <li>• Where possible equipment is single use</li> <li>• Equipment cleaning protocols in place – evidenced on checklists by IPC team</li> <li>• Monthly audits by facilities and presented at IPCAS</li> <li>• Window opening regime in place.</li> <li>• Only low risk pathway in podiatric surgery</li> </ul>
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<p>surfaces e.g.; door/toilet handles, patient call bells, over bed rails should be decontaminated more than twice daily and when known to be contaminated with secretions, excretions or bodily fluids</p> <ul style="list-style-type: none"> <li>• Electronic equipment e.g. mobile phones, desk phones, tablets, desktops &amp; keyboards should be cleaned a minimum of twice daily</li> <li>• Rooms/areas where PPE is removed must be decontaminated, ideally times to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)</li> <li>• Linen from possible and confirmed COVID-19 patients is manged in line with PHE and other national guidance and the appropriate precautions are taken</li> <li>• Single use items are used where possible and according to single</li> </ul>	

- |            |  |
|------------|--|
| use policy | <ul style="list-style-type: none"><li>• Reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance</li><li>• Ensure cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment</li><li>• Ensure the dilution of air with good ventilation e.g. open windows, in admission and waiting areas to assist the dilution of air</li><li>• There is evidence organisations have reviewed the low risk COVID-19 pathway, before choosing and decision made to revert to general purpose detergents for cleaning, as opposed to widespread use of disinfectants</li></ul> |
|            |  |
|            |  |

<b>3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</b>		
<b>Key lines of enquiry</b>	<b>Systems in place</b>	<b>Gaps in Assurance</b>
Systems and processes are in place to assure <ul style="list-style-type: none"> <li>Arrangements around antimicrobial stewardship is maintained</li> <li>Mandatory reporting requirements are adhered to and boards continue to maintain oversight</li> </ul>	<ul style="list-style-type: none"> <li>IPCAS held bimonthly, antimicrobials Task and Finish group for antimicrobial stewardship in place.</li> </ul>	<ul style="list-style-type: none"> <li>Currently audit of antimicrobial prescribing in inpatient wards only completed annually.</li> <li>Board oversight of antimicrobial stewardship committee.</li> <li>Pharmacy techs on wards weekly support prudent prescribing</li> </ul>
<b>4. Provide suitable information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion</b>		
<b>Key lines of enquiry</b>	<b>Systems in place</b>	<b>Gaps in Assurance</b>
Systems and processes are in place to ensure: <ul style="list-style-type: none"> <li>Implementation of national guidance on visiting patients in a care setting</li> <li>Areas in which suspected or confirmed COVID-19 patients are being treated in areas clearly marked with appropriate signage and have restricted access</li> </ul>	<ul style="list-style-type: none"> <li>Guidance on Intranet, reflect NHS/E guidance</li> <li>All patients in inpatient units cohorted or in siderooms as per IPC guidance. In non-inpatient areas, specific rooms / streaming in place for segregation of potential symptomatic / non-symptomatic patients, and SOP's in local services for this</li> </ul>	<b>Mitigating Actions</b>

<ul style="list-style-type: none"> <li>Information and guidance on COVID-19 is available on all trust websites with easy read versions</li> <li>Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved</li> <li>There is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face space advice</li> </ul>	<ul style="list-style-type: none"> <li>Available on Internet and Intranet – easy read version in process for most information</li> <li>Discharge and transfer information identifies COVID-19 status and date of swab</li> <li>Patient information leaflets for patients able to read, visual posters from PHE for those unable</li> </ul>	<p>5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people</p>	
Key lines of enquiry	Systems in place	Gaps in Assurance	Mitigating Actions

Systems and processes are in place to ensure:

- screening and triaging of all patients as per IPC and NICE Guidance within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases
- front door areas have appropriate triaging arrangements in place to

- All services have triage questions and SOPs in place
- Triage questions at entrance to hospitals / services / prior to domiciliary visits
- Services have own questions – based on national triage form
- Initial triage for allocation of waiting room etc

<p>cohort patients with possible or confirmed COVID-19 symptoms and to segregate from non-COVID-19 cases to minimise the risk of cross-infection as per national guidance</p> <ul style="list-style-type: none"> <li>• staff are aware of agreed template for triage questions to ask</li> <li>• triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible</li> <li>• face coverings are used by all outpatients and visitors</li> <li>• face masks are available for patients with respiratory symptoms</li> <li>• provide clear advice to patients on use of face masks to encourage use of surgical facemasks by all inpatients in the medium and high-risk pathways is this can be tolerated and does not compromise their clinical care</li> <li>• ideally segregation should</li> </ul>	<p>undertaken by receptionist – clinical staff triage in MIU/UTC as appropriate</p> <ul style="list-style-type: none"> <li>• Mandatory face coverings, all comms ask patients and visitors to comply, and services have available Patient information leaflet (for those that can read)</li> <li>• Poster visual prompts</li> <li>• All receptions have Perspex screens, high risk patient in urgent care settings do not wait –they are escorted to identified rooms for immediate assessment</li> <li>• Inpatients are screened on admission, and onset of symptoms and day 3 of symptoms, isolated/ cohorted until 2 negative results received (flow chart on intranet – and IPC team daily records of all swabs</li> <li>• Where direct admission occurs lateral flow testing can be considered if patient assessed as high risk.</li> <li>• Isolated at assessment as required</li> </ul>

<ul style="list-style-type: none"> <li>be with separate spaces, but there is potential to use screens, e.g. to protect reception staff for patients with new onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative</li> <li>patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly</li> <li>patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately</li> </ul>	<p>6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection</p>	<p>Key lines of enquiry</p> <p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>Separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if</li> </ul>	<p>Systems in place</p> <ul style="list-style-type: none"> <li>Pod surgery only Low risk pathway – separate entrances and flow</li> <li>All services have SOP's in place, some include one-way systems, processes for waiting in cars, waiting rooms physically distances, and</li> </ul>	Mitigating Actions	

<p>available) or use of one-way entrance/exit systems, clear signage and restricted access to communal areas</p> <ul style="list-style-type: none"> <li>All staff (clinical and non-clinical) have appropriate training, in line with latest national guidance to ensure their personal safety and working environment is safe</li> <li>All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to Don and Doff it safely</li> <li>A record of staff training is maintained</li> <li>Appropriate arrangements are in place that any reuse of PPE in line with the MHRACAS Alert is properly monitored and managed</li> <li>Any incidents relating to the re-use of PPE are monitored and the appropriate action taken</li> <li>Adherence to PHE national guidance on the use of PPE is regularly audited</li> </ul>	<p>queueing systems, some security support in UTC's</p> <ul style="list-style-type: none"> <li>Full guidance on Fl0, shared through communication channels. Lateral flow and IPC staff helpline.</li> <li>IPC training continues, Fit-testing continues, records held centrally by EWD and reported biweekly to IPC team</li> <li>PPE not re-used unless re-usable or sessional Decontamination options available (visors)</li> <li>COVID-19 Datix reporting in place</li> <li>IPC team visit wards and complete feedback and checklists twice per month</li> <li>6 steps hand hygiene posters, respiratory hygiene posters. PPE poster prompts in place</li> <li>2 Metre floor signage in place</li> <li>Documented cleaning checked in IPC audits / checklists</li> <li>Clear guidance on intranet, posters and through Trust comms</li> </ul>

<ul style="list-style-type: none"> <li>• Hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as:           <ul style="list-style-type: none"> <li>• Hand hygiene facilities including instructional posters</li> <li>• Good respiratory hygiene measures</li> <li>• Maintaining physical distancing of 2 meters wherever possible unless wearing PPE as part of direct care</li> <li>• Frequent decontamination of equipment and environment in both clinical and non-clinical areas</li> <li>• Clear advice on the use of face coverings and facemasks by patients/individuals, visitors and by staff in non-patients facing areas</li> <li>• Staff regularly undertake hand hygiene and observe standard infection control precautions</li> <li>• The use of hand air</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene assessments formally reported monthly through IPC team for inpatient areas, non-inpatient service report locally and report issues and risks to IPCAS twice per year</li> <li>• Hand air-dryers in non-clinical areas (offices) have these, none in clinical settings</li> <li>• Posters / soap dispensers have hand hygiene technique in toilets and bathrooms</li> <li>• Staff guidance on intranet and policy for uniform laundering</li> <li>• Staff testing available through national tier 1, and symptoms displayed throughout comms and intranet, updated when nationally updated</li> <li>• COVID-19 undergoes daily review of cases internally, daily regional information shared, weekly IPC CCG and NHSI/E IPC team meet. RCA's for single cases &gt;15-day acquisitions, outbreaks for 2 cases.</li> <li>• Outbreak policy in place</li> </ul>

	<p>and updated since COVID – alongside updated protocols, incorporating reporting arrangements</p>
<p>dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance</p> <ul style="list-style-type: none"> <li>• Guidance on hand hygiene, including drying should be clearly displayed in all public toilet areas as well as staff areas</li> </ul> <p>Staff understand the requirements for uniform laundering where this is not provided for on site</p> <ul style="list-style-type: none"> <li>• All staff understand the symptoms of COVID-19 and take appropriate action (even if experiencing mild symptoms) in line with PHE national guidance and other if they or a member of their household display any of the symptoms</li> <li>• A rapid and continued repose through ongoing surveillance rates of infection transmission</li> </ul>	

<ul style="list-style-type: none"> <li>within the local population and for hospital/organisation onset cases (staff and patients/individuals)</li> <li>Positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported</li> <li>Robust policies and procedures are in place for the identification of and management of outbreaks of infection</li> </ul>									
<h3>7. Provide or secure adequate isolation facilities</h3>	<table border="1"> <thead> <tr> <th>Key Lines of Enquiry</th> <th>Systems in place</th> <th>Gaps in Assurance</th> <th>Mitigating Actions</th> </tr> </thead> <tbody> <tr> <td>Systems and Processes are in place to ensure:</td> <td> <ul style="list-style-type: none"> <li>Only low risk setting – Podiatric surgery – segregated environment</li> <li>All areas (except pod surgery) medium or high risk. Confirmed COVID-19 bays / rooms on inpatients units identified by isolation posters.</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Patient pathways and the built environment within community hospitals presents the need to have amber and red designated bays or rooms as opposed to sites.</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Patient pathways are regularly reviewed to assess demand and capacity and if designation of red or amber sites is required. Discussed at IMM.</li> <li>Non COVID-19 areas cleaned and visited prior</li> </ul> </td> </tr> </tbody> </table>	Key Lines of Enquiry	Systems in place	Gaps in Assurance	Mitigating Actions	Systems and Processes are in place to ensure:	<ul style="list-style-type: none"> <li>Only low risk setting – Podiatric surgery – segregated environment</li> <li>All areas (except pod surgery) medium or high risk. Confirmed COVID-19 bays / rooms on inpatients units identified by isolation posters.</li> </ul>	<ul style="list-style-type: none"> <li>Patient pathways and the built environment within community hospitals presents the need to have amber and red designated bays or rooms as opposed to sites.</li> </ul>	<ul style="list-style-type: none"> <li>Patient pathways are regularly reviewed to assess demand and capacity and if designation of red or amber sites is required. Discussed at IMM.</li> <li>Non COVID-19 areas cleaned and visited prior</li> </ul>
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<ul style="list-style-type: none"> <li>Areas/wards are clearly signposted, using physical barriers as appropriate to ensure patients/individuals and staff understand the different risk areas</li> <li>Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate</li> <li>Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance</li> <li>Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement</li> </ul>	<p>MIU's UTC's identified 'Hot' rooms and routes through which patients enter</p> <ul style="list-style-type: none"> <li>Cohorts / rooms in inpatient wards, in outpatients areas zoning as appropriate with identified rooms for COVID-19 positive or symptomatic people</li> <li>Bays have 2 metre bed spacing – curtains drawn (when safe and appropriate to do so) between beds space, and patients asked not to enter other bed spaces (where they are able to comply)</li> <li>IPC team review placement daily with clinical staff</li> </ul>	<p>some settings</p> <ul style="list-style-type: none"> <li>to COVID-19 areas.</li> <li>Lateral flow testing in place for staff twice weekly.</li> <li>Zoning, identified hot rooms, SOP's for flow SOP's for cleaning if high risk patients attend.</li> <li>Identified processes for waiting externally (as appropriate) and escorted in buildings</li> <li>Single rooms prioritised, and cohorting of patients implemented</li> </ul>	

## 8. Secure adequate access to laboratory support as appropriate

<p><b>There are systems and processes in place to ensure:</b></p> <ul style="list-style-type: none"> <li>• Ensure screens taken on admission given priority and reported within 24 hours</li> <li>• Regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available</li> <li>• Testing is undertaken by competent and trained individuals</li> <li>• Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance</li> <li>• Regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data)</li> <li>• Screening for other potential infections takes place</li> </ul>	<p>No priority or recorded as external laboratories used so monitoring of turnaround times outside of our control.</p> <ul style="list-style-type: none"> <li>• All patients screened on admission however external laboratories used so monitoring of turnaround times outside of our control.</li> <li>• Staff shown and given instructions how to swab Lateral flow testing in place and if positive PCR testing</li> <li>• Daily reporting of staff positive cases via IMM and for executive sitrep.</li> <li>• MRSA, CDI and UTI/CAUTI protocols in place</li> </ul> <p>Swabs taken, and results chased and checked 3 times daily by IPC team</p> <ul style="list-style-type: none"> <li>• IPC team review results, and chase labs</li> <li>• If delays of &gt; 48 hours, email / phone lab</li> </ul>								
<p><b>9 Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections</b></p>	<table border="1"> <thead> <tr> <th data-bbox="1206 2057 1412 2057">Key Lines of Enquiry</th><th data-bbox="1206 2057 1412 2057">Systems in place</th><th data-bbox="1206 2057 1412 2057">Gaps in Assurance</th><th data-bbox="1206 2057 1412 2057">Mitigating Actions</th></tr> </thead> <tbody> <tr> <td data-bbox="1206 2057 1412 2057">Systems and processes are in place to ensure that:</td><td data-bbox="1206 2057 1412 2057"></td><td data-bbox="1206 2057 1412 2057"></td><td data-bbox="1206 2057 1412 2057"></td></tr> </tbody> </table>	Key Lines of Enquiry	Systems in place	Gaps in Assurance	Mitigating Actions	Systems and processes are in place to ensure that:			
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		10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection	
Key Lines of Enquiry	Systems in place	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> <li>• Staff are supported in adhering to all IPC policies, including those for other alert organisms</li> <li>• Any change to the PHE national guidance on PPE are quickly identified and effectively communicated to staff</li> <li>• All clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance</li> <li>• PPE stock is appropriately stored and accessible to staff who require it</li> </ul>	<ul style="list-style-type: none"> <li>• Checklist and audit by IPC team, data reporting for alert organisms</li> <li>• All Guidance reviewed daily, and updated when national changes occur within 24-48 hours.</li> <li>• Immediate risk are communicated via Flo Dedicated PPE team in place to manage stock and logistics.</li> <li>• Stocks of correct PPE available, information on stock levels reported via flo for staff. Stored within multiple locations/hubs for ease of access.</li> <li>• Waste audit in place compliant with national guidance.</li> </ul>		

Appropriate systems and processes are in place to ensure:	<ul style="list-style-type: none"> <li>• Staff in 'at-risk' groups are identified using an appropriate risk assessment tool and managed appropriately including ensuring their physical and wellbeing is supported</li> <li>• That risk assessment(s) is (are) undertaken and documented for any staff members in an at risk or shielding group, including Black, Asian and Minority Ethnic (BAME) and pregnant staff</li> <li>• Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained and held centrally</li> <li>• Staff who carry out fit test training are trained and competent to do so</li> <li>• All staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different</li> <li>• Individual risk assessments completed for ALL staff, including those in at risk groups</li> <li>• Risk assessments undertaken and completed for ALL BAME and pregnant staff</li> <li>• Fit-testing in place – recorded through EWD</li> <li>• Trained by IPC team and dedicated fit-testers through fit-test programme utilising approved resources and competency assessments,</li> <li>• Portacount training by company rep completed and two machines purchased.</li> <li>• Fit-test results reported and recorded locally and centrally.</li> <li>• Since Nov 2020 all staff trained on multiple masks to enable choice and responsiveness to changes in push stock.</li> <li>• HR processes in place ensure risk assessments are acted upon to limit occupational exposure to</li> </ul>
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<ul style="list-style-type: none"> <li>model is used</li> <li>A record of the fit test and result is given to and kept by the trainee and centrally within the organisation</li> <li>For those who fail a fit test there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods</li> <li>for members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm</li> </ul>	<p>COVID-19.</p> <ul style="list-style-type: none"> <li>IPC team report numbers of staff fit-tested in PSCRG report monthly</li> <li>Guidance information on Flo, shared internally, implemented through SOP's and challenged on IPC team walkabouts, and H&amp;S walkabouts</li> <li>Face-mask SOP's in place and evidenced.</li> <li>Each building has a space champion and an SOP which identifies use of building and maximum capacity.</li> <li>Roster reporting tool in place. HR policy on Flo for testing through national portal</li> <li>Lateral flow testing in place for staff twice weekly.</li> <li>Managerial support, OH only for management referrals, not routine OH monitoring.</li> <li>a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record</li> <li>including Occupational health following consideration of</li> </ul>	

<p>reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an EEP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health record</p> <ul style="list-style-type: none"> <li>boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board</li> <li>consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance</li> <li>all staff should adhere to</li> </ul>	

	<p>national guidance on social distancing (2 meters) if not wearing a facemask in non-clinical areas</p> <ul style="list-style-type: none"> <li>• health and care settings are COVID-19 secure workplaces as far as practical, that is, that any risk(s) are mitigated maximally for everyone staff are aware of the need to wear a facemask when moving through COVID-19 secure areas</li> <li>• staff absence and wellbeing are monitored and staff who are self-isolating are supported and able to access testing</li> <li>• staff who have tested positive have adequate information and support to aid their recovery and return to work</li> </ul>

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	3.2
<b>Agenda Item Title:</b>	Annual Planning Process 2021/22 – Budget; Quality Priorities and Accounts
<b>Presenting Officer:</b>	Natalie Davies, Director of Corporate Services
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance

**What is the purpose of the paper and the ask of the Committee or Board?**  
*(include reference to any prior board or committee review) Has the paper been to any other committee?*

The paper sets out the key corporate governance document approvals for the Board and assurance committees during 2021.

#### Summary of key points

The timetable for the review and approval of the Annual Budget, Quality Account, Annual Accounts and the Annual Report are detailed. Prior to submission to the assurance committees, the Executive will review and approve the documents.

#### Proposal and/or recommendation to the Committee or Board

The Board is asked to note the report.

<b>If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?</b>	<input type="checkbox"/> Yes (please attach)  <small>National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.</small> <small>You can find out more about EAs here on <a href="#">flo</a></small>
<b>If not, describe any equality and diversity issues that may be relevant.</b>	<input checked="" type="checkbox"/> No

<p><i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i></p>	<p><i>(please provide a summary of the protected characteristic highlights in your paper)</i></p>
<p><b>Highlights relating to protected characteristics in paper</b></p> <p>High level reporting paper which will not have a direct impact on those groups with protected characteristics.</p>	

Name:	Natalie Davies	Job title:	Director of Corporate Services
Telephone number:	01622211904	Email	Natalie.davies1@nhs.net

## ANNUAL PLANNING AND REPORTING TIMETABLE

### 1. Introduction

This report sets out the annual planning and reporting timetable for the Board. The key documents for Board approval are the Annual Budget, Annual report, Annual Accounts, and Quality Accounts.

This year, the Trust has been informed that the Quality Accounts do not need to be formally reported on externally to the organisation and the annual report is significantly shortened.

The Trust approved a refresh of the Trust Strategy in the summer of 2020.

### 2. Timetable

The outline planning timetable is as follows. All documents will be approved by the executive prior to the assurance committee, Council or Board:

<b>Item</b>	<b>Committee/Board</b>	<b>Date</b>	<b>Purpose</b>
Annual Budget	FBI	5 March	Detailed review to support recommendation to the Board for approval
	Board	11 March	Approval
Quality Account	Council of Governors	17 March	Selection of Indicator
	Quality Committee	12 May	Review and scrutiny of account for Board approval
	Council of Governors	21 July	Consultation on Account
	Board	9 September	Approval
Annual Accounts	ARAC	12 May To include early sight of Annual Report	Detailed review to support recommendation to the Board for approval
	Board	17 June	Approval
Annual Report (inc Accounts)	ARAC	2 September	Detailed review to support recommendation to the Board for approval
	Board	9 September	Approval
	AGM	23 September	Report
Update on Strategy Delivery	Board	March and October	Review of progress

**3. Recommendation**

The Board is asked to note the report.

**Natalie Davies**  
**Director of Corporate Services**  
**4 February 2021**

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	4.1
<b>Agenda Item Title:</b>	Integrated Performance Report
<b>Presenting Officer:</b>	Gordon Flack, Deputy Chief Executive/Director of Finance
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

#### **What is the purpose of the paper and the ask of the Committee or Board?**

(include reference to any prior board or committee review) Has the paper been to any other committee?

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. It should be noted that the full Finance, Workforce and Quality reports are presented at their respective committees. The report has been produced in collaboration with the Executive Team and their support teams.

#### **Summary of key points**

There are 12 KPIs moving favourable in month and 7 moving unfavourably whilst 18 are in normal variation.

There are 3 KPIs consistently failing target (target outside of control limits) which are:

- KPI 1.2 Health Checks impacted by Covid-19 and working on a restart
- KPI 2.7 Contractual Activity against plan which is currently -19.1% year to date due to the effect of Covid-19 on service delivery.
- KPI 4.5 Percentage based on value of Service Lines with deficits greater than 5%. Currently at 20% against 0% target

Of the 7 indicators not measured by SPC charts, 6 (85.7%) are achieving target

#### **Quality**

- 5 pressure ulcer lapses in care were identified within the trust acquired incidents during December 2020 but within normal variation.
- No pressure ulcers were declared as SIs in the last 4 months
- No moderate or severe harm falls, avoidable falls in normal variation.
- Slight reduction in medication incidents compared to the previous period.

## Workforce

- Turnover in December 2020 (13.97%) is the highest rate recorded in the last 6 months, a 0.27% increase from November 2020 (13.70%)
- In month sickness absence sees a sharp increase in December 2020 (5.79%). This is the highest rate recorded over the reference period, this is due to Covid-19
- The Vacancy Rate continues to perform below average and target. Currently the vacancy rate is 4.21% which is a small increase of 0.29% since November 2020.

## Finance

- The Trust is in a breakeven position to the end of December in-line with the revised plan submitted in October. Non-pay has overspent by £5,135k partly offset by underspends on pay and depreciation/interest of £362k and £394k respectively and an over-recovery of income of £4,267k..
- The Trust achieved CIPs of £3,177k to the end of December against a risk rated plan of £3,177k.
- Spend to December was £5,883k, against a YTD plan of £8,689k (68% achieved). The plan figures referenced include the effect of the PDC funded schemes approved after the revised plan submitted to NHSE/I on 27 July 2020. The full year forecast is £9,926k and the Trust expects to utilise this in full. The full year outturn includes £1,500k on the Trust's Urgent Treatment Centres and £113k on enhanced cyber security for which both values are to be fully funded by PDC (Urgent and Emergency Care Programme and Cyber Security respectively)

## Operations

- Health Checks had been paused as a result of the Covid-19 pandemic and is only back up to 6.2% at month 9. 85% of activity is delivered via Primary Care and 15% KCHFT core delivery. Only 37 GP practices are currently inviting and delivering Health Checks. Winter flu pressures and the imminent Covid vaccination roll-out may impact any further delivery.
- COVID affected referrals to the service which reduced significantly. Initially the service saw a huge decline in the number of referrals however, seen a steady increase each week since then but not yet back to pre-Covid levels. Smokefree will continue to deliver through COVID wave 2 to keep the waiting list down
- New birth visits - Continued strong performance above target.
- While, against target, KCHFT is 19.1% behind plan for the year to date, a year on year activity comparison is more helpful in determining the position with regards re-setting of services. Excluding MIU and Dental, the estimate for December was that we will be at 95% of activity compared to December 2019. While this was not achieved (92.5%) it is still showing an encouraging monthly

improvement and we are forecasting to increase back up to 96.1% by the end of March 2021

- RTT - The proportion of patients on a consultant-led Referral to Treatment (RTT) pathway at month end who are waiting less than 18 weeks is continuing to perform positively above the upper control limit. 99.9% for M9
- 6 week diagnostics waits for paediatric audiology is now in normal variation and consistently meeting target
- KCHFT's target for the proportion of patient who are no longer fit to reside is to achieve an average of 7 per day in both east Kent and west Kent, which equates to around 9.5% as a rate of occupied bed days. Performance had been consistently above the mean, although the rate has decreased in month 9 to below target, however this is not expected to continue into month 10. The target level continues to be rarely achieved in the current climate (twice in the last 18 months).
- Bed Occupancy has traditionally shown a varying trend with no periods of special cause variation, however it has been affected by the Covid-19 pandemic and the readying of wards for the demand for Covid-19 patients. As a result the occupancy levels have been lower to ensure there was capacity to meet demand for wave 2 Covid-19 and winter surge.

#### Proposal and/or recommendation to the Committee or Board

The Board is asked to note this report.

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?

National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.

You can find out more about EAs here on [flo](#)

If not, describe any equality and diversity issues that may be relevant.

Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Yes (please attach)

No  
(please provide a summary of the protected characteristic highlights in your paper)

<b>Highlights relating to protected characteristics in paper</b>
--

High level position described and no decisions required.
--

Name:	Nick Plummer	Job title:	Assistant Director of Performance and Business Intelligence
Telephone number:	07823 777 854	Email	nick.plummer@nhs.net



**Integrated Performance Report 2020/21**

**February 2021 report**

**Part One**





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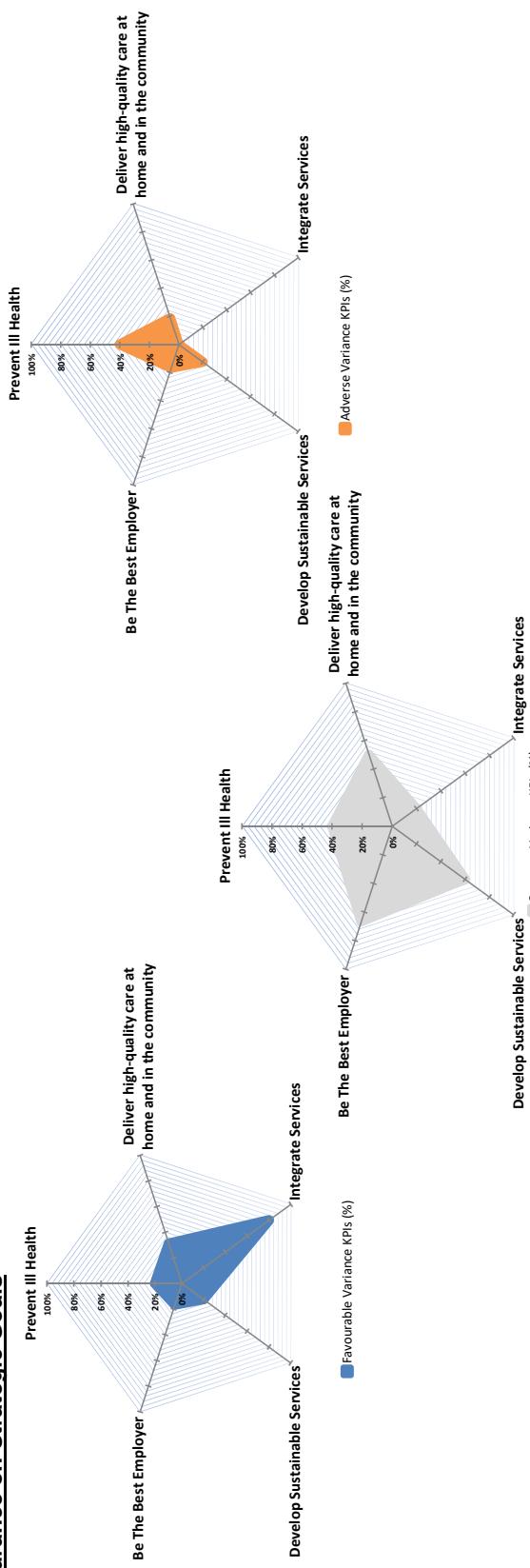


## Glossary of Terms

- SPC** – Statistical Process Control
- LTC** – Long Term Conditions Nursing Service
- ICT** – Intermediate Care Service
- Quality Scorecard** – Weighted monthly risk rated quality scorecards
- C.Diff** – Clostridium Difficile
- MRSA** – Methicillin Resistant Staphylococcus Aureus
- MIU** – Minor Injury Unit
- RTT** – Referral to Treatment
- GUM** – Genitourinary Medicine
- CQUIN** – Commissioning for Quality and Innovation
- MTW** – Maidstone and Tonbridge Wells NHS Trust
- WTE** – Whole Time Equivalent



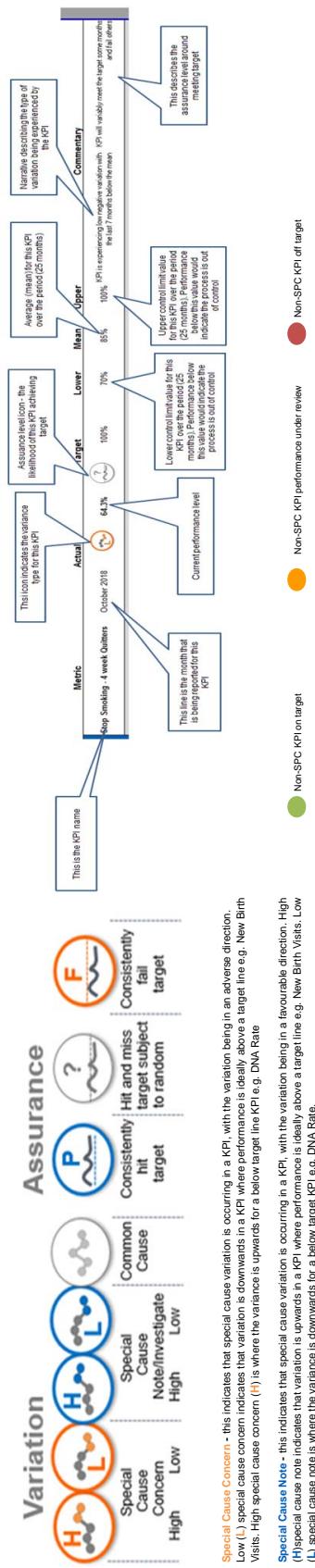
## 1.0 Assurance on Strategic Goals



Overall, of the 37 indicators that we are able to plot on a statistical process control (SPC) chart, 32.4% are experiencing favourable in-month variation (12, KPIs 1.1, 1.2, 2.7, 2.8, 2.9, 4.2 and 5.1) and the remaining 48.8% (18) are showing normal variation.

