Kent Community Health
NHS Foundation Trust

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 9 September 2021

The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT

This meeting will be broadcast to the public on MS Teams Live Event

Kent Community Health NHS Foundation Trust

Meeting of the Kent Community Health NHS Foundation Trust Board
to be held at 9.30am
on Thursday 9 September 2021
in The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT

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AGENDA

1. STANDARD ITEMS

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 20 May 2021	Trust Chair	
1.5	Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 20 May 2021	Trust Chair	
1.6	Patient/Service Impact Story	Chief Nurse Head of Service – Learning Disabilities	
1.7	Trust Chair's Report	Trust Chair	Verbal
1.8	Chief Executive's Report	Chief Executive	
1.9	Board Assurance Framework	Director of Corporate Services	
1.10	Audit and Risk Committee Chair's Assurance Report	Chair of Audit and Risk Committee	Verbal
1.11	Charitable Funds Committee Chair's Assurance Report and Minutes	Chair of Charitable Funds Committee	
1.12	Finance, Business and Investment Committee Chair's Assurance Report	Chair of Finance, Business and Investment Committee	

1.13	Quality Committee Chair's Assurance Report	Chair of Quality Committee
1.14	Strategic Workforce Committee Chair's Assurance Report	Deputy Chair of Strategic Workforce Committee
2.	**STRATEGY**	
2.1	Quality Strategy 2021 - 2025 (for approval)	Medical Director
2.2	Digital Strategy 2021 – 2024 (for approval)	Chief Executive
2.3	Ruby Ward Consultation Response	Director of Strategy and Partnership
3.	**PRIORITIES FOR 2021/22**	
3.1	The Constitution (for approval)	Director of Corporate Services
3.2	2020/21 Annual Report (for approval)	Director of Corporate Services
3.3	2020/21 Quality Account (for approval)	Chief Nurse
4.	**PERFORMANCE 2021/22**	
4.1	Integrated Performance Report	Chief Operating Officer Executive Directors
4.2	Learning From Deaths Report	Medical Director
5.	**GOVERNANCE, RISK MANAGEMENT AND COMPLIANCE**	
5.1	Emergency Preparedness, Resilience and Response 2020/21 Annual Assurance Report	Director of Corporate Services
5.2	Ratification of Terms of Reference of Remuneration and Terms of Service Committee	Trust Chair

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6. ANY OTHER BUSINESS

6.1	Any other items of business previously notified to the Chair	Trust Chair

7. QUESTIONS FROM MEMBERS OF THE PUBLIC RELATING TO THE AGENDA

DATE AND VENUE OF NEXT MEETING

The next Public Board meeting will take place on 11 November 2021 in The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone, Kent ME16 9NT. This meeting will be broadcast to the public on MS Teams

Kent Community Health NHS Foundation Trust

UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust (KCHFT) Board Meeting held on Thursday 20 May 2021
Kent Event Centre, Kent Showground, Detling, Maidstone ME14 3JF
and
virtually on MS Teams Live Event

Meeting held in Public

Present:	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 Drobniewski, 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
In Attendance:	Gina Baines, Committee Secretary (minute-taker) Natalie Davies, Director of Corporate Services

20/05/01 Introduction by Trust Chair

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

20/05/02 Apologies for Absence

There were no apologies.

The meeting was quorate.

20/05/03 Declarations of Interest

Mr Goulston confirmed that from 1 April 2021, his previous role as interim chair of the Kent and Medway Sustainability and Transformation Partnership had become interim chair of the Kent and Medway Integrated Care System.

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

20/05/04 Minutes of the meeting of 11 February 2021

The minutes were read for accuracy.

The following amendment was suggested:

11/02/08 Chief Executive's Report – paragraph two: change from "… how the vaccination programme was progressing with non-patient facing staff…" to "… how the vaccination programme was progressing with patient-facing staff…"

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

20/05/05 Matters arising from the meeting of 11 February 2021

The Board **RECEIVED** the Matters Arising.

20/05/06 Service Impact Story – Urgent Treatment Centres (UTC)

Dr Spare presented the video to the Board which explained how the staff at the Sevenoaks Hospital had introduced changes to the minor injuries unit to transform it into a new urgent treatment centre.

In response to a question from Ms Barber regarding gaining feedback from patients on the new service, Dr Spare confirmed that patient feedback was collected at the UTC and the comments had revealed that although people had been used to walking in and being seen without an appointment, the new arrangement with an appointment-based system had given patients confidence that they would be seen and directed to the right place. There had been some early issues with NHS 111 but these had been addressed and the system was now working well.

In response to a question from Mr Sammon, Dr Spare explained that the new unit required a very different way of working. The range of patients and conditions was broader than had been seen before. The two major areas of development for the staff had been about ensuring that the team had the correct competencies and that they worked closely with the GPs in the unit. There had been considerable upskilling to help with knowledge and skills transfer between team members. Ms Davies added that the transformation of the unit had required coordination with a number of other services. It had been a huge estates project and provided a good example of how other services linked in, such as outpatients and the dental service. The unit also linked with the acute trust and social services who were on the same site.

In response to a question from Mr Conway as to how the new centre managed patients who came in without an appointment, Dr Spare explained that they would be risk assessed and then given an

appointment. Ms Butterworth added that with regards GP input at the centre, this was provided through West Kent primary care services and Maidstone and Tunbridge Wells NHS Trust (MTW).

Mr Goulston requested that Ms Butterworth share the video with the West Kent Integrated Care Board.
Action – Ms Butterworth

Mr Goulston also confirmed that Mr David Astley, chair of South East Coast Ambulance Service had invited the chairs of the local NHS trusts to the 111 call centre in Ashford to see it in action.

The Board **RECEIVED** the Service Impact Story – Urgent Treatment Centres.

20/05/07 Trust Chair's Report

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

He would be undertaking service visits in the summer, one of which would be the Sevenoaks Hospital and its urgent treatment centre. Non-executive directors (NEDs) would be able to make their own informal service visits as well and the programme of We Care visits would be recommencing. Governors would be welcome to join Mr Goulston on his visits and observe the We Care visits.

On behalf of the Board, Mr Goulston thanked Mr Andrew Scott-Clark who would be retiring shortly for the tireless work he had undertaken as an appointed governor on the Council of Governors and as Director of Public Health at Kent County Council (KCC)

At recent meetings of community provider chairs meetings, it had been commented that legislation was not required to improve health outcomes and reduce health inequalities in local communities, but rather this could be achieved by driving a collaborative culture of working at all levels within local services and that included boards. The Trust was doing this but a more collaborative culture within other Kent and Medway organisations was less clear.

Further at the meeting, it was recognised amongst community services providers that their services were the lifeblood of integration and they were encouraged to more actively promote this amongst their colleagues.

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

20/05/08 Chief Executive's Report

Mr Bentley presented the report to the Board for information.

Mr Flack, Mr Clive Tracey, Community Services Director and Dr Ruth Brown, Chief Pharmacist were thanked for their pivotal role in setting up

the mass vaccination centres. The wider team was also thanked for the remarkable work it had done.

In response to a question from Mr Turner regarding the latest information available about the prevalence of the Indian variant in Kent, Mr Bentley confirmed that the latest published information did not show that Kent and Medway were in the highest level of infections. Dr Phillips added that protecting the most vulnerable in the community was the most important priority.

Ms Afuape commented that she was pleased to see that the Trust would be working more closely with Kent and Medway NHS and Social Care Partnership Trust (KMPT). This was timely bearing in mind the increasing demand for mental health services that had resulted from the pandemic. Mr Bentley confirmed that he would be arranging a board to board meeting with KMPT in the coming months.
Action – Mr Bentley

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

20/05/09 Board Assurance Framework (BAF)

Ms Davies presented the report to the Board for assurance.

In response to a question from Ms Afuape as to what was the augmented impact of low risks especially where they were in clusters, Ms Davies explained that clinical risks were reviewed by the Patient Safety and Clinical Risk Group and all risks were scrutinised by the Corporate Assurance and Risk Management (CARM) group. The latter group reviewed all the directorates' risk registers in order to identify any emerging trends. Actions from the CARM were reported to the Audit and Risk Committee where an overview of risks came together.

In response to a question from Mr Goulston to Dr Spare regarding risk 115 (on-going pressures and staffing levels specifically in community hospitals and rapid response services) and the action to see where staff could be upskilled to mitigate the risk, Dr Spare responded that this was a piece of work that was ongoing and dynamic. A summary paper would be presented to the Strategic Workforce Committee to give an update on progress.
Action – Dr Spare

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

20/05/10 Board submission to Kent and Medway Integrated Care System

Mr Sammon presented the report to the Board for information and assurance.

In response to a question from Ms Skelton as to what would happen next once all the submissions had been received, Mr Goulston explained that all

the integrated care systems (ICSs) had to submit their development plans to NHS England and NHS Improvement (NHSE/I). These would set out what could be done at pace without legislation and identify the barriers to implementation. There would be two events in June and July; a joint meeting of the Health and Well-Being Board and the ICS Partnership Board, followed by a workshop of the ICS Partnership Board. Representatives from the integrated care partnerships (ICPs), trust boards and local authorities would be invited. The intention was to facilitate collaborative working in order to translate the ICS's intentions into actions on the ground.

Mr Bentley suggested that it would be useful for the Board to receive feedback following the submission and suggested that once Mr Wilf Williams, Accountable Officer Kent and Medway Clinical Commissioning Group and Mr Mike Gilbert, Executive Director of Corporate Affairs had presented a paper to the Kent and Medway Partnership Board which set out the key themes from the various organisations and other events. Following this, a report could be brought back to the Trust Board for discussion.

In response to a question from Mr Turner as to whether the ICS Partnership Board would be bringing in an external facilitator for the workshop, Mr Goulston confirmed that there was an organisational development programme for the Kent and Medway Partnership Board which was in the process of being refreshed. It was agreed that he and Ms Norris would take this suggestion to the ICS executive group for consideration.
Action – Mr Goulston and Ms Norris

In response to a question from Ms Afuape as to whether there would be further opportunities for the non-executive directors (NEDs) from the various organisations to meet and discuss developments and identify how they could support the system, Mr Goulston responded that he had made the suggestion that a NEDs provider network should be set up.

In response to a question from Prof. Drobniewski as to whether the Trust would have the opportunity to influence the contents of the June submission, Mr Goulston confirmed that it would.

Mr Flack highlighted that there had been progress in moving towards a more collaborative culture within Kent and Medway. The system's financial regime was managed more collectively by the financial directors and it was recognised that some financial decisions would be made at a system level rather than at an individual organisational level. Mr Goulston concurred that across the south east, Kent and Medway were leading in this area.

It was agreed that Mr Bentley would request of the ICS Partnership Board that the paper received following the engagement events on the future of the ICS and the end statement was circulated, in order that it could be shared with the Board.

Action – Mr Bentley

The Board **RECEIVED** the Board submission to Kent and Medway Integrated Care System.

20/05/11 2021/22 Strategic Priorities

Mr Sammon presented the report to the Board for approval.

20/05/12 2021/22 Operating plan including 2021/22 annual budget

Mr Flack presented the report to the Board for approval.

The annual budget had been approved by the Board at its meeting in April.

In response to a question from Mr Turner regarding workforce planning and its impact on services, Ms Norris confirmed she and her team had been building on their strategic planning work. They had had engagement from services about the projected increase in staff numbers and how the services would tackle the workforce challenges and opportunities in their directorates. It was an evolutionary journey and was still progressing. A more integrated approach was being taken which was supported by Ms Butterworth. In addition, there was a more supportive environment with less tendering activity that was more predictable and presented the opportunity for long term planning for services.

In response to a question from Ms Afuape as to how the cost improvement programme related to the ambitions set out in the Trust's operating plan, Ms Butterworth responded that the workforce changes identified in the schemes were at a granular level rather than a broad-brush approach. All schemes had been through the quality impact assessment (QIA) process to ensure that quality was not compromised. Dr Spare added that the workforce changes were often related to a small number of hours or the loss of a post because of the redesign of a service or efficiency savings. Services recognised that they could continue to deliver the same quality of care but in a different way. Ms Norris commented that most of the posts affected had been infrastructure support services and not directly front-line clinical staff.

Ms Skelton confirmed that the Strategic Workforce Committee had discussed the workforce changes and had been assured that real learning and system thinking had been used to redesign services for the benefit of the patient and with the future of service delivery in mind.

It was agreed that the Quality Account would be published later in the summer. The Quality Strategy had been approved by the Quality Committee and would be presented to the Board at its public board meeting in September and then presented to the Council of Governors.
Action – Dr Phillips

The Board **APPROVED** the 2021/22 Strategic Priorities.

The Board **APPROVED** the 2021/22 Operating plan and **RATIFIED** the 2021/22 annual budget.

20/05/13 2021/22 Cost Improvement Programme

Ms Butterworth presented the report to the Board for approval.

The 2021/22 programme had been presented to the Finance, Business and Investment Committee at its meeting in March. The QIAs of the schemes had been discussed by the Quality Committee at its extraordinary meeting in February. Any outstanding QIAs were submitted to the Quality Committee as they were reviewed by Dr Spare and Dr Phillips.

Ms Barber confirmed that the Finance, Business and Investment Committee had undertaken a deep dive into the estates schemes and would continue to review aspects of the estates CIP. She also confirmed that the non-executive directors would undertake a number of deep dives of higher risk schemes that they had identified. Their findings would be reported back to the Quality Committee and to the Board through her chair's assurance report.

In response to a question from Mr Bentley as to whether the Finance, Business and Investment Committee would review the quality aspects of the estates schemes, Ms Barber responded that these would be reviewed by the Quality Committee. Ms Afuape was a member of both committees and would provide continuity.

In response to a question from Mr Bentley as to whether Dr Spare and Dr Phillips undertook quality impact assessments of the estates schemes, Ms Barber confirmed that they did and would continue to do so. Ms Davies added that quality was key for the Estates Team and there was active co-operation between the team and the operational teams. It was agreed that the process for the quality assurance of the estates scheme and the committee oversight would be clarified if necessary.
Action – Ms Davies

The Board **APPROVED** the 2021/22 Cost Improvement Programme.

20/05/14 Integrated Performance Report

Mr Flack presented the report to the Board for assurance.

In response to a question from Mr Conway regarding the time scale for the community hospitals strategic review and for Board engagement, Ms Butterworth confirmed that the initial draft would be completed by the end of May. Discussions were underway with the acute trusts, the clinical commissioning group and social care partners about what the community hospitals should be delivering. The strategy had been in part propelled by the pandemic. With regards to engagement with the Board, the draft strategy would be shared with the NEDs for comment. Mr Bentley stressed that the community hospitals were an important part of Kent Community

Health NHS Foundation Trust going forward. It was agreed that Mr Bentley would advise if the draft strategy should be discussed by one of the committees or the Board.
Action – Mr Bentley

In response to a question from Prof. Drobniewski regarding how long it would take for full compliance with paediatric basic life support training to be reported, Ms Butterworth confirmed that a trajectory had been agreed and she would forward the information to Prof. Drobniewski.
Action – Ms Butterworth

There were ongoing discussions taking place about how compliance with basic life support training could be improved, bearing in mind that it had a face to face element which had been challenging to deliver during the pandemic. Ms Norris added that the delivery of mandatory training had not been suspended during the pandemic. Where it had been identified that colleagues were not compliant with basic life support training, this related to refresher training which compromised of online training and face to face training. The online training had been completed and there was a trajectory in place to complete the face to face element as a priority. All staff had undertaken their basic life support training. Dr Spare confirmed that this training was discussed with services at every performance review.

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

Mr Butler, Chair of the Finance, Business and Investment Committee, confirmed that with regards to the estates cost improvement programme schemes, the Committee would monitor the efficiency element of the scheme but that the Quality Committee would monitor the quality elements of them.

20/05/15 Staff Survey Report

Ms Norris presented the report to the Board for assurance.

In response to a question as to how the Trust could improve the response rate even further, Ms Norris responded that she would like to see all colleagues respond to the survey and recognised that there was still a percentage of staff who were not sharing their views. She reaffirmed that the survey was anonymous and managed by a third party but some staff were anxious that this was not the case. There was further work to be done to reassure them. Work was also being done with the staff networks to encourage a greater uptake.

Ms Skelton congratulated the Trust on the results of the survey and commented on the considerable work that had been undertaken over a long period to achieve such a positive response.

The Board **RECEIVED** the Staff Survey Report.

20/05/16 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.

20/05/17 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.

20/05/18 Quality Committee Chair's Assurance Report

Ms Barber presented the report to the Board for assurance.

Ms Barber confirmed that the Committee had received the Infection, Prevention and Control Declaration and recommended it to the Board. It had also discussed the Learning from Deaths report. The Quality Committee recommended the Quality Strategy to the Board for approval.

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

20/05/19 Strategic Workforce Committee Chair's Assurance Report

Ms Skelton presented the report to the Board for assurance.

With regards to the 18 May Committee meeting, Ms Skelton reported that the Committee had discussed a number of topics including the workforce report; the racism review that was underway; and overtime and holiday pay, the pay settlement, and flexible working – all of which were national issues. The Committee received a new report that examined workforce hotspots and a new appointment was confirmed that would look at inequality between east and west Kent. A new resolution framework had been agreed. The Trust had reported that it benchmarked well against the gold standard of staff wellbeing support and would be working towards the platinum standard which addressed how the organisation impacted others in the system with the work it did. The Committee had also received the Freedom to Speak Up Report.

The Board would receive a written report of the meeting at its next public Board meeting in September.

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

20/05/20 Annual Report and Accounts

Mr Bentley presented the report to the Board for assurance.

It was confirmed that the Trust was on track to bring the draft accounts to the June Board meeting. There were no issues to highlight to the Board.

The Board **RECEIVED** the Annual Report and Accounts Report.

20/05/21 Standing Financial Instructions, Standing Orders and Schemes of Delegation

Mr Flack presented the report to the Board for approval.

There had been an amendment to the standing financial instructions and schemes of delegation. The standing orders had not been submitted to the Board this time.

The Board **APPROVED** the Standing Financial Instructions and Schemes of Delegation.

20/05/22 Ratification of Terms of Reference of Committees

Mr Goulston presented the report to the Board for ratification.

With regards to paragraph 3.2 in the Finance, Business and Investment Committee Terms of Reference, it was agreed that this would be removed. **Action** – Ms Davies

The Remuneration and Terms of Service Committee Terms of Reference would be presented to the September Public Board meeting.

The Board **RATIFIED** the Terms of Reference of the Committees.

20/05/23 Emergency Preparedness, Response and Resilience Annual Assurance Statement

Ms Davies presented the report to the Board for assurance.

The Board **RECEIVED** the Emergency Preparedness, Response and Resilience Annual Assurance Statement.

20/05/24 Learning from Deaths Report

Dr Phillips presented the report to the Board for assurance.

Prof. Drobniewski congratulated the Learning Disabilities Team who had gone beyond the national guidance to vaccinate the patients in their care. Mr Bentley agreed with the importance of supporting this group who had been disproportionately negatively affected by the pandemic. He added

that the Board would be kept updated on progress with the work that was being delivered in relation to autism and learning disability.

It was confirmed that the Learning from Deaths Report would be presented at the Public Board meetings in the future rather than through the Quality Committee Chair's Assurance report.

The Board **RECEIVED** the Learning from Deaths Report.

20/05/25 Any Other Business

There was no other business to report.

20/05/26 Questions from members of the public relating to the agenda

Ms Victoria Cover, Head of Clinical Services Urgent Care and Hospitals West Kent confirmed that the urgent treatment centre at Sevenoaks Hospital was working well and was busy. Although it ran an appointment-based service, it still offered a walk-in service.

Ms Carol Coleman, Public Governor Dover and Deal, thanked the huge number of volunteers who had been assisting at the vaccination hubs.

In response to a question from Ms Carol Coleman regarding the provision of further training to staff to reduce the number of safemed incidents that were reported, Ms Barber confirmed that the Quality Committee had addressed this and continued to monitor progress. There had been an improvement but work would continue to reduce the numbers further. Information was included in her report to the Board. She added that the Quality Committee was also closely following the Trust's work to reduce the incidents of pressure ulcers. There was a trust wide action plan which was out to internal consultation and Quality Improvement projects were also being developed for pressure ulcer care.

In response to a question from Ms Ruth Davies, Public Governor Tonbridge and Malling regarding the lack of facilities for people at the vaccination centre at the Angel Centre, Tonbridge to wait after they had received their vaccination, Dr Phillips responded that there was a national protocol that the Trust followed. The Pfizer vaccine required a 15 minute observation period after administration. This was not required for the AstraZeneca vaccine which was the vaccine that was being administered at the Angel Centre.