**18.9%** of the KPIs are consistently achieving target (KPIs 1.5, 2.5, 2.9, 2.11, 2.15, 2.20, and 5.4), **8.1%** (KPIs 1.2, 2.7 and 4.5) are consistently failing (i.e. target outside control limits negatively), with the remaining **73%** are variably achieving target with no trend of consistent achievement/failure.

Of the 7 indicators where an SPC chart is not currently appropriate, **85.7%** (6) have achieved the in-month target.



## Kent Community Health NHS Foundation Trust - Corporate Scorecard

\*NOTE: National Targets are denoted by (N) in the KPI name. KPIs highlighted in **RED** are those most adversely affected by the Covid-19 Pandemic

Metric	Actual	Target	Lower	Mean	Upper	Commentary	
<b>KPI1.1 Stop Smoking - 4 week Quitters</b>		67.9%		100%	65%	88%	111% Reduced levels of referrals due to impact of Covid-19, resulting in the current period of negative special cause variation. However, they are on the increase
<b>KPI1.2 Health Checks Carried Out</b>		6.2%		100%	40%	68%	97% Service was paused due to Covid-19. Currently working with GP practices (who do the majority of health check delivery) on timescales for restart but challenging with the national picture
<b>KPI1.3 Health Visiting - New Birth Visits Undertaken by 14 days</b>		95.0%		90%	89%	92%	96% Currently showing special cause variation with the last 9 months performance above the mean. No current concerns of failing to meet the target
<b>KPI1.4 (N) School Health - Year R and Year 6 Children Screened for Height and Weight</b>		94.6%		90% (year end)			Target achieved for the 19/20 School Year
<b>KPI1.5 LTC/LCT - Admissions Avoidance (using agreed criteria)</b>		6787		5257	5509	6732	7954 Metric currently performing with normal variation around the mean and within the control limits.
<b>KPI1.6 % LTC/LCT patients that had at least one visit which Avoided a Hospital Admission</b>		17.0%		15.0%	14.7%	17.9%	21.0% Metric currently performing with normal variation around the mean and within the control limits.
<b>1. Prevent ill Health</b>							
Metric	Actual	Target				Commentary	
<b>KPI2.1 Number of Teams with an Amber or Red Quality Scorecard Rating</b>	December 2020	0		1	3	9	Target achieved for the month. On target year to date
<b>KPI2.2 (N) Never Events</b>	December 2020	0		0	0	0	Target achieved for the month. 0 Never Events recorded this year to date
<b>KPI2.3 (N) Infection Control: C.Diff</b>	December 2020	0		0	0	0	Target achieved for the month. 0 cases recorded this year to date
<b>KPI2.4 (N) Infection Control: MRSA cases where KCHFT provided care</b>	December 2020	0		0	0	0	Target achieved for the month. 0 cases recorded this year to date
<b>2. Deliver high-quality care at home and in the community</b>							

## Kent Community Health NHS Foundation Trust - Corporate Scorecard

\*NOTE: National Targets are denoted by (N) in the KPI name. KPIs highlighted in **RED** are those most adversely affected by the Covid-19 Pandemic

Metric	Actual	Target	Lower	Mean	Upper	Commentary
KPI 2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days	December 2020	0.00	0.19	-0.10	0.04	0.18
KPI 2.6 Avoidable Pressure Ulcers - Lapses in Care	December 2020	5	1	-1.8	2.5	6.8
<b>KPI 2.7 Contractual Activity: YTD as % of YTD Target</b>	December 2020	80.9%	100.0%	87.4%	91.8%	96.1%
KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity	December 2020	6.0%	4.0%	3.0%	3.9%	4.9%
KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)	November 2020	96.4%	95.0%	95.6%	97.4%	99.1%
KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance	November 2020	97.4%	?	95.0%	92.2%	97.1%
KPI 2.11 (N) Total Time in MIUs: Less than 4 hours	December 2020	99.9%	95.0%	99.4%	99.7%	100.0%
KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways	December 2020	99.9%	?	92.0%	91.7%	95.2%
KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)	December 2020	3	?	532	73	305
KPI 2.14 AHP (Non-Consultant Led) Referral to Treatment Times (RTT)	December 2020	99.1%	?	92.0%	88.9%	93.4%
KPI 2.15 (N) Access to GUM: within 48 hours	December 2020	100.0%	100.0%	100.0%	100.0%	100.0%
KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	December 2020	16.3	?	21.0	14.5	19.7
KPI 2.17 Research: Participants recruited to national portfolio studies (20-21 Year to Date)	December 2020	1450	300			Despite Redeployment of most of the team and a pause on all but one study in Q1, recruitment has already quadrupled by Q3

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

## Kent Community Health NHS Foundation Trust - Corporate Scorecard

\*NOTE: National Targets are denoted by (N) in the KPI name. KPIs highlighted in **RED** are those most adversely affected by the Covid-19 Pandemic

Metric	Actual	Target	Lower	Mean	Upper	Commentary
<b>KPI12.18 Percentage of patient goals achieved upon discharge for planned and therapy services</b>	December 2020 	94.0% 	80.0% 	77.7% 	87.9% 	98.1% Metric currently showing normal variation and much improved following negative change as a result of the move to RIO and data being captured differently.
<b>KPI12.19 (N) Friends and Family - Percentage of Patients who would Recommend KCHFT</b>	December 2020 	98.4% 	95.0% 	92.6% 	96.5% 	100.5% Improvement in the last 4 months following a dip below the lower control limit. Has been impacted by reduced survey numbers and effects on patients of changes in service delivery but survey numbers are on the rise as services reset
<b>KPI12.20 (N) NICE Technical Appraisals reviewed by required time scales following review</b>	December 2020 	100.0% 	100.0% 	100.0% 	100.0% 	100.0% Metric currently showing normal variation and consistently achieving the target
<b>KPI12.21 (N) 6 Week Diagnostics</b>	December 2020 	100.0% 	99.0% 	96.1% 	99.0% 	101.8% Metric currently showing positive variation (9 months above the mean) and consistently achieving the target
Metric	Actual	Target	Lower	Mean	Upper	Commentary
<b>KPI13.1 No Longer Fit to Reside in a Community Hospital bed as a % of Occupied Bed Days</b>	December 2020 	8.7% 	?	9.5% 	5.4% 	13.9% 22.5% Still within control limits and therefore normal variation, but below target in-month. While normal variation, this is still mostly above the target level of 9.5%
<b>KPI13.2 Home First Impact - reduction in average excess bed days (West Kent)</b>	December 2020 	0.00 	?	0.20 	-0.16 	0.19 0.54 Positive special cause variation currently being seen with a shift below the mean
<b>KPI13.3 Average Daily Medically Fit for Discharge Patients (MFFD) - West Kent</b>	December 2020 	52 	?	75 	52 	79 105 Metric showing positive special cause variation with the current period at the lower control limit, as a result of the Covid-19 Pandemic
<b>KPI13.4 Rapid Transfer impact - reduction in average excess bed days (East Kent)</b>	December 2020 	0.00 	?	0.20 	-0.22 	0.25 0.72 Positive special cause variation currently being seen with a shift below the mean
<b>KPI13.5 Average Daily Medically Fit for Discharge Patients (MFFD) - East Kent</b>	December 2020 	67 	?	100 	71 	110 149 Metric showing positive special cause variation with the current period under the lower control limit, as a result of the Covid-19 Pandemic
<b>KPI13.6 East Kent Rapid Transfer Service - Average Commissioned Discharges per day</b>	December 2020 	28.7 	?	30 	30 	Marginally below the target for month 9, as has been the case throughout the Covid-19 pandemic.

### 3. Integrate Services

## Kent Community Health NHS Foundation Trust - Corporate Scorecard

\*NOTE: National Targets are denoted by (N) in the KPI name. KPIs highlighted in **RED** are those most adversely affected by the Covid-19 Pandemic

Metric	Actual	Target	Lower	Mean	Upper	Commentary
<b>KPI14.1 Bed Occupancy: Occupied Bed Days as a % of available bed days</b>	December 2020 	83.3% 	92.0% 	75.5% 	86.8% 	98.0% 
<b>KPI14.2 Income &amp; Expenditure - Surplus (%)</b>	December 2020 	0.0% 	1.0% 	0.64% 	0.9% 	1.2% 
<b>KPI14.3 Cost Improvement Plans (CIP) Achieved against Plan (%)</b>	December 2020 	100.0% 	100.0% 	78.7% 	92.1% 	105.5% 
<b>KPI14.4 External Agency spend against Trajectory (£'000s)</b>	December 2020 	£568,315 	£491,250 	£250,785 	£550,143 	£849,500 
<b>KPI14.5 Percentage based on value of Service Lines with deficits greater than 5%</b>	December 2020 	20.0% 	F 	0% 	7.6% 	16.6% 
<b>4. Develop sustainable services</b>						
Metric	Actual	Target	Lower	Mean	Upper	Commentary
<b>KPI15.1 Sickness Rate</b>	December 2020 	5.79% 	?	4.20% 	3.10% 	4.17% 
<b>KPI15.2 Sickness Rate (Stress and Anxiety)</b>	December 2020 	1.30% 	?	1.15% 	0.90% 	1.12% 
<b>KPI15.3 Turnover (planned and unplanned)</b>	December 2020 	13.97% 	?	14.47% 	12.64% 	13.77% 
<b>KPI15.4 Mandatory Training: Combined Compliance Rate</b>	December 2020 	96.4% 	P 	85.0% 	95.4% 	96.0% 
<b>KPI15.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce)</b>	December 2020 	4.22% 	?	8.0% 	5.2% 	6.7% 
<b>KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more)</b>	December 2020 	88.3% 	?	87.0% 	86.6% 	87.6% 
<b>5. Be The Best Employer</b>						

## 2.0 Quality Report

### **2.1 Assurance on Safer Staffing**

Community Hospital October 2020	Day Fill Rate %			Night Fill Rate %	
	RN's	HCA's	RN's	HCA's	HCA's
Faversham	88.44%	75.46%	100.00%	98.79%	
Deal	88.19%	96.31%	98.39%	100.00%	
QVMH	91.89%	98.25%	98.33%	98.46%	
Whit & Tank	100.00%	99.20%	100.00%	99.88%	
West View	104.00%	86.30%	98.40%	96.78%	
Westbrook House	100.00%	98.30%	100.0%	113.3%	
Edenbridge	90.46%	87.52%	87.25%	85.04%	
Hawkhurst	88.21%	95.29%	89.05%	94.65%	
Sevenoaks	89.16%	95.42%	100.00%	99.26%	
Tonbridge	89.48%	90.08%	91.49%	92.91%	
<b>Total</b>	<b>92.98%</b>	<b>92.21%</b>	<b>96.29%</b>	<b>97.80%</b>	

50% of Community Hospitals had a fill rate of less than 90% in October, however these were supported by additional HCA duties and the total RN day fill rate for October was 92.88%. This improved in November whereby 30% of RN day fill rates were below 90%.

The number of shifts with 1RN on duty was also lower in November.

In Community Hospital inpatient wards, where the fill rates are below 90% this is because of COVID-19 sickness of self-isolation. Community Hospitals book additional duties to support the acuity and dependency of their patients ensuring they receive safe care.

Staff at Hawkhurst Community Hospital are contracted for rotational shifts, however 5 RN are exempt from night shift, and due to current vacancies these shifts are offered to KCHFT bank staff in the first instance and then agency.

Staff at Westview community hospital work collaboratively and can escalate to Benenden West if required where there is always 2RN on duty.

### **2.2 Covid-19 Incidents**

At the time of writing this report, a total of 345 COVID-19 related incidents had been reported to date. Of the 345 incidents reported, 32 (9.3%) happened in our care and were considered avoidable following investigation. In October and November 2020 there were 3 avoidable incidents reported, of which all resulted in no harm to the patient.

1.1 RN and HCA staffing Community Hospital November 2020	Day Fill Rate %		Night Fill Rate %		Night Fill Rate %
	RN's	HCA's	RN's	HCA's	
Faversham	94.55%		75.73%		98.36%
Deal	87.97%		95.69%		100.00%
QVMH	99.25%		96.20%		93.22%
Whit & Tank	99.47%		99.51%		99.38%
West View	92.11%		93.79%		93.43%
Westbrook House	100.00%		106.0%		100.00%
Edenbridge	94.79%		84.76%		98.36%
Hawkhurst	85.87%		93.94%		83.85%
Sevenoaks	91.59%		92.12%		96.98%
Tonbridge	86.60%		87.70%		93.65%
<b>Total</b>	<b>93.22 %</b>	<b>92.54%</b>	<b>96.02%</b>	<b>98.37%</b>	

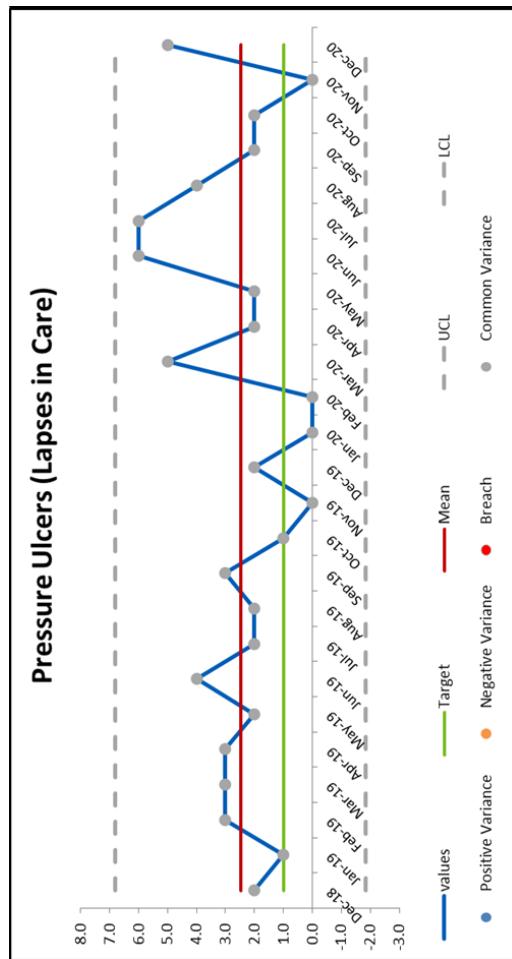
One no harm incident related to a patient that tested negative for COVID-19 on admission to Sevenoaks community hospital for rehabilitation following a fall. The patient uses CPAP for sleep apnoea which is classified as an aerosolised generating procedure and a side room was not available. The IPC team was made aware. IPC advised that the patient should be transfer to a side room. The ward liaised with another community hospital and the patient was safely transferred to Hawkhurst Community hospital.

Another no harm incident related to a delay with a hearing aid review. Once the patient was reviewed the hearing aid was adjusted to match the new hearing thresholds and it is reported that patient's hearing had improved.

COVID-19 Related Incidents Reported on Date	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Total
Incidents Reported	4	11	50	61	28	31	21	22	20	24	15	287
Patient Deaths in Community Hospitals	0	0	24	19	5	0	1	2	0	3	4	58
Total	4	11	74	80	33	31	22	24	20	27	19	345

## 2.3 Assurance on Pressure Ulcers

Two lapses in care were identified that happened in our care during October and November 2020 whereby two separate patients developed the following injuries: three category 3 pressure ulcers in a residential care home and a category 4 pressure ulcer in the patient's home. One incident is under joint investigation with Kent County Council taking the lead and the second had a after action review which identified some learning.



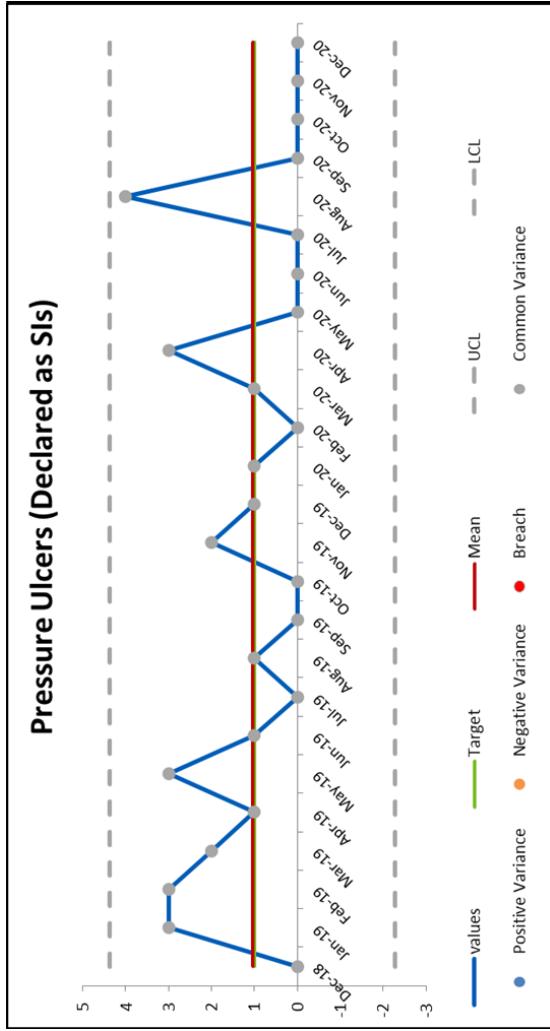
The TVN service continues to work with clinical services to support better management of pressure ulcers by:

Attending fortnightly locality meetings to work with services that have increase number of pressure ulcer incidences.

One of the TVN team members is now based within Thanet 3 days a week to support the service.

Providing training and education in the early identification of risks and intervention strategies required for patients to mitigate risks of skin breakdown.

Continue to promote and encourage the downloading of the pressure ulcer app. This has also being shared with other community partners to support standardisation of care with the resources provided by the app.



## 2.4 Assurance on Falls

During October and November 2020, 199 falls were reported across the trust an increase of 36% compared to the same period last year which could be due to the acuity of patients and nursing through the second wave of the pandemic. Of the 199, 3 were avoidable, of which one resulted in low harm to the patient and two resulted in no harm to the patient.

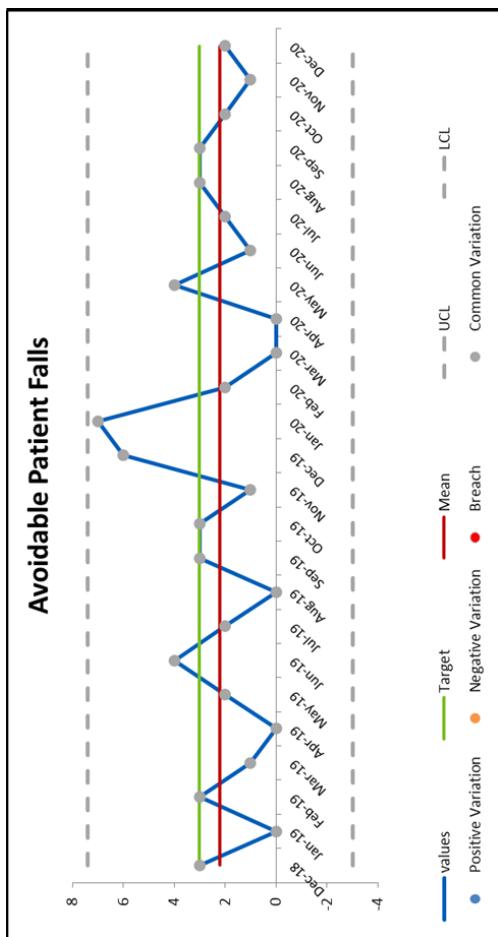
The low harm incident related to:

A patient that had an unwitnessed fall in the bathroom that was not being closely monitored by staff and sustained a skin tear. The patient was identified as being at high risk of falls.

The two no harm incidents related to:

A patient who rose from the chair without their frame and fell to the floor. The patient was on safety checks and had just been checked a few minutes before he fell. The patient was on anticoagulant so was therefore transferred to the acute for further assessment, the patient returned to the ward the following day with no injuries identified.

A patient that had an unwitnessed fall by their bed. Cot sides were in place but not used on one side, a risk assessment was carried out which identified that both cot sides should be used.



## 2.5 Assurance on Medication Incidents

102 medication incidents were considered avoidable and attributable to KCHFT during October and November 2020 compared to 119 avoidable incidents reported during August and September 2020. This represents a 14% decrease in medication incidents. The community nursing team reported 51% and community hospital reported 27% of the avoidable incidents. The remaining avoidable incidents (22%) were by 11 different services.

Top three avoidable medication incident themes

Omitted medication:

No harm incidents 29%, Low harm incidents 5.8%, Omitted doses incidents 44% were from community nursing.

Wrong quantity

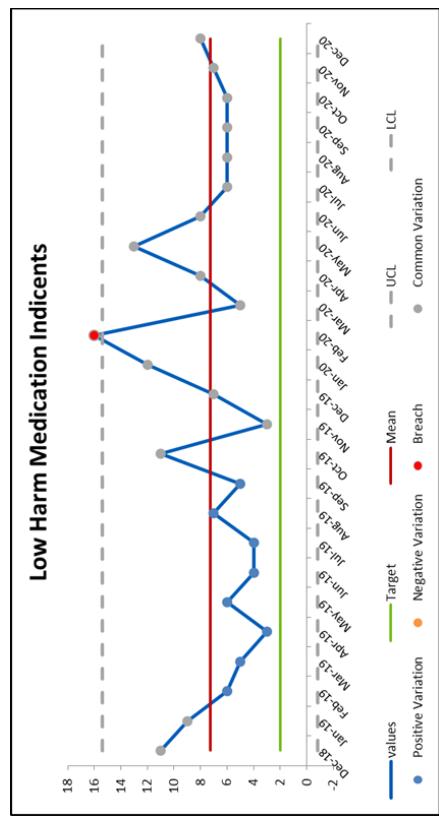
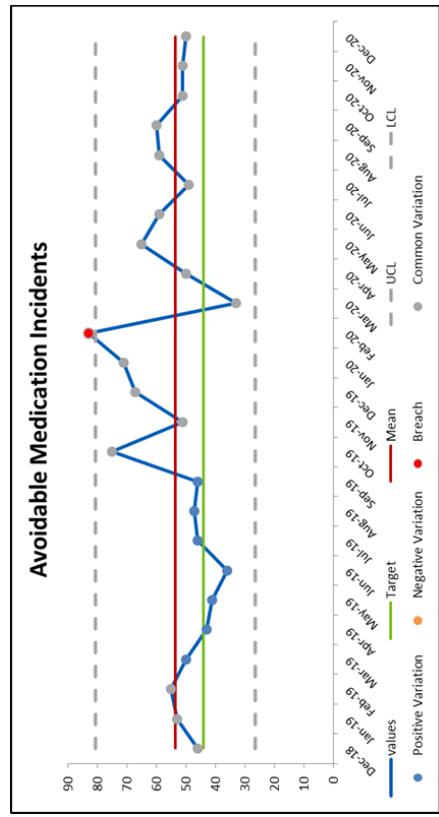
No harm incidents - 13%, Low harm incidents - 0.9%

## Wrong frequency

No harm incidents 9%, Low harm incidents - 0.9%

## Controlled drug incidents

24% of the 102 medication incidents were controlled drugs related. Common themes identified includes delayed doses; wrong quantity and wrong frequency.



## 2.6 Assurance on Patient Experience

### 2.6.1 Meridian Patient Experience survey results

4,245 surveys were completed by patients, relatives and carers (this includes 457 remote/virtual surveys), with a strong combined satisfaction score of 94.5%. Survey volumes continue to steadily increase, following the low numbers seen since April due to Covid-19.

Overall satisfaction survey percentages trust wide from October and November 2020 remain consistent with the previous two months (95.2%).

### 2.6.2 The NHS Friends and Family Test (FFT)

3,588 FFT questions were completed during October and November. The FFT recommend score was 96.9%.

0.7% (25) of our patients rated their overall experience as poor or very poor. Communication is the main theme seen from comments relating to accessing appointments, attitude of staff and provision of information.

2 comments from people who chose a poor or very poor response related to other healthcare providers, 1 was non-qualitative and 1 response was possibly an error as the rest of the survey was positive.

## 2.7 Assurance on Clinical Audit and Research

### 2.7.1 Clinical Audit Reporting

Substantial work internally being undertaken around Sentinel Stroke National Audit Programme.

Team working to develop package of virtual clinical audit training to complement existing e-learning and face-to-face learning resources already in place.

Safeguarding, Record keeping, End of Life audits prioritised.

KPI Actions	Target %	>80%	>85%
Due audit recommendations implemented – KPI		74%	83%
Actions overdue by more than 3 months – KPI Target <=10%		4%	0%
Actions overdue by more than 6 months – KPI7 Target <=5%		11%	3%

### 2.7.2 National Institute for Clinical Excellence (NICE)

735 pieces of NICE Guidance have been issued since 2017. Only 152 are applicable to KCHFT. Of these 5 (3%) remain under initial review and have exceeded our 3 month target to complete the baseline assessment. .

## 2.8 Infection Prevention and Control

<b>2020/21 Infection prevention and control trust objectives</b>	<b>October 2020</b>	<b>November 2020</b>	<b>YTD (Apr- March )</b>
No cases of <i>Clostridium difficile</i> infection (CDI) where level 3 lapses in care are identified by KCHFT staff (i.e. the infection deemed avoidable and caused by a failure in care or failure to follow policy/protocol). All cases of CDI will be reviewed and attributed to the following 4 categories: Hospital onset healthcare associated Community onset healthcare associated Community onset indeterminate association Community onset community associated	0	1 COHA	9 7 COHA 1 HOHA 1 COIA
There will be no KCHFT attributed cases of MRSA bacteraemia in 2020/2021	0	0	0
100% of patients admitted for podiatric surgery, or to our community hospitals will be screened for MRSA	podiatric surgery recommended = 100% screened 88% inpatient units	Podiatric surgery = 100% screened 91% inpatient units 95% inpatient units	Podiatric Surgery =100%
There will be a reduction of acquired urinary tract infections and catheter associated urinary tract infections compared to 2019/20 Prevent ongoing transmission COVID within Community Hospitals	13 UTI's 2 CAUTI	8 UTI's 2 CAUTI's	64 UTI's 15 CAUTI's
Total No. COVID +ve patients in inpatient wards at end of month No. of those who tested positive in month, and meet the definition: hospital onset – definitely healthcare acquired (data collection commenced May)	0	31 13	Total COVID+ve patients cared for in wards since March2020: <b>328</b> Total acquired post 15 days <b>24</b>

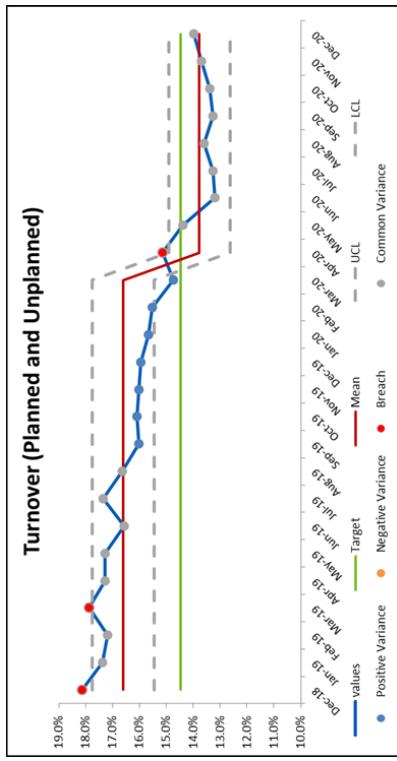
## 3.0 Workforce Report:

100% of the identified BAME risk assessments have been completed to date

### **3.1 Assurance on Retention**

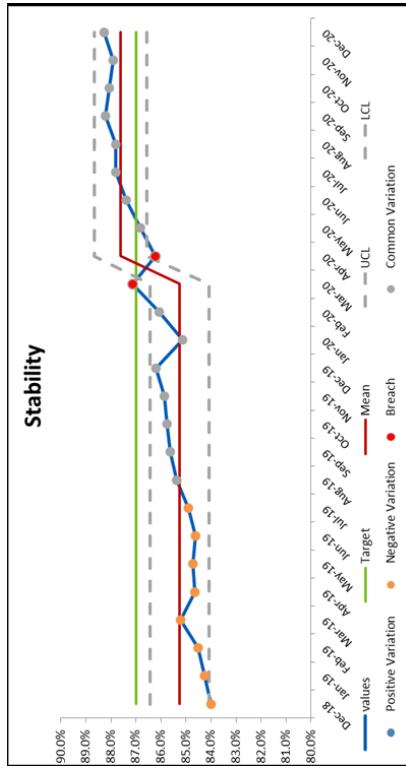
#### **3.1.1 Turnover**

Turnover in December 2020 (13.97%) is the highest rate recorded in the last 6 months, a 0.27% increase from November 2020 (13.70%).  
With this performance, turnover rates are above the mean but continues to remain below the new target of 14.47%.



#### **3.1.2 Stability**

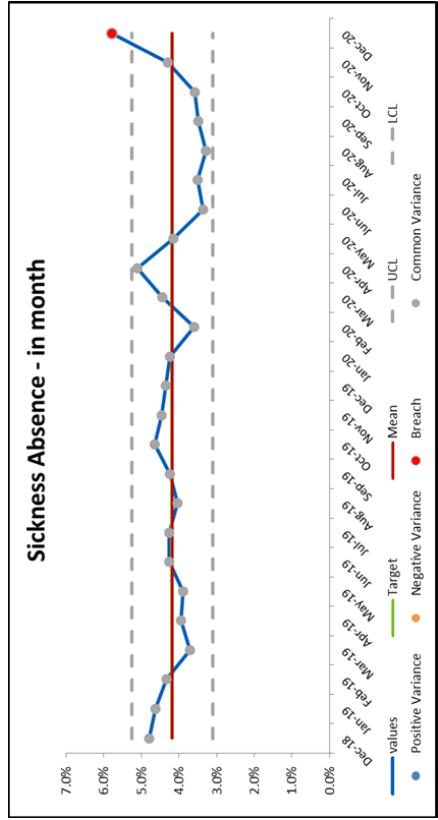
Stability continues to improve and current performance is above the mean and target at 88.26%, an increase of 0.34% from November 2020 (87.92%).