With regards to the long-term plans for providing a vaccination centre at the Angel Centre, Ms Butterworth confirmed that the lease had been secured until the end of August. Work was underway to extend the lease or secure an alternative location, if necessary. In the meantime, the Trust was committed to have a vaccination centre in west Kent until August.

The meeting ended at 12.19 pm.

20/05/27 Date and Venue of the Next Meeting

Thursday 9 September 2021; The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT

Kent Community Health
NHS Foundation Trust

MATTERS ARISING FROM THE BOARD MEETING OF 20 MAY 2021 (PART ONE)

Minute number	Agenda Item	Action	Action Owner	Status
20/05/06	Service Impact Story – Urgent Treatment Centres	To share the service impact video with the West Kent Integrated Care Board.	Ms Butterworth	Action open.
20/05/08	Chief Executive's Report	To arrange a Board to Board meeting between KCHFT and Kent and Medway NHS and Social Care Partnership Trust (KMPT) in the coming months.	Mr Bentley	This has been arranged for 12 October.
20/05/09	Board Assurance Framework (BAF)	To present a summary paper to the Strategic Workforce Committee on progress with mitigating risk 115.	Dr Spare	The Committee received the Safer Staffing Report at its meeting in July. Action complete.
20/05/10	Board submission to Kent and Medway Integrated Care System	To suggest to the ICS executive group that an external facilitator was brought in to lead the ICS Partnership Board workshop.	Mr Goulston Ms Norris	John Goulston has discussed with Wilf Williams (ICS SRO) and is attending the pre-workshop meeting on 15 June.
20/05/10	Board submission to Kent and Medway Integrated Care System	To request the summary paper from the ICS Partnership Board and share it with the Board.	Mr Bentley	Action complete.

Minute number	Agenda Item	Action	Action Owner	Status
20/05/12	2021/22 Operating Plan including the 2021/22 Annual Budget	To present the Quality Strategy to the Board in September and then to the Council of Governors.	Dr Phillips	This is on the September Public Board meeting agenda for approval and the November Council of Governors meeting agenda.
20/05/13	2021/22 Cost Improvement Programme	To clarify the process for the quality assurance of the estates scheme and committee oversight if necessary.	Ms Davies	The Finance, Business and Investment Committee undertakes a review of the estates programme and conducts deep dives into it. There have been two so far this year. The Quality Committee has oversight of the quality impact assessments following the review by the Chief Nurse and the Medical Director.
20/05/14	Integrated Performance Report	To advise if the draft community hospitals strategic review be discussed by one of the committees or the Board.	Mr Bentley	Having reviewed the work in progress by the executive to ensure that the patients cared for in our community hospitals receive the highest possible care. Paul Bentley advised that the work should be reviewed by the Quality Committee.
20/05/14	Integrated Performance Report	To forward the trajectory to reach full compliance with paediatric basic life support training to Prof. Drobniewski.	Ms Butterworth	Action open.
20/05/22	Ratification of Terms of Reference of Committees	To remove paragraph 3.2 from the Finance, Business and Investment Committee Terms of Reference.	Ms Davies	Action complete.

Kent Community Health
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Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	1.8
Agenda Item Title:	Chief Executive's Report
Presenting Officer:	Paul Bentley, Chief Executive
Action – this paper is for:	☐ Decision ☒ Information ☐ 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.

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis (EA) 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)*
Highlights relating to protected characteristics in paper	

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

Kent Community Health
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CHIEF EXECUTIVE'S REPORT
September 2021

Since the last time the board met in public (May 2021) consistent with the rest of the country KCHFT has continued to manage the consequence of the global COVID-19 pandemic whilst simultaneously delivering the non-pandemic services which we provide. I do wish to highlight to the board a number of issues which have arisen since the last time we met, grouped as in previous reports into the following categories patients and service users, our people, and partnerships.

Patients and service users

1. Recovery from COVID

We have placed a significant emphasis on making sure we deliver the full range of services commissioned albeit necessarily doing so in the same way so whilst all services are being delivered, many with increased levels of demand, complexity and some both we are continuing to deliver some services virtually and we continue to operate in COVID-19 secure practices and environments.

All healthcare is delivered by people and we have continued to provide support for all our team members, through counselling and well-being support. We are also aware that some of the team members in the NHS and in our partners are very tired as a result of the demands placed upon them by the pandemic and we continue to seek to increase the size of the workforce and increase the range of skills and competences which our team members have.

2. COVID-19 Vaccination Programme

It was a day with a reflective orientation for everyone as the last group of citizens were vaccinated at The Woodville in Gravesend on 22 August.

More than 100,000 vaccines have been delivered at The Woodville by hundreds of staff and volunteers since it opened in January.

The Mayor of Gravesham, Cllr Lyn Milner, unveiled a commemorative plaque in the reception area of The Woodville to mark the life-changing activity which has taken place in the building.

In a similar vein we delivered our final vaccinations from our Tonbridge vaccination centre on 29 July and the centre was returned to being a leisure centre.

Vaccinations are continuing at our centres in Chatham (Pentagon) and Folkestone (Folca).

The Kent and Medway COVID-19 vaccination programme has now been operational since January 2021 and has seen more than two million vaccinations delivered, KCHFT have delivered more than half a million and the offer of the vaccine has been made available to everyone eligible for the vaccine as defined by the Joint Committee on Vaccination and Immunisation.

At the time of writing the arrangements for any further vaccination programme have not been finalised but I will update the Board orally when we meet if there is a new approach to be adopted.

Our People

1. Overseas recruitment

In just a few weeks from now, we will be welcoming 22 highly-qualified, trained registered nurses from overseas who will be joining our teams in each of our community hospitals. This will mean that we are carrying no vacant registered nurse posts across all our inpatient services, which will be very welcome for all, including the teams on the front-line.

2. Leadership changes

Since the creation of a single Kent and Medway clinical commissioning group (CCG), we have been carefully reviewing how this change impacts on our own services and how we can use the opportunity to improve patient experience by reducing barriers to services and, of course, ensuring equity of access for all our patients.

As a result, we are continuing to reorganise our operational directorates to provide a more consistent approach to service delivery and work better with our partners across the Kent and Medway system.

- From 1 September 2021, musculoskeletal physiotherapy (MSK), podiatry and South East Driveability, will combine with our dental services. This new directorate will be called Dental and Planned Care

- From 1 October 2021, cardiac and pulmonary rehabilitation, adult speech and language, dietetics, specialist nursing services and occupational therapy technician services will join the Adult Clinical Services Directorate.

- From 1 October 2021, the TB service will join the Public Health Directorate

As a part of these changes Clare Thomas, Community Services Director Adults, joined us and has been in post since the mid-summer.

I am equally pleased to report that Mark Gray has recently been appointed to the Assistant Director of Information, Computing and Technology position.

3. KCHFT receives national recognition

Kent Community Health NHS Foundation Trust has been announced as a finalist in two categories in this year's Health Service Journal awards, which saw more than 1,000 nominations nationally.

In one of the most challenging and turbulent 18-months in NHS history, the trust was shortlisted for our work on staff engagement for its efforts to improve the health and wellbeing of its colleagues and make sure they have the opportunity to feedback and shape improvements.

Our second successful nomination is as part of the Medway and Swale Integrated Care Partnership (ICP) in the HSJ partnership award. This was for the collaborative approach between the ICP, setting up the direct access booking into the minor injury units to help make sure patients could be referred from NHS 111.

Partnerships

1. KMPT collaboration

The Trust continues to develop our collaboration with KMPT, Kent and Medway Partnership Trust. There are a number of programmes of work overseen by our Medical Director, Dr Phillips and the two boards will meet in person later in the year to review progress and explore future opportunities.

2. Integrated Care Board in Kent and Medway

Since the last time the board met the work to re-condition the architecture of the NHS in England has continued, with the formation, subject to legislation of Integrated Care Boards, with the work to develop our Integrated Care Board in Kent and Medway continuing. The Trust continues to offer views as the most effective way in which to establish sustainable approaches to healthcare for the people we serve, including the importance of the community health services across the area covered by the ICB.

Whilst the pressures on services created by the pandemic continues, albeit at a lesser scale, than earlier in the year I do want to take the opportunity to thank our teams for the way in which they continue to deliver high quality compassionate care and invite the board to support me in doing so.

Paul Bentley
Chief Executive
September 2021

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Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	1.9
Agenda Item Title:	Board Assurance Framework
Presenting Officer:	Natalie Davies, Director of Corporate Services
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the Executive team?

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.

Summary of key points

Since the last BAF was presented one risk has been downgraded from 15 to 12, Risk ID 110.

Proposal and/or recommendation

It is proposed the Board notes the changes made to the BAF and any further recommendations offered.

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

Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.	*(please provide a summary of the protected characteristic highlights in your paper)*
Highlights relating to protected characteristics in paper	

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Kent Community Health
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BOARD ASSURANCE FRAMEWORK

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 2 September 2021 is shown in Appendix 1.

2. Amendments to the BAF

2.1 Since the BAF was last presented there has been no new risk identified against the strategic objectives.

2.2 Since the last BAF was presented one risk has been downgraded from 15 to 12, Risk ID 110.

3. High risk definition

		← *Impact / Severity* →				
		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:

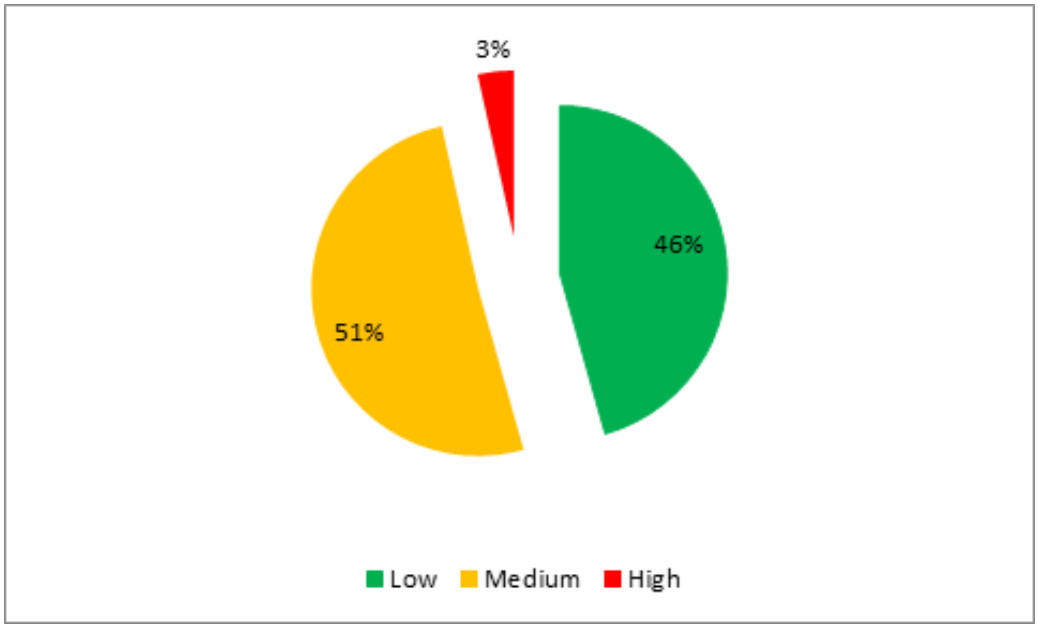
1 – 6	Low risk
8 – 12	Medium Risk
12 – 25	High Risk

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.

4. Organisational Risk Profile

4.1 Figure 1: Organisational High Risk Profile



5. Risk Overview

The total number of open risks within the Trust stands at 173, this is comprised of 76 low risks, 89 medium risks and 8 high risks. There is currently 2 medium risk past the review date and there are no risks past their target completion dates. 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.

6. Recommendation

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

Shane Webber
Assistant Director Corporate Operations
2 September 2021

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

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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

Action status key:

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

				Initial rating					Current rating					Target rating				
ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	C	L	Rating	Planned Actions and Milestones	Confidence Assessment	C	L	Rating	Target Date (end)
Prevent ill health																	
107	Mar 2020	Pauline Butterworth	Risk that the significant impact on the system and the organisation due to the Covid19 pandemic may result in the inability to delivery services to an acceptable standard either in coverage or quality. Board Committee Lead on Assurance:	5	4	20	Organisational priorities reviewed and established 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 sit-reporting daily Department of Health Response confirmation Operational KPIs LRF area ratings nationwide and local	5	3	15	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** 4.Continuation of IMM update calls — Pauline Butterworth — October 2021 — A 9. Continual review and surveillance of recovery against trajectory — All — October 2021 — A 10. Full implementation of risk assessments for staff as appropriate. — Louise Norris — August 2021 — G	Medium	3	3	9	October 2021
108	Mar 2020	Louise Norris	Risk that the extended and on-going response to Covid will impact on staff stress and morale to an extent 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 sit-reporting daily Department of Health Response confirmation Operational KPIs LRF area ratings nationwide and local	5	3	15	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** 11. ntroduction and launch of new support service for staff with KMPT — Louise Norris — September 2021 — G 9. Development of system support services such as system wellbeing hub — Louise Norris — September 2021 — A 10. Launch of seven campaigns during 21/22 to support physical and mental health. — Louise Norris — March 2022 — A	Medium	3	3	9	March 2022
110	Jul 2020	Pauline Butterworth	System and partner plans to reset and restart could be insufficient or insufficiently coordinated to meet the demand resulting in the system being overwhelmed and patients not receiving the services they require.	5	3	15	System led Covid response and recovery plans Integrated management team meeting introduced Daily Sit rep reporting - Locally and Nationally Operational risk and controls logs Membership of LHRP Kent and Medway Covid plan	System response through LHRP/NHSE Internal and external reporting LRF area ratings	4	3	12H	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** 3. Development of ICP boards and their impact — Paul Bentley — September 2021 — A 6. Collective work with KCC and CCG to agree social care pathways in east Kent and associated funding — Pauline Butterworth — October 2021 — A	20	3	4	12	October 2021

				Initial rating					Current rating					Target rating				
ID	Opened	Board Level Risk Owner	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	C	L	Rating	Planned Actions and Milestones	Confidence Assessment	C	L	Rating	Target Date (end)
115	Feb 2021	Pauline Butterworth	Risk that the on-going pressure and staff shortages as a result of growing vacancies, high acuity of patients and staff absence may result in unacceptable demands on staff and impact on safer staffing levels, a poorer service to patients and/or the need to shut services with the resultant impact on the system. Board Committee Lead on Assurance: **Strategic Workforce Committee**	5	3	15	• Active recruitment campaign • Weekly staff rota review and escalation paths • Clinical care and Quality meeting • IMM meeting - redeployed staff • Bank system in place	• Daily Sit rep • IMM report to executive • Growing vacancy rate • Continual and long standing pressure in some areas.	5	3	15	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** 2. On-going recruitment of staff — Pauline Butterworth — October 2021 — A 4. Review of community Hospitals model and purpose — Pauline Butterworth — September 2021 — A	Low	2	3	6	October 2021
113	Nov 2020	Pauline Butterworth	Risk that the organisation may encounter collaborative challenges with health partners and demands of an unprecedented logistical scale could result in the trust not being able to cope with the system wide delivery of the Covid19 vaccination programme.	4	3	12H	• Governance structure including programme board and work streams • SRO appointed – Chief Executive • Governance structure matching the regional and national governance • Project plan supported by sit rep • Membership of local, regional and national fora • Implement staff & patient Covid vaccination Programme • Understanding of Covid demand profiles	• Daily Sit rep • National oversight and performance monitoring • Staff Covid vaccination programme for KCHFT staff. • Link to winter Pressure Plans. • Collaboration with Covid partners.	4	3	12H	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** 13. Work with the system to support CCG to develop a strategy for the next phase of vaccinations including children's and booster. — Pauline Butterworth — October 2021 — A 14. Completion of vaccination of over 50s — Pauline Butterworth — September 2021 — G	Medium	2	3	6	October 2021
Deliver High Quality Care at Home and in the Community																		
103	Jan 2019	Gerard Sammon	The pace of ICS transition is resulting in an inconsistent narrative which could impact our ability to progress the strategic aims of the organisation. Board Committee Lead on Assurance: **Board**	4	3	12H	• Sustainability and Transformation Plan (STP) Programme •Board TORs and membership • TORs for: ICP forums, Local Care Boards; Frailty Group; Chief Executives Forum • KCHFT Chief Executive as SIRO for East ICP • KCHFT Chair is Chair for West Kent ICP and Interim Chair of Kent and Medway STP/ICS • System transformation governance structure • Involvement and promote mature development of ICS • Continue to deliver outstanding healthcare • NED presence and role in the system to be pursued and enhanced. • Active in ICPs	• Local Care Investment received for both east and west Kent - Hospital at Home and Rapid Transfer of Care scheme. • Community Care Funding increase in financial settlement • Chief Exec report to the board • Regular Strategic development update to the board • Membership of the STP board. • Director of strategy report to the Leadership forum	4	3	12H	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** 13. Ensure consistent and co ordinated response to Kent and Medway ICS end state proposals — Gerard Sammon — September 2021 — A 15. Implement ICS level financial arrangements for 2021/22 — Gordon Flack — September 2021 — A 16. Feedback from ICS engagement sessions — Paul Bentley — October 2021 — A 17. Contribute to the ICS final version of oversight approach through engagement sessions — Paul Bentley — October 2021 — A 18. Review of the National guidance of the ICS design framework once published — Gerard Sammon — July 2021 — G 19. Development of the continued leadership of ICP's in West Kent — Pauline Butterworth — August 2021 — G 20. Continual implementation of SIRO role for East Kent ICP — Paul Bentley — September 2021 — A	Low	3	3	9	September 2021
116	May 2021	Pauline Butterworth	Risk that KCC funding is not sufficient to support the necessary development of integrated care and pathway improvement. Board Committee Lead on Assurance: Finance Business and Investment Committee	4	3	12H	LD collaborative agreement Job description of the Public Health Leadership Team Discharge Planning Meetings objectives and governance Funding agreed for 6/12.	Continual delivery against PH and discharge IPR targets Contract agreed	4	3	12H	**Actions to reduce risk** / **Owner** / **Target Completion** (end) / **Status** 1. Collective work with KCC and CCG to agree social care pathways in Kent and associated funding — Pauline Butterworth — October 2021 — A 2. Full review of funding programme — Gordon Flack — July 2021 — G	Amber	4	2	6	October 2021

Kent Community Health
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Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	1.10
Agenda Item Title:	Audit and Risk Committee Chair's Assurance Report
Presenting Officer:	Peter Conway, Chair of Audit and Risk Committee
Action – this paper is for:	☐ Decision ☐ Information ☒ 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?

This will be a verbal report which will summarise the Audit and Risk Committee meeting held on 2 September 2021 and which will provide assurance to the Board.

Summary of key points

The meeting covered a range of topics including the local counter fraud 2020/21 annual report and an update on the internal audit 2020/21 annual report; external audit; cyber security; compliance with the Trust's Standards of Business Conduct Policy; compliance with the NHS Provider Licence; the Corporate Assurance and Risk Management Group report. The Committee had an open discussion on the health economy risks in the integrated care system, integrated care partnerships, Kent, Sussex and London.

The Committee also received the losses and special payments including debt write off and single tender waivers and retrospective requisitions reports.

Proposal and/or recommendation to the Committee or Board

The Board is asked to receive the Audit and Risk Committee Chair's Assurance verbal 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*	☐ Yes *(please attach)*

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.*	☒ No *(please provide a summary of the protected characteristic highlights in your paper)*
Highlights relating to protected characteristics in paper	
The Board has asked authors to consider their papers through the equality and diversity lens and highlight any issues in their papers.	

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Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	1.11
Agenda Item Title:	Charitable Funds Committee Chair's Assurance Report and Minutes
Presenting Officer:	Prof. Francis Drobniewski, Chair of Charitable Funds Committee
Action – this paper is for:	☐ Decision ☐ Information ☒ 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 meeting held on 14 July 2021 and includes the confirmed minutes of the meeting held on 7 January 2021.

Summary of key points

Proposal and/or recommendation to the Committee or Board

The Board is asked to receive the Charitable Funds Committee Chair's Assurance Report and the approved minutes.

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)*

Highlights relating to protected characteristics in paper
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 Drobniewski	Job title:	Non-Executive Director
Telephone number:	01622 211906	Email	

Kent Community Health
NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on 14 July 2021.

Agenda item	Assurance and key points to note	Further actions and follow up
Minutes and matters arising from the meeting of 7 January 2021	The minutes were agreed subject to minor corrections. The matters arising table was agreed with proposed closure confirmed for most issues: e-Tapestry proposal and Liberty Pay for charity funds discussed and closed as unlikely to be of value due to the pattern of gifts to the Trust. The Just Giving page is the main route for donations together with legacies. The Committee noted the Board Assurance Framework (30 June 2021) and changes to risks 103,107 and 110. The integrated care system (ICS) changes offered later possibilities for Charitable Funds Committee interaction. There was no information on a discount from Apple or Currys if multiple laptops were purchased. Other issues are detailed. Also there was a wider consideration of any special software that might extend functionality as needed.	The Assistant Financial Accountant responsible for the Trust's charitable fund had followed up with the Coxheath staff regarding the final purchases to close out the fund and the Committee had pre-approved the expenditure to minimise the burden on the fund manager. Most of the fund had been spent and was moving to closure. The Amazon wish list for physiotherapy and occupational equipment which could be borrowed by parents continues on Amazon. There would be wider advertising to let people know of the availability of this option. Abandoned any immediate plans to purchase e-Tapestry and Liberty Pay as they do not fit with current giving practice patterns. Post-meeting: Carol Coleman, Public Governor Dover and Deal contacted Apple and Currys.

Agenda item	Assurance and key points to note	Further actions and follow up
		Apple offered a minimum 2 per cent discount if spend was in excess of £3,800. Currys offered a discount dependent upon the profit margin on a particular model. The Committee Chair will follow up the potential of a bulk buy with the Trust's Finance Team.
Relevant feedback from other committees	Nil from other committees.	
2020/21 Annual accounts statement Quarterly spend April to June 2021	Total funds at 31 March 2021 was £706k up from £666k at the end of 2019/20. Income was £182k (NHS Charities Together (£122k); donations (£58k) and interest earned (£2k). Expenditure was £142k (£79k on staff welfare) and £46k on patient amenities). Examples include staff well-being vouchers, funding for 'Team treats', Omni Vista interactive table for patients with dementia, specialist chairs for the day rooms at Faversham Cottage Hospital and Deal Hospital; medical equipment for rapid home testing to assist with asthma diagnosis and spirometry at home.	There was some concern regarding the ability of funds to spend quickly enough when needed. Closer links with local community hospitals' League of Friends (LoF) would be helpful as some sites where the Trust has limited resources have very active LoF. A general reminder that restricted funds aim to spend as quickly as possible in line with the wishes of the donor.

Agenda item	Assurance and key points to note	Further actions and follow up
Mermikides Fund (Heron Ward) update	The Committee remained concerned at the lack of expenditure of the fund. The original plan in November 2020 was of tender at the end of last year and the start of construction in April 2021 but this was delayed due to COVID-19. Some of the fund had been spent previously on cosmetic upgrades. Progress report from Head of Estates Capital Projects was received: the tender will occur at the end of this year and the start of construction in April 2022. The Trust will assume control of property. The overall refurbishment cost will be significantly greater but some, such as the file storage area (cluttered and a fire hazard) and nurse station (to get a clear sight line for patient) are NHS essentials. The Mermikedes Fund will be used for more patient-centred improvements in Heron Ward. The overall costs would be about £900k with the Trust contributing £685k.	A plan B needs to be considered in case the COVID-19 situation disrupts progress again. A small sub-group would consider a memorial garden which could be planned and delivered if needed, possibly in line with the Trust's current Sustainability Strategy to foster green spaces for patient recuperation/rehabilitation.
Charitable funds marketing report	The Communications report from December 2020 to June 2021 was presented. Further funding was received from Steve Bamford for the HIV peer support group, NHS Big Tea events, Team Treats (59 teams so far have benefitted); and outdoor furniture for sites.	

Agenda item	Assurance and key points to note	Further actions and follow up
Sustainability report	An excellent presentation was received from the Trust's Head of Sustainability, Dr Dan Wright. He xxplained that he was a team of one so relied heavily on keen volunteers who moved projects forward e.g. the Sevenoaks Hospital Memorial Garden, Edenbridge Community Hospital (with support from the Hever Castle gardeners). The Head Chef at Hawkhurst Community Hospital is keen on supporting sustainability and has initiated a small hospital kitchen garden which is growing vegetables for use in patient meals prepared in the hospital's kitchen. This is being supported by charitable funds.	It was agreed that the Committee could act to remove barriers due to costs e.g. the Head Chef at Hawkhurst Community Hospital needed a garden shed. Staff should look to us to make these rapid purchases.
Spending plans/actions open	Awaiting a response from Apple/Amazon regarding the bulk purchase of iPads See above.	
Reserves policy	The current system of no formal reserve agreed to continue.	The Reserves Policy was noted; system and hierarchy of spending controls ensures good fraud control and prevention.
Forward plan and terms of reference and committee effectiveness	Standard items were agreed. The alignment with the dates of the (mainly) Finance, Business and Investment meetings in 2022 are planned. The forward plan was approved.	The committee effectiveness questionnaire template to be circulated to members. Complements survey questionnaire sent to governors asking as to what they felt the Trust's

Agenda item	Assurance and key points to note	Further actions and follow up
		Charitable Funds should/should not purchase. Responses included that legacies should be spent as the donor requested even if very restricted; spending should not be on items that the NHS Trust should provide; bringing entertainment to patients; bringing pets in to see patients. A summary of this to go to Committee members.
Next meeting	17 November 2021	

Prof. Francis Drobniewski
Chair, Charitable Funds Committee
14 July 2021

Kent Community Health
NHS Foundation Trust

CONFIRMED Minutes of the Charitable Funds Committee held on Thursday 7 January 2021 Virtual meeting on MS Teams

Present:	Prof. Francis Drobniewski, Non-Executive Director (Chair)
	Sola Afuape, Non-Executive Director
	Pippa Barber, Non-Executive Director
	Carol Coleman, Public Governor, Dover and Deal
In Attendance:	Gina Baines, Committee Secretary (minute-taker)
	Jo Bing, Assistant Financial Accountant (agenda items 2.2)
	Jo Treharne, Head of Campaigns (agenda items 2.3)
	Carl Williams, Head of Financial Accounting (agenda item 2.1)

001/21 Welcome and apologies for absence

Francis Drobniewski 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; Dawn Levett, Strategic Delivery Manager Urgent Care; Claire Poole, Community Services Director Public Health/Deputy Chief Operating Officer and Dr Mercia Spare, Chief Nurse.

The meeting was quorate.

002/21 Declarations of interest

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

003/21 Minutes of the previous meeting held on 24 November 2020

The following amendments were suggested:

Page 2 of 6: line 3 minor typo “charities “
Page 2 of 6: 023/19. “The committee encouraged that the Coxheath funds should be spent...”
Page 3 paragraph 6: change to “In response to a question from Francis Drobniewski 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..."
Page 3 paragraph 7: change to "Carl Williams reminded the committee that the process for approving spending plans sat with the fund manager in his view rather than the committee."
Further changes in the same paragraph as follows "…to utilise the funds if spending plans were not adequate to utilise the funds allocated in full. Francis Drobniewski replied that the major problem at present seemed to be the lack of spending. "

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

004/21 Matters Arising of the meeting of 24 November 2020

023/2020 Charitable Funds Marketing Report – The Committee would welcome bids that included those that involved digital poverty.

The Matters Arising Table Actions Closed was **AGREED**, subject to the amendment.

023/19 Forward Plan (Sensory Room Appeal) - Francis Drobniewski suggested that Jo Bing write to the nurse at Coxheath rather than Claire Poole to remind her to spend the money. Jo Bing agreed to email her contacts directly and would copy Francis Drobniewski into the email. Action open.

020/2020 2020/21 Quarter One Finance Update – Jo Treharne confirmed that the Amazon wish list had gone live. Some teams had added items which had not yet been purchased. Jo Bing suggested that these items could be purchased via the relevant charitable funds. She would make arrangements with the fund managers to make the purchases. Action open.

Pippa Barber commented that there was no executive director present and she would like to be confident that one of them had oversight of how charitable funds were being spent. She was content where small sums were involved, however she suggested that there might be a financial level that might need greater oversight. Francis Drobniewski commented that there was a system of delegation in place against spending limits. Carl Williams explained that each charitable bid that went through the accounting system was covered by a scheme of delegation. Bids were reviewed and approved by the fund managers and where a request was above £5k, this was sent to Gordon Flack, Director of Finance for approval.

With regards to the Amazon 'Wish List', Jo Treharne confirmed that there had been around 20 gifts which had been distributed to the services. She would like the list to remain open for the time being. The Committee agreed that it should remain open and suggested

that it should be highlighted to the Trust's membership and volunteers as well as raising awareness with the Council of Governors. Action closed.

020/2020 2020/21 Quarter One Finance Update – With regards to spending plans, it was agreed to close the action.

25/2020 eTapestry Essential Business Proposal – It was agreed that this action would be put on hold until the pressures on the services from Covid decreased. Jo Treharne would investigate whether Maidstone and Tunbridge Wells NHS Trust had proceeded with the purchase. Action open.

027/2020 Any Other Business – With regards to the Liberty Pay system, this action would be put on hold until the pressure on the services from Covid decreased. Action open.

034/2020 Mermikides Fund Update – With regards to the project costs, the Committee was concerned that they had increased over time. Carl Williams pointed out that Queen Victoria Memorial Hospital (QVMH) was being earmarked for transfer from NHS Property Services to the Trust. Part of the transfer agreement would be to invest in the site which could have implications for the project. It was agreed that further information was still needed as to the progress of the tender process and most importantly whether there would be enough money in the fund to cover the current cost of the project. Carl Williams suggested that the Committee invite the Estates Lead to the July meeting. He also suggested that he would ensure that the Mermikides Fund was taken into account in the development of the 2021/22 capital plan. Francis Drobniewski emphasised that charitable funds should not pay for equipment or buildings that should be covered by the NHS. The Committee agreed that the fund needed to be spent as a matter of urgency and supported progressing with the tendering. Carl Williams and Jo Bing would investigate whether the project costs were still within the financial envelope and that the project fitted with the strategic plans for the hospital. Carl Williams would circulate an update to the Committee the following month and the Committee would then convene virtually to review any spend if required. An Estates Lead would be invited to the July meeting. Carl Williams and Jo Bing would be the action owners.
Action – Carl Williams/Jo Bing

The Committee discussed whether lockers and over bed tables should be purchased from charitable funds or from NHS budgets. Although the Charities Commission had set out general rules and principles about what funds could be spent on, there was no definitive list. The Committee appeared to have some discretion. The fund managers would know the context of each application and would understand whether the bid would meet the criteria of the charitable fund or not. It was agreed that the Committee would

support the purchase of the chairs at QVMH. It did not support the purchase of the lockers and over bed tables. Action closed.

All other outstanding actions were closed.

005/21 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.

006/21 2019/2020 Charity Report and Accounts

Carl Williams presented the report to the Committee for approval.

There had been no amendments to the accounts since they had been received by the Committee in November 2020. The external auditors had concluded their independent examination. Once the Committee had given its approval, Francis Drobniewski would be required to apply his electronic signature to the accounts. They would then be submitted to the external auditors for approval and then the Charities Commission.

In response to a question from Francis Drobniewski regarding the administrative charge on the charity, Jo Bing explained that it had been fixed for some time but would be reviewed this year. It was based on the time that Jo Bing, Carl Williams and Gordon Flack gave and was set as a recharge each month. Carl Williams suggested that he would do a benchmark review against other organisations. He believed the current charge represented good value for money. He cautioned that if spending by the fund increased there would be an increase in the administration cost. It was agreed that Carl Williams and Jo Bing would undertake the review**.**
Action – Carl Williams/Jo Bing

The Committee **APPROVED** the 2019/2020 Charity Report and Accounts.

007/21 2020/21 Quarter Three Finance Update including NHS Charities Together grants update

Pippa Barber declared her interest as a Trustee of Demelza Hospice Care for Children and left the meeting.

Jo Bing presented the report to the Committee for assurance.
In response to a question from Francis Drobniewski regarding the plans to spend the HIV Medway fund, Jo Bing explained that the fund was to be spent on peer groups. A new fund manager had

taken over recently and she expected that they would look to spend the money promptly. She had received two enquiries recently which she anticipated would be approved. In response to a question from Carol Coleman as to whether the HIV group within the Patient and Carer Council had been approached for suggestions, Jo Treharne confirmed that this had been done by Stephen Grice, Head of Sexual Health Services.

In response to a question as to whether the residual money from NHS Charities Together could be used for the rollout of a second programme of vouchers, Jo Bing explained that the figure in the report was only an estimate. Jo Treharne confirmed that 3600 requests for vouchers had been received so far. There was an idea for how the residual money could be spent but nothing had concrete had been proposed. Francis Drobniewski was concerned how this might appear to staff and suggested that additional vouchers should be distributed. Jo Treharne stated that the vouchers had not been extended to the bank staff and this was being considered as an option. The Committee supported the distribution of vouchers to the bank staff.

With regards to the NHS Charities Together Stage Two grant, the Committee supported the projects for End of Life children's nursing support for families working with Demelza and the oncology closer to home with CLIC Sargent. Carl Williams confirmed that the next stage would be to obtain business cases from the service leads and submit them to the steering group.

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

Pippa Barber rejoined the meeting.

008/21 Charitable Funds Marketing Report

Jo Treharne presented the report to the Committee for assurance.

It was confirmed that the acknowledgements and thank yous to fundraisers had been done across the various media. With regards to the Kent Sexual Health Quiz for World Aids Day 2020, Jo Treharne agreed to find out how much had been raised**.**
Action – Jo Treharne

The Committee **NOTED** the Charitable Funds Marketing Report.

009/21 Forward Plan

Francis Drobniewski presented the report to the Committee for approval.

It was agreed that spending plans would be a standing agenda item. Dan Wright, Sustainability Lead would be invited to present at the July meeting.

The forward plan would be updated.
Action – Gina Baines

The Committee **AGREED** the Forward Plan.

010/21 Terms of Reference Review

Francis Drobniewski presented the report to the Committee for approval.

The alignment of the Finance, Business and Investment (FBI) Committee and the Charitable Funds Committee as suggested in the Board Governance Refresh Report (August 2020) had not yet been agreed.

Pippa Barber fully supported a closer alignment with the FBI Committee. She was less certain that there was a key relationship with the Audit and Risk Committee and suggested substituting the FBI Committee in its place. She also suggested that further clarity was needed around the role of the Committee in approving spend.

Sola Afuape highlighted that she was a member of the FBI Committee and could help with facilitating links between the two groups.

Francis Drobniewski commented that the Committee's activities were governed by the Charity Commission of England and Wales as well as the Trust. He suggested that this should be made clear in the Terms of Reference.

In response to Pippa Barber's suggestion that members of the Committee should reiterate any conflicts of interest at meetings, Francis Drobniewski suggested that the minutes should set out clearly that specific interests had been declared by individuals and assessed by the Committee; and that any conflicts that arose were managed on a case-by-case basis.

The Committee **APPROVED** the Terms of Reference, subject to the amendments.

011/21 Any Other Business

Jo Bing confirmed that the deadline for submitting bids for NHS Charities Together second wave funding had been extended. The amount available was £50k. Gordon Flack and Louise Norris had put forward some ideas on how it could be spent but the Committee was invited to contribute some suggestions. As the Trust needed to

be sure that it could have definitive plans in place to spend the money by March 2021, Carl Williams advised that the Trust should only accept the funds if it could guarantee that they could be spent. Pippa Barber suggested that it was important that the Trust accepted the money on behalf of the staff and asked if it the Trust could spend it on the suggestions that staff had made originally. It was agreed that Jo Bing would feedback the Committee's comments to the executive directors. Francis Drobniewski agreed that it was important that the money should be accepted and suggested that the staff suggestions should be used if no other ideas were put forward.
Action – Jo Bing

In response to a question from Carol Coleman as to whether any large digital providers had been approached to obtain digital equipment at cost, Jo Bing confirmed that Sarah Hopkins-Hood, PA to Dawn Levett had met with Apple before Christmas and was awaiting quotes on bulk purchases.

The meeting ended at 12.36pm.

Date and time of next meeting

14 July 2021; 12.30pm - 2pm; The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT or on MS Teams

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	1.12
Agenda Item Title:	Finance, Business and Investment Committee Chair's Assurance Report
Presenting Officer:	Paul Butler, Chair of Finance, Business and Investment Committee
Action – this paper is for:	☐ Decision ☐ Information ☒ 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 papers summarise the Finance, Business and Investment Committee meetings held on 26 July 2021 and provides assurance to the Board.

Summary of key points

The meeting covered a range of topics including the full year approach to financing; a deep dive into the Estates cost improvement programme schemes; the reference costs of 2019/20; the draft Digital Strategy and the initial draft of the Commercial Strategy; the Treasury Management Policy for approval; the electronic patient record benefits assessment; and the extension of the contract for home delivery and continence products.

The Committee agreed the approach to this year's committee effectiveness exercise.

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*	☐ Yes *(please attach)*

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

Kent Community Health NHS Foundation Trust

FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is based on the Finance, Business and Investment Committee meeting held on Monday 26 July 2021.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Finance report (3/12) including cost improvement programme report	The Finance Report for three months ending June 2021 was presented.	The Committee asked that onward presentation of the management accounts to the Board makes it clear that, whilst a breakeven position is being achieved, this includes provision for the settlement of any expenditure shortfall.
Full year approach to financing	A discussion was held on the systems approach to the first half year settlement and progress of discussions regarding funding arrangements for the second half of year. The Committee noted the uncertainties and urged the need for further updates and implications for full year funding/settlements in due course.	
Cost improvement programme (CIP) deep dive: Estates schemes	A presentation on the Estate schemes was given. Good progress is being achieved although it is early in the financial year. This includes flexibility to replace schemes	

Issue	Committee review and assurance	Matters for Board awareness and/or action
	with alternatives where savings may not come to fruition in the financial year. The Committee noted progress and asked that further presentations on progress were made later in the calendar year.	
Business development and service improvement report	A revised business development report was presented.	
Strategic enablers/goals overseen by the Committee	It was agreed that the executive would include a paper regarding progress against the strategic enablers/goals for the October Committee meeting.	
Reference costs review for 2019/20 as published by the NHS	The NHS comparative data for 2019/20 was discussed. The Trust appears to be in good shape at 93 per cent of the appropriate benchmark. The executive is asked to prepare a paper for the Committee on explanations regarding service costs exceeding benchmarks and setting out any remedial actions to be taken.	

Issue	Committee review and assurance	Matters for Board awareness and/or action
Draft Digital Strategy	A presentation of the draft Digital Strategy for 2021-24 was given, supported by a good staff communication pack. The Committee was **supportive** of the draft for onward presentation to the Board. An action plan and progress against the strategy to be presented at the next Committee meeting.	The Committee did comment that the strategy should include some data of the current cost and incremental cost related to the improvement initiatives. The Committee also commented that whilst all of the actions were well stated they could help with outcome/success measures and dates of delivery as appropriate. The executive would consider including such information in advance of onward presentation to the Board.
Initial Commercial Strategy paper	A discussion was held on the initial draft paper of current thinking regarding the commercial/business development approach for the future. The paper raised a number of questions regarding the new NHS model and potential direction of travel for the Trust.	It was felt that the big picture needed to be set out for discussion at the Board prior to more detailed discussion/consideration at the Committee. It was suggested that the executive may want to circulate a future Board paper to the Committee for comment in advance.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Treasury Management Policy and compliance review	A presentation of compliance with the existing Treasury Policy was made combined with a recommendation for approval of no change to the Treasury Policy going forward.	The Committee **approved** no change to the Treasury Policy for the forthcoming year.
Electronic patient record (EPR) benefits assessment	A good presentation of progress regarding identifying benefits from the new system.	
Contract extension for home delivery and continence products	Under Any Other Business, the executive raised the need for Committee **approval** for the extension of the contract for 'home delivery and continence products' for a further two years to October 2023. The executive was reminded that such approval required appropriate papers to be included for the Committee in a timely manner. It was agreed that a paper would be circulated following the meeting and Committee members would email approval or not by close of play on 2 August 2021. The Chair would follow up with any issues raised.	
Committee effectiveness	The template being used by the other committees was discussed and it was agreed that responses from	

Issue	Committee review and assurance	Matters for Board awareness and/or action
	members should be submitted by 23 August and will be discussed at the next Committee meeting in October.	

Paul Butler
Chair of Finance, Business and Investment Committee
2 August 2021

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	1.13
Agenda Item Title:	Quality Committee Chair's Assurance Report
Presenting Officer:	Pippa Barber, Chair of Quality Committee
Action – this paper is for:	☐ Decision ☐ Information ☒ 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 7 June and 20 July 2021 which provide assurance to the Board.