## 3.2 Assurance on Sickness

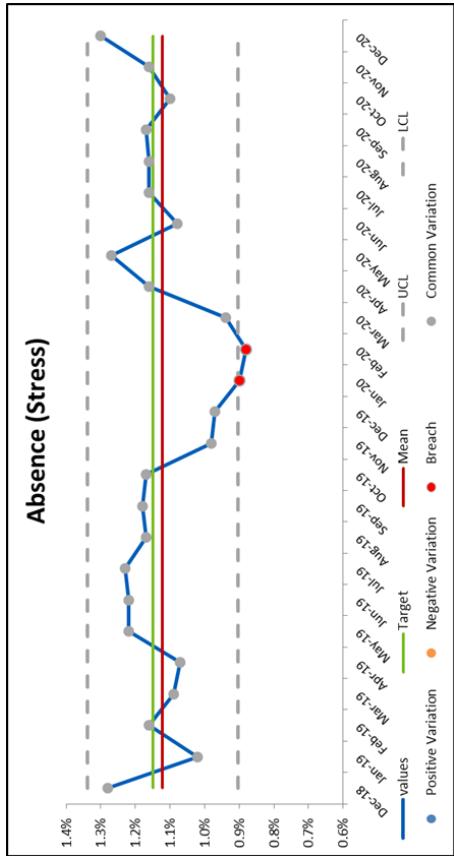
### 3.2.1 Sickness Absence

In month sickness absence sees a sharp increase in December 2020 (5.79%). This is the highest rate recorded over the reference period, this is due to Covid-19. This peak has taken the current performance above the mean and the target.



### 3.2.2 Stress Absence

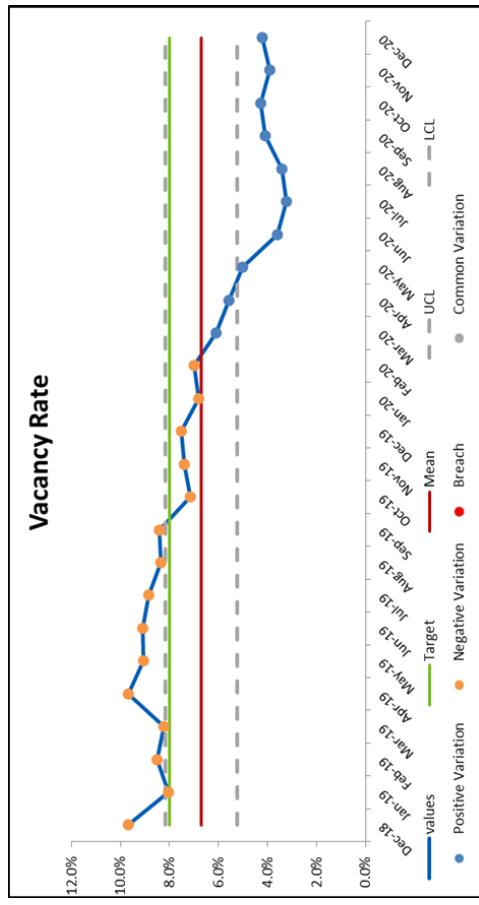
In-month stress absence figures for December 2020 (1.30%) have also seen a significant spike from the previous month. The financial year-to-date figure for December 2020 is 1.13% in line with target



### 3.3 Assurance on Filling Vacancies

#### 3.3.1 Establishment and Vacancies

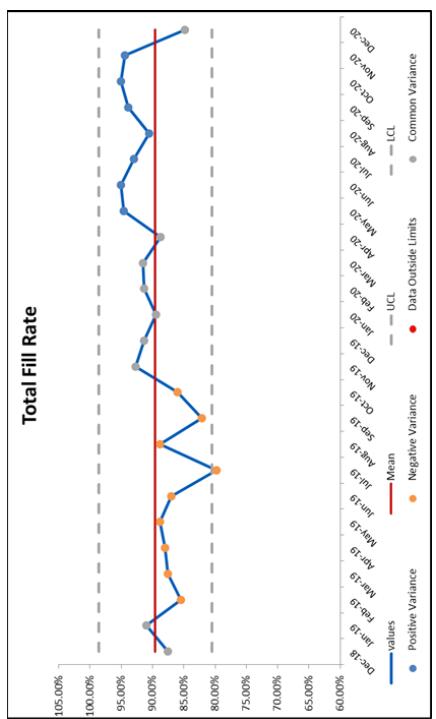
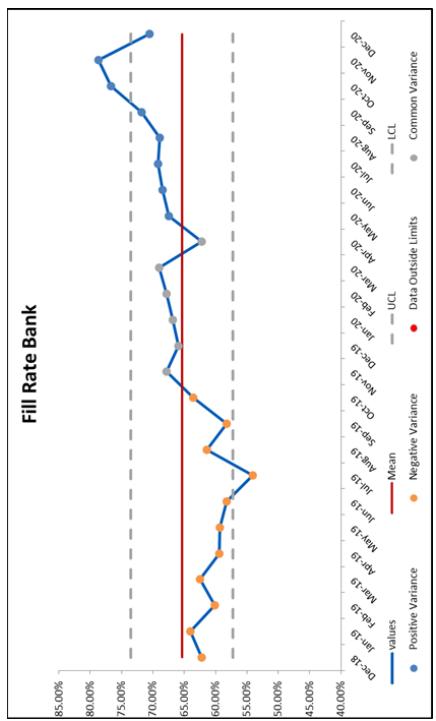
The Vacancy Rate continues to perform below average and target. Currently the vacancy rate is 4.21% which is a small increase of 0.29% since November 2020.



#### 3.3.2 Temporary Staff Usage

The Total fill rate in December has seen a significant decrease to the previous month. Current performance is 84.88% in December 2020, a 9.52% decrease since November 2020 (94.40%). This is in line with the drop in fill rate experienced in the first peak of the pandemic in April 2020.

The Bank fill rate has also seen a decrease to 70.58% for December 2020. This is a 8.07% decrease since November 2020 (78.65%). However, this still remains above the mean. Significant recruitment has been undertaken to increase capacity on the Bank to support the COVID-19 vaccination programme & emergency response to the pandemic, which is evident in the figures below as the fill rate was significantly higher for December than the First peak in April 2020.



## **4.0 Finance Report:**

### **4.1 Key Messages**

**Surplus:** The Trust is in a breakeven position to the end of December in-line with the revised plan submitted in October. Non-pay has overspent by £5,135k partly offset by underspends on pay and depreciation/interest of £362k and £394k respectively and an over-recovery of income of £4,267k.

**Continuity of Services Risk Rating:** The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M9 2020-21. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime and the YTD Agency spend rating is 2 following an increase in actual agency costs due to Covid-19.

**CIP:** The Trust achieved CIPs of £3,177k to the end of December against a risk rated plan of £3,177k.

**Cash and Cash Equivalents:** The cash and cash equivalents balance was £53,861k, equivalent to 79 days expenditure. The Trust recorded the following YTD public sector payment statistics 98% for volume and 97% for value.

**Capital:** Spend to December was £5,883k, against a YTD plan of £8,689k (68% achieved). The plan figures referenced include the effect of the PDC funded schemes approved after the revised plan submitted to NHSE/I on 27 July 2020. The full year forecast is £9,926k and the Trust expects to utilise this in full. The full year outturn includes £1,500k on the Trust's Urgent Treatment Centres and £113k on enhanced cyber security for which both values are to be fully funded by PDC (Urgent and Emergency Care Programme and Cyber Security respectively). The full year variance to plan of £539k represents the agreed underspend of K&M ring-fenced monies (£269k) which will now be released and allocated to K&M system priorities and £270k relating to outstanding covid-19 capital claims which still await national approval. Due to the continued uncertainty/lack of clarity with regards to approval, the Trust is now managing this spend as part of its own internally generated funded plans

**Staff:** Temporary staff costs for December were £1,451k, representing 9.5% of the pay bill. Of the temporary staffing usage in December, £487k related to external agency and £82k for locums, representing 3.07% of the pay bill. Contracted WTE decreased by 24 to 4,315 in post in December which includes 19 posts funded by capital projects. Vacancies increased to 189 in December which was 4.2% of the budgeted establishment.

## 4.2 Dashboard

Surplus			Rag rating: Green			Use of Resource Rating			Rag rating: Green			CIP			Rag rating: Green			
Actual	Budget	Variance	Year to Date Rating	Capital Service Capacity	Year End Forecast Rating	Year to Date Rating	Year End Forecast Rating	Year End Rating	Year to Date Rating	Year End Forecast Rating	Year to Date Rating	Year End Forecast Rating	Year End Rating	Actual	Plan	Variance		
Year to Date £k	0	112	-112	Liquidity	1	1	1	1	Year to Date £k	3,177	3,177	0						
Year End Forecast £k	0	150	-150	I&E margin (%)	2	2	2	2	Year End Forecast £k	4,210	4,210	0						
The Trust is in a breakeven position to the end of December in-line with the revised plan submitted in October.				Distance from Financial Plan	1	1	1	1										
Non-pay has overspent by £5,135k partly offset by underspends on pay and depreciation/interest of £362k and £394k respectively and an over-recovery of income of £4,267k.				Agency Spend	2	2	2	2										
The forecast for 2020/21 is to breakeven.				Overall Rating	1	1	1	1										
Cash and Cash Equivalents																		
Rag rating: Green			Capital Expenditure			Rag rating: Green			Rag rating: Amber			Agency Targets			Rag rating: Green			
Actual	Forecast	Variance	Actual Forecast	Plan	Variance	Actual	Target	Variance	Actual	Target	Variance	Actual	Target	Variance	Actual	Target	Variance	
Year to Date £k	53,861	56,040	-2,179	YTD Expenditure £k	5,983	8,689	2,806		External Agency Excluding Covid-19 Expenditure £k	362	491	129	3,234	4,421	1,187			
Year End Forecast £k				Year End Forecast £k					External Agency Including Covid-19 Expenditure £k	568	491	-77	5,171	4,421	-750			
Cash and Cash Equivalents as at 31/9 close stands at £53,861k, equivalent to 79 days operating expenditure. The Trust recorded the following YTD public sector payment statistics 98% for volume and 97% for value.																		

## 4.3 Income and Expenditure Position

The position for December was £12k adverse compared to budget, increasing the adverse variance YTD to £112k. The in-month performance comprised overspends of £552k and £12k for non-pay and pay respectively, partly offset by an underspend position on depreciation/interest of £15k and an over-recovery on income of £537k. The summary income and expenditure statement is shown overleaf.

**December and YTD expenditure and income against the month six forecast/revised plan that was submitted to NHSEI.**

**Trust Wide variance against budget in month**

	DEC ACTUAL £'000	DEC BUDGET £'000	DEC VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE	M7-9 ACTUAL £'000	M7-9 BUDGET £'000	M7-9 VARIANCE £'000	% VARIANCE	
Charitable and Other Contributions to Expenditure	14,319	13,62	1,057	8.0%	123,141	120,467	2,674	2.2%	14,319	14,568	-249	-1.7%	42,463	43,559	-1,095	-3.0%	
Clinical Commissioning Groups	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	-2.5%	
Department of Health	112	164	-52	-31.7%	1079	1475	-396	-26.8%	112	138	-26	-18.7%	319	421	-102	-24.7%	
Education and Training	40	32	8	25.1%	33,340	388	-346	-16.2%	40	25	15	57.5%	88	76	12	16.5%	
Injury Care Recovery Scheme	3,656	3,918	-262	-6.7%	35,485	32,074	3,411	10.6%	3,656	3,771	-114	-3.0%	12,257	11,231	1,025	9.1%	
Local Authorities	2,211	2,174	47	2.2%	18,543	17,721	822	4.6%	2,211	2,046	175	8.6%	6,149	5,977	172	-2.3%	
NHS England	0	0	0	0.0%	4,871	0	4,871	0.0%	0	0	0	0.0%	0	0	0	0.0%	
NHSEI Top Up Funding	0	2	-2	-100.0%	0	18	-18	-100.0%	0	0	0	0.0%	0	0	0	0.0%	
NHS England Financial Recovery Funding	170	246	-76	-30.3%	1,835	2,099	-265	-12.6%	170	156	0	0.0%	483	468	14	3.0%	
NHS Foundation Trusts	388	437	-50	-11.3%	4,157	4,387	-240	-5.5%	388	398	-11	-2.6%	1,195	1,195	0	0.0%	
NHS Trusts	150	151	-1	-1.0%	1,320	1,358	-38	-2.1%	150	131	19	14.4%	404	404	0	0.0%	
Non NHS Other	2	18	-16	-90.0%	143	161	-16	-9.1%	2	2	0	0.0%	6	6	0	0.0%	
Non Patient Care Patients	145	183	-38	-20.3%	1,680	1,633	327	-19.3%	145	137	8	5.7%	417	64	14	15.4%	
Non-Patient Care Services to Other Bodies	122	202	-80	-39.5%	993	1,543	-549	-36.6%	122	122	0	0.0%	471	89	-190	-40.0%	
<b>INCOME Total</b>	<b>20,729</b>	<b>20,798</b>	<b>537</b>	<b>2.6%</b>	<b>190,979</b>	<b>186,712</b>	<b>4,267</b>	<b>2.3%</b>	<b>21,329</b>	<b>21,541</b>	<b>-211</b>	<b>-1.0%</b>	<b>64,163</b>	<b>64,409</b>	<b>-240</b>	<b>-0.4%</b>	
Allied Health Professionals	2,322	2,361	29	1.2%	20,877	21,604	-726	-3.4%	2,332	2,427	95	3.9%	7,018	7,215	196	2.7%	
Apprenticeship Levy	60	64	-4	-6.3%	5,87	5,77	50	8.7%	60	58	2	3.5%	151	175	6	3.8%	
Consultants	248	270	-22	-8.2%	2,012	2,198	-186	-12.4%	248	236	-12	-5.2%	652	652	0	0.0%	
Healthcare Scientists	56	55	1	1.8%	502	496	-6	-1.2%	56	37	19	51.3%	111	111	0	0.0%	
Medical Care Staff Grades	650	618	-33	-5.3%	5,149	5,159	-10	0.0%	650	657	7	1.1%	1,787	1,952	166	8.3%	
Medical Trainee Grades	25	20	-5	-26.5%	154	178	24	13.7%	25	14	-11	-75.1%	43	43	-25	-59.5%	
NHS Infrastructure Support	3,816	3,862	45	1.2%	35,116	36,506	-140	-1.5%	3,816	3,907	91	2.3%	11,341	11,628	287	2.5%	
Non-Executive Directors	14	17	3	18.5%	142	153	11	7.2%	14	14	0	0.0%	41	42	1	1.7%	
Other Scientific, Therapeutic and Technical Staff	586	607	22	3.5%	5,140	5,499	359	6.5%	586	642	57	8.8%	1,285	1,275	159	8.3%	
Registered Nursing, Midwifery and Health Visiting Staff	4,861	4,976	115	2.3%	43,785	44,242	-567	1.0%	4,861	5,205	345	12.6%	14,877	15,533	656	4.2%	
Medical Trained Grades	403	454	51	11.3%	3,569	3,917	348	8.9%	403	416	14	3.3%	1,249	1,233	16	-1.3%	
Support to Allied Health Professionals	2,260	1,957	-302	-15.5%	20,087	17,214	-2,873	-16.7%	2,260	2,288	29	1.2%	6,719	6,667	148	2.2%	
Support to Nursing Staff	34	38	6	14.0%	313	356	42	11.9%	34	39	6	14.4%	106	118	12	10.5%	
Support to Other Clinical Staff	0	1	0	0.0%	67	0	-67	0.0%	0	1	-1	0	0	0	-58.7%		
Redundancy Costs	0	17	17	100.0%	0	122	122	100.0%	0	0	0	0.0%	0	0	0	0.0%	
GP Target Pay	0	21	21	100.0%	0	229	229	100.0%	0	0	0	0.0%	0	0	0	0.0%	
GP Holding Account Pay	0	-8	-8	-100.0%	0	-259	-259	-100.0%	0	0	0	0.0%	0	0	0	0.0%	
Contract Savings	15,343	15,331	-12	-0.1%	137,893	138,180	-262	-0.3%	15,343	15,942	599	4.3%	45,961	47,504	-1,544	-3.2%	
<b>PAY Total</b>	<b>15,321</b>	<b>15,331</b>	<b>5</b>	<b>0</b>	<b>-6.5%</b>	<b>51</b>	<b>44</b>	<b>-8</b>	<b>-17.6%</b>	<b>5</b>	<b>6</b>	<b>0</b>	<b>0.0%</b>	<b>18</b>	<b>17</b>	<b>-2</b>	<b>-10.5%</b>
Audit Fees Payable to the External Auditor	80	61	0	0.0%	548	548	0	0.0%	80	61	0	0.0%	183	183	0	0.0%	
Clinical Negligence - Amounts Payable to NHS Resolution	450	612	112	21.1%	3,176	4,515	1,340	29.7%	450	450	-54	-57.9%	193	193	-115	-48.3%	
Consultancy	107	114	7	6.0%	970	1,132	143	20.2%	107	378	-73	-19.3%	1,146	1,154	8	0.7%	
Education and Training - Non-Staff	671	688	13	2.0%	5,332	5,339	-933	-18.6%	671	618	-82	-12.3%	3,220	1,889	-163	-8.8%	
Establishment	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	
Increasing/(Decrease) in Impairment of Receivables	788	757	-41	-5.4%	6,632	6,813	-89	-0.7%	788	555	-243	-43.3%	2,248	1,665	-583	-35.0%	
Operating Lease Expenditure	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	
Operating Lease Expenditure (net)	109	84	-25	-30.1%	1,006	668	-330	-50.7%	109	124	15	12.1%	371	371	26	7.0%	
Other	72	57	-16	-23.5%	497	509	22	4.6%	72	58	-15	-25.2%	185	175	-10	-5.5%	
Premises - Business Rates Payable to Local Authorities	5859	4,494	-1,165	-30.4%	1,156	1,080	76	-6.3%	5859	4,99	1,20	19.4%	2,652	1,845	-807	-37.3%	
Research and Development - Non-Staff	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	
Supplies and Services - Clinical (excluding drugs costs)	2,362	1,839	-523	-28.4%	19,513	16,044	-3,470	-21.6%	2,362	2,275	143	-8.7%	6,299	6,330	531	7.8%	
Supplies and Services - General	154	86	-69	-80.0%	1,858	767	-1,090	-42.1%	154	94	-60	-64.1%	790	268	-522	-19.4%	
Transport	276	396	120	30.4%	2,523	3,546	-1,023	-28.8%	276	365	89	24.3%	799	1,074	275	25.6%	
GP Target Non Pay	0	-17	-17	-100.0%	0	-122	-122	-100.0%	0	0	0	0.0%	0	0	0	0.0%	
GP Holding Account Non Pay	0	-50	-50	-100.0%	0	0	0	-100.0%	0	0	0	0.0%	0	0	0	0.0%	
Contract Savings	5,653	5,101	-552	-10.3%	50,392	45,257	-5,135	-11.3%	5,653	5,256	-397	-10.6%	15,870	15,711	-1,341	-8.3%	
<b>NON PAY Total</b>	<b>5,653</b>	<b>5,101</b>	<b>334</b>	<b>166</b>	<b>21</b>	<b>-11</b>	<b>-53.1%</b>	<b>218</b>	<b>187</b>	<b>-31</b>	<b>-16.4%</b>	<b>97</b>	<b>97</b>	<b>8</b>	<b>7.4%</b>		
Amortisation	302	307	5	1.6%	2,525	2,760	-235	-8.5%	302	308	6	1.9%	895	923	28	30%	
Depreciation	0	17	-17	-100.0%	0	156	0	-100.0%	0	0	0	0.0%	0	0	2	97.5%	
Finance Income	0	0	0	0.0%	4	0	-4	0.0%	0	1	0	100.0%	0	0	0	0.0%	
Interest on Late Payment of Commercial Debt	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	
Losses on Disposal of Property, Plant and Equipment	0	0	0	0.0%	39	39	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	
POC Dividend Charge	0	0	0	0.0%	0	350	350	100.0%	0	0	0	0.0%	0	0	0	0.0%	
<b>EBITDA</b>	<b>0.06%</b>	<b>0.17%</b>	<b>0.2%</b>	<b>-0.1%</b>	<b>12</b>	<b>-12</b>	<b>-100.0%</b>	<b>0.05%</b>	<b>0.1%</b>	<b>112</b>	<b>-112</b>	<b>-100.0%</b>	<b>0.05%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	
<b>EBITDA %</b>	<b>0.06%</b>	<b>-0.1%</b>	<b>0.13%</b>	<b>-0.1%</b>	<b>0</b>	<b>0.05%</b>	<b>-100.0%</b>	<b>0.05%</b>	<b>0.1%</b>	<b>0</b>	<b>0.05%</b>	<b>-100.0%</b>	<b>0.05%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	
<b>SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>-100.0%</b>	<b>0</b>	<b>0.05%</b>	<b>-100.0%</b>	<b>0.05%</b>	<b>0.1%</b>	<b>0</b>	<b>0.05%</b>	<b>-100.0%</b>	<b>0.05%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	
<b>SURPLUS %</b>	<b>0.06%</b>	<b>-0.1%</b>	<b>0.13%</b>	<b>-0.1%</b>	<b>0</b>	<b>0.05%</b>	<b>-100.0%</b>	<b>0.05%</b>	<b>0.1%</b>	<b>0</b>	<b>0.05%</b>	<b>-100.0%</b>	<b>0.05%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	

## 4.3 Statement of Financial Position and Capital

	At 31 Mar 20 £'000s	At 30 Nov 20 £'000s	At 31 Dec 20 £'000s	Variance Analysis Commentary
<b>NON CURRENT ASSETS:</b>				
Intangible assets	652	1,162	1,232	
Property, Plant & Equipment	19,589	21,123	22,128	
NHS Accrued Debtors	60	60	60	
Other debtors	354	314	311	
<b>TOTAL NON CURRENT ASSETS</b>	<b>20,635</b>	<b>22,669</b>	<b>23,732</b>	
<b>CURRENT ASSETS:</b>				
NHS & Non NHS - Invoiced Debtors (net of bad debt provision)	13,137	9,803	12,038	Total Debtors
NHS Accrued Debtors	1,652	2,872	1,186	The in-month decrease in the main relates to accrued income (credit note) adjustments by CCG growth funding and Covid income. These adjustments have been reclassified in month from deferred revenue (other creditors) as part of the M9 Agreement of Balances process.
Other debtors	3,148	8,507	4,129	
<b>Total Debtors</b>	<b>17,938</b>	<b>21,182</b>	<b>17,402</b>	
Cash at bank in GBS accounts	44,615	58,092	53,836	
Other cash at bank and in hand	51	11	26	
Deposit with the National Loan Fund (Liquid Investment)	0	0	0	
<b>Total Cash and Cash Equivalents</b>	<b>44,666</b>	<b>58,103</b>	<b>53,861</b>	
<b>TOTAL CURRENT ASSETS</b>	<b>62,603</b>	<b>79,285</b>	<b>71,264</b>	
<b>CREDITORS:</b>				
NHS & Non NHS - Invoiced Creditors falling due within 1 year	-3,695	-1,531	-673	
NHS - accrued creditors falling due within 1 year	-4,719	-4,481	-4,356	Non NHS - accrued creditors falling due within 1 year
Non NHS - accrued creditors falling due within 1 year	-17,439	-17,498	-14,483	
Other creditors	9,946	31,090	-28,007	The in-month decrease follows a reduction in the creditors position with NHSPS following further settlement of o/s invoices in December.
Total amounts falling due within one year	<b>-35,798</b>	<b>-54,600</b>	<b>-47,519</b>	
<b>NET CURRENT ASSETS</b>	<b>26,806</b>	<b>24,685</b>	<b>23,745</b>	Other Creditors
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>47,441</b>	<b>47,344</b>	<b>47,477</b>	The in-month decrease follows the in month reclassification of deferred revenue entries
Total amounts falling due after more than one year	0	0	0	as outlined in the Total Debtors section.
<b>PROVISION FOR LIABILITIES AND CHARGES</b>	<b>-1,677</b>	<b>-1,580</b>	<b>-1,573</b>	
<b>TOTAL ASSETS EMPLOYED</b>	<b>45,764</b>	<b>45,764</b>	<b>45,904</b>	
<b>FINANCED BY TAXPAYERS EQUITY:</b>				
Public dividend capital	-2,887	-2,887	-3,027	Public Dividend Capital
Income and expenditure reserve	-41,677	-41,677	-41,677	The in-month increase relates to expected PDC funding received for capital schemes.
Revaluation Reserve	-1,199	-1,199	-1,199	
<b>TOTAL TAXPAYERS EQUITY</b>	<b>- 45,764</b>	<b>- 45,764</b>	<b>- 45,904</b>	

## Cash and Cash Equivalents

Cash and Cash equivalents totalled £53,861k as at M9 close, equivalent to 79 days expenditure:

### Total Cash and Cash Equivalents as at period end:

	£'000's
<b>Cash with the Government Banking Service</b>	<b>53,835</b>
<b>Cash at Commercial Banks and in hand</b>	<b>26</b>
<b>Deposits with the National Loan Fund</b>	<b>0</b>
<b>Total Cash and Cash Equivalents as at period end</b>	<b>53,861</b>

All figures £'000's	Dec 20 Actual	Jan 21 F/cast	Feb 21 F/cast	Mar 21 F/cast	Apr 21 F/cast	May 21 F/cast	Jun 21 F/cast	July 21 F/cast	Aug 21 F/cast	Sept 21 F/cast	Oct 21 F/cast	Nov 21 F/cast
<b>Opening Balance</b>	<b>58,103</b>	<b>53,861</b>	<b>56,386</b>	<b>54,964</b>	<b>37,451</b>	<b>36,386</b>	<b>36,340</b>	<b>35,866</b>	<b>35,811</b>	<b>35,426</b>	<b>34,886</b>	<b>34,640</b>
SLA	16,368	16,641	17,415	1,927	17,875	17,875	17,875	17,875	17,875	17,875	17,875	17,875
NHS Debtors	1,955	1,697	1,881	1,442	1,856	1,814	1,841	1,832	1,499	1,565	1,524	1,492
Non NHS	2,984	2,364	1,213	1,213	1,213	1,213	1,213	1,213	1,213	1,213	1,213	1,213
PSF	0	0	0	0	0	0	0	0	0	0	0	0
VAT Refund	387	220	190	190	190	190	190	190	190	190	190	190
Interest Receivable	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total receipts</b>	<b>21,684</b>	<b>20,922</b>	<b>20,679</b>	<b>4,772</b>	<b>21,134</b>	<b>21,092</b>	<b>21,119</b>	<b>21,119</b>	<b>20,777</b>	<b>20,843</b>	<b>20,799</b>	<b>20,740</b>
Net Payroll	9,325	9,140	9,012	9,012	9,012	9,012	9,012	9,012	9,012	9,012	9,012	9,012
Pensions	2,489	2,486	2,480	2,480	2,480	2,480	2,480	2,480	2,480	2,480	2,480	2,480
Tax & NI	3,273	3,349	3,330	3,330	3,330	3,330	3,330	3,330	3,330	3,330	3,330	3,330
Payment Runs	9,617	2,417	6,198	6,250	5,895	5,226	6,158	5,823	5,646	6,131	5,812	5,193
PDC Dividends	0	0	0	0	-77	0	0	0	0	0	0	0
Other	49	32	40	40	40	40	40	40	40	40	40	40
Capital	1,153	963	1,041	1,250	1,519	1,050	573	480	654	378	383	746
<b>Total payments</b>	<b>25,906</b>	<b>18,397</b>	<b>22,101</b>	<b>22,285</b>	<b>22,199</b>	<b>21,593</b>	<b>21,465</b>	<b>21,462</b>	<b>21,371</b>	<b>21,057</b>	<b>20,801</b>	
<b>Closing Cash Balance</b>	<b>53,861</b>	<b>56,386</b>	<b>54,964</b>	<b>37,451</b>	<b>36,386</b>	<b>36,340</b>	<b>36,866</b>	<b>35,811</b>	<b>35,426</b>	<b>34,886</b>	<b>34,640</b>	<b>34,579</b>

\*The SLA values reported year to date include the Block payments received from K&M CCG, NHS England and East Sussex CCG. For the period year to date, the Block payments have been received one month in advance i.e. September Block has been received in August. The reduction in the March 2021 SLA value reflects the expected clawback of the advance payments in March 2021.

## Capital

The full year forecast is £9.9m and the Trust expects to utilise this in full.

The full year outturn includes £1.5m capital expenditure on the Trust's Urgent Treatment Centres and £113k on enhanced cyber security for which both values are to be fully funded by PDC (Urgent and Emergency Care Programme and Cyber Security respectively).

The full year variance to plan of £539k represents the agreed underspend of Kent & Medway ring-fenced monies (£269k) which has been agreed to be released and reallocated to Kent & Medway system priorities and £270k relating to outstanding Covid-19 capital claims which still await national approval. Due to the continued uncertainty/lack of clarity as to whether national approval will be received for these claims, the Trust is now managing this spend as part of its own internally generated funded plans.