Summary of key points

The meetings covered a range of topics including the approval of the 2020/21 Quality Account; risks 110 and 114 on the Board Assurance Framework; a review of the May and June data in the Monthly Quality Report; performance updates on reducing dental elective general anaesthetic 52 week waits and the delivery of new birth visits in the Maidstone Health Visiting Team; assurance on mitigations and gaps in the revised/updated version of the Infection Prevention and Control Board Assurance Framework issued by NHS England/Improvement; the Learning From Deaths (Quarter One) report; and a number of annual reports.

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*	☐ Yes *(please attach)*

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.*	☒ No *(please provide a summary of the protected characteristic highlights in your paper)*
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:	Pippa Barber	Job title:	Non-Executive Director
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Kent Community Health
NHS Foundation Trust

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report follows the Extraordinary Quality Committee meeting held on 7 June 2021 to consider the 2020/21 Quality Account and the Committee meeting on 20 July 2021.

Agenda item	Assurance and key points to note	Further actions and follow up
2020/21 Quality Account	The Quality Account was considered at an extraordinary meeting in June. Good progress had been made in many areas and the Committee thanked and acknowledged the work that had been in place to achieve the areas completed during a very challenging year. Areas for scrutiny and review included nosocomial incidents, clarification on referral to treatment (RTT) data related to paediatrics and learning disabilities (LD) health checks. Assurance was received on all areas and the Committee approved the Quality Account.	In the few areas that were not achieved that the front sheet on the report that goes to the Board includes a brief explanation on how these are being progressed.
Feedback from other committees/service visits	Two Quality Committee sub committees have now had their annual attendance and review by non-executive directors (NEDs). Prof. Francis Drobniewski has attended the Patient Safety and Clinical Risk Group and Ms Sola Afuape has attended the Clinical Effectiveness Group.	Nigel Turner, non-executive director will be attending the Patient and Carer Council in September/October.

Agenda item	Assurance and key points to note	Further actions and follow up
	Both reported positively on their review of the sub-committees, compliance with terms of reference, and commitment and engagement in the groups. Good progress was observed in the Clinical Effectiveness Group with the improvement journey and examples of shared learning. A number of the NEDs have been involved in We Care visits and feedback is included in the service reports.	Sola Afuape, non-executive director to undertake a Teams call with west Kent night nurses to consider learning from the patient complaint story received by the Board. Non-executive directors' deep dives for CIP schemes are being diarised.
Board Assurance Framework (BAF)	Risk 114 (availability of theatre space for general anaesthetics for dental care) has been removed from the BAF. Good progress has been made on the longer waits. It continues to be monitored by the executive. Risk 110 - progress is being made. Both current risk and confidence assessments are now at amber.	The risk will continue to be reviewed and monitored with impact on reset work being considered.
Monthly Quality Report (May and June data)	Good progress overall. The staffing levels at community hospitals were discussed with an improving fill rate. Only one incident of one nurse on duty and no harm to the patient. MRSA compliance for screening remained strong with 100 per cent podiatric surgery patients and	This remains under consideration by the executive team.

Agenda item	Assurance and key points to note	Further actions and follow up
	one missed screen in the community hospitals in May. There were no nosocomial acquisitions of COVID-19 in April or May.	
	Assurance was sought on the roll out of NEWS2 to community teams. Learning had been identified during a Serious Incident investigation. Assurance was received on the plans in place to embed this further and ensure all community teams are trained.	Consideration will be given to reporting the number of teams who have received this training and those still outstanding so impact and risk can be identified.
	With regards to avoidable medication incidents, the Trust benchmarks well with others. MedSavvy works continues to share learning and spread good practice.	
	The rate of falls with harm per 1000 OBDs again benchmarks well with others, however the rate of falls per 1000 OBD in community hospitals is above the national benchmarking data. Assurance was provided on the work across the Trust. This includes the consideration of the National Audit of inpatient falls. This is being taken forward by two task and finish groups with clear actions in place.	To continue to monitor through the Quality Report.
	The Trust-wide action plan is in place for pressure ulcers and further details on progress will be included in the Patient Safety and Clinical Risk Group chair's report in September.	A request for bench marking data on pressure ulcers is being considered.

Agenda item	Assurance and key points to note	Further actions and follow up
	End of Life Care (EoLC) objectives were considered. 124 staff were trained during April and May. This included the Learning Disabilities (LD) team. However, during April an issue was identified with embedding Rio so the training has moved to e-learning. Recognition and thanks were expressed for the excellent progress being made in the support and delivery of research across the Trust. The Trust sits alongside a number of large university and teaching hospitals with its number of pre-doctoral clinical academic fellowships. Clear objectives for complaints have been set out. Again, the Trust benchmarks well with other benchmark providers on the number of incidents per 1000WTE budgeted staff. Assurance was received on the work in place to raise the score on knowing how to raise a concern or complaint. Discussion took place on the services' use of the Friends and Family Test (FFT) with assurance provided that this is considered at performance review meetings and that a flexible approach is taken with those services where FFT is not the most helpful way of receiving feedback.	Key performance indicator (KPI) data will be reviewed at by the Quality Committee for progress at the September meeting. Further assurance to be provided on how services are ensuring data is being collected from all service users including more marginalised communities.

Agenda item	Assurance and key points to note	Further actions and follow up
Operational performance update	An update and assurance were provided on the good performance with reducing dental elective general anaesthetic (GA) 52 week waits. One patient remains outstanding with a plan in place. Improving performance on the dental 18week waits. The 18 week wait target still requires theatre spaces being available from East Kent Hospitals University NHS Foundation Trust (EKHUFT) who the Trust are working closely with. An update was provided on the actions in place to support improvement in delivery of new birth visits in the Maidstone Health Visiting Team. It is anticipated with the enhanced support in place performance will be reached by the end of month four. Assurance was given on the process that had been put in place. No patient harm issues were identified.	
Patient Safety and Clinical Risk Group chair's assurance report	An update was provided in the meeting on the risk identified in some community teams with accessibility to patient records on Rio whilst in the community. A pilot of tablet usage is about to take place in a selected number of teams across the Trust. Learning will be identified and shared whilst the pilot is taking place and improvements made. A number of internal groups are enabling the visibility and mitigation of this risk.	A further update on impact of the pilot will be reported in the September Patient Safety and Clinical Risk Group Chairs report.

Agenda item	Assurance and key points to note	Further actions and follow up
Clinical Effectiveness Group chair's assurance report	Good progress with NICE implementation was noted. An update on clinical audit and EoLC. A pilot had taken place moving a specialist tissue viability nurse into a community team for one day a week over three months that had a positive impact on the competencies and confidence of the community nursing team; both key areas of learning identified in SIs. The pilot is being considered for rollout in west Kent. Assurance on a number of strategies is in place to share best practice were highlighted.	
Patient and Carer Council chair's assurance report	Actions are in place to increase the number of patients and carers on the Council. The ambition is for 50 per cent. The website has been updated to make it easier for members of the public to raise a complaint. A focus on the equality and inclusion action plan to reduce health inequalities continues with a focus on equality impacts.	A further update on progress will be provided to QC in future reports on progress with EIAs and health inequalities and the delivery of the equality delivery system work with clinical services.
Infection Prevention and Control (IPC) Board Assurance Framework (BAF)	NHS England and NHS Improvement (NHS E/I) have issued a revised /updated version which has been considered by the Trust and was presented for assurance on mitigations and gaps. The requirement for inpatients to continue to wear masks in inpatient wards was a verbal update to the report. The requirement for staff isolation is also being considered. Gaps in	

Agenda item	Assurance and key points to note	Further actions and follow up
	assurance remain on estates and ventilation. Mitigating actions were considered. Assurance was given that both of these are being considered as part of the community hospital strategy being developed. Confirmation received that the contracts in place to support delivery of IPC are being reviewed in line with guidance. The Quality Committee recommend the newly updated IPC BAF to the Board.	
Learning from Deaths Report (Quarter One)	The first quarter report was considered for assurance. For the deaths in scope, no deaths were considered more likely than not due to problems in care. There were no nosocomial cases resulting in death. Assurance on learning and improving continues with key areas considered. These included access to the west Kent Medical Examiner and training needs for staff. The LeDeR mortality review programme was considered. The report covers Kent wide data from all providers and sets out the assurance process in place for actions which is outside KCHFT but that the Trust feeds into.	
Annual reports	A number of annual reports were considered by the Committee. All were very clearly set out demonstrating well the significant work undertaken during this	

Agenda item	Assurance and key points to note	Further actions and follow up
	challenging year and the impact they have had for individuals. It was also helpful to see the impact across the system. The Committee thanked all of the teams involved for their excellent work and commitment over the last year. Infection Prevention and Control Report Director of infection Prevention and Control (DIPC) Annual Report Safeguarding Annual Report and declaration Complaints Annual Report Patient and Carer Partnership Team Annual Report	

Pippa Barber
Chair, Quality Committee
July 2021

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	1.14
Agenda Item Title:	Strategic Workforce Committee Chair's Assurance Report
Presenting Officer:	Nigel Turner, Deputy Chair of Strategic Workforce Committee
Action – this paper is for:	☐ Decision ☐ Information ☒ 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 18 May and 26 July 2021 and provides assurance to the Board.

Summary of key points

A range of topics was discussed at both meetings including risk 73 on the Board Assurance Framework; the workforce report and operational workforce reports; the significant employee relations report. In May an update was given on progress with the People Strategy. The health and wellbeing report and the Freedom To Speak Up report were both received. In July, the meeting also discussed the disciplinary policy review, the safer staffing report; the workforce race equality standards and the workforce disability equality standards. There was an update on the progress with the transformation of the workforce; along with talent and leadership development and succession planning. The Committee also reviewed its effectiveness.

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? *National guidance or legislative change, organisational or system redesign, a significant impact to patients, local*	☐ Yes *(please attach)*

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.*	☒ No *(please provide a summary of the protected characteristic highlights in your paper)*
Highlights relating to protected characteristics in the paper	
The Committee received the Workforce Race Equality Standard and the Workforce Disability Equality Standard action plans.	

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Kent Community Health
NHS Foundation Trust

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 18 May 2021.

Agenda item	Assurance and key points to note	Further actions and follow up
Workforce report Board Assurance Framework (BAF risk 73	Staff survey results from across the southeast region rank the Trust as the highest performing. Metrics positive other than stress absence, which was anticipated, many 'Wellbeing' initiatives focused on reducing this. Drop in absence, as well as number of starters increasing. Resourcing the vaccination centres challenging due to the stop start nature dependant on the availability of vaccine. Racism review is underway with reporting in July. The implications of three national issues were discussed including 1. 'Flowers' case on overtime and holiday pay (claimants are entitled to have both non-guaranteed and voluntary overtime considered for the purpose of calculating their statutory and contractual holiday pay). Backpay has cost the Trust £50k and processes have been put in place to address the issue. 2. Pay settlement due to be announced between now and July, 1% in budget, asking for 12%; should there be an adverse reaction our processes to address this will have been refreshed and communicated. 3. The national People Strategy has set up a task force to push flexible working,	

Agenda item	Assurance and key points to note	Further actions and follow up
	something we are supporting as part of the reset work. This work in addition to wellbeing initiatives also addresses findings from the Female and care worker report.	
Operational workforce Report	Hotspots were discussed using a new additional report in the Committee pack, illustrating hotspots discussed by the executive. Deal has had a successful recruitment campaign. Constructive discussions being had with the clinical commissioning group (CCG) to get vaccinations done as busines as usual through the primary care networks (PCNs) as soon as possible and aiming for September. Challenges of inequality between east and west Kent to be reduced by a new Band 9 whose role will focus on this and simplifying the offer to the patient. Plans are in place to address the recruitment issue in Faversham, and work to understand why the Hospital at Home service does not have the same challenges despite the service being similar.	Facilities and estates issues impacting on hotspots to be added to an additional report.
Significant employee relations report	A ‘Resolution Framework’ has been agreed after extensive consultation with the unions, that supports a more constructive approach to employee relations issues. The Committee received assurance on the handling of all cases concerning suspension and disciplinary. Since the last report there have been no new claims and one new suspension. Each case is assessed using a case complexity matrix and risks associated with the case and or the process reviewed by the Committee. The annual	.

Agenda item	Assurance and key points to note	Further actions and follow up
	expense on handling tribunals has increased due the complexity of cases and delays in the system securing a hearing date.	
People Strategy action plan	The Committee received assurance that the People Strategy is on track to secure year one outcomes and confirmation that the strategy framework is helping with tracking and team focus.	
People plan (workforce plan)	The Committee supported the annual plan developed for services upwards, with encouragement to be proactive about the service they would like to provide rather than the historical approach of waiting to see what is commissioned. More system wide thinking was encouraged and will be reinforced with earlier modelling next year with greater support in redesign and operational planning. Beginning to feel different, encouraging a new mind set.	
Health and wellbeing report	Looking ahead at what can be done with resources available to build on an already 'top end spectrum' of support. Keeping the momentum of 'Time to Change' albeit the funding has stopped, considering the introduction of mental health first aiders, and how we take advantage of the 'hub' funded nationally but not ideal for community hence us suggesting facilitated group sessions supported by Kent and Medway NHS and Social Care Partnership Trust (KPMT). Much wellbeing support would be addressed by more conversational coffee and chat as	

Agenda item	Assurance and key points to note	Further actions and follow up
	does not require psychological intervention. The Trust benchmarked well against the Gold Standard, being encouraged to strive for Platinum which includes impacting others – in the system and suppliers.	
Workforce Cost Improvement Programme (CIP) Contract Management	Received assurance that the CIP programme for 2021/22 is identified and delivered. All outsourced contracts well managed in terms of achieving key performance indicators (KPIs) and building strong supplier relationships.	
Freedom to Speak Up report	Freedom to Speak Up report was received providing a summary of concerns raised.	Request to ascertain how we were sure the concern was resolved and signposting or escalation had supported the individual adequately.

Bridget Skelton
Chair Strategic Workforce Committee
18 May 2021

Kent Community Health
NHS Foundation Trust

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 26 July 2021.

Agenda item	Assurance and Key points to note	Further actions and follow up
Workforce report BAF risk 73	Most metrics remain strong however the turnover, sickness and stress metrics have worsened, although this was anticipated. Rurther analysis by the organisational development business partners (ODBPs) is happening in the field to better understand any root cause that we can further mitigate. The new quarterly pulse survey (half the questions on health and wellbeing) has been well communicated on Flo and the first results are due in soon. Our first cohort of nursing associates supported through the academy have qualified. This will be celebrated in October. 600 individuals on the voluntary Covid vaccine programme have expressed an interest in joining the Trust in a variety of capacities; for some we will support retraining and qualification. National developments include a proposed 3 per cent pay award excluding those with multiyear deals, waiting for reaction. From September there will be a need to promote more flexible working for all	

Agenda item	Assurance and Key points to note	Further actions and follow up
	posts, we have received further guidance on long Covid and are managing the implications of staff being 'pinged'. Triggers have been identified and mitigation plans are in place.	
Operational workforce report	The Committee received details behind the process being proposed to review and develop the community hospitals pathways across east and west Kent.	The executive team to agree who is required as part of task and finish group to include a representative from the Workforce Team. Criteria to be agreed by the executive to ensure workforce issues are embraced – engagement and communications, co design, staffing skills development and lessons learnt regarding effective change management embraced.
Significant employee relations report	The case load has gone up as managers are requiring more support. Several cases are delayed due to lack of judicial resource now scheduled for November 2022, some still unscheduled. The newly introduced resolution framework is working well, further feedback being sought.	

Agenda item	Assurance and Key points to note	Further actions and follow up
Disciplinary Policy review	The Committee received a report benchmarking the Trust's Disciplinary Policy with best practice at Imperial College Healthcare NHS Trust (ICH). KCHFT aligns to the ICH policy well, where there are differences, they exist because we have found a better process in terms of efficiency and with the best interests of the individuals involved. Three recommendations were approved to be included in the revised Disciplinary Policy.	
Safer Staffing report	The Committee received the six-monthly safer staffing report for community hospitals and adult long term services. Whilst staffing continues to be challenged due to vacancies, sickness, and demand, the Committee heard about oversight processes to identify current and potential challenges to staffing, and mitigation to maintain patient safety. The Committee received assurance on behalf of the Board that competencies are being matched to the required skill mix, where staff are redeployed i.e. during COVID-19, a comprehensive programme of training was developed and core training modules undertaken.	
Equality and Diversity: Workforce Race Equality Standards (WRES) Workforce Disability	The Committee approved the WRES which included actions from the feedback on the race equality review. The Committee also approved the WDES report, both due to be published at the end of July. The Trust has made some positive progress against many of the metrics but there is still work to do. Comprehensive action plans were submitted and	

Agenda item	Assurance and Key points to note	Further actions and follow up
Equality Standards (WDES)	approved. The Executive along with the Committee will monitor these plans as they are a critical strategic pillar for the organisation.	
Transformation of workforce - reimagine work	Working practices developed due to the challenges of the pandemic provided proof that the concept of 'reimagine teams' (TICC, Buurtzorg) were robust and accepted. A program of work is underway to engage 68 teams by July 2022. Lessons learnt suggests moving away from self-management language and now focus on team empowerment and team accountability with a leader to ensure a sense of belonging, ensure staff feel they are making a difference and their contribution is recognised. Further work is also underway cutting unnecessary bureaucracy and devolving authority.	
Talent and leadership development Succession planning	The Committee received assurance that work on talent and leadership development is on track and succession planning projects have begun. The Trust is being proactive about building a strong future workforce. This follows the introduction of career conversations as part of the 2019/20 appraisal process, talent pools and talent development programmes. All employees have access to a vast portfolio of learning and development. Work is being done to ensure this is accessible to all, supported by the black, Asian and minority ethnic (BAME) network. Critical roles have been identified and plans have begun to support critical clinical specialist roles and key leadership roles.	Three pieces of work – critical roles, executive succession planning and talent and development portfolio need to come together to identify next steps combing data and findings.

Agenda item	Assurance and Key points to note	Further actions and follow up
Strategic Workforce Committee Review –	Enhancements to content and effectiveness of the Committee were considered and approved.	

Bridget Skelton
Chair Strategic Workforce Committee
26 July 2021

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	2.1
Agenda Item Title:	Quality Strategy
Presenting Officer:	Dr Sarah Phillips, Medical Director
Action – this paper is for:	☒ Decision ☐ Information ☐ 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?

Summary of key points

The Quality Strategy outlines the vision for the next three years in terms of Outstanding quality and improvement as the focus and motivation for everything that we do. As an Outstanding organisation we will ensure that staff, patients and carers are involved in driving this. This will be achieved by delivering against eight core objectives:

1. Focus on continuous improvement
2. Make sure information drives continuous quality improvement
3. Promote positive staff experience
4. Improve patient and carer experience
5. Reduce health inequalities
6. Effective use of resources
7. Prioritise patient safety
8. Promote clinical professional leadership.

Quality Improvement is central to the delivery of the Quality Strategy as is alignment with Digital, Business Development and Our People Strategy.

Proposal and/or recommendation to the Committee or Board

The Board is asked to formally approve the Quality Strategy.

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.** *Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.*	☐ No *(please provide a summary of the protected characteristic highlights in your paper)*

Highlights relating to protected characteristics in paper

The Quality Strategy is designed to contribute to the achievement of equality and diversity by objectives which:

- Promote work with other NHS organisations, the voluntary sector and councils in order to engage with young people and migrant communities to promote health improvement and reduce health inequalities. This includes working with young people who are from black and minority ethnic communities, disabled, LGBTQ and young carers.
- Use co-design principles to work with our patients and their families, our staff, other NHS organisations and the voluntary sector to improve access to services and patient and family experience of healthcare.
- Foster a diverse workforce and create a work place where our staff feel they are able to be themselves.
- Ensure equality and diversity is embedded in the business of KCHFT.

A full Equality Analysis was carried out for the 2017-20 Quality Strategy. This has been built on in our Strategy 2021/22 to 2024/25 through objective 4 which focuses on improving patient and carer experience through co-production, engagement and understanding what really matters to patients, carers and their families.

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NHS
Kent Community Health
NHS Foundation Trust
Quality
strategy
2021/22
to 2024/25
we care
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"Our people demonstrated great strength and resilience during the pandemic and we aim to continue to focus on further improving their experience at work."

Paul Bentley, Chief Executive

Improving Quality

Providing the best quality healthcare is why Kent Community Health NHS Foundation Trust exists.

In 2017, our quality strategy focussed on the quadruple aim, which is:

- enhancing patient experience
- improving population health and reducing health inequalities
- improving staff experience at work
- reducing costs and increasing value for money and efficiency.

In the three years since we developed this strategy, we have made significant strides in delivering our quality strategy ambitions; the COVID-19 pandemic tested our committed workforce in ways it has never been tested before, but our staff delivered and we are keen to build on what has already been achieved and to improve the quality of what we do even further.