# Integrated Performance Report

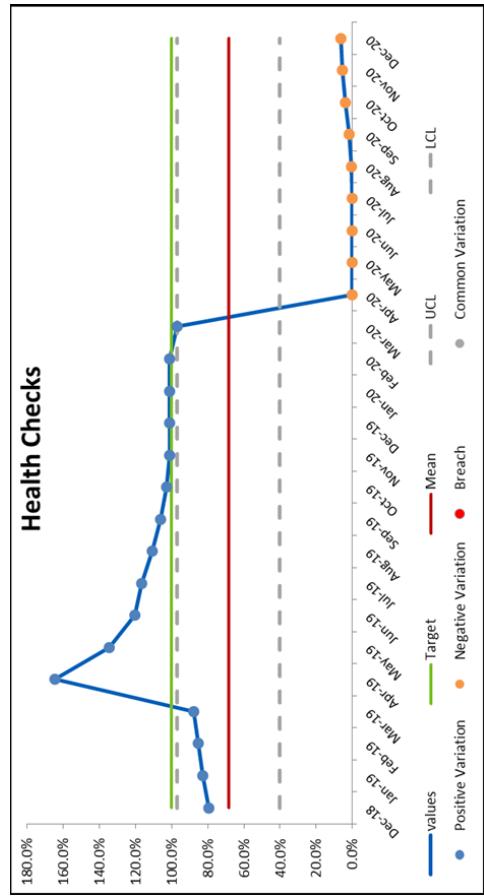
Proj. Area	Capital Project	YTD Plan.	YTD Actual	Variance	FY Plan.	Forecast
						Outlook
Estates	Replaced Estate Doors/Pulls - Hawthurst Care Home - Ch/fnd 19-20	20	21	-1	134	138
Estates	Council Centre Communal Refurb - Ch/fnd 19-20	235	14	221	127	111
Estates	Southam Main Internal Refurb & Construction of Internal Refurb - Ch/fnd 19-20	20	20	0	138	138
Estates	Fire and Emergency Services - Ch/fnd 19-20	20	20	0	20	20
Estates	Trinch House External Patch Works - Ch/fnd 19-20	55	55	0	55	55
Estates	Watch House Equipment Refurb - Ch/fnd 19-20	20	20	0	20	20
Estates	Hawthurst Care Hospital Reception Refurb - Ch/fnd 19-20	20	20	0	20	20
Estates	Trinch House - Toilet Refurbishment Works - Ch/fnd 19-20	25	25	0	25	25
Estates	Hawthurst Care Hospital - Laundry Refurbishment Works - Ch/fnd 19-20	20	0	-20	0	20
Estates	Hawthurst Care Hospital - Laundry Replacement Nurse Call System	52	1	51	59	1
Estates	Watch House - Window Replacement Works - Ch/fnd 19-20	52	55	-3	52	55
Estates	Watch House - LED Lightbulb更换 Works - Ch/fnd 19-20	20	0	-20	0	20
Estates	Stair PV Installation - Various Estates	240	0	-240	0	140
Estates	Hawthurst Care Hospital - Car Park Extension	118	4	114	118	4
Estates	Fawtham Care Hospital - Reconfiguration Works - UKS	200	0	-200	0	100
Estates	Electrical Change Points - Various Estates - Ch/fnd 19-20	25	17	-8	25	21
Estates	Stair PV Installation - Various Estates (Hawthurst Trinity and Hawthurst remaining) - Ch/fnd 19-20	201	1	200	121	-11
Estates	Exchange House Fire Safety Works - Ch/fnd 19-20	3	-1	-2	1	2
Estates	Hawthurst Care Replacement Automated Front Doors	3	5	-2	3	5
Estates	The Oak (Unit G) GCH Replacement - Ch/fnd 19-20	7	0	-7	0	7
Estates	Trinch House Air Conditioning Works	50	23	27	50	27
Estates	Posters Street - Fly Rod Railings	15	0	-15	0	15
Estates	Estates Cleaning Facility - Compliance / Unlocked works/ NHS Property Services Restricted Sites/ComHealth Read development	227	0	-227	33	119
Estates	Bell Stone Extension - Trinity House	0	0	0	0	0
Estates	Nurse Call System - Tonbridge Central Hospital	0	52	-49	0	40
Estates	Tonbridge Cottage Hospital Security Improvements	0	11	-11	0	11
Estates	Comber Clinic - Reception Host Vacant Estates (PC)	0	0	0	0	13
Estates	Trinch House - Reception Furniture Audit (PC)	0	0	0	0	6
Estates	Pharmacy Dispensary	0	0	0	0	2
Estates	Wastefile House - Window Adjustment Works	0	0	0	0	40
Estates	New Insulated Alarm Panel (21 Stays)	0	0	0	0	20
Estates	KAM STAR Refreshed Funds - System Priorities	0	0	0	0	269
Estates	KAM STAR Refreshed Funds - System Priorities	0	0	0	0	0
Estates	Whittle Court Refurb - Ch/fnd 19-20	0	0	0	0	0
Estates	Hawthurst Care Hospital Boiler Works - Ch/fnd 19-20	0	0	0	0	0
Estates	Trinch House V/Cle - Ch/fnd 19-20	0	3	-3	0	3
Estates	Contractor Refurbishment - Ch/fnd 19-20	0	0	0	0	0
Estates	Ditton Park - Standard Stores Unit - Ch/fnd 19-20	0	0	0	0	0
Estates	IT Helpdesk (Vicars of Beau/ Hartford) and Beaconsfield (Northgate) - Ch/fnd 19-20	0	0	0	0	0
Estates	Relocation from Beaconsfield House to Beaconsfield Council offices - Ch/fnd 19-20	0	0	0	0	0
Estates	Urgent Treatment Centre (Vicars of Beau/ Beaconsfield) - Emergency Care Programme (ECP)	1,000	621	1,048	1,500	1,500
Estates	Car Replacement - ECO Information - Ch/fnd 19-20	2,075	1,744	3,269	2,562	2,562
Estates	Car Replacement - ECO Information - Ch/fnd 19-20	1,626	1,165	1,500	1,512	1,512
Estates	Kitchen & Laundry Room Refurb - Ch/fnd 19-20	2,129	1,555	464	2,127	421
Estates	KIOSK - Foyer/ Reception Point (MSU/ PDS Funding)	0	27	-27	0	327
Estates	Areas Update Phase 2 - Ch/fnd 19-20	25	25	0	25	0
Estates	Server Admin Migration	30	0	-30	45	0
IT	UPS Refresh	0	0	0	0	0
IT	IT Cabinet Configuration	50	17	-33	50	12
IT	Leasing Upgrades	50	0	-50	50	-20
IT	Microsoft Office 2019	750	754	-4	750	754
IT	Core Platform Upgrade	6	6	0	6	6
IT	Unit 6 Community Service Service (U6CSS)	2,177	2,177	0	2,177	0
IT	Service Desk System Review / Replacement	0	227	-227	0	327
IT	Secondary Data Centre / Move	80	80	0	80	80
IT	VPN Solution	39	32	-7	32	12
IT	Mobile Device Security	0	0	0	0	0
IT	IT Hardware/Ch/fnd 19-20	22	0	-22	22	0
IT	IT Helpdesk/Ch/fnd 19-20	77	77	0	77	77
IT	IT Helpdesk/Ch/fnd 19-20	0	-2	2	0	-2
IT	IT System Support/Hawthurst/Ch/fnd Scheme 19-20	6	6	0	6	6
IT	Core Platform Upgrade	42	29	-11	40	29
IT	DC Service Provision (CCS Site)	0	8	-8	0	8
IT	South East Drawstring Laptops	0	25	-25	0	25
IT	Laptops & Assembled Equipment - Covid-19, Claim	270	0	-270	0	270
IT	Nexus Scanner (PDC Cyber Security)	10	8	-2	10	8
IT	Global Project (PDC Firewall Software) (PDC Cyber Security)	31	31	0	31	37
IT	Mobile Phone Antivirus Software - Kaspersky (PDC Cyber Security)	44	37	-7	44	4
IT	Backups - Anti Storage Addition (PDC Cyber Security)	28	28	0	28	28
IT	Covid-19 - Mask Vaccination (IT Equipment)	0	218	-218	0	245
IT	IT Hardware 20-21	0	25	-25	0	25
IT	HICN/CON Refurb 18/19 - Ch/fnd 19-20	0	13	-13	0	13
IT	Symphony Upgrade - Ch/fnd 19-20	0	4	-4	0	4
IT	DPA & Accountability Database System - Ch/fnd 19-20	0	8	-8	0	8
IT	Server Refresh - Ch/fnd 19-20	0	5	-5	0	5
IT	Smart Sun On - Ch/fnd 19-20	0	40	-40	0	40
IT	IT Contract 20	0	0	0	0	0
IT	Website development/initial data and training service	5,099	4,930	1,089	7,065	7,065
IT	CGS - Site Evolution - Standards	10	0	-10	0	10
IT	South-Hemel Hempstead MDS - KPIs	21	22	-1	21	22
IT	User Data Collection	0	0	0	0	0
IT	Comms Univeristy Core Digital Services	0	0	0	0	0
IT	Core User Mobile App - Various Workstreams	0	0	0	0	0
IT	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	31	22	-9	31	59
Other	CGS - Site Evolution - Standards	9	9	0	9	9
Other	South-Hemel Hempstead MDS - KPIs	20	19	-1	20	19
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	32	22	-10	32	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	25	25	0	25	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	34	22	-12	34	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	25	25	0	25	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	36	22	-14	36	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	26	25	-1	26	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	38	22	-16	38	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	27	25	-2	27	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	40	22	-18	40	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	28	25	-3	28	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	42	22	-20	42	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	29	25	-4	29	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	44	22	-22	44	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	30	25	-5	30	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	46	22	-24	46	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	31	25	-6	31	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	48	22	-26	48	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	32	25	-7	32	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	50	22	-28	50	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	33	25	-8	33	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	52	22	-30	52	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	34	25	-10	34	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	54	22	-32	54	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	35	25	-13	35	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	56	22	-34	56	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	37	25	-16	37	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software	0	0	0	0	0
Other	IT - Refresh	58	22	-36	58	59
Other	CGS - Site Evolution - Standards	13	9	-4	13	9
Other	South-Hemel Hempstead MDS - KPIs	39	25	-18	39	25
Other	User Data Collection	0	0	0	0	0
Other	Comms Univeristy Core Digital Services	0	0	0	0	0
Other	Core User Mobile App - Various Workstreams	0	0	0	0	0
Other	Software Evolution/Refinement/Maintenance - Software</					

## 5.0 Operational report:

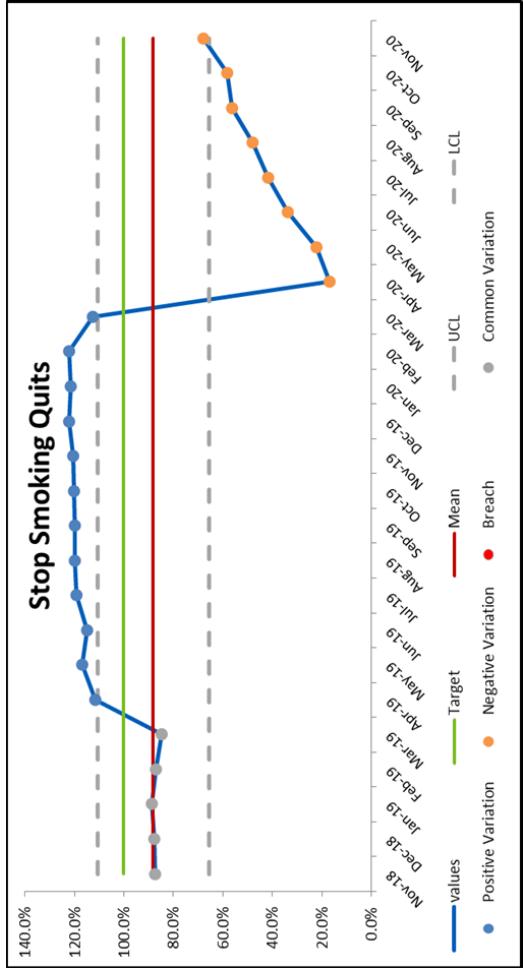
### 5.1 Assurance on National Performance Standards and Contractual Targets

#### 5.1.1 Health Checks and SS Quits

##### Health Checks



## Stop Smoking Quits



COVID affected referrals to the service which reduced significantly as can be seen in the graph above. Initially the service saw a huge decline in the number of referrals however, seen a steady increase each week since then but not yet back to pre-Covid levels.

Additional resource through the Lifestyle Service is currently in place, training completed and all staff are delivering the smoke free intervention. The team have also employed 1 WTE member of staff via the bank to support until March 2021. Quit Date set to date is 2205 and number of quits achieved is 915. Success rate 60% (of those with an outcome)

Breaking free, My Quit Route app is now available via the ONE You Kent website and is being offered as an alternative way to quit for those on the waiting list. The service is also working alongside KCC to develop a light touch intervention with the use of the app and e-cigarettes.

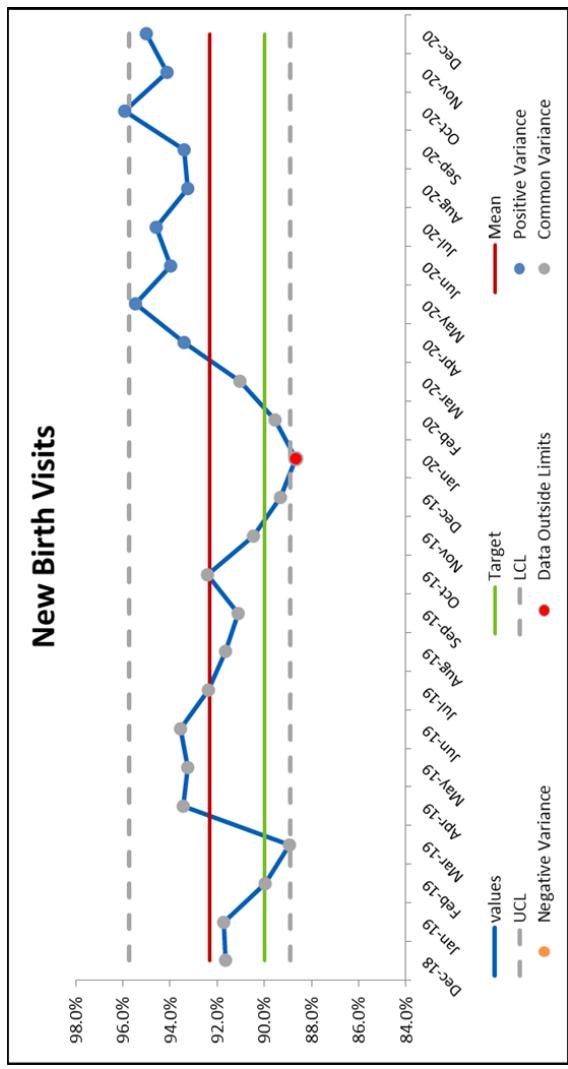
Unfortunately, as soon as the current lockdown was announced, we were advised by 12 GP Surgeries and 9 Pharmacies who had agreed to resume face to face or telephone support interventions, that they were withdrawing 1:1 support for SF clients. There are currently 23 Pharmacies and 21 GP Practices that are continuing to provide the service.

Smokefree will continue to deliver through COVID wave 2 to keep the waiting list down.

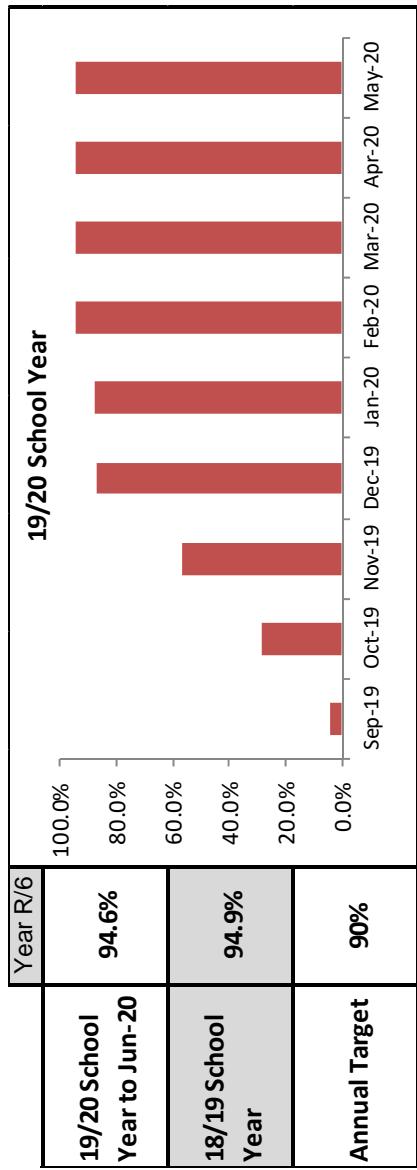
### 5.1.2 Health Visiting

#### New Birth Visits

Strong current performance with consistent achievement of the target and a 9 month period of performance above the mean.

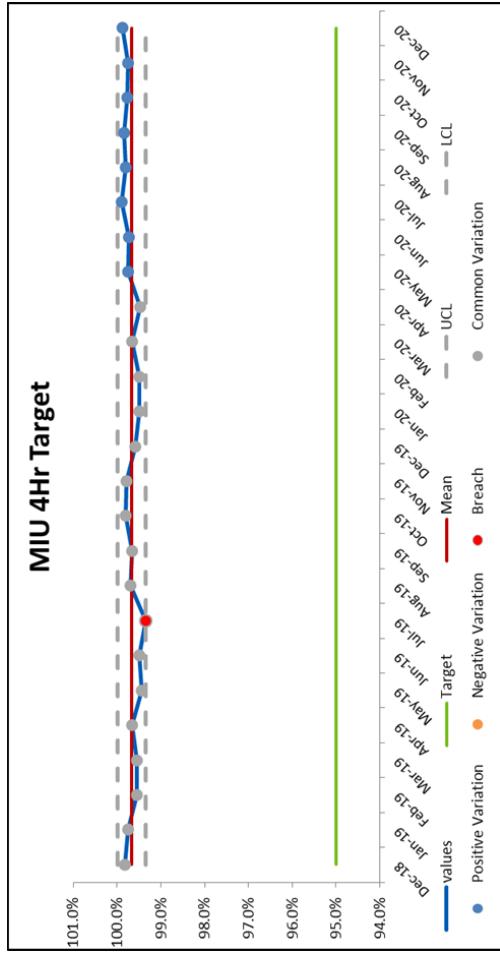


#### 5.1.3 National Child Measurement Programme (NCMP)



The measurement programme for Year R and 6 pupils has met the trajectory for the 19/20 school year, with both programmes achieving the 90% target for the school year. 2020/21 Programme has been deferred to later in the academic year due to school closures.

## 5.1.4 Urgent Treatment Centres (UTCs)/Minor Injury Units (MIUs) 4 Hour Wait Target



KCHFT's achievement of the 4 hour wait target for UTCs and MIUs has consistently been high, with very little variation from the mean. These units have formed an integral part in managing non-elective demand through Wave 2 Covid-19.

## 5.1.5 GUM 48hr

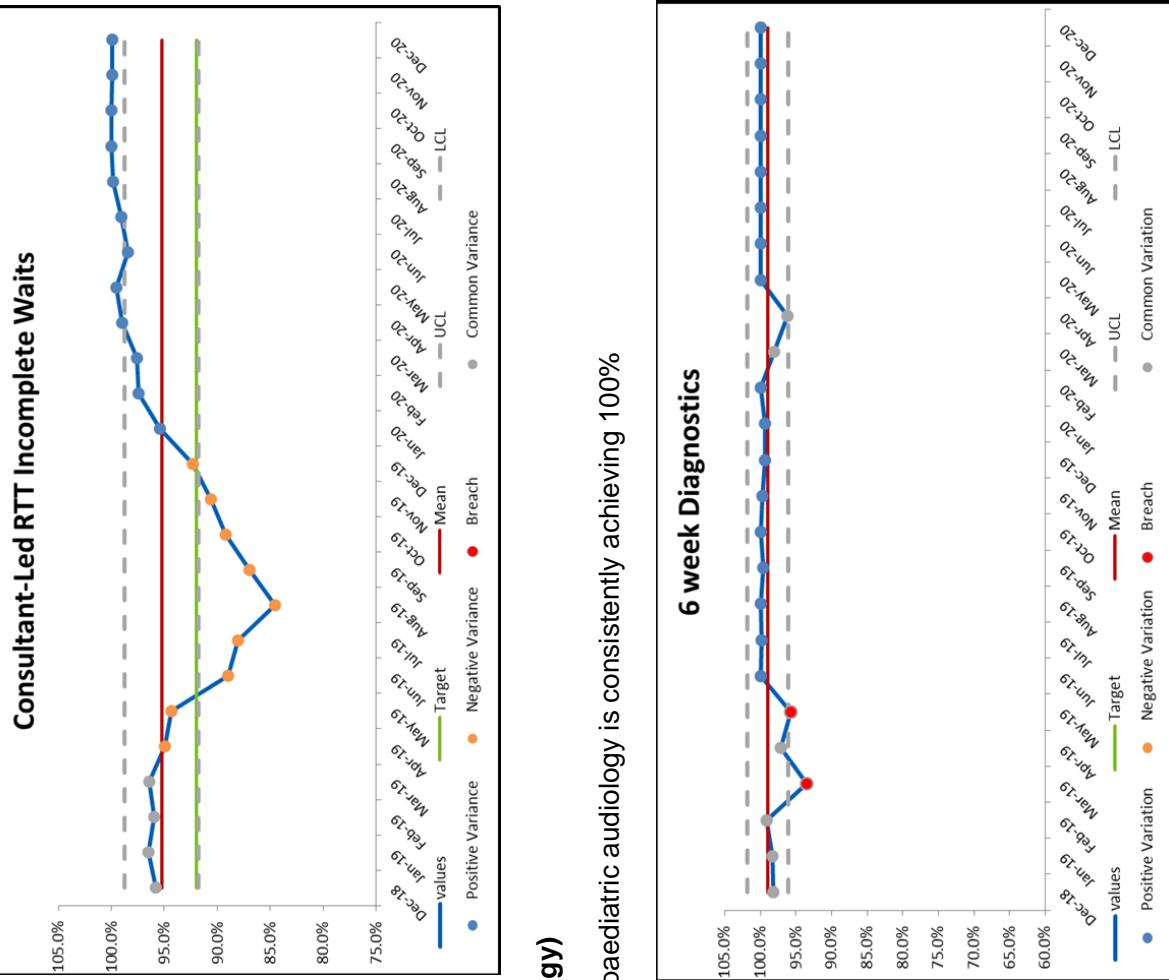
Access to GUM clinics within 48hrs has been consistently 100%, with no reported breaches

## 5.1.6 Consultant-Led RTT Incomplete Waits Over 18 weeks

We continue to achieve the consultant-led Referral to Treatment (RTT) pathway target of 92% with the Month 9 position being at 99.9%, with only 6 patients out of 3,475 waiting longer than 18 weeks

	0-12 Wks	12-18 Wks	18-36 Wks	36-52 Wks	52+ Wks	< 18 Weeks
Chronic Pain	308	6	1	0	0	99.7%
Orthopaedics	2349	57	2	0	0	99.9%
Children's Audiology	113	0	0	0	0	100.0%
Community Paediatrics	699	38	0	0	0	100.0%
KCHFT Total	3469	101	3	0	0	99.9%

The above table shows the current breakdown of the waiting list for all services on a consultant-led pathway. All consultant-led services are currently meeting target.



### 5.1.7 6 Week Diagnostics (Audiology)

6 week diagnostics waits for paediatric audiology is consistently achieving 100%

## 5.1.8 KCHFT Prison health services Waiting Times

A separate report is now co-ordinated and reviewed at the Recovery Group to understand the challenges KCHFT services are experiencing within prisons. Prison services include Chronic Pain, Dental, Orthopaedics, Podiatry and Sexual Health. The main issues are:-

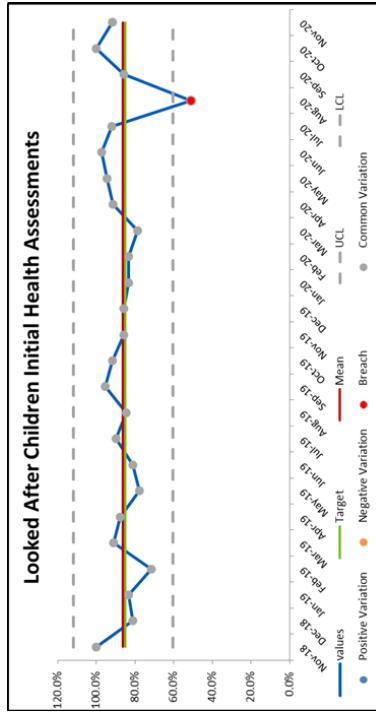
- Access – due to recent prison COVID outbreaks and not being able to access sites.
- Access to patients – due to waiting room restrictions and prisoner escort delays, the numbers of patients seen per session is reduced.

**Waiting List by HMP**

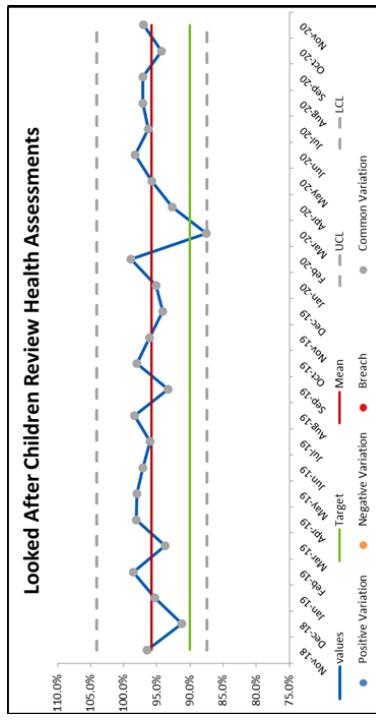
	East Sutton Park	Elmley	Maidstone	Stanford Hill	Swalecliffe	Total
Current Waits	25	287	73	46	347	778
Previous Week	25	286	63	48	350	772
Increase / (Reduction)	-	1	10	(2)	(3)	6

## 5.1.9 Looked After Children Initial Health Assessments (IHAs) and Review Health Assessments (RHAs)

**Looked After Children Initial Health Assessments**



**Looked After Children Review Health Assessments**

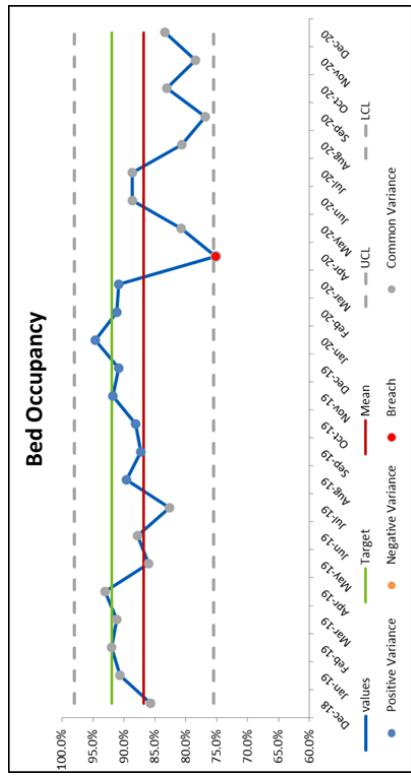


Initial Health Assessment (IHA) performance had dropped to only 51% of IHAs being completed within 28 days of child becoming looked after in month 5. This was due to impact of 2 weeks' self-isolation for young people at Oakwood reception centre, as well as challenges with KCC infrastructure within the centre not being able to support all the remote UASC (young unaccompanied asylum seeking children) IHA appointments. Performance has since been recovered.

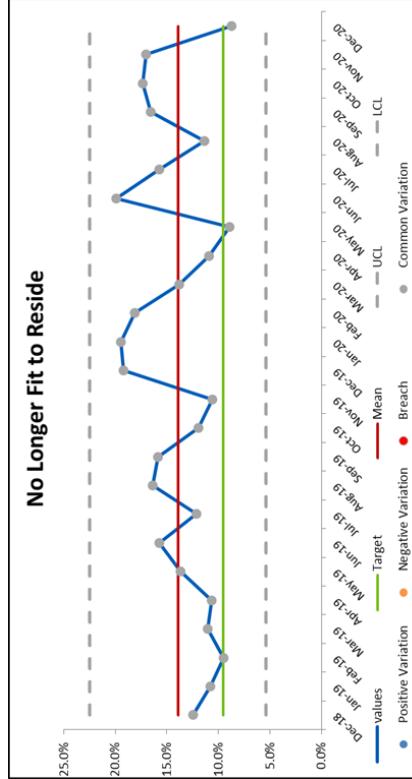
Compliance with the Review Health Assessment target continues to show normal variation around the mean but above target. Frequent monitoring through the team weekly calls continues to occur.

### 5.1.11 Bed Occupancy

Bed Occupancy has traditionally shown a varying trend with no periods of special cause variation, however it has been affected by the Covid-19 pandemic and the readying of wards for the demand for Covid-19 patients. As a result the occupancy levels have been lower to ensure there was capacity to meet demand for wave 2 Covid-19 and winter surge.



### 5.1.12 No Longer Fit to Reside (Previously named as DTOCs)



KCHFT's target for the proportion of patient who are no longer fit to reside is to achieve an average of 7 per day in both east Kent and west Kent, which equates to around 9.5% as a rate of occupied bed days. Performance had been consistently above the mean, although the rate has decreased in month 9 to below target, however this is not expected to continue into month 10. The target level continues to be rarely achieved in the current climate (twice in the last 18 months).

A dedicated piece of work is being undertaken with Kent County Council to review patient flow out of Community Hospital.

## **5.1.10 NHS Number Completeness**

NHS Number completeness across KCHFT's main systems are consistently c.100%, with the main exception being new births yet to have a NHS number assigned (although later updated) and Overseas MIU attendances.

## **5.1.13 CQUIN**

CQUIN programme currently paused due to the Covid-19 pandemic.

## **5.2 Assurance on activity and productivity**

### **5.2.1 Activity**

#### **Activity Re-setting**

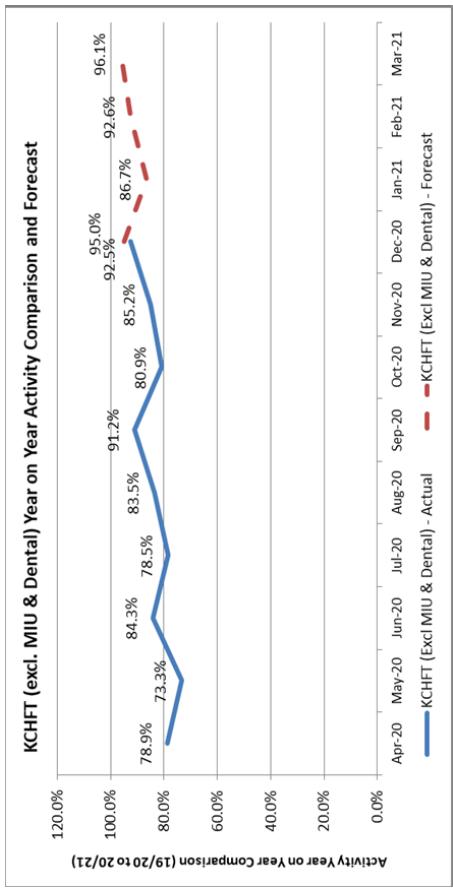
As part of the re-set and re-imagine work, activity levels have been reviewed in comparison to pre-Covid levels, predominantly looking at year on year comparisons so the same period of 2019/20.

While, against target, KCHFT is 19.1% behind plan for the year to date, a year on year activity comparison is more helpful in determining the position with regards re-setting of service. The below is an overview of the comparison between December 2019 and December 2020 activity levels across the divisions.

	<b>Dec-19</b>	<b>Dec-20</b>	<b>Variance</b>
<b>East Kent Adults (Exc MIU)</b>	56,679	55,402	-2.3%
<b>West Kent Adults (Exc MIU)</b>	31,285	27,700	-11.5%
<b>Adult Specialist and Elective</b>	23,195	21,356	-7.9%
<b>Children's Specialist &amp; LD</b>	16,050	14,284	-11.0%
<b>Public Health Services</b>	21,780	19,413	-10.9%

With a view to increasing activity levels back to pre-Covid as soon as is reasonably possible, services have drawn up activity forecasts to the end of the financial year which have been used to draw up the following trajectory.

The following chart indicates that, excluding MIU and Dental, the estimate for December was that we will be at 95% of activity compared to December 2019. While this was not achieved (92.5%) it is still showing an encouraging monthly improvement and we are forecasting to increase back up to 96.1% by the end of March 2021.



## Activity vs Pre-Covid Plan

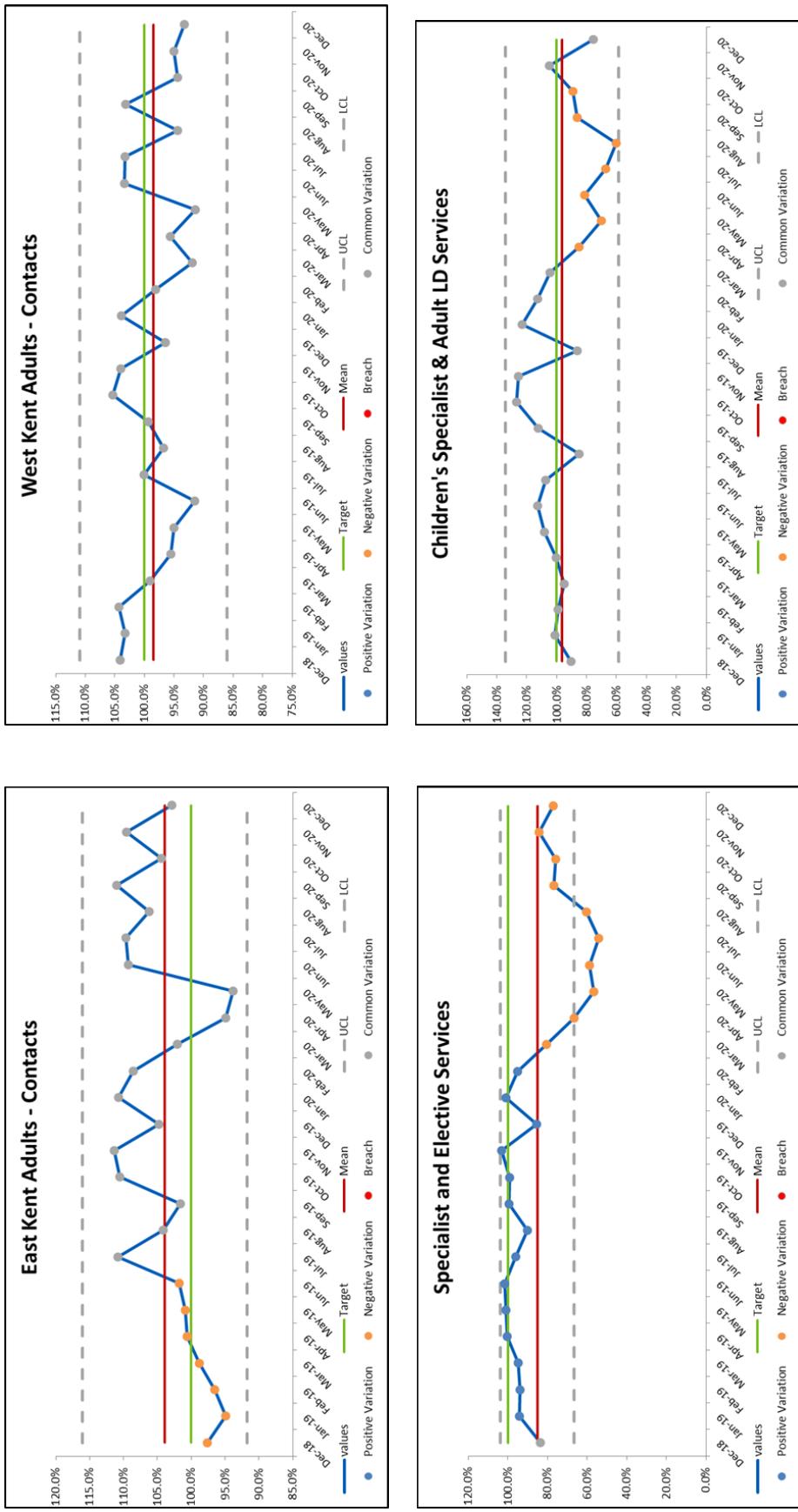
During Month 9 (December 2020) KCHFT carried out 147,410 clinical contacts, of which 6,432 were MIU attendances. For the year to December 2020 KCHFT are 19.1% below the pre-Covid plan for all services (some services have contractual targets, some are against an internal plan), predominantly due to the impact of the Covid-19 pandemic. The largest negative variances are within MIUs (-31%), Public Health Services (-42.2%), Adult Specialist Services (-32.2%) and Dental Services (-73%).

Public health service activity has been particularly impacted by school closures affecting Immunisations and School-based Public health screening programmes. Dental activity has been impacted by the new interim national Standard operating procedure for triage and AAA. This telephone based activity is not captured in the national dental activity returns. Dental face to face activity and capacity has also been significantly affected by the restrictions associated with follow time in dental surgeries in-between Aerosol Generating Procedures (AGPs).

Service Type	M9 Actual	YTD Actual	YTD Plan	YTD Variance	Movement	Internal BRAG	Contract BRG	Internal	Contract
East Kent Adults - Contacts	56,111	506,166	483,805	4.6%	Negative				
East Kent Adults - MIU	2,816	27,078	34,721	-22.0%	Negative			>+5%	>10%
East Kent Adults - Admissions	130	1,029	704	46.2%	Positive			>5%	>10%
West Kent Adults - Contacts	24,082	222,361	229,085	-2.9%	Positive				
West Kent Adults - MIU	3,616	41,463	64,614	-35.8%	Negative			</- 2.5%	n/a
West Kent Adults - Bed Days	1,972	15,812	16,784	-5.8%	Positive			</- 2.5%	</- 10%
Specialist and Elective Services	21,356	177,341	261,680	-32.2%	Negative			No Target	
Children's Specialist & Adult LD Services	14,284	134,214	167,824	-20.0%	Negative				
Public Health Services	19,414	170,886	295,771	-42.2%	Negative				
Dental Service	3,629	19,364	71,590	-73.0%	Negative				
<b>Trust Total Activity against plan</b>	<b>147,410</b>	<b>1,315,714</b>	<b>1,626,580</b>	<b>-19.1%</b>	<b>Static</b>				

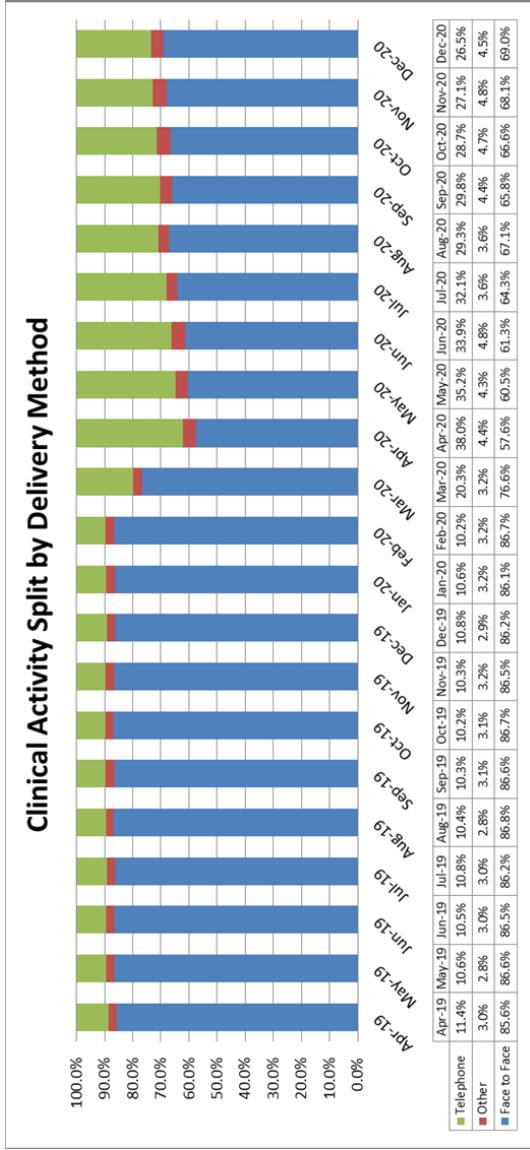
\*these figures are not included in the table totals as they don't have a contractual target

The following charts show the monthly activity against target for East and West Kent Adults, Specialist and Elective Services and Children's Specialist & Adult LD Services, with most areas now in normal variation following drops due to the pandemic



While activity has decreased as a result of the Covid-19 pandemic, a number of services have re-configured their service delivery with a large part of this the implementation of a larger number of telephone or virtual consultations. As you can see from the below the method of activity delivery had shifted since March 2020 towards telephone and "other" methods of delivery to shift away from face to face to adapt services to the national picture.

With the resetting of some services there has been a small shift back towards face to face clinical activity, although still significantly different to pre-Covid levels. Non face to face accounted for 31% of all activity delivered in December 2020 compared to only 13.8% for December 2019.



## 5.2.2 Covid-19 Related Backlogs

Specialist and Elective services have continued to offer appointments virtually and by carrying out home visits during the Covid-19 pandemic which has kept the national referral to treatment times low. Backlogs have been managed but capacity has been reduced to accommodate all government and Trust requirements such as social distancing as evidenced by the activity levels in the previous section. In some services delivery has been restricted (e.g. podiatric surgery, group work, MSK injection therapy and provision within schools) along with increased domiciliary work in Podiatry. Also, some services are experiencing lower referral volume than traditionally seen as patients are reticent to attend during the pandemic.

Children's Specialist and Adult Learning Disabilities Services have increased the proportion of remote appointments (virtual and telephone) for continuation of service delivery, and remaining backlog trajectories continue to be monitored to clear waits created through the early part of the year as a result of Covid. Face to face appointments continue to be provided across all services where deemed clinically necessary. The current closure of schools will impact Q4 activity in some children's services e.g. Kent and East Sussex Children's Therapies services, KMCAT and East Sussex School Health, and PPE restrictions will continue to impact our ability to undertake ASD ADOS assessments where analysis of social communication is fundamental to the assessment. RTT is being maintained across consultant-led and AHP services

Public health services have also moved to mixed model of virtual and face to face provision ensuring care is provided. Significant backlogs were experienced in smokefree services and for two health visiting development checks for as a result of the pandemic. These backlogs have been managed and all new activity is managed within the appropriate timeframes. Childhood immunisation backlogs are being managed currently through a catch up campaign.

Trajectories for recovery were developed and are shared with the Trust's recovery task and finish group and monitored monthly. Plans continue to increase face to face clinic access further following approval by the reset working group and all services have recovery plans in place which are reviewed by the CSDs, Performance managers and Heads of Service.

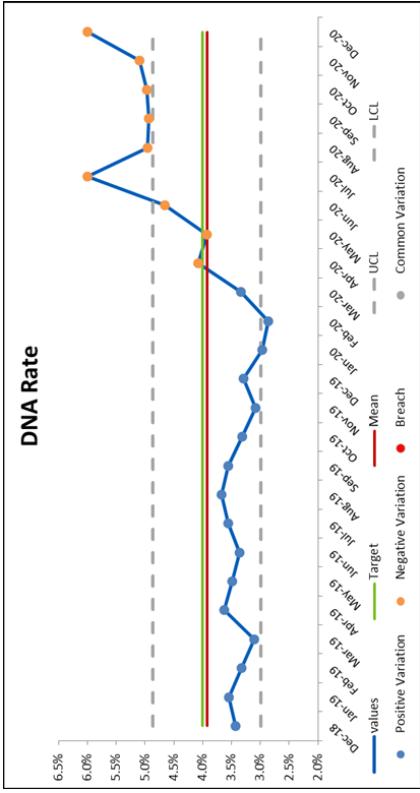
### 5.2.3 Dental GA

As at 29<sup>th</sup> December there were 50 patient cases waiting for GA due to cancellation as a result of COVID from March 2020. All have been triaged and prioritised. 26% of cases (13 cases) have been waiting for over 52 weeks. Since GA restarted on 20th November, 7 paediatric cases have been completed. 43 cases have been cancelled by EKHUFT due to COVID pressures.

All elective operations are cancelled at both WHH and QEQM sites. We were able to secure additional ad hoc sessions at QEQM but these sessions have been cancelled due to use of theatre space for surge capacity; there will be no Dental GA capacity available until 21st February 2021. Local private providers have been approached but they have no capacity.

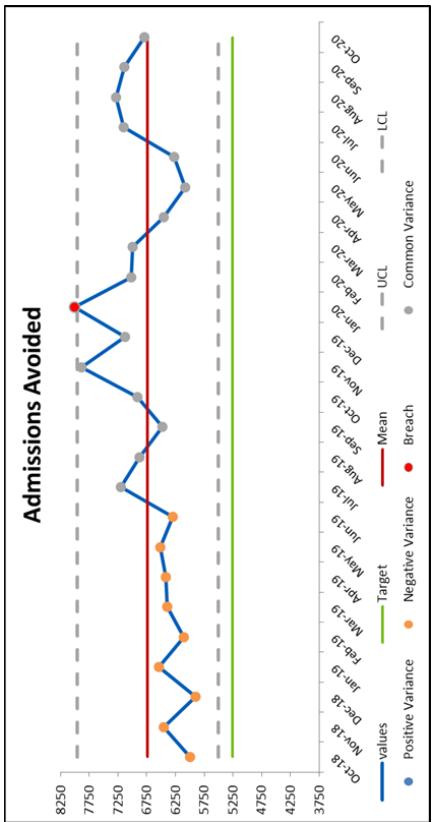
Dental has been liaising with KCHFT podiatry and have secured the service of a consultant anaesthetist who will be able to step in where theatre space is available without reliance on availability of an EKHUFT anaesthetist. Dental Consultant and clinicians actively reviewing all waiting GA patients and re-evaluating option for use of sedation where appropriate and possible.

### 5.2.4 DNA rates



DNA rates pre-Covid-19 traditionally fell below the target of 4%, although there has been a marked increase from month 3 onwards to above the upper control limit as a result of Covid-19 pandemic. This has been caused by more DNAs for virtual appointments, plus an effect of the move to RIO and staff getting to grips with how to record DNAs on the new system. It was expected DNA levels will drop back down and stabilise following further clarification for staff on the use of RIO, although this has been impacted in month 9 by further national lockdown measures

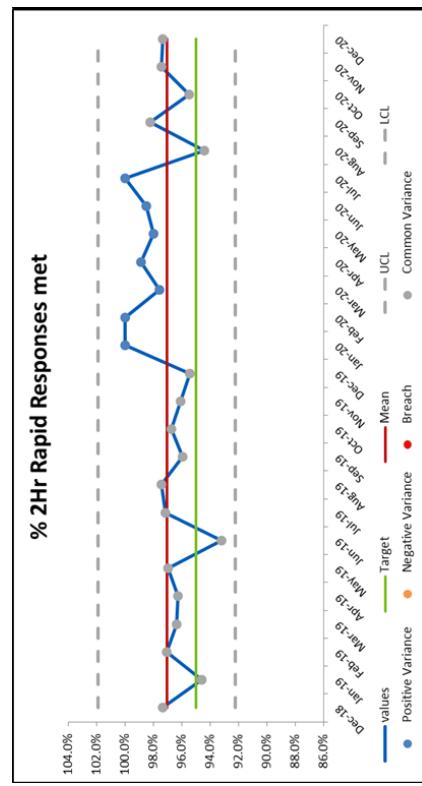
## 5.2.5 Admissions Avoided



The above chart is currently only updated to October 2020. There have been challenges collecting this data on RIO which have hopefully now been resolved. A further update will be provided for the next report

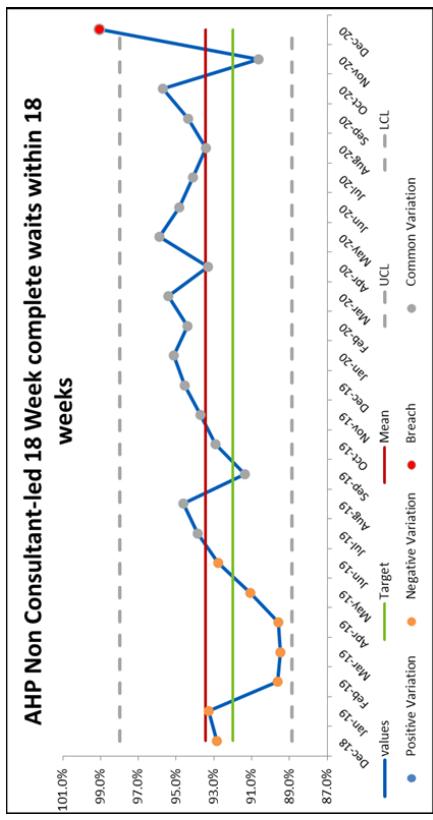
## 5.2.6 Rapid Response referrals seen within 2 hours

The mean level of performance is sitting above the target level of 95%, with performance in normal variation despite a marginal dip in month 5. However, given the volatility and the high 95% target, it's unlikely the control limits will fully move above the target level in the near future to give full assurance of continual achievement.



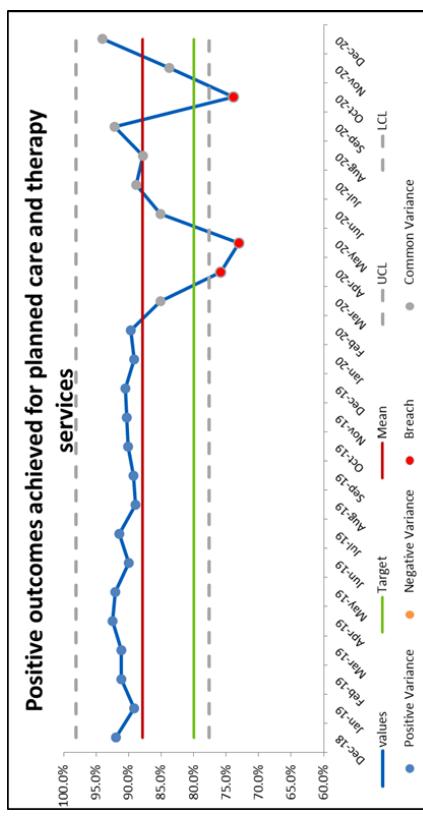
### 5.3 Assurance on Local Wait Times

Completed wait times for all non-consultant-led AHP services are now showing positive special cause variation with an improving trend above the mean as there are few initial appointment backlogs and performance is consistently hitting the target

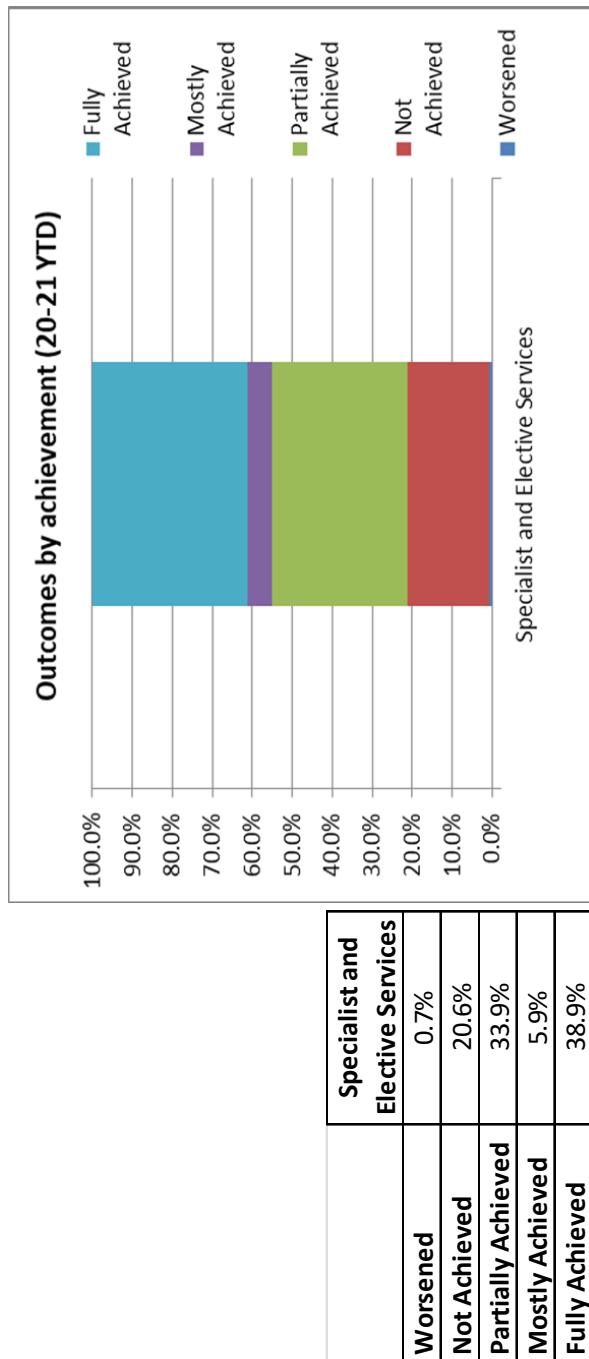


### 5.4 Outcomes

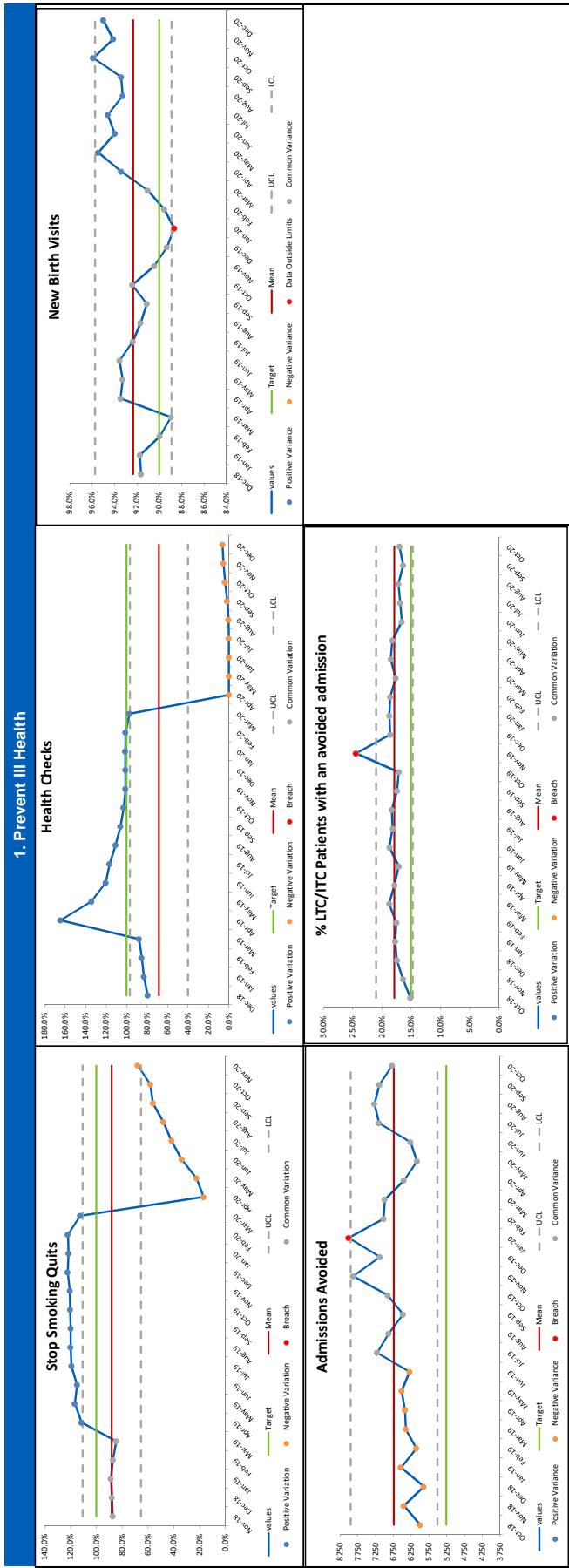
Aggregate outcomes are currently reported for Adult Specialist and Children's Therapy services, with patients receiving a favourable outcome in the vast majority of cases on a consistent basis. The below shows that negative special cause variation occurred in Months 1, 2 and 7, with the cause as a result of the Covid-19 pandemic and a period of stopping/change within some services. Positively, as services have been reworked in terms of delivery, outcomes have improved into month 8 and 9. The below chart does show that achievement of target is always likely to occur unless a process change or significant event occurs (as has caused the recent drop), as the control limits indicate the range of performance varying month to month should not normally fall low enough to breach target.



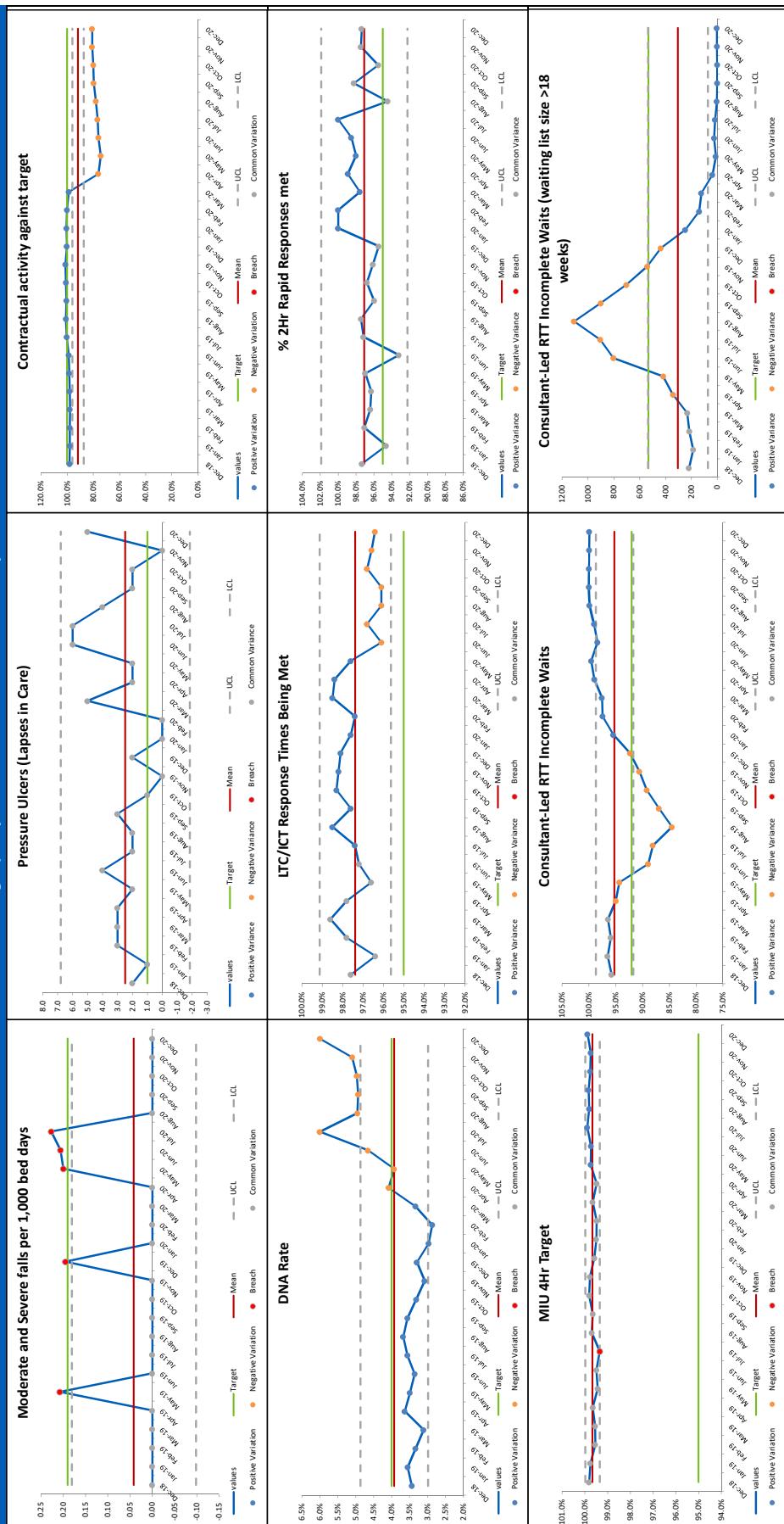
The following table and chart shows the proportion of the grading of each outcome for the year to date. Each outcome will be specific to the patient and will be personalised, therefore not allowing further detail to be summarised. Currently reported as Adults only until reporting is finalised from RIO for Children's Therapies