I am very proud of the introduction of a systematic evidence-based approach to quality improvement (QI) to empower staff to take ownership of the quality agenda. This resulted in more than 400 of #TeamKCHFT being trained in the basic use of QI-fundamentals and 150 staff receiving more in-depth training known as quality service improvement and redesign. We also engaged with partners to provide this training to colleagues in other healthcare trusts and NHS Kent and Medway Clinical Commissioning Group.

This history and desire to collaborate is critical to our continuing success within the emerging integrated care system (ICS) in Kent and Medway, but equally importantly in other areas where we provide services, East Sussex and London. When fully operational, each ICS around the country will be committed to partnership working between NHS organisations, councils, voluntary sector organisations and other partners. We are also working with integrated care partnerships and primary care networks, which are part of the ICS and to understand the diverse needs of our communities.

Our response to the COVID-19 pandemic demonstrated our success in working together to make changes at pace; this was supported by the rapid adoption of digital technologies in health and care. COVID-19 further highlighted major health inequalities that exist and we increasingly are working with our partners to look at population health management to prevent ill health and health inequality. Our quality strategy addresses this by making sure of collective action with partners to deliver the ambitions of the NHS Long Term Plan. These centre on:

- delivering more proactive approaches to health care and prevention of ill-health
- embracing technology and health analytics
- delivering services more efficiently across the system
- focusing on workforce through the People Plan.

Paul Bentley
Chief Executive

As ever, our workforce remains our biggest asset.

Our people demonstrated great strength and resilience during the pandemic and we aim to continue to focus on further improving their experience at work.

Quality strategy

Our vision

Outstanding quality and improvement is the focus and motivation for everything we do.

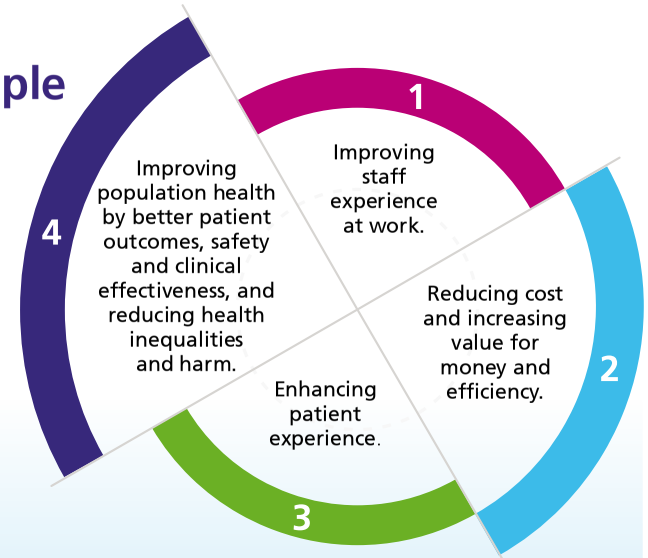
Our mission

To trust, support and empower staff to drive quality and develop new ways of working

Our aim

To continuously improve quality in line with the quadruple aim.

Our quadruple aim



To achieve this we will:

- focus on continuous improvement
- improve patient and carer experience
- make sure information drives continual quality improvement
- reduce health Inequalities
- promote effective use of resources
- prioritise patient safety
- promote positive staff experience
- promote clinical professional leadership.

Quality runs through all we do

It is linked to a number of wider strategies, frameworks and initiatives and it contributes to the organisation's corporate objectives and vision.

Organisational strategy:

Our quality strategy is designed to contribute to achieving KCHFT's organisational strategy to expand and advance what KCHFT can offer to our patients, clients, service users and their families, carers, staff and partners.

Primary care networks:

Making sure quality and efficiency are considered at every level as we move to a more preventative and integrated approach with our health and social care partners.

Quality improvement (QI) methodology:

A critical enabler to provide us with the tools to understand the impact of our work in improving patient care.

Patient involvement and engagement:

Will include partnership working to identify the most vulnerable people in society, supporting co-design of services and person-centred planning.

Research:

Provide understanding of the health needs of our local population, access to novel interventions and more focussed tailored and clinically effective treatments for patients, clients and service users.

Innovation:

Identifying or capitalising on new technologies and new ways of working and using these to develop products or interventions for patient, clients and service user care.

Clinical effectiveness:

Making sure quality resources, such as audit and NICE support and enable evidence-based practice within the trust.

Clinical risk management and patient safety:

Making sure quality issues from adverse events and risk issues are appropriately escalated, resolved and/or mitigated.

Complaints and other forms of patient feedback:

Themes from these are used to address quality issues.

Workforce development:

Providing staff with the foundations to improve quality through continuing professional development and appraisal and enabling allied health professionals and clinicians to comply with their professional codes of practice and revalidation.

Clinical and integrated governance:

Move beyond assurance and provide team members with the confidence and skills to make continuous improvements in the quality of care they provide.

Corporate assurance:

Including the Care Quality Commission (CQC) registration standards and Board assurance framework.

Performance monitoring:

How we can be assured we are meeting required quality metrics, for example key performance indicators.

Statements of internal control:

Increasing the contribution of quality tools to how the organisation gains assurance about the quality of its services and effectively managing risk.

The 'we care' programme:

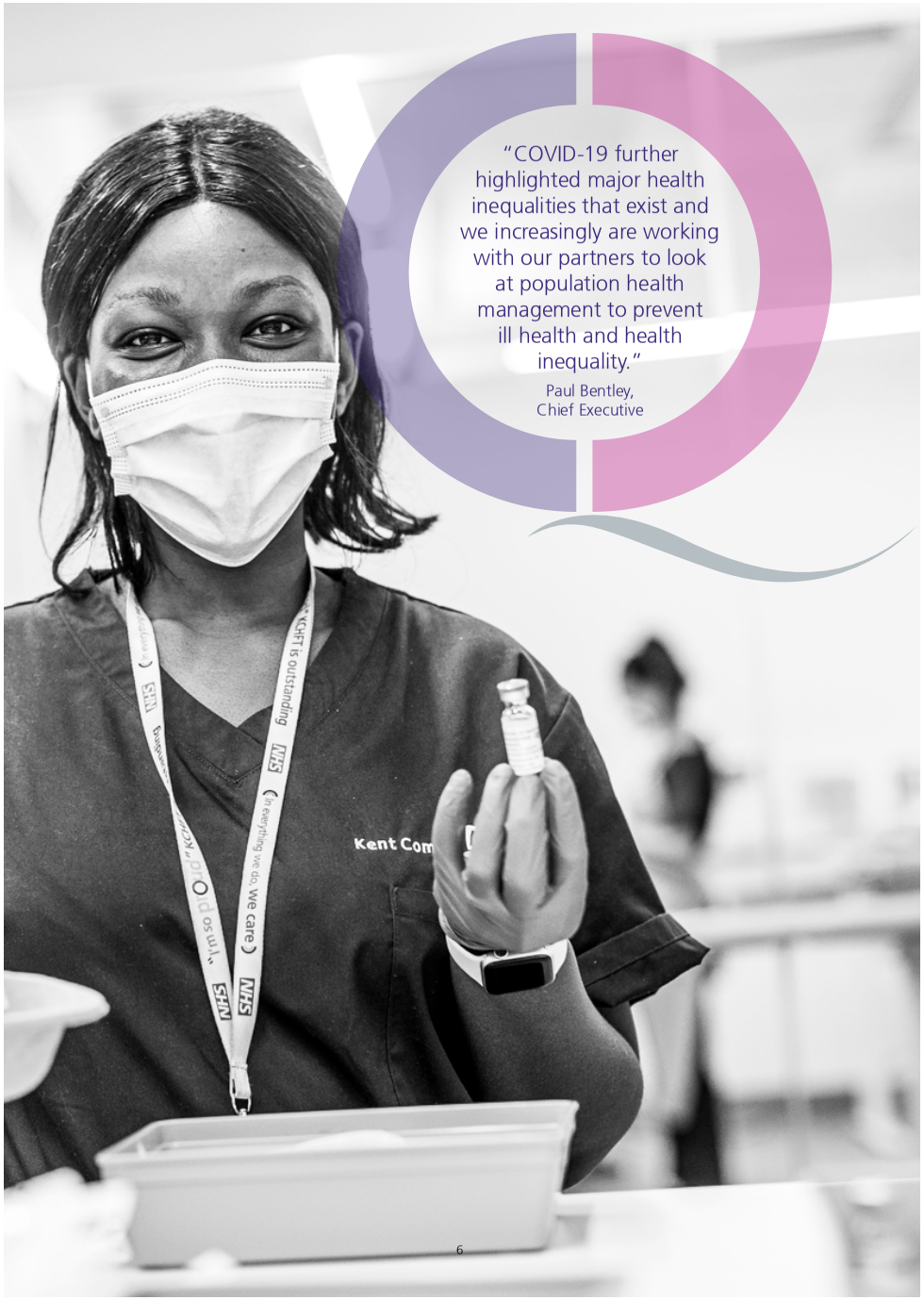
Our model for supporting services to achieve CQC compliance.

Strengthen our position as provider of choice and system leader:

Evidencing the high-quality services we provide

Equality and diversity:

Contributing to and influenced by KCHFT's equality objectives.



Quality

Objective one:

Focus on continuous improvement

Our ambition

All staff feel empowered to take ownership of the quality agenda through using a range of improvement methodologies that inform evidence-based practice, for example quality improvement (QI), research, innovation, clinical audit and evaluation.

Increased growth of change capability across the system.

Year one

- Move to second stage of QI implementation plan.
- Bitesize QI introduction to QI tools, QI lite for virtual QI learning.
- Innovation strategy and intellectual property policy to support governance of innovation.

Year two

- Introduction of annual innovation fellowships.
- James Lind Alliance priority setting partnership output for nursing research.
- Divisional QI boards in place and delivering projects.
- Co-develop Integrated care partnership (ICP) pathways using QI methods and data for improvement.

Year three

- Quality management system in place to have balance between quality assurance, quality Improvement and quality control.
- Increase active participation of patients and service users in QI.
- Co-lead and participate in system level infrastructure for quality improvement.

We will know we have it right when:

- 90 per cent of all new QI projects have a SMART aim
- Five QI projects involving system partners active
- Adoption and spread of two proven national innovations within KCHFT.
- 50 per cent of QI projects have patient and public involvement.

Contribution to quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

Enablers/ co-dependencies:

Investment from the system.

Get involved in QI

Objective two:

Quality Make sure information drives continual quality improvement

Our ambition

Understand the health needs of our service users, patients and the populations we serve enabling targeted quality and effective activities.

Measurement for improvement will be central to our approach.

Year one

- Develop our analytics resource to support improvement.
- Continue to train staff for measurement for improvement.

Year two

- Increase KCHFT participation in the Kent Surrey and Sussex Applied Research Collaborative.

Year three

- Development of system quality pathways which are patient centred, look at population health and health inequalities.
- Participate in ICS development of data provision for population health and system quality improvement.

We will know we have it right when:

- we deliver targeted QI and effectiveness activities based on real-time analytics that provide local information, deliver transparency of outcome, support local improvement and drive action
- access to data drives local improvement
- 75 per cent of QI projects will use measurement for improvement
- increased opportunity for research development specific to the population of Kent
- shared data agreement between Kent public sector organisations
- KCHFT involvement in population health work with primary care networks (PCNs).

Contribution to quadruple aim:

✓ Patient experience
✓ Clinical effectiveness
Staff satisfaction
✓ Value for money

Enablers/co-dependencies:

Investment in analytics, system-wide fit for purpose analytics, QI work at system level, commercial strategy.

Objective three:

Quality Promote positive staff experience

Our ambition

Focus on what matters to our staff using the IHI joy in work framework and including a greater focus on staff psychological safety.

Increase in professional development opportunities.

Year one

- Embed Schwartz Rounds to provide opportunities to reflect on the emotional aspects of work as recommended by the Point of Care Foundation.
- Building psychological safety, for example with After Action Reviews.

Year two

- Embed the principles of the Institute for Health Improvement's joy in work framework Map the state to our people strategy.
- Strengthen the relationship between the organisational development business partners' (ODBP) and improvement work.

Year three

- Further development of research champions' programme to increase implementation into practice.
- Staff are offered opportunities for professional development.
- Making sure those participating in MSc programmes are linked with the Research Team.

We will know we have it right when:

- 95 per cent satisfaction with Schwartz Rounds over 12 months
- every department, through ODBPs, is using the joy in work framework to identify areas for improvement
- staff survey results reflect positive response to questions on opportunities for professional development
- appraisal documents demonstrate opportunities for professional development.

Contribution to quadruple aim:

✓ Patient experience
✓ Clinical effectiveness
✓ Staff satisfaction
✓ Value for money

Enablers/ co-dependencies:

Our People Strategy.

Quality

Objective four:
Improve patient and carer experience

Our ambition

We will achieve delivery of the 'triangle of care' between the patient, client, service user, service and carer by working in partnership with the people we deliver services to.

We will increase co-production where service providers and service users work together to reach a collectively designed outcome.

Year one

- Continued roll out of end of life care training to deliver proactive, personalised care for everyone identified as being in their last year of life.
- Establishment of working together groups as the forum where co-production happens between frontline staff and members of our People's Network.
- All appropriate patients will have a completed personalised plan of care.

Year two

- Develop resource training on experience-based co-design (EBCD).
- Recruitment of 25 experts by experience.

Year three

- Implementation of 'always event' methodology, to include introducing yourself as an 'always event' and establishing links with the 'always event national programme and pilot programme in end of life care.

We will know we have it right when:

- 80 per cent of patients, who have died, will have a last days of life care plan completed in line with the Priorities of Care of the Dying Person National Framework
- 40 per cent of relevant patients will have the surprise question completed to trigger advance care planning in line with the gold standards framework
- personalised plans of care are completed and recorded on the electronic patient record
- there is evidence of a co-productive approach to service development.
- local 'always event' training is in place for project group including patient and carer. representatives and KCHFT staff.
- We can demonstrate Always Events as a result of After Action Reviews or other learning.

Contribution to quadruple aim:

✓ Patient experience
✓ Clinical effectiveness
✓ Staff satisfaction
✓ Value for money

Enablers/ co-dependencies:

Rio and KMCR.

Quality

Objective five:
Reduce health inequalities

Our ambition

KCHFT will work with patients, clients, service users, system partners and third sector organisations to design services and pathways of care to meet the diverse needs of communities.

We will work as part of the ICP to take community-centred and place-based approaches to address the wider determinants of health inequalities.

We will improve data collection and reporting on protected characteristics.

Year one

- Recruit healthy communities project manager to build relationships with external stakeholders.
- Form a steering group to increase participation from seldom-heard voices.
- Identify best practice for equality impact assessments.
- Develop SMART equality objectives informed by qualitative and quantitative data and wider intelligence.
- Develop intelligent data sets to identify service level uptake of recording protected characteristics to support service level improvements for data collection.

Year two

- Introduce focus groups across a wide range of communities to support developing health promotion initiatives, co-designed services and pathways.
- Use equality impact audits to support risk management and wider action plans.
- Refine action plans with clinical services to be supported with national and local data to improve access and uptake of services.

Year three

- Publish final healthy communities project report.
- Review SMART equality objectives and engage with inclusion health groups to identify further areas to develop beyond 2024.

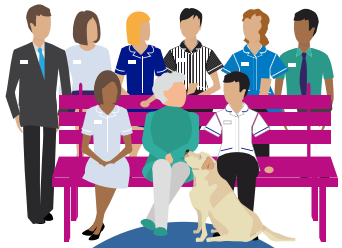
(continued on page 12)

Quality

Objective five:
Reduce health inequalities (continued)

We will know we have it right when:

- 100 per cent of new policies that impact on patients, clients and service users will have an equality impact assessment
- 100 per cent of policies ratified more than three years ago will have an updated equality impact assessment
- the Healthy Communities Steering Group has 50 per cent membership from community representatives and contributes to developing co-designed inclusive services
- recording patient protected characteristics and communication needs will provide robust data to enable services to improve access and experience
- SMART equality objective action plans and KPIs remain on target
- we have examples of improvement projects that have measurable outcomes on health inequalities.



Contribution to quadruple aim:

✓ Patient experience
✓ Clinical effectiveness
✓ Staff satisfaction
✓ Value for money

Enablers/ co-dependencies:

ICP workstreams.

Quality

Objective six:
Effective use of resources

Our ambition

Reduce low value activity and increase availability of patient facing time for clinical staff.

Use digital technology in a better way to support patient care and staff experience.

Year one

- Task and finish group to develop digital vision for the organisation as part of digital strategy.
- Staff engagement survey to understand barrier to using digital so we can understand next steps around training and expand alternatives to face-to-face appointments.

Year two

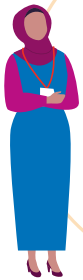
- Increase in automated audits and reduced data collection burden on clinical staff.
- Implement improved wound care digital solution.
- At least 15 QI projects aim to improve use of resources.

Year three

- Introduction of electronic prescribing and medicines administrations tool to reduce prescribing errors and omissions.
- Continued adaptation to working practices in line with NICE guidance and increased input into development of NICE guidance.

We will know we have it right when:

- 95 per cent patient satisfaction with type of consultation, for example online consultations, face-to-face, phone
- review of 50 online consultations and phone consultations demonstrate comparably equal outcomes with face-to-face consultations
- we have had five core automated audits from RiO system
- there is input into 75 per cent of NICE guidance consultations applicable to KCHFT core services
- QI projects on missed doses are used for benchmarking and learning.



Contribution to quadruple aim:

✓ Patient experience
✓ Clinical effectiveness
✓ Staff satisfaction
✓ Value for money

Enablers/ co-dependencies:

Digital strategy, communications strategy.

Quality

Objective seven:

Prioritise patient safety

Our ambition

In line with the NHS Patient Safety Strategy 2019, deliver a clear and compelling patient safety vision and culture, which is meaningful and understood by patients and staff and results in staff who feel psychologically safe, tackling of blame, valuing and respecting of diversity and support for learning.

Year one

- Develop a toolkit using QI methodology to support managers to work with and support teams involved in an incident.
- All governance committees include two patient safety partners who are trained by April 2022.
- Develop an implementation plan for patient safety incident response framework.

Year two

- Introduction of patient safety specialists registered with NHS Improvement.

Year three

- Human factors' training at senior leaders' forum.
- Human factors' thinking incorporated into serious incident process.

We will know we have it right when:

we maintain or attain our position in the upper quartile for the following questions in the NHS national staff survey (2020 staff survey results shown):

- 16a My organisation treats staff who are involved in an error, near miss or incident fairly (73 per cent)
- 17b I feel secure raising concerns about unsafe clinical practice (82 per cent)
- 17c I am confident my organisation would address my concern (76 per cent)
- 18b My organisation acts on concerns raised by patients/ service users (86 per cent)
- 18e I feel safe in my work (88 per cent)
- 18f I feel safe to speak up about anything that concerns me in this organisation (77 per cent).

Contribution to quadruple aim:

✓ Patient experience
✓ Clinical effectiveness
✓ Staff satisfaction
Value for money

Enablers/ co-dependencies:

Funding for human factors training

Quality

Objective eight:

Promote clinical professional leadership

Our ambition

Promote clinical professional leadership making sure clinical services are clinically led and managerially enabled to ensure improved system performance, better patient outcomes and improved staff satisfaction.

Year one

- Continue to support clinicians to develop as leaders on the job by engaging in peer networks, action learning sets, coaching, mentoring and Schwartz Rounds.
- Clinical directors in medically led services co-lead with operational managers and lead nurse/allied health professional.

Year two

- Promote growth of communities of practice.
- Growth in clinical and professional leadership of improvement projects.
- Devolve authority and reduce bureaucracy.

Year three

- Introduce joint working aspects of Gemba walks, which allow managers and leaders to observe and understand the actual work process, engage with staff and jointly explore opportunities for continuous improvement.

We will know we have it right when:

- we have excellent CQC well-led scores in 'we care' visits
- clinical staff receive support to submit 10 award, conference or journal submissions, which publicise our quality work
- KCHFT staff are actively engaged in and/ or leading ICP clinical boards and bodies.

Contribution to quadruple aim:

✓ Patient experience
✓ Clinical effectiveness
✓ Staff satisfaction
Value for money

Enablers/ co-dependencies:

People Strategy.

Do you have feedback about our health services?

Phone: 0800 030 4550, 8.30am to 4.30pm, Monday to Friday
Text: 07899 903499
Email: kentchft.PALS@nhs.net
Web: www.kentcht.nhs.uk/PALS

Patient Advice and Liaison Service (PALS)
Kent Community Health NHS Foundation Trust
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Shearway Business Park
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If you need communication support or this leaflet in another format, please ask a member of staff or contact us.

we care

Our values
Compassionate Aspirational Responsive Excellent

00756 Produced by the KCHFT Communications Team 0300 7900 506

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	2.2
Agenda Item Title:	Digital Strategy 2021 - 2024
Presenting Officer:	Paul Bentley, Chief Executive
Action – this paper is for:	☒ Decision ☐ Information ☐ Assurance

What is the purpose of the paper and the ask of the Board?

This paper presents the final draft of the Trust's refreshed Digital Strategy 2021-24.

This draft has been consulted upon and in June 2021 was a focus for discussion at both the Trust's Leaders Conference and the Staff Partnership Forum. Following updates made to the strategy after these meetings, the final draft has been endorsed by the Digital Solutions Group, Integrated Management Meeting, Executive Team Meeting and the Finance, Business and Investment Committee and is being presented to the Board for final approval.

Summary of key points

The strategy builds on the digital investments that the Trust has made over several years, most recently the deployment of Rio, the Kent and Medway Care Record system and technology solutions to enable remote and home working during the COVID-19 pandemic.

The strategy is aligned with the NHS Long Term Plan ambition of digitally-enabled care becoming mainstream across the NHS; further to this, and with digital as one of our key enablers, the strategy will support the Trust in delivering its four strategic goals.

To achieve this, the strategy focuses on the following aims:

Aim	Ambition	Digital focus
Clinical and care	We will adopt a user first approach to create simple, efficient and user-friendly digital solutions.	• Designing systems with the end-user in mind. • Make digital solutions easy to use, efficient and effective.
Digital inclusion	We will design new services that are digitally inclusive, aligning our digital inclusion standards with national ones, so staff and patients can access digital solutions when and where they need to.	• IT to be digitally inclusive for all from development to use by the end-user. • Design IT systems that align with organisational requirements and the needs of staff and patients.
Digital innovation	We will support digital innovation that benefits patient care and service delivery.	• Share ideas between our services and other NHS organisations. • Improve internal communication on strategies and ideas for current and future needs. • Use of automation to improve efficiency and security of design and rollout of systems. • Reduce duplication and unnecessary processes. • Enhance relationships and stimulate fresh thinking.
Integration	We will work more closely with other trusts and partners and introduce systems that can more easily 'talk' to each other, allowing patient information to flow across care settings.	• Reduce the barriers between different systems and organisations including broader partnerships. • Improve access for staff to patient data. • Reduce time spent on multiple systems. • Build relationships with smaller providers, for example, pharmacies, care homes and private providers.
Professional IT	We will use best practice to inform our approach to implement and support digital solutions and technology that makes a tangible, positive difference to the experiences of staff and patients.	• Introduce frameworks to bring together service design and delivery into a joined-up, repeatable and achievable pattern. • Adopt industry standards and best practice for the delivery and management of digital solutions and support services.
Security	We will continue to make sure digital solutions and technologies that we manage, as well as the data and information that they hold, are secure from threats.	• Run the most up-to-date versions of systems so security patches and updates are supported and effective. • User-authentication is secure. • Our digital infrastructure is fully protected.
Technology	We will have an 'internet-first' approach; where possible, digital service design options will be cloud-based.	• Systems can be scaled-up if needed. • Systems and services can interact. • Accessible from anywhere. • Make use of industry best practice to improve third party support and warranty.

Funding to support the implementation of the strategy will be included as a part of the Trust's annual revenue and capital business planning cycle; this cycle takes the wider Kent and Medway system financial governance arrangements into account.

Kent Community Health NHS Foundation Trust

The strategy details a high-level delivery plan for each aim which in turn forms the basis of a more detailed annual digital delivery plan which will be used by the Digital Solutions Group to manage, prioritise and monitor the implementation or the listed initiatives. Progress against milestones will also be presented to the Integrated Management Meeting and the Finance, Business and Investment Committee.

Proposal and/or recommendation to the Committee or Board
The Board is asked to approve the final draft of the Digital Strategy.

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)*
Highlights relating to protected characteristics in paper	
None.	

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Telephone number:		Email:	Gordon.flack@nhs.net

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Digital Strategy

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Our vision for digital transformation

If the COVID-19 pandemic taught us one thing – it's that we can go further, faster using digital technology to transform and improve care for our patients.

With a digital first option allowing for longer and richer face-to-face consultations with clinicians where patients want or need it – advances in digital technology are continually opening up new possibilities for the prevention of ill-health and the care and treatment of our patients.

Kent Community Health NHS Foundation Trust (KCHFT) is proud of the leadership role we have played in the Kent and Medway system in terms of digital innovation in the past couple of years. All our strategies recognise the importance of providing high-quality, dynamic and digital services, but this strategy sets out an ambitious three-year vision of how digital will support us to achieve our mission and vision.

It details how we will empower patients in their own care, support decision making, use artificial intelligence to help clinicians apply best practice, eliminate variation and support self-management. The result will be more patient-facing time for frontline colleagues, increased efficiency for support staff and making it easier for everyone to do their job.

As outlined in the NHS Long Term Plan (2019) digitally-enabled care will become the mainstream across the NHS. Priorities include:

- making sure clinicians can access and interact with patient records and care plans wherever they are
- using predictive techniques to support local health systems to plan care for populations
- using intuitive tools to capture data as a by-product of care to empower clinicians and reduce the administrative burden
- encouraging a world leading health IT industry in England with a supportive environment for software developers and innovators.

'This strategy sets out an ambitious three-year vision of how digital will support us to achieve our mission and vision.'

Through our experienced Board and leadership team, we are building stronger relationships with commissioning and provider leaders in the Kent and Medway Integrated Care System (ICS), strengthening the technology capability of KCHFT and driving the integration of services across the local health economy.

Our Digital Strategy underpins this by substantial investment in new digital tools, for example, the deployment of our new electronic patient record system, RiO, which integrates with the Kent and Medway Care Record. Over the next three years we will continue to deliver using our Covid-19 working practices and use these experiences to develop methodologies that are sustainable for the future.

We will focus on developing our digital capability to support the creation and delivery of high-quality services and build on our shared leadership role within the Kent and Medway ICS.

It is our technical colleagues, working closely with clinicians and other team members, who will make sure we deliver our digital aims through their skill, commitment and imagination.

Gordon Flack
Director of Finance and Deputy Chief Executive

Our digital drivers will be to:

- promote and support the use of data to enhance clinical care and patient safety
- reduce unnecessary complexity for staff across our systems
- empower our staff and patients with data while maintaining digital security
- provide rapid access to clinical information.

About our strategy

This Digital Strategy lays out our approach for how digital services will support KCHFT's vision for providing systems and services to support our staff in their mission to provide first class, innovative patient care across the community.

We want to align to central NHS strategic thinking, while also allowing ourselves the opportunity to achieve our digital ambitions. These are to:

Our digital ambitions

- have accessible and integrated technology; giving our staff the digital tools to achieve their ambitions for excellence
- create a digital space that is capable of becoming an integral part of collaborative, shared public health IT services
- create highly secure, innovative and sustainable digital services
- achieve an outward-facing mentality, focused on the digital needs of our patients and staff
- gain better returns on the financial investments we've made in our digital technologies
- have a highly motivated and highly skilled IT workforce.

Our aim is to provide end-user-centric, secure, digital services that are innovative to the benefit of the local health system while being agile enough to evolve with the way that technology is changing. Our organisation will embrace partnerships with other like-minded organisations, learning from each other to achieve success and improve the lives of our patients.

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 goals

- **Prevent** ill health
- Deliver high-quality **care at home** and **in the community**
- **Integrate** services
- Develop **sustainable** services

Our enablers for 2021/22

- **Digital** – having accessible and integrated technology.
- **People** – engaging, developing and valuing our people.
- **Environmental sustainability** – improving our environmental impact.
- **System leadership** – improving population health and wellbeing.

Our values

Compassionate · Aspirational · Responsive · Excellent

Our challenges

Nationally

The challenges facing the NHS are evolving. Not only are we having to live with COVID-19 we also 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.

The NHS Long Term Plan also states that in 10 years' time, the NHS in England will offer a 'digital first' option for most, allowing for longer and richer face-to-face consultations with clinicians where patients want or need it. NHS England has pledged that digitally-enabled care will become 'mainstream' across the NHS over the next decade, and, specifically for digital transformation, set a number of objectives and milestones on the way to that goal:

- In 2021, people will have access to their care plan and communications from their care professionals.
- By 2023/24 every patient in England will be able to access a digital first primary care offer.
- By 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments.
- Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and LHCRs (Local Health Care Records) will cover the whole country.
- Use decision support and artificial intelligence (AI) to help clinicians in applying best practice.
- Use intuitive tools to capture data as a by-product of care in ways that empower clinicians and reduce the administrative burden
- Protect patients' privacy and give them control over their medical record
- Encourage a world leading health IT industry in England with a supportive environment for software developers and innovators.

It is our responsibility to align our objectives in support of the NHS Long Term Plan and be an integral part of digital change to improve the care of our patients.

'This requires more innovative, efficient, digitally focused services that are enablers to allow KCHFT to continue to deliver first class healthcare...'

Locally

There are approximately 1.8 million people living in Kent and Medway. The population of Kent and Medway is rapidly growing and the number of people living in Kent and Medway is predicted to rise by almost a quarter by 2031. 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.

KCHFT is now part of the newly-established Kent and Medway Integrated Care System. The system is 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, which takes a bird's eye view of health priorities for local people and looks 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 brings together 13 organisations into an integrated care system.

North East London has a population of almost two 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.

All of the above requires more innovative, efficient, digitally focused services that are enablers to allow the trust to continue to deliver first class healthcare not just to our patients, but also in collaboration across the ICS area.

Our aims

Our Digital Strategy is an enabler to the achievement of KCHFT's mission. It involves prioritising innovation, transformation, productivity, leadership and partnership working to deliver sustainable and ethical services and support all organisational goals while maintaining alignment to NHS national strategies.

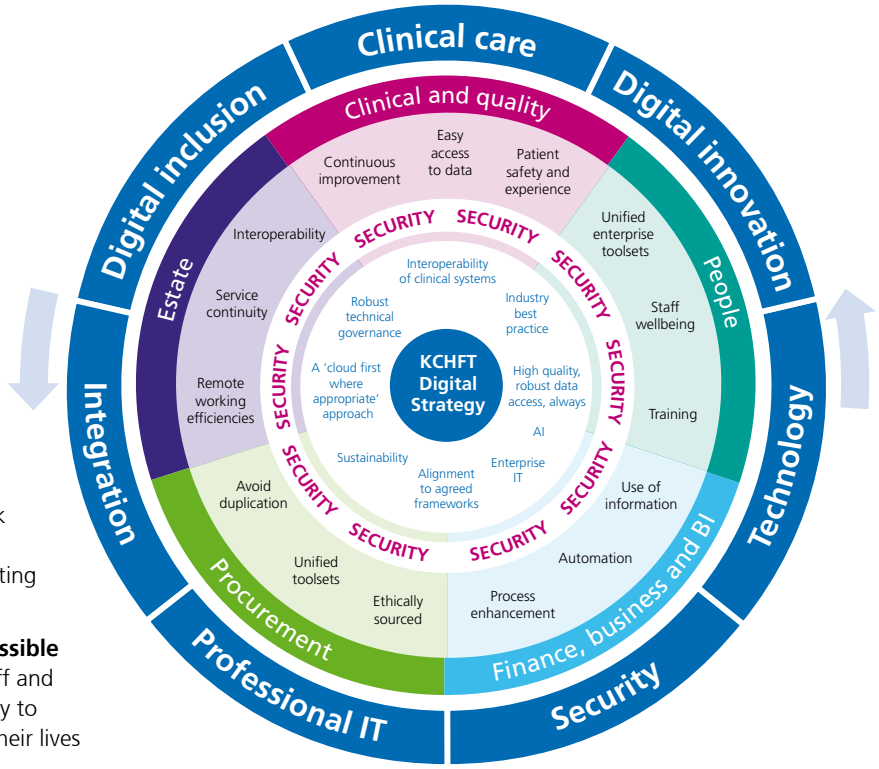
Applied appropriately, digital technology has the capability to enhance many areas of clinical care, as well as providing an environment where patient safety is paramount. This will underpin our reputation for the delivery of high-quality and safe patient care while also enhancing KCHFT's ability to pursue additional business opportunities.

Our Digital Strategy defines an outward looking approach towards digital, creating new ways of working to enable existing services to continue whilst allowing a platform for new solutions to be deployed. Roadmaps will be created, underpinned by strategy to allow new, innovative designs to support our organisational objectives – while also having the flexibility to evolve and make use of emerging technologies as they appear.

We will focus on conception, design and delivery, underpinned by proven and robust frameworks, that collaborate and combine the goals and objectives from across KCHFT.

Our goals:

1. Empower people in their own care.
2. Integrate services.
3. Deliver high quality care at home and in the community.
4. Develop sustainable services.



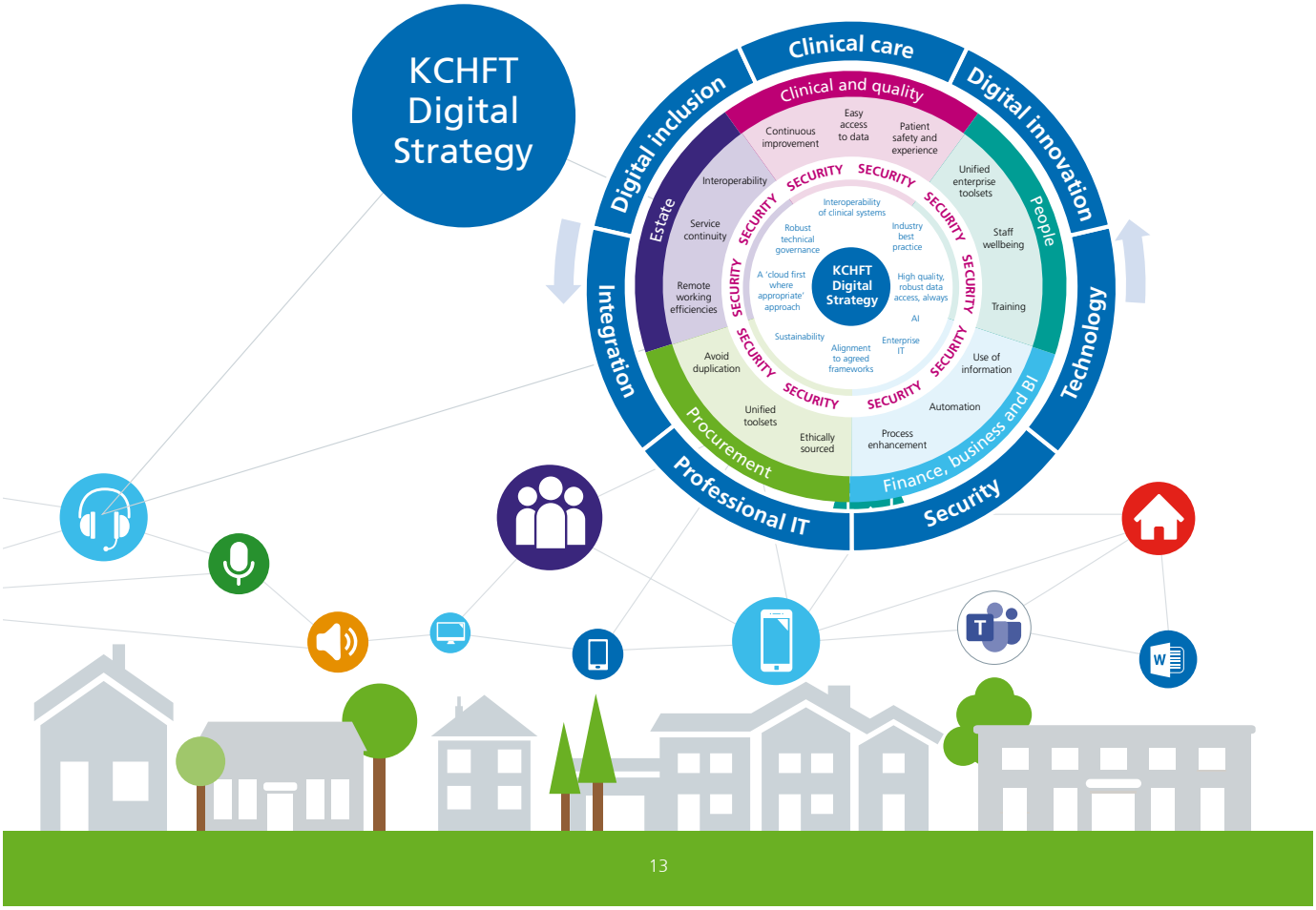
Developing services that align to our organisational goals will make sure KCHFT has processes in place for sustainable development and delivery of digital solutions that continue to support the great work our staff do. We aim to achieve this by implementing solutions that are:

- **Easy to use and accessible** – focusing on how staff and patients use technology to support and improve their lives and daily activities.
- **Innovative** – taking development ideas from end-users and combining these with our knowledge of evolving technologies to deliver new digital solutions.
- **Outward facing** – delivering tangible benefits to the end user which supports care delivery.
- **Dynamic** – solutions that offer flexibility over how they are used with the ability to switch focus depending on requirements.
- **Financially sustainable** – making sure that investments made in solutions deliver the identified benefits for our staff and patients.
- **Conscientious** – promoting the use of ethically sourced and sustainable third-party goods and services.
- **Technically secure** – maintaining high levels of protection of our digital assets wand information

The digital strategy

Aim	Ambition	Digital focus
Clinical and care	We will adopt a user first approach to create simple, efficient and user-friendly digital solutions.	• Designing systems with the end-user in mind. • Make digital solutions easy to use, efficient and effective.
Digital inclusion	We will design new services that are digitally inclusive, aligning our digital inclusion standards with national ones, so staff and patients can access digital solutions when and where they need to.	• IT to be digitally inclusive for all from development to use by the end-user. • Design IT systems that align with organisational requirements and the needs of staff and patients.
Digital innovation	We will support digital innovation that benefits patient care and service delivery.	• Share ideas between our services and other NHS organisations. • Improve internal communication on strategies and ideas for current and future needs. • Use of automation to improve efficiency and security of design and rollout of systems. • Reduce duplication and unnecessary processes. • Enhance relationships and stimulate fresh thinking.
Integration	We will work more closely with other trusts and partners and introduce systems that can more easily 'talk' to each other, allowing patient information to flow across care settings.	• Reduce the barriers between different systems and organisations including broader partnerships. • Improve access for staff to patient data. • Reduce time spent on multiple systems. • Build relationships with smaller providers, for example, pharmacies, care homes and private providers.

Aim	Ambition	Digital focus
Professional IT	We will use best practice to inform our approach to implement and support digital solutions and technology that makes a tangible, positive difference to the experiences of staff and patients.	• Introduce frameworks to bring together service design and delivery into a joined-up, repeatable and achievable pattern. • Adopt industry standards and best practice for the delivery and management of digital solutions and support services.
Security	We will continue to make sure digital solutions and technologies that we manage, as well as the data and information that they hold, are secure from threats.	• Run the most up-to-date versions of systems so security patches and updates are supported and effective. • User-authentication is secure. • Our digital infrastructure is fully protected.
Technology	We will have an 'internet-first' approach; where possible, digital service design options will be cloud-based.	• Systems can be scaled-up if needed. • Systems and services can interact. • Accessible from anywhere. • Make use of industry best practice to improve third party support and warranty.



Clinical and care

Year one

- Make RiO available to staff on tablet devices.
- Introduce a RiO user forum to support the on-going review and development of the system.
- Expand the use of voice recognition software across KCHFT to reduce the need for manual data entry.
- Start work on giving patients access to their health records through My Care Record Kent and Medway.
- Implement an electronic prescribing and medicines administration system.
- Trial a bed management and patient flow solution.
- Start work on a solution for online clinical appointment booking for patients.
- Review the systems used for virtual consultations to make sure patients and staff are getting the best experience from them.
- Build 'user first' priority thinking into all projects.
- Improve communication and information flows to frontline staff.
- Support business transformation and cultural changes as an outcome of digital developments.

Year two

- Recruit Chief Information Officers for clinical directorates.
- Implement remote diagnostic technologies to monitor patients in real-time.
- Introduce technologies that support patients to manage their own care more effectively.
- Develop our website and intranet to be our main platform for digital access.
- Align our support service with users to offer technical and access support as services move to deliver 24/7 care.

Year three

- Develop full use of systems and networks to support the flow of patient data and service delivery.
- Adopt a consistent approach to data management and access.