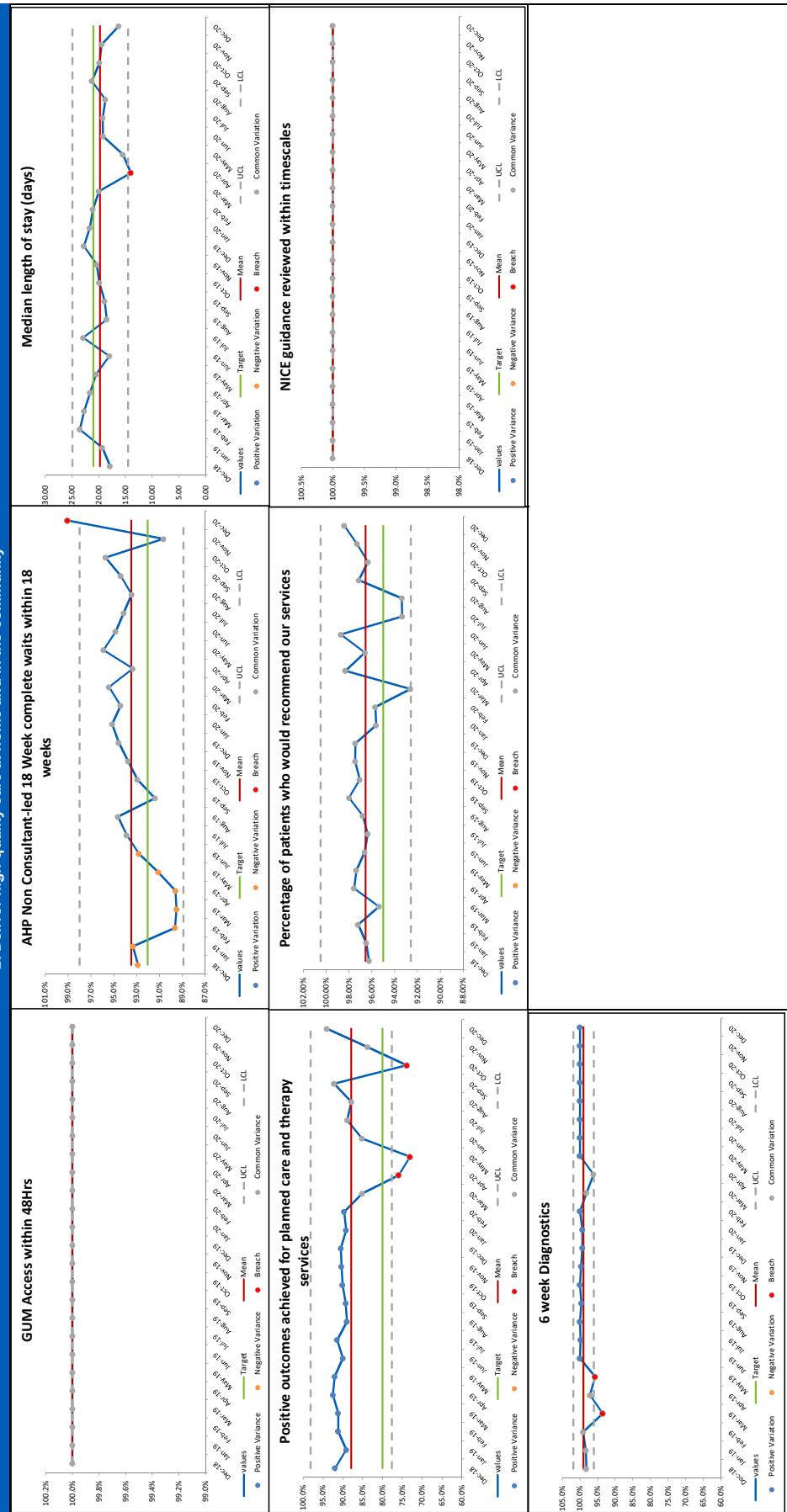
## Appendix - Scorecard SPC Charts



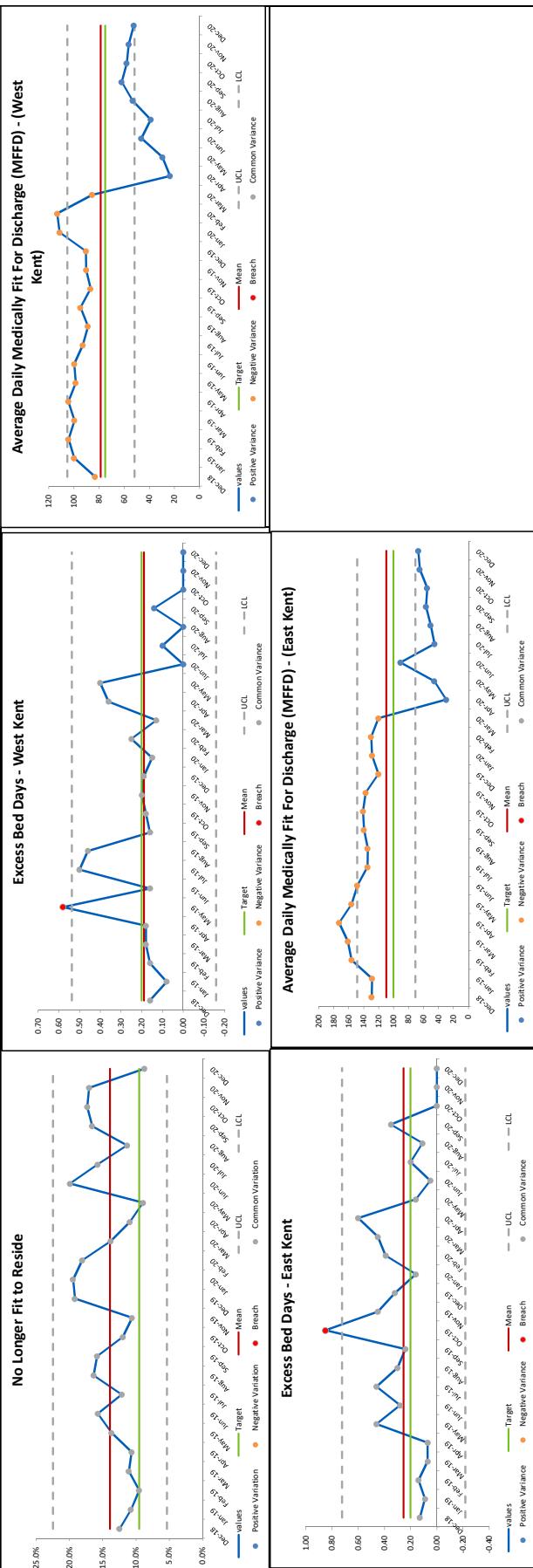
## 2. Deliver high-quality care at home and in the community

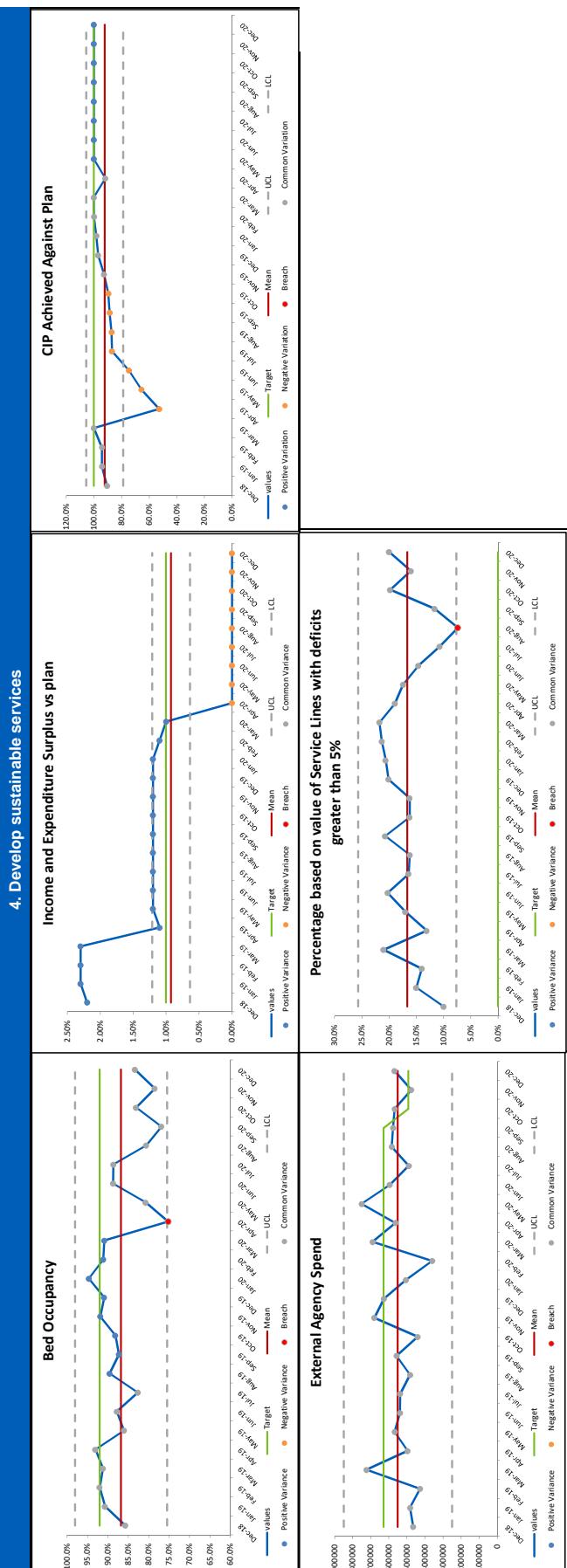


## 2. Deliver high-quality care at home and in the community

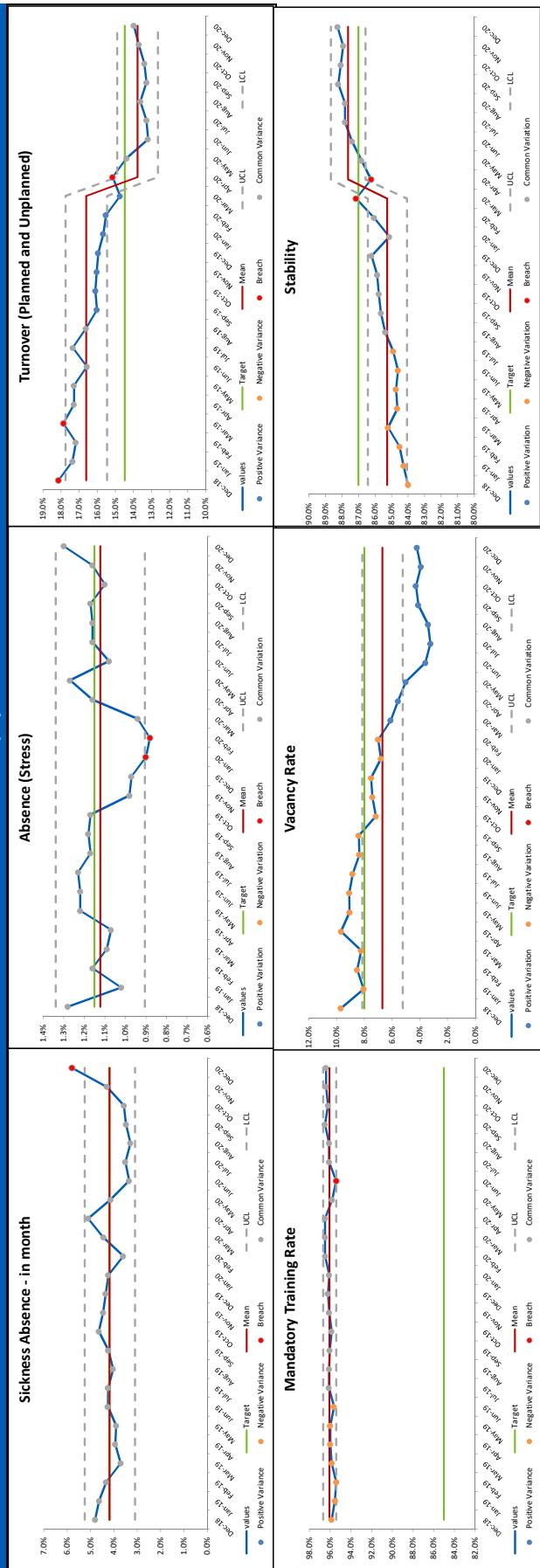


### 3. Integrate Services





## 5. Be The Best Employer



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	4.2
<b>Agenda Item Title:</b>	Audit and Risk Committee Chair's Assurance Report
<b>Presenting Officer:</b>	Peter Conway, Chair of Audit and Risk Committee
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

**What is the purpose of the paper and the ask of the Committee or Board?**

(include reference to any prior board or committee review) Has the paper been to any other committee?

The report summarises the Audit and Risk Committee meeting held on 23 November 2020 and provides assurance to the Board.

A verbal update on the Committee meeting of 10 February 2021 will also be provided.

**Summary of key points**

**Proposal and/or recommendation to the Committee or Board**

The Board is asked to receive the Audit and Risk Committee Chair's Assurance Report.

<b>If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?</b> <p>National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.</p> <p>You can find out more about EAs here on <a href="#">flo</a></p> <p><b>If not, describe any equality and diversity issues that may be relevant.</b></p> <p>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</p>	<input type="checkbox"/> Yes (please attach)  <input checked="" type="checkbox"/> No (please provide a summary of the protected characteristic)
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	<i>highlights in your paper)</i>
<b>Highlights relating to protected characteristics in paper</b>	
The Board has asked authors to consider their papers through the equality and diversity lens and highlight any issues in their papers.	
Name:	Peter Conway
Telephone number:	01622 211906
Email	



## AUDIT AND RISK COMMITTEE (ARAC) CHAIR'S ASSURANCE REPORT

This report is founded on the Audit and Risk Committee meeting held on 23 November 2020.

Area	Assurance	Items for Board's consideration and/or next steps
Risk management	<p>1) <u>BAE</u>: Positive assurance. Further suggestions made regarding enhancements including.....</p> <p>2) <u>Service Risk Registers</u>: desk-top review of top level risk registers.</p> <p>3) <u>Risk Appetite</u>: Discussion on next steps (Executive workshop) and potential principles/worked examples.</p> <p>4) <u>Corporate Assurance and Risk Management</u>: positive assurance subject to.....</p>	<p>1).... trend arrows, inflexion point commentary and the right balance of aspiration/realism in target risks and underpinning confidence assessments. Complexity of risks recognised. See "governance" below.</p> <p>2) Inevitably varied quality of the 10 registers. Support for ongoing coaching/improvement.</p> <p>3) Useful ideas suggested re future proofing, system vs local risks, calibration, communication and links to strategic goals.</p> <p>4)....clarification of the severity/remediation of the Paxton fobbed Fire Door door lock device issues.</p>
Assurance (3rd party)	<p>1) <u>Internal Audit</u>: on track to Plan. One reasonable assurance report (IT Asset Management Lifecycle). Positive assurance received on national themes such as Cloud and Cyber.</p> <p>2) <u>Counter Fraud</u>: positive assurance including risk mitigations for COVID-19 new ways of working and vulnerabilities.</p>	<p>1) New tender for Entrel Feeds: historic and national issues to be double-checked for effective mitigations.</p>

Area	Assurance	Items for Board's consideration and/or next steps
		<p>3) <u>External Audit</u>: verbal report, nothing material except IFRS 16 (lease treatment) implementation delayed to April 2022.</p> <p>1) <u>Data Integrity</u>: Annual review undertaken. Positive assurance subject to .....</p> <p>1) <u>System Financial Risks</u></p> <p>2) <u>Single Tender Waivers and Requisitions</u>: positive assurance.</p> <p>3) <u>Losses and Special Payments</u>: noted</p> <p>1) <u>System vs trust governance and NHSI/CQC targets</u>: discussion.</p> <p>1) Several themes which the Board might want to discuss -slowing down of phase 3 activity to accommodate vaccine work            -meeting minimum CCQ standards a given            -system governance facilitated by transparent risk understanding, management and risk sharing            -key question when things go wrong: "was the KCHFT Board sufficiently sighted and asking the right questions?",</p> <p>2) Risks could include reputation, financial (income per injection vs overhead recovery and take up), people (burn out, bandwidth, redeployment), delivery (majority of locations/providers are third party) and Trust BAU/phase 3 targets (achievement compromised).</p> <p>2) <u>Vaccine MCO</u>: Board primacy/lead with ARAC supporting governance assurance as requested by Board.</p> <p>3) <u>Effectiveness of New Governance Arrangements</u>: way forward agreed</p>
Assurance (internal)		
Financial reporting and controls		
Governance		
Other		

Peter Conway  
Chair, Audit and Risk Committee (ARAC)  
November 2020



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	4.3
<b>Agenda Item Title:</b>	Charitable Funds Committee Chair's Assurance Report
<b>Presenting Officer:</b>	Prof. Francis Drobniowski, Chair of Charitable Funds Committee
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance

**What is the purpose of the paper and the ask of the Committee or Board?**

(include reference to any prior board or committee review) Has the paper been to any other committee?

The paper summarises the Charitable Funds Committee meetings held on 24 November 2020 and 7 January 2021 and includes the confirmed minutes of the meetings held on 8 July and 24 November 2020. The Charitable Funds Annual Report and Accounts 2019/20 are included for information.

**Summary of key points**

The meetings covered a range of topics including the approval of the 2019/20 Charitable Funds annual report and accounts.

**Proposal and/or recommendation to the Committee or Board**

The Board is asked to receive the Charitable Funds Committee Chair's Assurance Report, the approved minutes and the annual report and accounts 2019/20.

**If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?**

*National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.*

You can find out more about EAs here on [flo](#)

**If not, describe any equality and diversity issues that may be relevant.**

Yes (please attach)

No  
(please provide a

<i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i>	<i>summary of the protected characteristic highlights in your paper)</i>
<b>Highlights relating to protected characteristics in paper</b>	
The Board has asked authors to consider their papers through the equality and diversity lens and highlight any issues in their papers.	

Name:	Prof. Francis Drobniowski	Job title:	Non-Executive Director
Telephone number:	01622 211906	Email	

## CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on 24 November 2020.

Agenda item	Assurance and key points to note	Further actions and follow up
Minutes and matters arising from the meeting of the 8 July 2020	<p>The minutes were agreed subject to minor corrections.</p> <p>The matters arising table was agreed with proposed closure confirmed for all but two items: residual Sensory Room appeal fund to be closed once further equipment/toys purchased.</p> <p>The Committee noted the Board Assurance Framework.</p>	<p>The Assistant Financial Accountant would follow up with the Community Services Director Public Health re purchases. The wish list for physiotherapy and occupational therapy equipment which could be borrowed by parents who could not afford them -donors can access an Amazon list and buy to contribute to a pod portal directly. This would be launched shortly.</p>
Relevant feedback from other committees	Nil from other committees.	
2019/20 Annual accounts statement	<p>The draft Annual Report and Charity Accounts were presented for assurance by the Head of Financial Accounting – this version was subject to final validation by the independent auditors (so far no issues had been raised).</p> <p>2019/20. Net assets at 31 March 2020 were £666k. Income during the year totalled £172k and in year total expenditure</p>	<p>Continue strategy of keeping open unrestricted funds with different initiatives to maximise income to them via targeted action e.g. marketing communications to highlight and support key funds at different times of the year.</p> <p>Restricted funds' aim is to spend as quickly as</p>

<b>Agenda item</b>	<b>Assurance and key points to note</b>	<b>Further actions and follow up</b>
	was £69k. Examples of funding : health monitor machines (measure height, weight, blood pressure on arrival) for Wateringbury surgery; helped enable monthly OPD clinic with Heart of Kent hospice for palliative care and to maximise quality of life at home for longer; dementia kit and health monitoring station; volunteer thank you events; staff awards evening; and kit for the staff football team.	possible in line with wishes of donors (see later re key specific funds).
2020/21 Quarter 2 finance update	Presented by the Assistant Financial Accountant. Donations were £14k for quarter, expenditure £18k.	Make known as widely as possible that some funds are available for bids e.g. the HIV fund (bid awaited). Spending plans from some fund managers still awaited.
Draft proposals East Kent community spend	The Strategic Delivery Manager Urgent Care presented a helpful outline of proposed items for spending in the east Kent community hospitals. There was a discussion as to what was more appropriate for NHS vs charities spend. It was agreed that prioritisation would include where the Care Quality Commission (CQC) had pointed out need and COVID-related items e.g. replacement chairs, TVs for patients who were in greater isolation currently. Some items e.g. Heron ward were deferred subject to clarity re. work on the ward refurbishment in 2021.	The Committee agreed expenditure on Christmas presents for ward patients (understood that in West Kent, the League of Friends would purchase equivalent). The Committee agreed that the proposals would be worked up further to (a)further quotes and obtain best value pricing (b) provide greater detail on where spending would come from at the January 2021 meeting.
Tonbridge Cottage Hospital legacy	The Head of Clinical Services Urgent Care and Hospitals was not able to attend in person but a paper was submitted. There had been some limited expenditure including an	Quotes for agreed combined therapy/dementia garden to be obtained. The garden supports sustainability. There would be a discussion re

<b>Agenda item</b>	<b>Assurance and key points to note</b>	<b>Further actions and follow up</b>
Mermikides Fund update (Heron Ward)	ecological survey for the proposed combined therapy/dementia garden.	residual at the January 2021 Committee meeting.
	The Strategic Delivery Manager Urgent Care presented an update. There was now an updated specification of works and tender drawings; and a pre-tender estimate has been issued and approved by KCHFT. This has been issued to NHS Property Services for comment. External door sets specification and costings were issued to the League of Friends for discussion on their funding contribution. KCHFT would fund external doors initially if needed to ensure no further delays and it would engage with the League of Friends to see what they would wish to fund.	The procurement timeline prepared and agreed: release of tender early December 2020; commencement of works April/May 2021. KCHFT to discuss with commissioners re Heron Ward temporary closure for six weeks of works and management strategy. Discuss further progress at the January 2021 meeting.
Charitable Funds Marketing report: Annual marketing objectives and plan; annual marketing review	There was a detailed report of work from July to November 2020 received from the Head of Campaigns and Digital. The NHS Community Heroes fund had raised £28k; the digital version of the Community Health magazine (COVID special) thanked fundraisers. Vouchers for staff (see above).	Christmas campaign – Amazon Wish List for children's therapies (gift of play). World AIDS Day Quiz (1 December 2020) to raise money for the HIV Fund.
NHS Charities together	Overall Stage One NHS Charities vouchers for staff are being issued and packs for children of staff.	Stage two grant from NHS Charities – the KCHFT working group is meeting regularly to propose details of potential projects for the Kent and Medway area (the grant available is approximately £800k administered by the lead charity Medway NHS FT) including end of life

<b>Agenda item</b>	<b>Assurance and key points to note</b>	<b>Further actions and follow up</b>
eTapestry Essential business proposal	The Maidstone And Tunbridge Wells NHS Trust (MTW) Campaigns Co-ordinator has approached KCHFT to join in the purchase of software to hold contacts of donors, issue thank you communications and solicit donations. The cost was linked to number of members (entries) onto database; the upfront year one costs and then annual costs to retain a cloud-based database.	care children's nursing support for families, oncology care closer to home; support for rough sleepers. Second wave funding possible depending on the numbers of COVID cases.  This has been deferred to the January 2021 meeting for a cost-benefit analysis pros/cons and a decision at the January meeting.
Forward plan	Standard items for the January meeting and agreed that the committee effectiveness exercise would be deferred until January following discussions with the chairs of the Audit and Risk Committee (ARAC) and the Finance, Business and Investment (FBI) Committees on alignment of activities. The forward plan was approved.	It was agreed to try and align the dates of future committee meetings with the FBI Committee meetings in future as had occurred for today's meeting; to add "spending decisions" as an agenda item; Charitable Funds annual report and accounts; quarterly financial report; marketing report; review plan; Terms of Reference review; committee effectiveness; Heron Ward tender (Mermikedes Fund); Tonbridge Cottage Hospital Legacy; and spending options.
Next meeting	7 January 2021	

**Prof. Francis Drobniowski  
Chair, Charitable Funds Committee  
24 November 2020**



**CONFIRMED Minutes of the Charitable Funds Committee  
held on Wednesday 8 July 2020**

**Virtual meeting via MS Teams**

<b>Present:</b>	Prof. Francis Drobniowski, Non-Executive Director (Chair) Sola Afuape, Non-Executive Director Pippa Barber, Non-Executive Director Carol Coleman, Public Governor, Dover and Deal Dr Mercia Spare, Chief Nurse
<b>In Attendance:</b>	Gina Baines, Committee Secretary (minute-taker) Jo Bing, Assistant Financial Accountant (agenda items 2.1 and 2.2) Gordon Flack, Director of Finance / Deputy Chief Executive Jane Kendal, Community Services Director (agenda item 2.4) Elizabeth Lane, Dietician (representing StaffSide) Louise Norris, Director of Workforce, Organisational Development and Communications Stephanie Rhodes, Head of Service, Long Term Services West Kent Jo Treharne, Head of Campaigns (agenda items 2.5, 2.6 and 2.7) Carl Williams, Head of Financial Accounting
<b>Observer:</b>	Sakina Ali Reza, Business Administration Apprentice

**014/2020      Welcome and apologies for absence**

Francis Drobniowski welcomed everyone present to the meeting of the Charitable Funds Committee.

Apologies were received from Victoria Cover, Head of Clinical Services Urgent Care and Hospitals West Kent; Brenda Hollier, Senior Clinical Nurse Specialist; Dawn Levett, Strategic Delivery Manager Urgent Care; and Claire Poole, Community Services Director Public Health/Deputy Chief Operating Officer.

The meeting was quorate.

**015/2020      Declarations of interest**

There were no declarations of interest given apart from those formally noted on the record.

**016/2020      Minutes of the previous meeting held on 17 January 2020**

The following amendment was suggested:

008/2020 page 3 of 5, last paragraph – This should read ‘She now had a pre-budget estimate’.

The Minutes were **AGREED**, subject to the amendment.

**017/2020      Matters Arising of the Meeting of 17 January 2020**

The Matters Arising Table Actions Closed was **AGREED**.

023/19 Forward Plan - The Committee supported further purchases of equipment and toys for the Sensory Room. Action open.

012/2020 Any Other Business – It was confirmed that Francis Drobniowski, Pippa Barber and Sola Afuape were the new non-executive director members of the committee. Action closed.

With regards to agreeing the dates for future committee meetings, it was suggested that the Committee should meet following the Finance, Business and Investment (FBI) Committee meeting where possible. Action closed.

All other outstanding actions were closed.

**018/2020      Relevant Feedback from Other Committees including Board Assurance Framework (BAF)**

There was nothing to report from the other committee meetings.

With regards to Risk 108 on the BAF, Gordon Flack suggested that there was a link between the distribution of funds from the NHS Charities Together and the Trust's expenditure plans. It was agreed that this could be included as mitigation to support the morale of staff. Gordon Flack would suggest for this to be included in the next iteration of the BAF.

**Action** – Gordon Flack

**019/2020      2019/20 Annual Accounts Statement**

Jo Bing presented the report to the Committee for assurance.

In response to a question from Francis Drobniowski as to whether the Tonbridge Cottage Hospital funds could only be spent on the hospital, Jo Bing confirmed that that was correct as it was a restricted fund. Gordon Flack questioned whether any of the legacy could be used immediately rather than waiting for the refurbishment work to be completed. The Committee noted that there were plans to develop

the gardens and it was suggested that this could begin as soon as the hospital reopened in mid-August, without causing disruption to patients.

The Committee **NOTED** the 2019/20 Annual Accounts Statement.

**020/2020**

### **2020/21 Quarter One Finance Update**

Jo Bing presented the report to the Committee for assurance.

With regards to Unrestricted Fund 104 (Children and Young People), Francis Drobnewski questioned whether the residual money could be spent and the fund closed. Jo Bing suggested that it should remain open as it was an unrestricted fund. Gordon Flack added that although the fund should remain open, the general principle was that funds should be spent rather than accumulated.

In response to a question from Sola Afuape as to what the mechanism was for raising staff awareness about the availability of charitable funds to fund purchases, Jo Treharne explained that periodically a message was put out on flo mail to remind staff that funds were available to bid for. When charitable funds had been spent, this was communicated to staff on flo as well.

In response to a question from Francis Drobnewski as to whether specific funds should be highlighted to encourage donations from the public, Jo Treharne explained that this had happened in the past. A request had gone out to services to come forward with suggestions for the next fundraising idea but she had not received a response. Before the pandemic, it had been mooted that community gardens could be funded through charitable funds.

Carol Coleman commented that Maria-Loukia Bratsou, Staff Governor Children's Services, had asked for funds for the renewal of toys in her service. Charitable funds had been provided and Carol Coleman suggested that this could be developed across the Trust in other areas such as play areas in the minor injuries units and the community hospitals.

With regards to how a specific appeal would be set up, Jo Bing explained that a fund would be designated, and the public would be given the option to donate specifically to it. Pippa Barber added that the timing of such an appeal was important and suggested that such a campaign should be delayed until November 2020 at the earliest. She also highlighted that there would need to be infection prevention and control measures in place if the Trust was providing toys in public areas.

Jane Kendal joined the meeting.

In response to a suggestion from Sola Afuape as to whether charitable funds could be used towards supporting service users in this currently financially-challenged environment, Jo Treharne suggested that she would speak to Clive Tracey, Community Services Director of Children's Specialist Services and Adult Learning Disabilities about his services providing a pod portal which could provide physiotherapy and occupational therapy equipment to parents who could not afford to buy the equipment themselves. This would help to address some of the identified inequalities within local communities. It was agreed that the Committee would discuss this further at its meeting in November.

**Action** – Jo Treharne

With regards to the Unrestricted Fund 105 (HIV / AIDS), Jo Bing confirmed that the service had a plan to spend Unrestricted Fund 107 (HIV Medway) although it had received no new bids. Fund 105 had been a donation from a patient. It had specific restrictions associated with it and would be spent as and when an appropriate patient was identified. It was agreed that Jo Treharne would liaise with the Sexual Health Service to remind them of the funds and to encourage them to spend them.

**Action** – Jo Treharne

It was agreed that Jo Bing would contact those fund managers whose spending had been static and request them to submit a spending plan. If they were struggling to do this, support would be offered to them.

**Action** – Jo Bing

The Committee **NOTED** the 2020/21 Quarter One Finance Update.

**021/2020**

### **Tonbridge Cottage Hospital Legacy**

As Victoria Cover was absent from the meeting, the report was taken as read.

The Committee agreed to support the proposal for a garden at the hospital. With regards to the Marks and Spencer/ John Lewis vouchers for staff to support the employee of the month scheme for a period of two years, Louise Norris cautioned that there were potential tax implications around such a scheme. This would need to be tracked. It was agreed that Jo Bing would feed this back to Victoria Cover. The Committee agreed to review the rest of the items in the bid at its meeting in November and it was agreed that Jo Bing would update Victoria Cover on the Committee's decision.

**Action** – Jo Bing

The Committee **NOTED** the Tonbridge Cottage Hospital Legacy Report.

022/2020

### Mermikides Fund

Jane Kendal presented the report to the Committee for assurance.

It was agreed that a further update would be presented to the Committee at its meeting in November.

**Action – Jane Kendal**

In response to a question from Francis Drobnewski as to whether the proposal was that the Trust would proceed with the work and that the League of Friends would contribute if the work met their objectives, Jane Kendal confirmed that that was the agreement.

In response to a question from Carol Coleman as to whether the Charities Commission had been in contact with the Trust regarding the fund, Carl Williams explained that that was not the case.

However, there was a risk that this might happen, if the fund was not spent promptly as he had highlighted to the Committee before.

In response to a question from Carol Coleman as to whether there was a date for the completion of the refurbishment of Heron Ward, Jane Kendal was able to provide the start date for the work. With regards to the timeline, this was set out in the report. There was not an opportunity to compress any of the timescale of the tender process as suppliers only held their prices for a limited period.

Work could not be carried out over the winter as there was insufficient capacity in the system to take beds out of circulation during winter pressures. It was agreed that Jane Kendal would progress the project as far as she could before the winter in preparation for an early start in the spring.

The Committee **NOTED** the Mermikides Fund Report.

023/2020

### Charitable Funds Marketing Report

Jo Treharne presented the report to Committee for assurance.

The Annual Marketing Objectives and Plan and Annual Marketing Review were received.

Sola Afuape suggested that the 2020/21 marketing campaign could also include a theme around supporting culture, health and innovation in tackling digital poverty and inequalities. As the Trust was moving to delivering more of its care to its service users by digital means, there were groups within the community that would need additional support.

With regards to funding a memorial to those patients who had died

from COVID-19 in the Trust's facilities, there was limited support to provide funding; rather, the Committee was supportive of a digital offering to tackle digital poverty.

In response to a question from Francis Drobniowski as to how this could be communicated to the fund managers, it was agreed that the Marketing Team would liaise with the fund managers and highlight the digital theme to them.

**Action – Jo Treharne**

The Committee **NOTED** the Charitable Funds Marketing Report and **APPROVED** the annual marketing objectives for 2020/21.

Louise Norris and Carol Coleman left the meeting.

**024/2020**

**NHS Charities Together Report**

Jo Treharne presented the report to Committee for assurance.

In response to a question from Francis Drobniowski as to what items were on the shortlist, Jo Treharne confirmed that this included supermarket vouchers, sponsorship of days out for colleagues (family and friends), health and well-being gardens at the community hospitals, outdoor furniture for the gardens and other Trust sites that did not have furniture, and pampering vouchers. Mercia Spare confirmed that the shortlist had been approved by the Executive Team.

In response to a question from Francis Drobniowski as to whether any specific staff could be targeted when the NHS Charities money was distributed i.e. those who had suffered greater financial hardship over the lockdown period, for example staff with children who faced increased childcare costs, Pippa Barber suggested that this would be difficult. She would expect everyone to be treated equitably. No one group should be rewarded at the expense of another.

Carl Williams added that he had alerted Louise Norris to potential tax issues linked to this way of rewarding staff and it had been agreed that she would draft suitable wording that would ensure that staff did not have to pay tax on any money they received. No money would be distributed based on performance. A second and third tranche of money would be distributed by NHS Charities Together through a bidding process. There was a suggestion that these distributions would be channelled through the local clinical commissioning groups. It was agreed that Jo Treharne would make some enquiries to establish if that was correct.

**Action – Jo Treharne.**

The Committee **NOTED** the NHS Charities Together Report.

025/2020

## eTapestry Essential Business Proposal

Jo Treharne presented the report to Committee for approval.

Maidstone and Tunbridge Wells NHS Trust (MTW) was proposing to purchase the eTapestry system and had approached the Trust to share the cost with a view to the two organisations sharing the system. eTapestry was a donor management system which allowed charities to connect with their donors, track their donations and build a relationship with them.

Carl Williams suggested that a cost benefit analysis should be undertaken before a decision was made. Jo Bing questioned whether the Trust would gain enough benefit in respect of the costs involved, whether it would elicit more donations and whether there were any legal or compliance issues associated with it. She added that before the pandemic, the level of donations was minimal and she would have been reluctant to support the system. However, following the pandemic, the Trust was now receiving a high level of donations and this might continue. It was agreed that she and Jo Treharne would review the system together. Jo Treharne would go back to MTW as well. It was agreed that the proposal would come back to the Committee at its meeting in November. If a decision was required earlier, a communication would be circulated to the Committee virtually.

**Action** – Jo Bing/Jo Treharne

The Committee **NOTED** the eTapestry Essential Business Proposal.

026/2020

## Forward Plan

Francis Drobniowski presented the report to the Committee for approval.

It was agreed that the committee effectiveness review would take place at the end of the year and that the questionnaire would be circulated to committee members before the November meeting.

**Action** – Gina Baines

The proposal from Tonbridge Cottage Hospital would come to the November meeting.

**Action** – Victoria Cover

The forward plan would be updated.

**Action** – Gina Baines

The Committee **AGREED** the Forward Plan.

**027/2020      Any Other Business**

Jo Bing shared that NHS Charities Together had recommended Liberty Pay, a supplier of cashless solutions for donations. The company provided donation boxes which contactless payment cards could be used on. She would discuss the solution with Jo Treharne as part of the review of the eTapestry business case and update the Committee at its next meeting.

**Action – Jo Bing**

The meeting ended at 2.20pm.

**028/2020      Date and time of next meeting**

Friday 27 November 2020; The Boardroom, The Oast, Unit D, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT or via virtually via Teams

**CONFIRMED Minutes of the Charitable Funds Committee  
held on Tuesday 24 November 2020**

**Virtual meeting on MS Teams**

<b>Present:</b>	Prof. Francis Drobniowski, Non-Executive Director (Chair) Sola Afuape, Non-Executive Director Pippa Barber, Non-Executive Director Carol Coleman, Public Governor, Dover and Deal
<b>In Attendance:</b>	Gina Baines, Committee Secretary (minute-taker) Jo Bing, Assistant Financial Accountant (agenda items 2.1 and 2.2) Dawn Levett, Strategic Delivery Manager Urgent Care (agenda 2.4) Brigid Skelton, Non-Executive Director Jo Treharne, Head of Campaigns (agenda items 2.5) Carl Williams, Head of Financial Accounting (agenda item 2.6)

**029/2020      Welcome and apologies for absence**

Francis Drobniowski welcomed everyone present to the meeting of the Charitable Funds Committee.

Apologies were received from Victoria Cover, Head of Clinical Services Urgent Care and Hospitals West Kent; Brenda Hollier, Senior Clinical Nurse Specialist; Jane Kendal, Community Services Director; Claire Poole, Community Services Director Public Health/Deputy Chief Operating Officer and Dr Mercia Spare, Chief Nurse.

The meeting was quorate.

**030/2020      Declarations of interest**

There were no declarations of interest given apart from those formally noted on the record.

**031/2020      Minutes of the previous meeting held on 8 July 2020**

The following amendment was suggested:

024/2020 NHS Charities Together Report – paragraph two to read: ‘In response to a question from Francis Drobniowski as to whether any specific staff could be targeted when the NHS Charities money was distributed i.e. those who had suffered greater financial hardship over the lockdown period, for example staff with children who faced increased childcare costs, Pippa Barber suggested that this would be difficult...’

The Minutes were **AGREED**, subject to the amendment.

**032/2020      Matters Arising of the Meeting of 8 July 2020**

The Matters Arising Table Actions Closed was **AGREED**.

023/19 Forward Plan - The Committee encouraged that the Coxheath funds should be spent as soon as possible although it recognised that the unit may not be being used so much due to COVID-19. Action open.

020/2020 2020/21 Quarter One Finance Update - The Committee supported this approach. Jo Treharne explained that the wish list would be launched now that the Committee had given its support. Action open.

020/2020 2020/21 Quarter One Finance Update – The Committee suggested that there should be a standing agenda item ‘Spending Plans’. Action open.

025/2020 eTapestry Essential Business Proposal – Action open.

027/2020 – Any Other Business – Action open.

All other outstanding actions were closed.

**033/2020      Relevant Feedback from Other Committees including Board Assurance Framework (BAF)**

There was nothing to report from the other committee meetings.

The Committee had no comment to make about the Board Assurance Framework.

**034/2020      Mermikides Fund Update**

Dawn Levett presented the report to the Committee for assurance.

In response to a comment from Carol Coleman regarding possible inflation on the original quote to upgrade Heron Ward, it was agreed that Dawn Levett would bring an update on the project costs to the Committee at its January meeting.

**Action** – Dawn Levett on behalf of Jane Kendal

It was agreed that Dawn Levett would check the amount that the Queen Victoria Memorial Hospital League of Friends would contribute to the funding of the external doors and account for this in the updated project costs.

**Action** – Dawn Levett on behalf of Jane Kendal

With regards to the East Kent Community Hospital fund bids, Jo Bing and Dawn Levett would review the bids and discuss what funds were available.

In response to a question from Carol Coleman regarding value for money, it was agreed that Dawn Levett would check with the supplier if there could be an improvement in pricing if bulk purchases were made for distribution to other community hospital sites as well. This principle would apply to the purchase of digital devices for patient use as well.

**Actions** – Dawn Levett on behalf of Jane Kendal

In response to a question from Sola Afuape as to the criteria that were used when deciding on bids, Dawn Levett confirmed that requests came from a variety of sources including staff, the patient experience survey results and We Care inspections and were directed to patients and families. Jo Bing added that there were other funds available for staff.

In response to a suggestion from Carol Coleman, it was agreed to investigate applying to Amazon, Apple, etc for charitable funds to purchase digital devices.

**Actions** – Dawn Levett on behalf of Jane Kendal

In response to a question from Francis Drobniowski regarding whether charitable funds were purchasing Christmas presents for all the community hospital wards, Jo Bing responded that patient Christmas presents in West Kent were funded through various funds depending on the hospital that made the request. There had been two bids for hospitals without a legacy or their own funds. These had sought authorisation from Pauline Butterworth, fund manager of the unrestricted community hospital funds.

Carl Williams reminded the Committee that the process for approving spending plans sat with the fund manager in his view rather than the Committee. The Committee's role was to provide oversight that funds were being spent in the correct way rather than approving individual plans. In addition, the Committee should assist with advising on the best way to utilise the funds allocated in full. Francis Drobniowski replied that the major problem at present seemed to be the lack of spending.

In response to a question from the Committee as to whether the

replacement of over bed tables for Heron Ward and Friends Ward should be purchased by the NHS rather than the fund, Carl Williams responded that this would be scrutinised at the bid stage and would be declined if it did not fit the criteria.

In response to a question from Bridget Skelton regarding the threshold for escalating a bid, Jo Bing confirmed that Gordon Flack, Director of Finance had oversight of the general fund and all bids over £5k were forwarded to him for approval. Carl Williams added that there was a scheme of delegation on each fund.

The Committee was supportive of the proposed bids to the East Kent Community Hospital fund.

The Committee **NOTED** the Mermikides Fund Update.

Dawn Levett left the meeting.

**035/2020      2019/20 Draft Charity accounts**

Carl Williams presented the report to the Committee for assurance.

Carl Williams confirmed that the accounts had been examined by the external auditors who had not identified any issues. He expected to receive the auditors sign off in early December. The Committee would receive the final accounts and report at its meeting in January where it would be asked to approve them before they were submitted to the Charities Commission at the end of that month.

The Committee **NOTED** the 2019/20 Draft Charity accounts.

**036/2020      2020/21 Quarter Two Finance Update including NHS Charities Together grants update**

Jo Bing presented the report to the Committee for assurance.

In response to a question from Francis Drobniowski as to whether the £70k (Stage One grant) which had been allocated for spend was complete and that staff had received their vouchers and that garden furniture had gone to sites, Jo Bing confirmed that the voucher process was ongoing. Vouchers had not yet been issued but would be shortly. Thank you letters and pin badges had been sent out to staff. Packs for children had also been sent out. The garden furniture had not been bought from the Stage One grant.

In response to a question from Francis Drobniowski as to how the Committee could receive feedback on how the Stage Two funds were being spent by the Kent and Medway steering group, Jo Bing confirmed that she and Carl Williams were members of the group and

they would feedback to the Committee. Carl Williams added that the group had received some excellent ideas and he suggested that if any particular Trust bid failed at the Kent and Medway level, he would look to see if the bid could be funded from the Trust's charitable funds instead. Bids had to meet tight criteria in order to receive Second Wave funding and some would not be eligible. This would be monitored. The Trust would endeavour to access the Stage Two fund wherever possible.

In response to a question from Carol Coleman regarding the enhancement of the outside space for staff at Victoria Hospital, Deal, Jo Bing confirmed that the hospital had two funds available to fund this.

The Committee **NOTED** the 2020/21 Quarter Two Finance Update including NHS Charities Together grants update.

#### 037/2020 **Tonbridge Cottage Hospital Legacy**

As Victoria Cover was absent from the meeting, the report was taken as read.

It was confirmed that the ecological survey had taken place which would inform the gardens bid.

It was agreed that Jo Bing would contact Dan Wright, the Trust's new Sustainability Lead to make him aware of the charitable funds available to support garden projects.

**Action** – Jo Bing

The Committee **NOTED** the Tonbridge Cottage Hospital Legacy Report.

#### 038/2020 **Reserves Policy**

Carl Williams presented the report to Committee for assurance.

It was highlighted that the Reserves Policy referenced the scheme of delegation that was operated by the Trust.

The Committee **APPROVED** the Reserves Policy

Frances Drobniowski left the meeting due to technical problems with MS Teams and Sola Afuape deputised as Chair.

#### 039/2020 **Forward Plan**

Sola Afuape presented the report to the Committee for approval.

The forward plan would be updated, following any further comments from Francis Drobniowski.

**Action** – Gina Baines

The Committee **AGREED** the Forward Plan.

**040/2020**

**Any Other Business**

It was agreed that future meetings be extended by half an hour in order to cover all agenda items adequately.

The meeting ended at 12.33pm.

**041/2020**

**Date and time of next meeting**

7 January 2021; 11 – 12.30; Unit G, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT and via virtually on MS Teams

Kent Community Health Charitable Fund

# **Kent Community Health Charitable Fund**

**Annual Report and Accounts for the Year  
Ended 31 March 2020**

**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 2020**

Foreword

The Trustee presents their annual report and the audited financial statements for the period ended 31 March 2020.

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

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 2020 were as follows:

Name	Position on Trust Board	*Additional Info.
John Goulston	Chairman	
Paul Bentley	Chief Executive Officer	
Lesley Strong	Chief Operating Officer/Deputy CEO	to 5/12/19, returned to Executive Team from 16/03/20
Pauline Butterworth	Chief Operating Officer	from 16/12/19
Gordon Flack	Director of Finance/Deputy CEO	Deputy CEO from 1/12/19
Ali Carruth	Chief Nurse	Chief Nurse to 5/1/20, Director of Quality Improvement and Patient Experience from 6/1/20
Mercia Spare	Chief Nurse	Interim Chief Nurse to 31/12/19, Chief Nurse from 1/1/20
Dr Sarah Phillips	Medical Director	
Louise Norris	Director of Workforce, OD & Communications	
Gerard Sammon	Director of Strategy and Partnerships	
Richard Field	Vice Chairman, Non Executive Director	to 30/4/19
Jennifer Tippin	Non Executive Director	to 1/3/20
Peter Conway	Vice Chairman, Non Executive Director	Vice Chairman from 1/5/19
Steve Howe CBE	Non Executive Director	to 30/4/19
Pippa Barber	Non Executive Director	
Bridget Skelton	Non Executive Director	
Martin Cook	Non Executive Director	to 30/9/19
Francis Drobniowski	Non Executive Director	
Nigel Turner	Non Executive Director	
Sola Afuape	Non Executive Director	from 1/12/19
Paul Butler	Non Executive Director	from 1/3/20

## Kent Community Health Charitable Fund

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

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](http://www.kentcht.nhs.uk)

**Bankers:** GBS (Government Banking Service),  
Southern House,  
Wellesley Grove,  
Croydon, CR9 1TR

**Independent Examiner:** Grant Thornton UK LLP,  
30 Finsbury Square,  
London, EC2P 2YU

### 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'.

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 Director of Finance/Deputy Chief Executive and the Chief Operating Officer. The Chair of the Charitable Funds Committee for 2019-20 was Jennifer Tippin (Non-Executive Director) until 1 March 2020, with Pippa Barber (Non-Executive Director) as Acting Chair for the remainder of 2019-20. Francis Drobniowski (Non-Executive Director) has subsequently been appointed the Chair of the Charitable Funds Committee for 2020-21. 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 2020 were £666k (2018-19 £563k)

### Income Generation

Income during the year totalled £172k (2018-19 £9k) and includes income from donations and interest earned from bank accounts. Donations in the period totalled £28k (2018-19 £5k). Income from legacies in 2019-20 totalled £140k (2018-19 Nil).

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.

### Resources Expended

Expenditure during the period totalled £69k (2018-19 £76k), of which £34k was expended on patients' welfare and amenities and £17k on staff welfare and amenities. Headline expenditure values for 2019-20 were as follows:

- Staff Awards £16k
- Health Monitors for Wateringbury GP Surgery (Bow Road Fund) £14k
- Heart of Kent Hospice (Bow Road Fund) pilot community clinics £11k
- Furniture and dementia equipment for the Crossroads Carers café for the benefit of Wateringbury/Nettlestead patients (Bow Road Fund) £4k
- NHS Rainbow Badges and supporting materials £2k

### 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 2019-20 financial period (2018-19 Nil).

### 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.

# Kent Community Health Charitable Fund

## 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.

## 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.

## 2019/20 Achievements

### Charity-funded activity

#### Bow Road Property Fund



Health Monitor machines were purchased for the Wateringbury surgery allowing patients to now record their height, weight, blood pressure and body mass index (BMI) on arriving at the surgery prior to their appointment. This purchase has brought a number of benefits to both patients and the surgery with enhancing the efficiency and effectiveness of appointments.

The fund contributed to a pilot scheme run with The Heart of Kent Hospice to enable a monthly outpatient clinic to be held at the GP surgery in Wateringbury. The monthly clinics are run by specialist palliative care Clinical Nurse Specialists/Advanced Nurse Practitioners and provide tailored advice to patients with a terminal illness to help the patient (and their family) come to terms with their diagnosis, manage pain and other symptoms and to help the patient enjoy a good quality of life at home for longer. Included in the pilot were weekly Living Well sessions which are short group sessions offering patients and their carers enjoyable and therapeutic activities designed to improve and enhance their comfort, health and happiness. The fund also purchased specialist chairs, a dementia kit and a health monitoring station at the Crossroads Carers café. This equipment is used to ensure the comfort

## Kent Community Health Charitable Fund

and support to family carers and people with care needs in the Wateringbury/Nettlestead areas.

### Volunteer thank you events and lunches

We have once again funded various events and lunches throughout the year to say thank you to the fabulous volunteers who support our work.

Our Expert Patient Programme (EPP) and Patient Engagement Network (PEN) volunteer service were given the opportunity to get together to enjoy a free lunch with fellow volunteers and friends. The work of all the trust's volunteers is so important – collectively they give up hours of their time each year to help others. They also help relieve the pressure on our hard-working colleagues on the frontline.

### Staff Wellness



In 2019/20, the charity helped to fund our staff awards evening. The trust is committed to recognising the achievements and initiatives of all colleagues. The aim of the staff awards is to celebrate those who



consistently work above and beyond the call of duty and who always go the extra mile to make sure our patients receive the best care.



2019/20 saw the formation of a staff football team, KCH FC and their kit was provided by charitable funds.



**Let's talk about the menopause.**

Join our network and pop along to our first event in October.

NHS Kent Community Health NHS Foundation Trust



We also funded our newly developed staff network to discuss the menopause.

And finally we provided rainbow badges for LGBTQ+ staff. The Rainbow Badge Initiative demonstrates our commitment to equality, diversity and inclusion and supporting patients who will feel more confident and comfortable in approaching a member of staff wearing a

## Kent Community Health Charitable Fund

badge, as well as supporting and respecting our staff who feel empowered to be themselves.

### **COVID-19**

The public's overwhelming support of the NHS has been demonstrated through increased donations during the Covid-19 pandemic, particularly the national emergency appeal managed by NHS Charities Together. For the year to date 2020-21 financial year, this has already seen grants totalling £75k received from NHS Charities Together to support the health and wellbeing of our staff and £33k resulting from individual fundraising and donations.

Donations have and continue to arrive from all areas of the community, mainly in response to the national support for NHS workers.

### **NHS Community Heroes Fund**

This fund was quickly set up as it became apparent that people were donating money specifically for the health and wellbeing of colleagues. We promptly established a dedicated campaign page on Just Giving to channel donations <https://www.justgiving.com/campaign/NHScommunityheroes>. Anyone setting up a fundraiser on the page will receive a certificate from i care once their appeal has completed. We also promoted individual fundraisers on the i care Facebook page and on the Kent Community Health NHS Foundation Trust Facebook page to encourage more donations and to express our thanks to the fundraisers.

### **NHS Charities Together**

Following the receipt of the £75k stage one Covid-19 response grants in early 2020-21, the charity continues to review further grant applications with NHS Charities Together in furtherance of its charitable objectives

### **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>

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.

## Kent Community Health Charitable Fund

### 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:

Francis Drobnewski, Chair of the Charitable Funds Committee

Date: 7 January 2021

# Kent Community Health Charitable Fund

## Independent examiner's report to the trustees of Kent Community Health Charitable Fund

I report on the accounts of **Kent Community Health Charitable Fund** for the year ended 31 March 2020 which are set out on pages 13 to 23.

Your attention is drawn to the fact that the charity's trustees have prepared the charity's accounts in accordance with the Statement of Recommended Practice '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) (effective 1 January 2019) issued in October 2019 in preference to the Statement of Recommended Practice 'Accounting and Reporting by Charities: Statement of Recommended Practice (revised 2005)' issued in April 2005 which is referred to in the Charities (Accounts and Reports) Regulations 2008 but has been withdrawn. I understand that the charity's trustees have done this in order for the charity's accounts to give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2019.

This report is made solely to the charity's trustees, as a body, in accordance with the regulations made under section 154 of the Charities Act 2011. 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. 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, for this report, or for the opinions I have formed.

### Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the Charities Act 2011;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the Charities Act 2011; and
- to state whether particular matters have come to my attention.

### Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a comparison of the accounts with the accounting records kept by the charity. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

## Kent Community Health Charitable Fund

### Independent examiner's statement

In connection with my examination, no matter has come to my attention:

- which gives me reasonable cause to believe that in any material respect the requirements:
  - to keep accounting records in accordance with section 130 of the Charities Act 2011;
  - to prepare accounts which accord with the accounting records; and
  - to comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008

have not been met.



**Sarah Ironmonger, FCPFA**

Grant Thornton UK LLP

Chartered Accountants

London

14 January 2021

## **Kent Community Health Charitable Fund**

**Annual Accounts for the year ended 31 March 2020**

## Kent Community Health Charitable Fund

### Statement of Financial Activities for the year ending 31 March 2020

Statement of Financial Activities for the year ended 31 March 2020	Note	2019-20			2018-19
		Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s	Total Funds £000s
<b>Income from:</b>					
Donations and Legacies	2.1	28	140	168	5
Investment - Bank Interest	2.2	1	3	4	4
<b>Total Income</b>		<b>29</b>	<b>143</b>	<b>172</b>	<b>9</b>
<b>Expenditure on:</b>					
Charitable Activities	3.1	20	49	69	76
<b>Total Expenditure</b>		<b>20</b>	<b>49</b>	<b>69</b>	<b>76</b>
<b>Net Income/(Expenditure)</b>		<b>9</b>	<b>94</b>	<b>103</b>	<b>(67)</b>
Other Recognised Gains/(Losses)		0	0	0	0
<b>Net Movement in funds</b>		<b>9</b>	<b>94</b>	<b>103</b>	<b>(67)</b>
<b>Reconciliation of funds</b>					
<b>Total funds brought forward</b>		<b>94</b>	<b>469</b>	<b>563</b>	<b>630</b>
<b>Total funds carried forward</b>		<b>103</b>	<b>563</b>	<b>666</b>	<b>563</b>

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

The notes at pages 16 to 23 form part of this account.

# Kent Community Health Charitable Fund

## Balance Sheet as at 31 March 2020

	Note	2019-20			2018-19
		Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s	Total Funds £000s
<b>Balance Sheet as at 31 March 2020</b>					
<b>Total Fixed Assets</b>		0	0	0	0
<b>Current Assets:</b>					
Debtors	8	0	1	1	0
Cash and cash equivalents	10	103	565	668	565
<b>Total Current Assets</b>		<b>103</b>	<b>566</b>	<b>669</b>	<b>565</b>
<b>Liabilities:</b>					
Creditors: Amounts falling due within one year	9	0	3	3	2
<b>Total Net Assets</b>		<b>103</b>	<b>563</b>	<b>666</b>	<b>563</b>
<b>Funds of the Charity:</b>					
Restricted Income Funds	11	0	563	563	469
Unrestricted Income Funds		103	0	103	94
<b>Total Funds of the Charity</b>		<b>103</b>	<b>563</b>	<b>666</b>	<b>563</b>

The notes at pages 16 to 23 form part of this account.

The financial statements on pages 13 to 15 were approved and authorised for issue by the Trustee on 7 January 2021.



Signed:

Name: Francis Drobniowski

Date: 7 January 2021

## Kent Community Health Charitable Fund

### Statement of Cash Flows for the year ended 31 March 2020

Reconciliation of net income/(expenditure) to net cash flow from operating activities	2019-20 £000s	2018-19 £000s
<b>Net income/(expenditure) for the reporting period (as per the Statement of Financial Activities)</b>	<b>103</b>	<b>(67)</b>
<b><i>Adjustments for:</i></b>		
Dividends, interest and rents from investments	(4)	(4)
(Increase)/decrease in debtors	(1)	0
Increase/(decrease) in creditors	1	0
<b>Net cash provided by (used in) operating activities</b>	<b>99</b>	<b>(71)</b>

	2019-20	2018-19
	Total Funds £000s	Total Funds £000s
<b>Statement of Cash Flows</b>		
<b>Cash flows from operating activities:</b>		
<b>Net cash provided by (used in) operating activities</b>	<b>99</b>	<b>(71)</b>
<b>Cash flows from investing activities:</b>		
Dividends, interest and rents from investments	4	4
<b>Net cash provided by (used in) investing activities</b>	<b>4</b>	<b>4</b>

<b>Change in cash and cash equivalents in the reporting period</b>	<b>103</b>	<b>(67)</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>	<b>565</b>	<b>632</b>
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>668</b>	<b>565</b>

Analysis of cash and cash equivalents	2019-20 £000s	2018-19 £000s
Cash at bank and in hand	367	264
Notice deposits (less than 3 months)	301	301
<b>Total cash and cash equivalents</b>	<b>668</b>	<b>565</b>

## Notes to the Accounts

### 1 Accounting Policies

#### 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; the Charities Act 2011 and UK GAAP as it applies from 1 January 2019.

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.

### 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 allocated to charitable activities and raising funds on the basis of their proportion of total resource expended.
  - 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 22 (note 11.2).

### 1.5 Tangible and Intangible Fixed Assets

The Charitable Fund had no tangible or intangible fixed assets for 2019-20 (2018-19 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 2019-20 (2018-19 Nil).

### 1.7 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

### **1.8 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.

### **1.9 Stocks and Work in Progress**

The Charitable Fund had no stocks or work in progress for 2019-20 (2018-19 Nil).

### **1.10 Transfers between funds**

Transfers between funds are made at the discretion of the Trustee. There were no transfers between funds during the reporting period 2019-20. (2018-19 Nil).

## **2. Analysis of Income**

### **2.1 Donations and Legacies**

<b>Donations and Legacies</b>	<b>2019-20</b>			<b>2018-19</b>
	<b>Unrestricted Funds £000s</b>	<b>Restricted Funds £000s</b>	<b>Total Funds £000s</b>	<b>Total Funds £000s</b>
Donations from individuals and groups	28	0	28	5
Legacies	0	140	140	0
<b>Total Donations and Legacies</b>	<b>28</b>	<b>140</b>	<b>168</b>	<b>5</b>

### **2.2 Gross Income from Investments**

<b>Income from Investments and Cash on Deposit</b>	<b>2019-20</b>			<b>2018-19</b>
	<b>Unrestricted Funds £000s</b>	<b>Restricted Funds £000s</b>	<b>Total Funds £000s</b>	<b>Total Funds £000s</b>
Bank and Building Society Interest	1	3	4	4
<b>Total Income from Investments and Cash on Deposit</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>4</b>

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.

## **3. Analysis of Expenditure – Grants payable to NHS Bodies**

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

# Kent Community Health Charitable Fund

## 3.1 Expenditure on Charitable Activities

Charitable Activities	2019-20	2018-19
	Total Funds £000s	Total Funds £000s
Patients welfare and amenities	34	37
Staff welfare and amenities	17	21
Support costs	18	18
<b>Total Charitable Activities</b>	<b>69</b>	<b>76</b>

## 4. Allocation of Support Costs and Overheads

Support Costs and Overheads	2019-20			2018-19
	Charitable Activities £000s	Raising Funds £000s	Total Support Costs and Overheads £000s	Total Support Costs and Overheads £000s
Independent Examination - External Audit	2	0	2	2
Administration - Finance	15	0	15	15
Other	1	0	1	1
<b>Total Support Costs and Overheads</b>	<b>18</b>	<b>0</b>	<b>18</b>	<b>18</b>

## 5. Trustee Remuneration, Benefits and Expenses

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

## 6. Analysis of Staff Costs

The charity had no employees for the reporting period 2019-20 (2018-19 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 2019-20 was a total of £15k (2018-19 £15k).

## 7. Auditor's Remuneration

External Auditor's remuneration of £2k including VAT (2018-19 £2k including VAT) relates solely to the agreed Independent Examination fee for the 2019-20 Charitable Funds annual report and accounts.

## Kent Community Health Charitable Fund

### 8. Debtors Analysis

	<b>31 March 2020</b>	<b>31 March 2019</b>
<b>Debtors: amounts falling due within one year</b>	<b>Total £000s</b>	<b>Total £000s</b>
Prepayments	1	0
<b>Total Charitable Activities</b>	<b>1</b>	<b>0</b>

### 9. Creditors: amounts falling due within one year

	<b>31 March 2020</b>	<b>31 March 2019</b>
<b>Creditors: amounts falling due within one year</b>	<b>Total £000s</b>	<b>Total £000s</b>
Other Creditors	3	2
<b>Total Creditors</b>	<b>3</b>	<b>2</b>

### 10. Cash and cash equivalents

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.

### 11. Funds of the Charity

#### 11.1 Analysis of Charitable Funds held

	<b>Balance at 1 April 2019</b>	<b>Incoming Resources</b>	<b>Resources Expended</b>	<b>Transfers</b>	<b>Gains and Losses</b>	<b>Balance at 31 March 2020</b>
<b>Restricted Funds</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Community Hospitals Restricted	110	141	(8)	-	-	243
Deal Hospital	44	-	(1)	-	-	43
Bow Road Property	77	-	(33)	-	-	44
Sensory Room appeal	3	-	-	-	-	3
Mermikides - Heron Ward	204	2	(6)	-	-	200
NHS Services in Dover	31	-	(1)	-	-	30
<b>Total Restricted Funds</b>	<b>469</b>	<b>143</b>	<b>(49)</b>	<b>-</b>	<b>-</b>	<b>563</b>

	<b>Balance at 1 April 2019</b>	<b>Incoming Resources</b>	<b>Resources Expended</b>	<b>Transfers</b>	<b>Gains and Losses</b>	<b>Balance at 31 March 2020</b>
<b>Unrestricted Funds</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Unrestricted Funds	94	29	(20)	-	-	103
<b>Total Unrestricted Funds</b>	<b>94</b>	<b>29</b>	<b>(20)</b>	<b>-</b>	<b>-</b>	<b>103</b>

	<b>Balance at 1 April 2019</b>	<b>Incoming Resources</b>	<b>Resources Expended</b>	<b>Transfers</b>	<b>Gains and Losses</b>	<b>Balance at 31 March 2020</b>
<b>Total Funds</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
<b>Total Funds</b>	<b>563</b>	<b>172</b>	<b>(69)</b>	<b>-</b>	<b>-</b>	<b>666</b>

## Kent Community Health Charitable Fund

### 11.2 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 & 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 Wateringbury and Nettlestead.
Sensory Room	To provide and equip a Sensory Room at Heathside Children's Centre, Maidstone
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

### 12. Analysis of Net Assets between Funds

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

Fund Classification	Tangible Fixed Assets £000s	Fixed Asset Investments £000s	Net Current Assets/(Liabilities) £000s	Long Term Liabilities £000s	2019-20 Total £000s	2018-19 Total £000s
Restricted Funds	-	-	563	-	563	469
Unrestricted Funds	-	-	103	-	103	94
<b>Total Restricted Funds</b>	<b>-</b>	<b>-</b>	<b>666</b>	<b>-</b>	<b>666</b>	<b>563</b>

### 13. 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 £69k as detailed in note 3. As at 31 March 2020 £3k (2018-19 £2k) was owed to the Kent Community Health NHS Foundation Trust.