We will know we have it right when:

- Staff will be able to access systems from a device that is right for their role.
- Patients will be able to book and manage their appointments online.
- Staff will be able to monitor and review their patients' medications and vital signs remotely.
- Patients will be able to access their health records online.
- Staff will be able to propose changes and developments to the RiO system.
- Chief Information Officers have been appointed in each clinical directorate.

Digital inclusion

Year one

- Create focus and engagement groups (including staff, patients and volunteers) to improve how we develop and use our digital solutions.
- Introduce digital champions to support staff and patients in accessing digital solutions.
- Develop the digital competency and confidence of our staff through training and support, for example, digital drop-in clinics; bite-size videos on how to use RiO, MS Teams, MS Word; modular digital training sessions to build basic skills and confidence.
- Review the use of virtual consultations so all patient groups can access services in the way they need.
- Align service design to national guidance for digital inclusion.
- Create a culture of inclusive thinking for service design and delivery.
- Introduce staff and patient surveys to measure and learn from end-users' experience of digital solutions.

Year two

- Build on digital access for hard-to-reach and vulnerable groups, for example, disability or translation requirements.
- Work with partner organisations to provide patients with access to digital equipment.
- Introduce patient forums for digital services to help us shape how we deliver digital solutions in the future.
- Service shift to providing patients with direct access to their own information.
- Offer a choice of digital solutions to patients for how they can access our services, for example, video calls, web-chats, SMS messaging, voice recognition.

Year three

- Partner with other agencies, for example, pharmacies, local authorities, voluntary sector, so people can get online easily and with support.
- Identify further ways to help people access digital services.

We will know we have it right when:

- Staff will have received the right training for their role and will feel confident to use digital systems.
- Increased digital inclusion for people who might not normally be able to access it.
- A year on year increase in uptake in use of digital solutions in hard-to-reach and vulnerable groups.
- Implemented an approach for monitoring digital inclusion for our patients and staff and set targets to increase.
- Partnered with local councils and the voluntary sector to issue our patients with digital technology.
- Digital champions have been appointed to support patients and staff to increase their confidence in using digital technology.
- 90 per cent of end-users are satisfied with their experience of using digital solutions.

Digital innovation

Year one

- Expand the use of artificial intelligence (AI) to speed-up processes.
- Explore the opportunities for having remote triaging available in our minor injury units/ urgent treatment centres.
- Introduce apps from the NHS App Library.
- Continue knowledge sharing between clinical and digital teams to understand new developments and improve the end-user experience.
- Horizon scanning and forward view to identify and pilot emerging technologies.
- Use of data to enable better patient care.

Year two

- Develop in-house apps and digital solutions.
- Work with partner health and social care providers to maximise the benefits from digital solutions.
- Explore the use of virtual reality and AI to support the delivery of clinical care and decision making.

Year three

- Partner with digital industry providers to jointly develop and support our digital services.
- Work with partner NHS and social care organisations to introduce digital innovation hubs across the county.

We will know we have it right when:

- All services will be represented on regular digital innovation forums to bring forward new ideas.
- 20 per cent of current administrative processes to be undertaken by AI.
- Apps developed in-house or approved for use across the NHS are made available to our services and patients.
- Partnering agreements are in place with leading digital industry providers.
- Reduced steps in trialling and on-boarding new technologies.

Integration

Year one

- Access to the Kent and Medway Care Record system from within RiO.
- Start linking RiO to other KCHFT clinical systems.
- Work with partner NHS organisations to implement a Kent and Medway solution for clinicians to order blood tests and x-rays and view results.
- Develop forms within the Kent and Medway Care Record to allow clinicians to record clinical information.
- Align RiO to the clinical systems used in partner organisations.

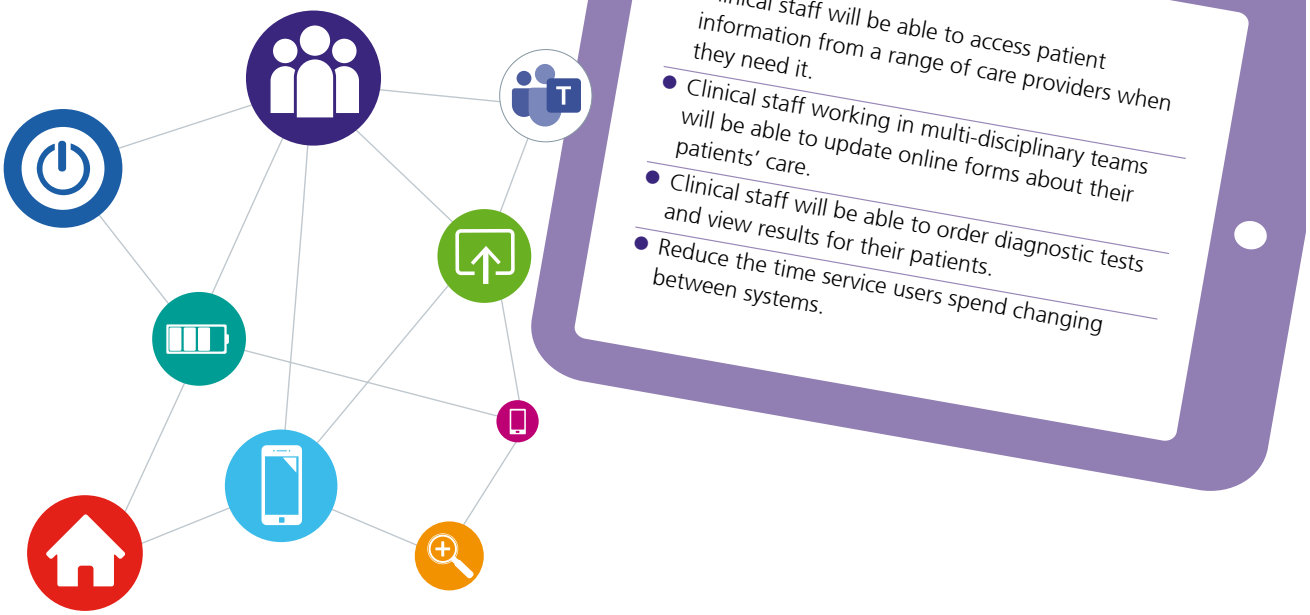
Year two

- Access to the Kent and Medway Care Record system from all KCHFT clinical systems.
- RiO linked to all KCHFT clinical systems.
- Work with other providers, such as pharmacies and care homes, to facilitate quick and effective care through access to the Kent and Medway Care Record.
- Review data flows to cut down duplication of data entry and reporting.

Year three

- Wider Kent and Medway Care Record system access and integration.
- Reduce unnecessary time spent switching between systems to ensure consistent access to data, with a focus on accuracy, relevance and quality.

We will know we have it right when:



- Clinical staff will be able to access patient information from a range of care providers when they need it.
- Clinical staff working in multi-disciplinary teams will be able to update online forms about their patients' care.
- Clinical staff will be able to order diagnostic tests and view results for their patients.
- Reduce the time service users spend changing between systems.

Professional IT

Year one

- Enhance our technical processes and standards.
- Develop the way we purchase technology to make sure our suppliers can demonstrate their products and components, are sustainable and ethically sourced.
- Create an 'Enterprise' (whole system) mindset through adoption and integration of proven frameworks and process to enhance digital service delivery.
- Build best practice into our culture.

Year two

- Service desk to deliver against industry standards and be accredited by the Service Desk Institute.
- Start accreditation to industry standards for all IT services.
- 'As a service' approach to creation and delivery of digital tools and assets.
- Development of full and matured change management programme.
- Implementation of industry standards and best practice for the delivery of digital support services.

Year three

- Digital support services accredited to industry standards.
- Reduce reliance on capital financing.
- Streamlined revenue costs for digital services.

We will know we have it right when:

- Enterprise frameworks in relation to service delivery, service design and governance have been adopted.
- Digital support services have been accredited against industry standards.
- Processes are in place for inter-departmental communication covering service design, specification, delivery, procurement, security and resource management.

Security

Year one

- Update our security processes to meet all compliance-based requirements including the Data Security and Protection Toolkit, Cyber Essentials Plus, IT Health Check.
- All staff to understand how security supports the digital services they use in their day-to-day roles.

Year two

- Security architecture development to support shift in service delivery to 'internet first'.
- All technical staff to have achieved cyber security certification that is appropriate to their role.

Year three

- Review and maximise security in all digital systems through understanding and familiarity.
- Provide staff with a suite of strong and useful security tools on all platforms.
- Integrate our existing cyber security products to meet our needs.

We will know we have it right when:

- Staff understand what cyber security threats are and what they need to do if they encounter one.
- Cyber Essentials Plus accreditation has been achieved.
- Compliance with the standards in the Data Security and Protection Toolkit has been achieved.
- Recommendations from our IT Health Check have been implemented.
- Staff understand that security is not a barrier but a tool to support safe service delivery.

Technology

Year one

- Review the apps that form Office 365 and plan for the deployment of those that would benefit our staff and services.
- Map the digital equipment and system needs for all roles within KCHFT issuing equipment as required.
- Implement an 'always on' solution, allowing devices to remain connected to KCHFT's network.
- Trial the use of roaming data SIMs in mobile devices to make sure staff can stay connected when working in the community.
- Work jointly with the Estates Team to make sure technology supports the changing uses of KCHFT's buildings.
- Deliver telephony solutions that allow staff to be contacted from wherever they are working.
- Implement 'internet first' solutions where appropriate.
- Produce a technical roadmap that will detail the steps required to deliver the 'internet first' solutions.

Year two

- Maximise the use of Office 365 across KCHFT.
- Consolidate existing digital services to support migration to 'internet first' technologies.
- Continuous alignment and engagement with the wider NHS, learning from technical innovations and deployments in other organisations.

Year three

- Unification of digital and technological assets across KCHFT.

We will know we have it right when:

- Staff have access to the right devices to enable them to do their job.
- Devices can connect to the network automatically.
- Office 365 apps are used widely across KCHFT.
- Staff are able to make telephone calls from a range of digital devices.
- Our buildings have the right levels of technology available within them to support new ways of working.
- Created a culture of 'user first' thinking for all technical deployments.
- Adopted of an 'internet first' approach where possible.

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Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	2.3
Agenda Item Title:	Ruby Ward Consultation Response
Presenting Officer:	Gerard Sammon, Director of Strategy and Partnerships
Action – this paper is for:	☒ Decision ☒ Information ☐ 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?
This paper contains the summary consultation document and the draft Trust response to the proposed relocation of Ruby Ward (a mental health inpatient unit providing care for older adults) from Medway Maritime Hospital to a new purpose-built unit on Kent and Medway NHS and Social Care Partnership Trust's (KMPT) Maidstone site. A full set of documents, including the pre-consultation business case can be found at: https://www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward

Summary of key points

The Trust is supportive of the change but identifies two disadvantages concerning patient discharge and travel times which should be mitigated against.

The final response to the consultation will then be made before the deadline on the 21 September.

Proposal and/or recommendation to the Committee or Board

The Board is asked to agree the draft response as attached.

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

Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.	*(please provide a summary of the protected characteristic highlights in your paper)*
Highlights relating to protected characteristics in paper	

Name:	Gerard Sammon	Job title:	Director of Strategy and Partnerships
Telephone number:	01622 211902	Email	Gerard.sammon@nhs.net

Kent Community Health
NHS Foundation Trust

RUBY WARD CONSULTATION RESPONSE

1.0 Introduction

This paper sets out the Trust's draft response to the proposed relocation of Ruby Ward (a mental health inpatient unit providing care for older Adults) from Medway Maritime Hospital to a new purpose-built unit on KMPT's Maidstone site.

A summary of the consultation can be found at the end of the response and a full set of documents, including the pre-consultation business case, can be found at: https://www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward.

2.0 Response to the consultation

The consultation response is set out below;

1. **To what extent do you agree or disagree that the reasons why the NHS wants to relocate Ruby Ward have been clearly explained? (Section 3 of the consultation document)**

   Agree fully

2. **If you don't think the reasons for change have been clearly explained, please tell us what other information you need.**

   Not applicable

3. **To what extent do you agree or disagree that this will improve care for patients on Ruby Ward and better address the needs of the Kent and Medway population?**

   Agree fully

4. **To what extent do you agree or disagree with the proposal to relocate to a purpose-built unit next to Maidstone Hospital?**

   Agree fully

5. **We recognise that some staff, patients, their carers, or their family could have to travel further compared to now if the proposals are implemented. Some would have a shorter journey. To what extent do you think it would be reasonable to travel further if there was a new purpose-built facility?**

   Agree fully

6. **To what extent do you think that the proposals overall will improve the experience for patients and their families?**

   Great improvement

7. **If you think the proposal has disadvantages, how could we reduce them?**

   Whilst we support the proposed re-location of Ruby Ward, we consider that there are two potential disadvantages which could be mitigated against.

   Firstly, the relocation could disrupt the discharge pathways for Ruby Ward patients. Effective partnership working and co-ordination is crucial to minimising delayed transfers of care (DToC). Effective discharge pathways and good working relationships will need to be established at an early stage of the project. Pathways will need to be flexible enough to respond to any disruption arising from the relocation. We note the suggestion in the business case that the relocation will reduce length of stay for patients on Ruby Ward. Naturally, this will be optimised with proactive planning and communication across health, social care and the voluntary sector and this needs in the first instance to be considered at a Kent and Medway system level.

   Secondly, the increased travel times are highlighted in the Integrated Impact Assessment (IIA) and we also know that regular contact with loved ones during an inpatient stay is critical to wellbeing and recovery. As noted, subsidised public transport or volunteer patient transport will mitigate this risk, but consideration could also be given to subsidised transport for carers and relatives for a period of time to assess its impact.

8. **Are you aware of any other potential options or locations that would meet the criteria outlined in Section 4 of the consultation document, that we should take into consideration?**

   No

9. **Is there anything else you think we should consider or be aware of before making our final decision?**

   1. KCHFT is committed to working collaboratively with Kent and Medway CCG, Kent and Medway Partnership Trust (KMPT) and other partners to ensure a successful relocation of Ruby Ward and to maximise the potential health gains for some of our most vulnerable patients. We note that the proposal involves a 14% increase in bed capacity whilst the clinical model and revenue costs remain unchanged. As a health and social care system partner, we would welcome involvement at an early stage about whether the increased

bed capacity will require any support and to hold early discussions on the practical steps needed to establish pathways to minimise DToC.

2. Any other opportunities that are identified as part of the consultation process which serve to reduce health inequalities between our most and least deprived populations should be taken into account and wherever possible addressed in the Pre Consultation Business Case (PCBC).

3. KCHFT welcomes the Community Mental Health Transformation Programme and the commitment to increasing community mental health capacity. However, we recognise that the programme will create further uncertainty about future levels of demand for inpatient beds. Consideration could be given about how the new Ruby Ward facility is designed to enable adaptation for alternative use if the system is successful in reducing inpatient admissions over the medium to long term.

3.0 Recommendation

The Board is asked to agree the draft response.

Gerard Sammon
Director of Strategy and Partnerships
1 September 2021

NHS
Kent and Medway
Clinical Commissioning Group

Improving inpatient mental health care in Kent and Medway

Our summary consultation document

3 August to
21 September 2021

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1 Eradicating mental health dormitory wards

The NHS in Kent and Medway is working to improve mental health care. Part of this work includes replacing old fashioned 'dormitory' style wards for mental health patients.

The Government has promised to eradicate mental health dormitory wards by 2024. They have given NHS organisations money to help achieve this.

Kent and Medway NHS and Social Care Partnership Trust (KMPT) has been allocated **£12.65 million** to replace their last remaining dormitory ward – Ruby Ward, which is based in Medway Maritime Hospital. Ruby Ward currently provides inpatient mental health care for older female adults, aged 65 years or over.

This funding means that every patient that needs to be admitted for inpatient mental health care in Kent and Medway should be able to have their own individual room.

We are now consulting on a proposal to relocate Ruby Ward from Medway Maritime Hospital to a new purpose built unit on KMPT's Maidstone site (adjacent to Maidstone Hospital). The consultation runs until midnight on Tuesday 21 September 2021.

This is a summary of our consultation document. If you would like to find out more detailed information, read the full consultation document and complete the consultation questionnaire, please visit our website at: www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward or call us on: 01634 335095, option 2.

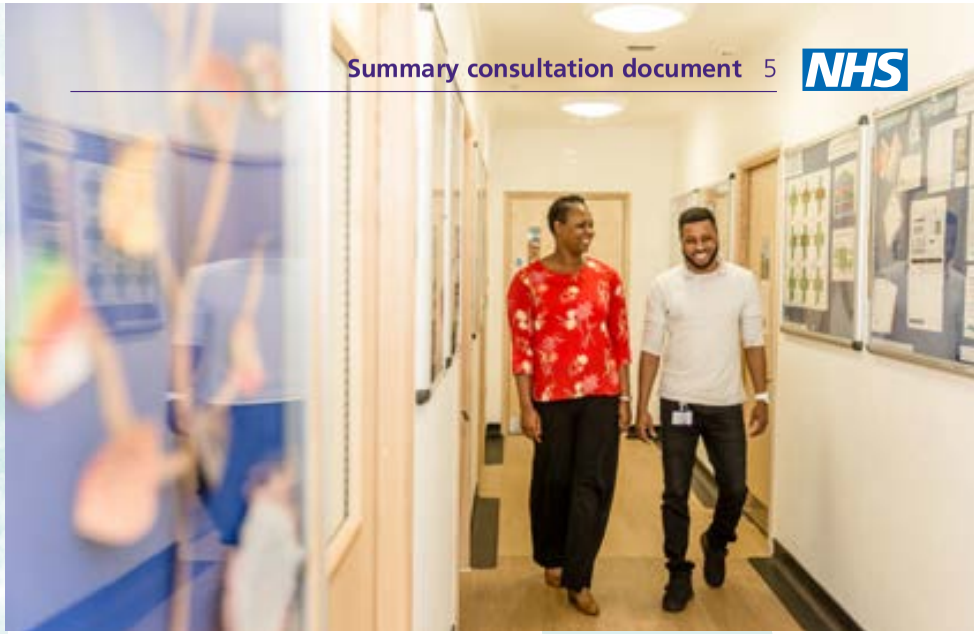
We look forward to hearing your views.

2 About our current services

Our aim for people with mental health problems, including older adults, is to help them stay as well as possible and remain in their own home or usual place of residence. The vast majority of care we provide takes place in the community, in or near to people's homes, delivered by community mental health teams.

However we do have five older adult mental health inpatient wards across Kent and Medway for those who need it.

Mental health inpatient beds for older adults in our area are provided on a Kent and Medway-wide basis. There are no 'local' beds allocated to particular communities – all mental health inpatient services are provided for all Kent and Medway residents. People who need a stay in hospital are admitted to the most appropriate ward with the right specialist team to meet their individual needs.



3 About Ruby Ward

Ruby Ward provides mental health inpatient care for older adults from across Kent and Medway.

Ruby Ward is based at Medway Maritime Hospital in Gillingham but run by Kent and Medway NHS and Social Care Partnership Trust (KMPT) which provides most of the mental health care in Kent and Medway.

Ruby Ward has 14 beds, although the current layout means that it can only accommodate 10 patients at a time. Because of the communal bed bays Ruby Ward currently only admits female patients.

Whilst Ruby Ward is located in Medway, it provides care for patients from across Kent and Medway. More information about where patients have come from over the last five years can be seen on our website or in the main consultation document.

4 Our case for change: Why we need to move Ruby Ward

Old-fashioned dormitory style wards, where several beds are in a room together, are no longer considered best practice for mental health patients or staff. They can compromise the safety, dignity, and privacy of mental health patients, who tend to have inpatient stays for a number of weeks rather than just a few days.

Bed bay

The current Ruby Ward was designed for patients with physical health problems, not for patients needing a long stay in hospital due to mental health problems.

Garden

Some of the specific challenges with Ruby Ward include:

- Open plan bays with only curtains separating beds
- Shared bathroom facilities
- Only one small lounge area, which doubles up as space for visitors
- No direct access to outdoor space
- A first floor location which is not ideal for those with limited mobility.

Lounge

The current location (separate from other specialist inpatient mental health services) and layout of Ruby Ward impacts staff too, for example:

- It is difficult to get specialist advice and support from other mental health professionals
- It is difficult to arrange cover during busy times
- An old fashioned working environment makes it harder to attract and retain staff
- It can impact on staff morale because it is not as easy to provide best practice care for patients.

Staff on Ruby Ward provide good and compassionate care to patients, but the layout makes it hard to provide a range of therapeutic activities (such as counselling sessions; group, art, or music therapy; and help with relearning everyday living skills). This means that it can take longer for patients to recover and return home.