### 14. Commitments

The charity has commitments totalling £20k at 31 March 2020 (2018-19 £16k) arising from approved bids and requisitions placed for which the relevant goods and services have not been received.

## Kent Community Health Charitable Fund

### 15. Events after the end of the reporting period

The impact and timing of the Covid-19 emergency and developments in the response to the pandemic after 31 March 2020 are not deemed to impact the 2019-20 annual accounts presented. The evident growth in public support for the NHS has been demonstrated through increased donations in the first quarter of 2020-21 and the strong governance structure in place ensures continued effective stewardship and achievement of the charity's objectives.



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	4.4
<b>Agenda Item Title:</b>	Finance, Business and Investment Committee Chair's Assurance Report
<b>Presenting Officer:</b>	Paul Butler, Chair of Finance, Business and Investment Committee
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

**What is the purpose of the paper and the ask of the Committee or Board?**

(include reference to any prior board or committee review) Has the paper been to any other committee?

The paper summarises the Finance, Business and Investment Committee meeting held on 24 November 2020 and provides assurance to the Board.

**Summary of key points**

The meeting covered a range of topics including the budget setting framework for 2021/22, the business development and service improvement report, the capital plan review and forecast and an update on the Edenbridge project.

**Proposal and/or recommendation to the Committee or Board**

The Board is asked to receive the Finance, Business and Investment Committee Chair's Assurance Report.

**If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?**

National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.

You can find out more about EAs here on [flo](#)

If not, describe any equality and diversity issues that may be relevant.

Protected characteristics are: age, disability, gender

Yes (please attach)

No  
(please provide a summary of the

<i>reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i>	<i>protected characteristic highlights in your paper)</i>
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**Highlights relating to protected characteristics in paper**

The Committee has asked authors to consider their papers through the equality and diversity lens and highlight any issues in their papers.

Name:	Paul Butler	Job title:	Non-Executive Director
Telephone number:	01622 211906	Email	

**FINANCE, BUSINESS AND INVESTMENT (FBI) COMMITTEE CHAIR'S REVIEW AND  
ASSURANCE REPORT**

This report is based on the Finance, Business and Investment Committee meeting held on 24 November 2020.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Finance Report for 7 months including cost improvement programme update	<p>The current position was reviewed.</p> <p>A discussion held on forecast capital spend for the year - it was considered very likely that there would be full spend in the year.</p> <p>Budget setting framework</p> <p>The budget 2021/22 setting paper was discussed.</p> <p>Some concern was expressed on the size of the potential Estates cost improvement programme (CIP) scheme and risks associated with this. It was agreed that this would be a specific point of review as part of the draft budget presentation.</p>	
		It was necessary to consider the timing of the March FBI

Issue	Committee review and assurance	Matters for Board awareness and/or action
	<p>Committee meeting to ensure a review of the draft budget can be completed before submission to the Board.</p> <p>[Subsequent to the meeting it was agreed that the draft budget will be presented at February FBI Committee meeting]</p>	<p>The Edenbridge project to be included on future board agenda.</p>
<p>NHS property transfer report</p> <p>Edenbridge update</p>	<p>This paper was not available at the time of the meeting and would be rescheduled for the January (now February) meeting.</p> <p>The paper was presented and discussed. It was considered that a revised paper was required and should be presented to the FBI Committee and that this should be included with Board papers for information.</p>	<p>The report was discussed and it is clear that there is ongoing significant business development activity.</p> <p>It was agreed that the report should be expanded to cover strategic intent with the potential future pipeline highlighted to reflect envisaged regional delivery changes and opportunities.</p>
<p>Business development report</p>		<p>As part of the Board/Committee reset it is important that the Board concludes on how/where business development activity will be discussed/assured. This needs to be clarified not only in terms of potential value and risk assessment associated with “take-on” of new business but also in terms of remits throughout period from inception discussions to signed contract.</p>

<b>Issue</b>	<b>Committee review and assurance</b>	<b>Matters for Board awareness and/or action</b>
Contract management report	Contract management report was presented and content noted.	
Kent and Medway Care Record	This was briefly discussed as part of the Board Assurance Framework (BAF) review.	It was agreed that the executive review of the project will be presented to the FBI Committee in January (now February) before considering next steps.
Forward plan/Terms Of Reference (ToR)	A discussion was held on the progress regarding the update of the Terms of Reference of the Committee and linked to that the forward plan.  It was confirmed that the intention was for a revised ToR to be included at the next FBI Committee meeting for review. This would also include details of the FBI Committee assurance remit with regard to strategic themes allocated to the Committee by the Board.	It was noted that the following items would be on the next FBI Committee meeting agenda:  Property transfer Draft 2021/22 budget Edenbridge scheme Revised commercial contract paper

<b>Issue</b>	<b>Committee review and assurance</b>	<b>Matters for Board awareness and/or action</b>
	<p>Kent care records project assessment            Draft amended ToR            Strategic themes paper</p>	<p>Clearly it becomes all the more important that the immediate agenda items identified as part of the November meeting are covered at our rescheduled February meeting.</p>

**Paul Butler**  
**Chair, Finance, Business and Investment Committee**  
**1 February 2021**

<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	4.5
<b>Agenda Item Title:</b>	Quality Committee Chair's Assurance Report
<b>Presenting Officer:</b>	Pippa Barber, Chair of Quality Committee
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

**What is the purpose of the paper and the ask of the Committee or Board?**  
*(include reference to any prior board or committee review) Has the paper been to any other committee?*

The report summarises the Quality Committee meetings held on 17 November 2020 and 19 January 2021 and provides assurance to the Board.

**Summary of key points**

The meetings covered a range of topics including progress with the 2020/21 Quality priorities, health inequalities and equity of access to services during the Covid pandemic and more widely, the draft Quality Strategy, an update on infection prevention and control, and the Learning From Deaths report.

**Proposal and/or recommendation to the Committee or Board**

The Board is asked to receive the Quality Committee Chair's Assurance Report.

**If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?**

*National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.*

*You can find out more about EAs here on [flo](#)*

**If not, describe any equality and diversity issues that may be relevant.**

Yes (please attach)

No  
(please provide a

<i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i>	<i>summary of the protected characteristic highlights in your paper)</i>
<b>Highlights relating to protected characteristics in paper</b>	
The Committee has asked authors to consider their papers through the equality and diversity lens and highlight any issues in their papers.	

Name:	Pippa Barber	Job title:	Non-Executive Director
Telephone number:	01622 211906	Email	

## QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report follows the Quality Committee Part One meeting held on 17 November 2020.

<b>Agenda item</b>	<b>Assurance and key points to note</b>	<b>Further actions and follow up</b>
Terms of reference (ToR)	The Committee approved the refreshed terms of reference. Key updates include oversight of performance and risks to the Trust's objectives/enablers 'Prevent ill health' and 'High quality care'; the inclusion of the Patient and Carer Council as the sub group now overseeing patient and carer experience and equitable accessibility to services; and an update of executive membership.	The committee will consider the updated ToRs of two of its sub groups in line with these updated Quality Committee ToRs at its January meeting.
Board Assurance Framework (BAF)	Discussion took place on Risk 110. Specific updates provided on KCHFT work with partners on the development of the east and west Kent discharge plans. This work is being undertaken with Kent County Council (KCC) and is still work in progress hence the current scoring with the pressures in the system currently .The west Kent frailty model is being considered by the integrated care partnership (ICP) but work continues while this is happening.	The Committee agreed it would relook at the updates and scoring at its January meeting as much of the work is still emerging and developing.

Agenda item	Assurance and key points to note	Further actions and follow up
A verbal update on the Infection Prevention and Control Board Assurance Framework (IPC BAF) was provided and no nosocomial infections were reported.	It was agreed either the Quality Committee and/or Board will receive regular updates on the IPC BAF COVID actions and mitigations including any nosocomial infections.	
External regulation and inspection	A verbal update was given on the work KCHFT services are inputting to the Special Educational Needs and Disability (SEND) work across the system following the external Ofsted and Care Quality Commission (CQC) review.	It was agreed a deep dive into this area will be provided to the Committee's January meeting to ensure that the Committee is well sighted on the actions being taken by KCHFT services in conjunction with its partners.
Feedback from Trust visits	The Chair reported back on her visit with the Infection and Prevention and Control (IPC) Team. Good assurance was received on how the team had adapted to provide a seven day a week response to all of the KCHFT services (including feedback from services); how they are linked with services as an IPC Team; and how the fit testing is being carried out. Thanks was given to the team for their considerable work to date and ongoing work.	A further update will be provided to the Committee on progress with all of the Quality priorities . This will include the newly appointed patient inclusion lead who is supporting the priority on psychological safety.
Progress with 2020/21 Quality Priorities	A progress update was considered. Good progress is being made to date. Assurance was sought on the measures of the learning disabilities (LD) priorities and a request to consider strengthening these. A number of suggestions were made by Committee members. Assurance was also sought on the roll out of pulse	

Agenda item	Assurance and key points to note	Further actions and follow up
	Oximeters and production of the easy read passports and the use of these between child and adult LD services.	<p><b>Preventing III Health</b></p> <p>The Committee had its first discussion on the strategic objective and key enablers for delivery which have already been identified. Areas of clarity on some enablers were discussed. This will be further worked on and discussed at our next meeting. The Trust has a number of strong examples of services being delivered in partnership in this area. Many with KCC . The work of the One You shop was highlighted and how this has also now been embedded into primary care.</p>
Preventing III Health strategic objective		<p>A definition of ill health prevention will be added to the summary table. Thought is being given to how ‘every contact counts’ can be considered including how do we know we are delivering this.</p> <p>Further discussion will take place in January on the overall strategy and the developing ask for Quality Committee oversight.</p> <p>The Committee received assurance on work progressing to understand how the Trust’s move to digital by default is being received by patient groups and how, when this is not able or appropriate as a delivery method, services are recognising this and providing a face to face or telephone offer. A number of focus groups have taken place with more planned. To date the feedback has been positive. Two more are planned to take place with West Place system partners this month, Maidstone and Tunbridge Wells NHS Trust (MTW) and Kent and Medway NHS and Social Care Partnership Trust (KMPT). The first of these is looking at pathways across health care providers and will</p>

Agenda item	Assurance and key points to note	Further actions and follow up
Non-executive director (NED) deep dive visits to services following cost improvement programme (CIP) quality impact assessments (QIAs)	<p>be targeted at carers.</p> <p>A total of three visits have taken place either in person or virtually over the last two months. Reports were provided to the Committee and assurance given that risks have been mitigated.</p> <p>In addition a further presentation was given to the Committee by the Head of Service of the final service area at its November meeting. Again assurance was received.</p>	<p>Updates on the recommendations that have come from the visits will come to the January Committee. These and QIAs for CIPs will then be considered at the February Extraordinary Committee meeting. All non-executive directors (NEDs) are invited and if deep dives are required for next year these will be agreed there.</p>
High Quality Care strategic objective	<p>The assurances on the enablers for this strategic objective were discussed. Assurance was received and its was agreed that risks and mitigations will come back to the Committee</p>	<p>To add the Quality Strategy as a key enabler.</p>
Patient Safety and Clinical Risk Group Chair's assurance report		<p>High risks to quality of care are reviewed by this sub-group. Both Faversham and Deal have reduced the number of beds to mitigate the reduced RN staffing numbers. Strategic Workforce Committee has confirmed it is aware of staffing hot spot areas.</p> <p>A Harm Review tool complying with NHS England guidance was received by the Committee. Any patient who has waited and the service is now being restarted will be considered through this tool and a task and finish group. Any incidents will form part of the Trust Serious</p>

Agenda item	Assurance and key points to note	Further actions and follow up
Quality Report	<p>Incident (SI) process and duty of candour.</p> <p>Assurance was received on a number of quality areas.</p> <p>A verbal update on actions being taken to review the Trust pressure ulcer plan was received. Actions include data analysis of teams, themes, area. Using PDSA cycles to understand the context of teams' working patterns and reason for actions being and not being taken.</p>	<p>A refreshed plan will come to the January meeting.</p> <p>To be followed up by the EoLC Steering group with an update to the Committee in January through the Quality Report.</p> <p>Assurance was sought on the end of life care (EoLC) learning being picked up from the patient story at the November Board meeting. All areas are on the agenda for the next EOLOC steering group and positive assurance received on the agreement to suggestions made at the meeting, administration of medication by family members and use of the Karnofsky Assessment Scale.</p> <p>The key themes from the We Care visits were discussed. One of the themes was the relationships with primary care. The learning from the visits was that when this was in place improved staff and patient outcomes were fed back.</p> <p>Assurance on other themes identified was received by the Committee. We Care visits for adults services are</p>

<b>Agenda item</b>	<b>Assurance and key points to note</b>	<b>Further actions and follow up</b>
Deep dive into avoidable medication errors	continuing during November.  Analysis of type, place and harm of medication incidents was considered. The need to restart and refresh Quality Improvement (QI) methodologies to support improvements and learning from areas doing this well was agreed.	The piloting of further QI methodologies will be considered and reviewed including learning from Always Event methodology.
Operational Performance report	Assurance was received on actions in place to manage the restart and recovery of dental procedures requiring a general anaesthetic due to the COVID-19 incident and acute trust theatre capacity; and the challenges affecting the specialist services offer to prisons due to COVID -19 outbreaks	
Standard Operating Procedure for Hospital at Home Service	This was ratified by the Committee.	

**Pippa Barber**  
**Chair, Quality Committee**  
**26 November 2020**

## QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report follows the Quality Committee Part One meeting held on 19 January 2021.

<b>Agenda item</b>	<b>Assurance and Key points to note</b>	<b>Further actions and follow up</b>
Terms of Reference (ToR)	ToRs of the Patient and Carer Council and the Clinical Effectiveness Group sub-committees were considered and agreed subject to the Patient and Carer Council considering the balance of its membership between staff and patient/carers/governors.	Non-executive directors (NEDs) will attend one sub-committee during the year to gain assurance on operational effectiveness and ToRs.
Board Assurance Framework (BAF)	Discussion took place about Risk 110. Work remains ongoing on discharge pathways with Kent County Council (KCC) and the West Kent frailty model. Dates for the completion of the work will need to be considered.	Risk 114 regarding access to general anaesthetic (GA) for dental patients remains a risk due to theatre capacity in the acute trust (further detail in the operational performance update).
External regulation and inspection	A deep dive report on Special Educational Needs and Disability (SEND) was considered and gave good assurance on the KCHFT work being delivered as part of	A NED visit is to be considered for later in the year to see first-hand and talk with staff on the changes that been put in place to

<b>Agenda item</b>	<b>Assurance and Key points to note</b>	<b>Further actions and follow up</b>
	<p>this system programme following a system Ofsted and Care Quality Commission (CQC) inspection.</p> <p>A verbal update was received on an assurance meeting by Public Health England (PHE) and the clinical commissioning group (CCG) on the New Born Hearing Service. Positive verbal assurance was given on the work that has been undertaken to implement improvements. The Committee thanked the staff for their excellent work on this and will see the written confirmation at a future meeting.</p>	support this client group.
Progress with 2020/21 Quality Priorities	<p>A further progress update was considered. The majority of targets are on track for delivery with some results not known until the end of quarter four. There are now strengthened measurements for Learning Disabilities (LD) priorities in place.</p> <p>Due to the COVID-19 pandemic priorities, two quality priorities were identified at risk of achievement. A collaborative research project and recruitment to additional Quality, Service Improvement and Redesign (QSIR) practitioners.</p>	<b>Preventing III Health</b>
Health inequalities and equity of access to services report	An initial scoping and review of the current position has been undertaken with the newly appointed Head of Equality, Diversity and Inclusion (Patients). Key areas of	Further work will be undertaken on the plan with timescales and outcomes/impact clearly articulated.

Agenda item	Assurance and Key points to note	Further actions and follow up
		<p>The Equality Strategy will need to have links to both the People Strategy and Quality Strategy and set out how the Trust is working as part of the wider system on this agenda.</p>
<p>Accessible services for all patients and service users during COVID-19</p>	<p>The Committee received an update on the work to date with focus groups now having taken place with six services.</p> <p>Feedback and learning on what patients and service users are finding helpful and could be improved was noted. Overall the feedback was positive on the service offer during these times and the Cardiac Rehabilitation Service will now be piloting a volunteer peer support worker group.</p>	<p><b>High Quality Care</b></p> <p>The first draft strategy was considered and discussed. The team were thanked for their excellent work to date on this. The suggestions and comments given included building on the Trust's previous strategy and having a selected number of focused areas.</p> <p>The need to ensure linkage with other strategies such as the People Strategy was agreed by all. The need to be clear on the Trust's contribution to health inequalities links</p>
		<p>Further work including discussion with staff will continue to shape the strategy. The Quality Committee will consider the final version as its next meeting in March for Board consideration and approval in May.</p>

Agenda item	Assurance and Key points to note	Further actions and follow up
	<p>with the system, patient outcomes, and what we mean by coproduction and what the outcome of this might look like. Quality improvement (QI) was also agreed as an ongoing key enabler to delivery.</p>	
Infection Prevention and Control (IPC)	<p>The Committee received the IPC report and further verbal assurance on actions in place to manage the nosocomial incidents that have occurred. 11 January saw 63 per cent of KCHFT inpatient areas with COVID-19 positive patients. Further assurance was received on a range of areas including: the availability of personal protective equipment (PPE); and the type of PPE in use is in line with national guidance. The type and level of patient swabbing is also in line with national guidance. The majority of inpatients are transfers and are swabbed by the acute trust before they are transferred. No themes and trends have been identified to date.</p> <p>The Trust is currently liaising with acute colleagues on point of care testing, infrastructure and access. Updates will be provided in March.</p>	<p>Impacts and learning from wave one and two needs to be considered as part of our Estate Strategy review.</p>
		<p>Discussion and assurance on the need for ventilation and operationalising this in cohorted bays in old estate. The need to work with NHS Property Services (NHSPS) as landlord to ensure monitoring and any works are taking place.</p> <p>Lateral flow testing for staff is in place with ongoing support to enable an increased uptake and to aid potential</p>

Agenda item	Assurance and Key points to note	Further actions and follow up
Quality Report	<p>Identification of COVID-19 asymptomatic staff.</p> <p>Medication incidents have reduced in comparison with national benchmarking data. Targeted work will be undertaken on Controlled Drug incidents both in patient and community and omitted doses.</p> <p>There has been good progress on both staff and vulnerable patient flu vaccination levels with both just over 70 per cent. Uptake on staff flu levels is up from 60 per cent last year. This is an improving percentage year on year.</p> <p>An assurance report was received on work undertaken on syringe drivers with assurance on actions, training and tracking of any reported incidents. None reported.</p> <p>The number of lapses in care with pressure ulcers continues to decline.</p>	<p>The report will be updated following our discussion and comments at the Quality Committee.</p>
Learning From Deaths Quarterly report	<p>Verbal assurance was received in the meeting that no deaths had been judged more likely than not due to problems in health care. Themes from the reviews will continue to be actioned through the end of life care (EOLC) steering group.</p> <p>The Committee agreed, following an extraordinary Quality Committee in December, to a change in existing policy on the number of sample reviews to be undertaken due to the capacity of clinical staff to undertake reviews due to</p>	

Agenda item	Assurance and Key points to note	Further actions and follow up
	<p>operational pressures. National guidance is still being followed on all key areas and it was agreed reviews will be undertaken from the breadth of the Trust's inpatient services. This will be reviewed in April 2021.</p> <p>The Committee noted and thanked the LD review team for its considerable work in supporting the wider system in undertaking and reducing the backlog in wider system Learning Disability Mortality reviews (LeDeR). These are now complete. KCHFT LD reviews are continuing and processes are in place to ensure learning is being actioned.</p> <p>Assurance was also given on support to staff whilst they provide support to our EoLC patients.</p>	<p>The Trust is discussing with the CCG how the Trust can support the system in business as usual (BAU) with system LeDeR reviews.</p>
Operational Performance report	<p>Further assurance was received on actions in place to manage the restart and recovery of dental procedures requiring a general anaesthetic due to the COVID-19 incident and acute trust theatre capacity. This remains a challenge. All patients have been triaged and prioritised and are being actively reviewed. Where it is deemed appropriate clinically to undertake interventions that will not require an anaesthetic this is being considered.</p>	<p>An update was also considered on the challenges with undertaking health checks which are undertaken with primary care. Capacity of primary care and a reduction in</p>

<b>Agenda item</b>	<b>Assurance and Key points to note</b>	<b>Further actions and follow up</b>
The Standard for Allocation and Caseload management of Community nursing	take up by patients are two of the main challenges for the delivery of this at this time.  This was ratified by the Committee.	

**Pippa Barber**  
**Chair, Quality Committee**  
**January 2021**



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	11 February 2021
<b>Agenda Number:</b>	4.6
<b>Agenda Item Title:</b>	Strategic Workforce Committee Chair's Assurance Report
<b>Presenting Officer:</b>	Bridget Skelton, Chair of Strategic Workforce Committee
<b>Action – this paper is for:</b>	<input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance

**What is the purpose of the paper and the ask of the Committee or Board?**  
*(include reference to any prior board or committee review) Has the paper been to any other committee?*

The report summarises the Strategic Workforce Committee meetings held on 23 November 2020 and 27 January 2021 and provides assurance to the Board.

#### **Summary of key points**

A range of topics was covered at the meeting including the Trust's 2021 – 24 People Strategy, the Freedom To Speak Up Report and the Trust's Sustainability Strategy.

#### **Proposal and/or recommendation to the Committee or Board**

The Board is asked to receive the Strategic Workforce Committee Chair's Assurance Report.

**If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper?**

Yes (please attach)

*National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.*

*You can find out more about EAs here on [flo](#)*

**If not, describe any equality and diversity issues that may be relevant.**

No  
*(please provide a summary of the*

*Protected characteristics are: age, disability, gender*

<i>reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i>	<i>protected characteristic highlights in your paper)</i>
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**Highlights relating to protected characteristics in the paper**

The Committee received the Workforce Race Equality Standard and the Workforce Disability Equality Standard action plans.

Name:	Bridget Skelton	Job title:	Non-Executive Director
Telephone number:	01622 211900	Email	

## STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 23 November 2020.

<b>Agenda item</b>	<b>Assurance and key points to note</b>	<b>Further actions and follow up</b>
Workforce report	<p>The Committee received positive assurance on key performance indicators (KPIs). Hot spots masked by our good overall position were discussed with mitigation actions shared for areas such as Deal Hospital, Thanet Community Nurses, as well as evidence describing historic hot spots now improved like Faversham Cottage Hospital.</p> <p>Reasons for leaving remain the same - retirement and work life balance - although 10 retirements in October is high, explained probably by the COVID-19 experience.</p> <p>Bank team are working well with fill rates as demand has been higher than normal.</p> <p>Mandatory training was continued throughout COVID-19 and only life support training which has to be done face to face was a concern, but plans are in place to address this. The Leadership Academy launched its 'aspirant managers' programme, and the Nursing Academy goes from strength to strength with our first cohort finishing in February, as well as continuing to work well with the Kent</p>	

Agenda item	Assurance and key points to note	Further actions and follow up
Operational Workforce report	<p>Medical School.</p> <p>Further assurance was received on how hot spots are being supported. Work on community hospitals and the definition of eligibility will help to re-establish the focus and make career pathways for staff better as rehabilitation can become central to that service once more, providing greater clarity around discharge.</p> <p>Triggers for redeployment are clear and work to look at how the bank team can be better resourced is underway.</p> <p>Creative ways are being implemented to attract staff to Thanet including incentives around paid travel and accommodation, and block booking those demonstrating commitment to us.</p>	<p>Question regarding how legal spend compared this year to last is being investigated - to be reported back at the next meeting.</p>
Significant Employee Relations report	<p>The Committee received the Significant Employee Relations report. There are currently no suspensions and eight employee tribunals underway. Since 2019 the Trust has successfully defended all four of the tribunal claims made against it. The Committee gained assurance that detailed regular audits of the team are undertaken, that the team felt supported given the complexity of some of the cases and that legal support and spend was being monitored.</p>	<p>The Committee approved the 2021 – 2024 People Strategy. It is an enabling strategy to support the delivery of the Trust's overall strategy. It has seven ambitions to enable us to engage, retain and recruit staff.</p> <ul style="list-style-type: none"> <li>○ Engage our people</li> <li>○ Empower our people</li> </ul>
Our People Strategy		<p>A One Page People Strategy is being designed to act as a communications tool for all stakeholders - internal and external, clinical and non-clinical.</p>

Agenda item	Assurance and key points to note	Further actions and follow up
	<ul style="list-style-type: none"> <li>○ Look after our people</li> <li>○ Develop our people</li> <li>○ Treat our people fairly</li> <li>○ Have compassionate, inclusive and effective leaders for our people.</li> <li>○ Have people ready for the future</li> </ul> <p>Each theme has an ambition, areas of focus and a programme of work to deliver it over the next three years, with measures of success for each of the three years. The Committee will track progress, identify risks and support mitigation twice a year to get assurance that ensures progress and achievement is supported and monitored.</p>	<p>This assurance will ensure the People Strategy supports the enhancement of organisational efficiency and effectiveness as also set out in the Committee's Terms of Reference.</p> <p>Focus on engagement, inclusion, development and well-being will support achievement of the strategy and ensure they get truly embedded throughout the organisation.</p>
GDPR Compliance		The 2019 audit had limited assurance. Actions were put in place and all TIAA recommendations are now complete. Funding for an electronic filing system will be considered in the new year.

Agenda item	Assurance and key points to note	Further actions and follow up
Digital HR and Digital Implications on Workforce	<p>Automation of six HR processes are up and running despite a slight pause. Further processes are being identified and ROI considered.</p> <p>Request for end user feedback received immediate assurance with the example of sickness levels being reported in a timely and accurate fashion.</p>	
WRSEs WDSEs Action Plans	<p>The Committee received action plans in response to this year's workforce race equality standard report and this year's disability equality standard report. The plans are informed by the People Strategy after input from the Disability and Carers network, Organisational Development and Communications, the Director of Finance as well as the BAME network and the Workforce Equality Group. Feasibility of deadlines was questioned and assurance received that most were achievable set out for March 2021.</p>	
Pay Awards	<p>TU are campaigning for a Pay Award despite the Government being clear that we are in the last year of an existing pay deal. Meetings set for the Pay Review Body in January have been postponed so no imminent progress.</p>	
Transformation of workforce (Re-imagine team working	<p>TICC, now named 'Reimagine Team Working', has built on lessons learnt from Edenbridge and Charing, is to be rolled out across all teams (clinical and infrastructure) by 2022. There has been very positive engagement from the services having received such positive feedback from the earlier TICC work. This is being delivered against the changing NHS and system landscape of primary care networks (PCNs), integrated care partnerships (ICPs) and the</p>	

Agenda item	Assurance and key points to note	Further actions and follow up
	Integrated care system (ICS). Partnership working around care pathways will be ever more important, supported by multidisciplinary teams and multi-agency teams.	
Freedom To Speak Up (FTSU) report	Following a well-run 'Freedom to Speak up Month' cases have risen and would seem mainly about relationship issues of attitude and behaviour. Awareness and professionalism of the FTSU Guardian has led to enhancing the success of this route for workers to raise concerns and ensure a timely investigation with outcomes, actions and learning shared.	
Health and Wellbeing update	The update to the Committee included the current work of the Health and Wellbeing Committee, focusing on Time to Change, Menopause Network, Mental Wellbeing and Kent and Medway Well-being Award. Earlier we received evidence of the huge success from the Schwartz group work. Support for the continuation of the Time to Change work is being sought potentially from MIND with other avenues being explored. Schwartz work is being continued and expanded. The Kent and Medway wellbeing award accelerated to gold standard against which we are judging additional pledges that may be required. Mental well-being of staff is critical. To support this, work is being conducted to explore in teams how they can better support each other and take time out to connect. Valuable lessons are available from teams already doing this well.	
Environmental Sustainability	The Committee received the Sustainability Strategy and its action plan as well as more detailed measures on staff engagement, and	

Agenda item	Assurance and key points to note	Further actions and follow up
Mass Vaccination Implications on workforce and leadership	<p>The responsibility for the delivery programme is the 'ask' not our workforce. Additional workforce is being recruited with two additional people added to the team to help with this. Additional workforce to be secured from across the system and from the draw down from a national pool. 500 applications had already been received now to be shortlisted and interviewed. 1 December was the required ready date but only at one hub.</p> <p>The leadership capacity concern was discussed with the hope that this was 'front loaded' whilst set up was taking place and detailed instructions received from the centre.</p> <p>The financing of the exercise from a workforce / leadership perspective was as yet unclear.</p>	

**Bridget Skelton**  
**Chair, Strategic Workforce Committee**  
**23 November 2020**

## STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 27 January 2021.

<b>Agenda item</b>	<b>Assurance and key points to note</b>	<b>Further actions and follow up</b>
Workforce data	Workforce data for the last two months is very positive which is a credit to the Workforce Team and the staff at KCHFT, given the tough circumstances in which they are working. Stress levels are slightly higher but given the pressures with COVID-19 this is not surprising. Absence levels have increased from 3.56% to 4.11%, dropping slowly now partially due to staff having access to lateral flow testing. Mandatory training at 95% continues with all of it now online.	
Vaccination recruitment progress	A huge team effort has gone into recruitment with the volume in two months being greater than a normal whole year. 3150 external applications have been made, 2704 short listed, 1655 interviewed with 1046 offers already made. Induction is taking place at the site of work proving very effective, lessons learnt from Folkestone already being applied at Gravesend. 1700 individuals have been through injection training, compared with 34 last year.	
Hot spots	Hot spots correlate with COVID-19 outbreaks predominantly at the community hospitals causing staffing issues in both east and west	

Agenda item	Assurance and key points to note	Further actions and follow up
	<p>Kent, with agency staff being used with consistency where possible to ensure quality of care. 116 individuals have been redeployed by 8 – 12 weeks to community hospitals, Tier 1 visiting services and LT conditions in East Kent. Occupancy of our community hospitals during first wave was 82% and now no buffer with 96% consistently hence the seriousness of the issue.</p>	
Health and wellbeing	<p>All wellbeing initiatives available during wave one are available again. A booklet is being drafted to remind staff of the options available to support them. Additional support is being organised with Kent and Medway NHS and Social Care Partnership Trust (KMPT), resilience training at integrated care system (ICS) level, end of life support through listening events, rebranding the counselling service to make it more accessible and support for staff with long Covid. Evaluation of coaching programme after quarter four was very positive both against original objectives and personal stories. Reflections after non-executive director (NED) attendance at Wellbeing Guardian briefing launch event will be fed back to M Daly, Deputy Director of HR.</p> <p>Bridget Skelton confirmed that she had accepted the invitation to be the KCHFT Wellbeing Guardian and was attending a launch event on 28 January with NHS Improvement.</p>	