The average time people spend on Ruby Ward is 66 days

– the longest of all the older adults' mental health inpatient wards in Kent and Medway.

Replacing Ruby Ward with modern purpose-built facilities is likely to improve the individual care that can be given to patients, meaning they recover faster and can go home sooner.

5 Finding a new location for Ruby Ward

We looked at whether we could convert the current location of Ruby Ward to meet the required standards, but our assessment has shown this would not be possible. Therefore we carried out a detailed process to identify a suitable new location.

Initial review of potential sites

KMPT prepared a bid for government funding to replace dormitory wards. The criteria for awarding the funding were:

- Money would only be awarded to the providers of services (not commissioners)
- Any money awarded would have to be spent on a site owned by KMPT
- There was no extra government money available to help KMPT buy additional land

Developing criteria

Five criteria were developed to help identify potentially suitable sites for the new location of Ruby Ward (these are described in detail overleaf)

Assessment of potential sites against criteria

A list of potential sites was developed and then sites were tested against the criteria to see if they would be suitable

Preferred option

Following the assessment, a single preferred option was identified for the new location of Ruby Ward.

The sites we considered

We assessed potential locations for Ruby Ward against the following criteria:

- **Scale:** is the potential site big enough for 16 single ensuite bedrooms and therapeutic areas?
- **Availability:** is it available immediately or in the very near future so the unit can be built by the end of 2022?
- **Located with other mental health services:** is it close to other inpatient mental health services so there is easy access to a range of specialists?
- **Located with general hospital services:** is it close to other general hospital services so there is easy access to physical healthcare if needed?
- **Site ownership:** do KMPT own the site or would it be possible to acquire it within the timescale?

The table opposite shows the different sites we considered and how they were assessed against the criteria.

Site	Scale	Availability	Alongside mental health services	Alongside an acute general hospital	Site ownership
Adaptation or refurbishment of existing Ruby Ward facility	✗	✓	✗	✓	✗
Wider Medway Maritime Hospital estate	?	✗	✗	✓	✗
Newhaven Lodge, Gillingham	✗	✗	✗	✓	✗
Disablement Services Area, Medway Maritime Hospital	?	✗	✗	✓	✗
St Marks, Gillingham	✗	✗	✗	✗	✗
57 Marlborough Road, Gillingham	?	?	✗	✗	✗
Marlborough Road Annex, Gillingham	✗	?	✗	✗	✗
Kingsley House, Gillingham	✗	✗	✗	✗	✗
Tintagel Manor, Gillingham	?	✗	✗	✗	✗
Clover Street, Chatham	✓	?	✗	✗	✗
Darland House, Gillingham	✗	?	?	✗	✗
Canada House, Gillingham	✓	✗	✗	✗	✗
Elizabeth House, Rainham	✗	✗	✗	✗	✗
Ambulance station at Star Mill Lane, Chatham	?	✗	✗	✗	✗
Harmony House, Rochester	✗	✗	✗	✗	✗
KMPT's Maidstone site	✓	✓	✓	✓	✓

The site that evaluated most favourably against our criteria was the Hermitage Lane KMPT Maidstone site, next to Maidstone Hospital.

You can find out more about how we identified a suitable new location for Ruby Ward in our full consultation document on our website at **www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward**

6 Listening to our staff, patients, and the public

What we have heard so far

Feedback from staff and patients has been remarkably similar. Key points include:

- Recognition that old-style dormitory wards make it harder to offer best practice care for mental health patients
- Concerns from patients that the setup of the current Ruby Ward sometimes makes it hard to maintain confidentiality, privacy and dignity
- Concerns from staff that the current ward is not very flexible and has limited space
- Agreement that a new build unit with single ensuite rooms would improve patient experience and make it easier to offer good quality care
- Requests for the new unit to have outdoor spaces and flexible multi-purpose areas for therapies, visitors, relaxation and quiet areas.

Some concerns have also been raised about the proposal to relocate Ruby Ward from Medway to Maidstone. Particularly about how it will impact staff who don't drive and people who live in deprived communities who may not have access to private transport to visit loved ones in hospital.

How feedback has informed our proposal

We have listened to the feedback we've heard during the pre-consultation phase and used it to inform our proposal. We have:

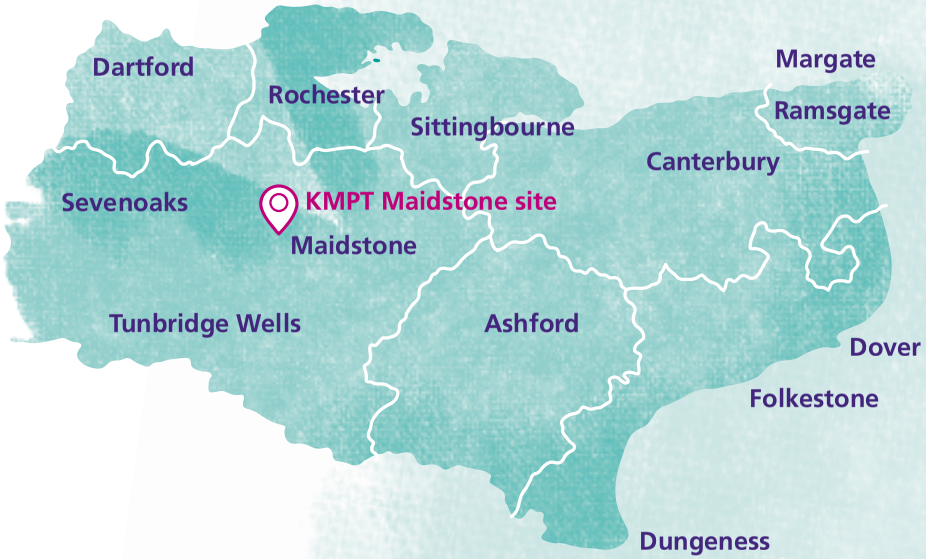
- reviewed a number of additional potential site options suggested by councillors
- included suggestions from patients, staff, and carers into the design of the potential new unit
- made sure our consultation activity will focus on deprived areas and areas of lower car ownership
- included example patient stories in the consultation document to help explain the difference the proposals could make.

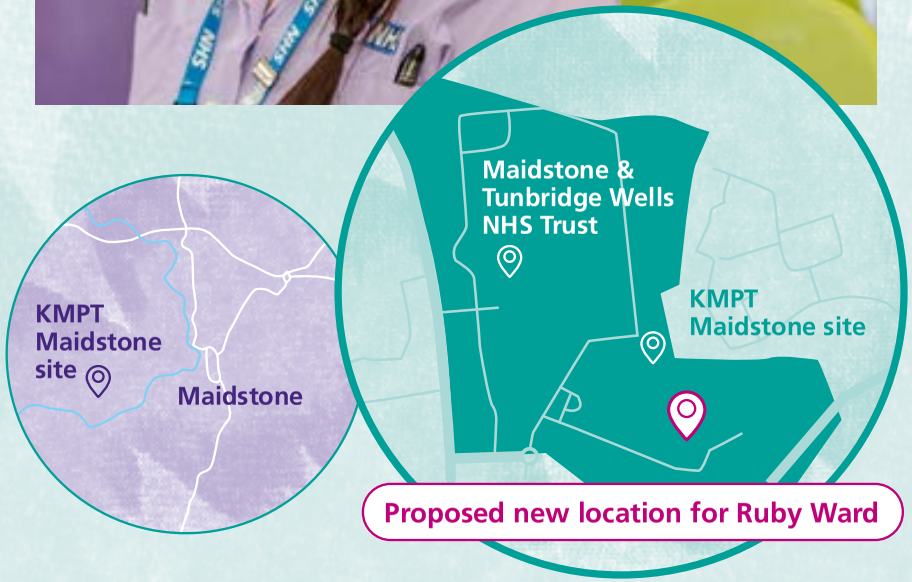
7 Our proposal

Our proposal, that forms the basis of this consultation, is to build a new mental health unit for older people at Kent and Medway NHS and Social Care Partnership Trust's (KMPT) Maidstone site, which is adjacent to Maidstone Hospital.

We are not proposing any significant changes to the way care is provided on Ruby Ward but we expect the new unit would enhance care with more therapeutic activities available in a fit for purpose unit.

Location of KMPT Maidstone site and proposed new location for Ruby Ward





Design, layout, and facilities

The new unit to house Ruby Ward would have 16 single ensuite rooms (as well as larger bathrooms to support patients with additional needs), all on the ground floor and with easy access to carefully designed outside spaces. In addition, there would be therapeutic and rehabilitation areas (for example to practise daily living activities such as using a kitchen safely) and dedicated space for visitors.

The proposed new unit would be designed with a light, airy and spacious feel to create a pleasant environment for patients and staff, and to support recovery. The images below show examples of what the proposed new unit could look like.

Entrance of proposed new unit

Bedroom

Garden

Dining room

8 Potential impact of our proposals

Overall, we believe that the proposal we are consulting on has many more advantages than disadvantages, compared to now.

Advantages
16 single ensuite bedrooms, designed specially around care needs, providing privacy and dignity and allowing for mixed sex accommodation in line with national standards and priorities for mental health care
Better designed facilities that allow for a wider range of therapeutic care to be offered is expected to help people recover faster and get home sooner. The aim is to reduce the average length of stay from 66 to 55 days, in line with other older adult mental health inpatient wards in Kent and Medway
Ground floor, single storey accommodation with attractive, easily accessible garden areas designed to provide patients with places for relaxation, socialising and activities
Ensuite bathrooms as well as larger assisted bathroom areas for patients with additional needs or disabilities
Dedicated indoor and outdoor space for visitors, and lounge and outdoor space for patients
Designed to ensure optimal lines of sight for staff, reduce blind spots, and have anti-ligature features to help keep patients safe. Infection control measures can be put in place with ease
Support from other medical, psychological, therapeutic, and nursing staff will be available nearby if required

Potential disadvantage	How we would address this
Changes to services can be confusing and unsettling for patients, families, and staff	• Regular updates and information about the new unit for patients, staff, stakeholders and wider NHS • Involving patients and staff in the plans for the new unit
There could be a perception that moving Ruby Ward from its current location and relocating it in Maidstone means it is 'closed' and not available for the people who need it	• Explain that older adult inpatient services are provided on a Kent and Medway-wide basis and that there are no mental health inpatient services dedicated to specific geographical areas • Share information about the wide range of community-based mental health services for older adults provided in Medway • Continue to improve care in a way that reduces the need for hospital admissions
Our proposal would mean potentially longer, more complex and expensive journeys for some staff and visitors (although for others, it will mean shorter journey times)	• Provide information about transport and travel options for staff and visitors to the new location • Look at increasing capacity in existing community transport services and developing new services • Continue to support the use of technology and 'virtual visiting' in addition to face-to-face visits • Ensure staff can find alternative roles in Medway if they don't want to work in Maidstone • Continuously review the impact of the changes on patients, staff and visitors

9 Next steps

After the consultation closes, an independent organisation will review the feedback we have received and prepare a report. We will carefully consider this alongside the other evidence and information we have. We expect to make a decision about whether to proceed with the proposal by late November 2021, so Ruby Ward can be replaced in late 2022.

10 Sharing your views

You can find lots more information about the proposal and complete the consultation questionnaire on our website at www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward

The questions we are asking you as part of this consultation

We have four key questions we are looking to hear your views on, these are:

- Do you think there are clear reasons to move Ruby Ward to a new location?
- What do you think about our proposal to relocate Ruby Ward to a purpose built unit in Maidstone?
- What do you think are the advantages and disadvantages of the proposal we are consulting on?
- Are there any other options, evidence or information we should consider before making our final decision?

You can also contact us by email at kmccg.engage@nhs.net, by phone on 01634 335095, option 2, or by writing to us at Freepost KENT AND MEDWAY NHS, Ruby Ward Consultation.

Please spend a couple of minutes letting us know your views. Your feedback is important to us and will help us make the best decisions as we plan healthcare for people who live in Kent and Medway. We need to hear from you by midnight on 21 September 2021.

@KMhealthandcare

@KentMedwayHealthandCare

Translation/alternative format information

If you would like this document in an alternative format or language, please contact us on kmccg.engage@nhs.net

Jeśli chcesz otrzymać ten dokument w alternatywnym formacie lub języku, skontaktuj się z nami pod adresem kmccg.engage@nhs.net

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Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	3.1
Agenda Item Title:	The Constitution
Presenting Officer:	Natalie Davies, Director of Corporate Services
Action – this paper is for:	☒ Decision ☐ Information ☐ 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?

A number of amendments to the Trust's Constitution were agreed by the Council of Governors at its meetings on 31 July 2019, 11 November 2020 and 21 July 2021.

Summary of key points

The amendments related to

- The removal of the requirement to nominate a non-executive director to oversee the NHS security management service
- An amendment to the composition of the Council of Governors
- An amendment to the maximum term of office for Appointed Governors
- the renaming of the constituency of Shepway to Folkestone and Hythe
- the terms of office for elected governors to be extended to a maximum of three terms (9 years), removing the requirement to stand down after the 2nd term (6 years).

The full Constitution can be found in the supplementary pack.

Proposal and/or recommendation to the Committee or Board

For the Board to approve.

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*	☐ Yes *(please attach)*

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.*	☒ No *(please provide a summary of the protected characteristic highlights in your paper)*
Highlights relating to protected characteristics in paper	

Name:	Natalie Davies	Job title:	Director of Corporate Services
Telephone number:	01622 211904	Email	natalie.davies1@nhs.net

Kent Community Health
NHS Foundation Trust

THE CONSTITUTION
SUMMARY OF AMENDMENTS

1. Introduction

The paper outlines the amendments to the Constitution of the Trust which were agreed by the Council of Governors at its meetings on 31 July 2019, 11 November 2020 and 21 July 2021.

2. Agreed by the Council of Governors - July 2019

- The removal of Paragraph 2.17 "The Trust shall nominate a Non-Executive Director to oversee the NHS security management service which will report to the Board".

- The amendment to the Partnership Governors listed under 1.1.4 and 2.2 of Annex 2 – Composition of Council of Governors.

3. Agreed by the Council of Governors - November 2020

In order to recognise the unique contribution the Appointed Governor brings, being nominated from a partners organisation, it was agreed that the maximum term of office for Appointed Governors be removed completely.

4. Agreed by the Council of Governors - July 2021

- Constituency of Shepway to be renamed as Folkestone and Hythe.
- Term of office for Elected Governors to be extended to a maximum of three terms (9 years), removing the requirement to stand down after the 2nd term (6 years).

Recommendation

The Board is asked to approve the revised Constitution.

Natalie Davies
Director of Corporate Services and Trust Secretary
September 2021

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	3.2
Agenda Item Title:	2020/21 Annual Report and Accounts
Presenting Officer:	Natalie Davies, Director of Corporate Services
Action – this paper is for:	☒ Decision ☐ Information ☐ 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 annual report and accounts have been prepared on the basis that the Trust is a going concern as endorsed by the Finance Business and investment Committee.

The Audit and Risk Committee met on 7 June to receive from external audit an updated draft assurance report which indicated an expectation of an unqualified opinion subject to final work. The Committee agreed to recommend the accounts and annual report to the Accounting Officer and Board for approval.

The Board approved the annual report and accounts at its Board meeting on 17 June 2021.

The final audit opinion has been received and the document will be laid before Parliament in the coming weeks.

Summary of key points

This report provides the Trust Annual Report and Accounts incorporating the Annual Governance Statement.

The full document can be found in the supplementary pack.

Proposal and/or recommendation to the Committee or Board

Presented to the September public board for formal noting.

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*	☐ Yes *(please attach)*

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.*	☒ No *(please provide a summary of the protected characteristic highlights in your paper)*
Highlights relating to protected characteristics in paper	
No equality impact	

Name:	Gordon Flack	Job title:	Director of Finance and Deputy Chief Executive
Telephone number:	01622 211934	Email	Gordon.Flack@nhs.net

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	3.3
Agenda Item Title:	2020/21 Quality Account
Presenting Officer:	Dr Mercia Spare, Chief Nurse
Action – this paper is for:	☒ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the Committee or Board?
Patients want to know they are receiving the very best quality of care. Providers of NHS healthcare are required to publish a quality account each year.

The Quality Account describes and delivers assurance of the view of quality of relevant health services provided or subcontracted by Kent Community Health NHS Foundation Trust (KCHFT) during 2020/21. It details the quality of care in relation to the 2020/21 priorities and the quality goals for 2021/22. It has been prepared in accordance with the NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality account regulations).

For 2020/21 Quality Accounts, the guidance received was that they were not expected to be required by 30 June, however in May a communication was received from the Department of Health and Social Care that NHS trusts need to publish their quality accounts with assurances by 30 June to comply with regulations. NHS foundation trusts are not required to include a quality report in their annual report for 2020/21.

The 2020/21 Quality Account has been reviewed by the Executive management team and was recommended to Board by the Quality Committee in June. The Quality Account was presented at June Board so that it could meet the required 30 June publication date.

The Quality Account was submitted to NHS England and Improvement on Monday 28 June in accordance with regulation. The Quality Account is presented to September's public board for formal noting.

Summary of key points

The 2020/21 quality account does not represent the totality of the KCHFT quality portfolio and has been developed in line with NHSI detailed reporting requirements for quality accounts:

Part 1: Statement on quality from the chief executive
Part 2: Priorities for improvement and statements of assurance from the board – the statements of assurance have been prepared in the exact from as specified by the quality account regulations.
Part 3: Overview of quality of care.

The progress of the 2020/21 quality priorities includes narrative detailing where the COVID-19 pandemic has impacted achievement and the plans to continue these ambitions to ensure that the full benefit to patients will be realised.

For the three quality priorities that were not achieved, there is a clear programme of work to drive delivery as part of the people strategy and quality strategy:

- *A two per cent reduction in the annual staff survey of KCHFT staff reporting "During the past 12 months have you felt unwell as a result of work-related stress?"* The pandemic impacted staff stress during 2020/21; KCHFT has a comprehensive well-being package and further ambitions are contained within the KCHFT people strategy.
- *QSIR Practitioner involvement*: QSIR training was suspended during the pandemic which will soon resume.
- *Create and maintain a culture where people feel included in the workplace by a 1.3 per cent decrease in the number of staff reporting discrimination from colleagues in the annual staff survey*. To support diversity in the workplace a race equality review conducted by an external company started in May 2021.

The 2020/21 Quality Account can be found in the supplementary pack.

Proposal and/or recommendation to the Committee or Board
The Quality Account was submitted to NHS England and Improvement on Monday 28 June in accordance with regulation. The Quality Account is presented to September's public board for formal noting.

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*	☐ Yes *(please attach)* ☒ No *(please provide a summary of the protected*

and maternity, race, religion or belief, sex and sexual orientation.	*characteristic highlights in your paper)*
Highlights relating to protected characteristics in paper	
A full equality impact analysis will be undertaken for each of the 2021/22 quality priorities and work with the patient and carer partnership team will be undertaken in 2021 regarding health inequalities and protected characteristics in relation to the 2021/22 quality account.	

Name:	Dr Mercia Spare	Job title:	Chief Nurse
Telephone number:	07384878317	Email	mercia.spare@nhs.net

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	4.1
Agenda Item Title:	Integrated Performance Report
Presenting Officer:	Pauline Butterworth, Chief Operating Officer
Action – this paper is for:	☐ Decision ☐ Information ☒ 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 11 KPIs moving favourable in month and 10 moving unfavourably whilst 18 are in normal variation.

There is 1 KPI consistently failing target (target outside of control limits) which as:

- KPI 4.5 Percentage based on value of Service Lines with deficits greater than 5%.

Of the 6 indicators not measured by SPC charts, 83% (5) are achieving target

Quality

- Seven lapses in care occurred with patients on our caseload that were identified during June and July. These incidents did not meet the SI criteria.
- During June and July 2021, 205 falls were reported across the trust with an increase of 12.6% (23) compared to the last period April and May 2021. Of the 205 falls, there were five avoidable incidents, three of these resulted in low harm to the patient. The remaining two resulted in no harm to the patient.
- 169 reported medication incidents were considered avoidable to KCHFT during June and July 2021 compared to 163 incidents in April and May 2021, this represents a 3.7% increase.

Workforce

- Turnover in July 2021 has seen the biggest increase and the highest rate for the last 12 months, at 15.28%, this is the first month since April 2020 that it is above the target.
- At 4.99% the in-month sickness absence rate for July 2021 is showing an upward trend from March 2021. Although this is a significant reduction from the sickness absence levels experienced in December 2020 and January 2021, the absence rate is above the mean and the target
- The Vacancy Rate had been on a continual downward trajectory until July 2020. Since this point the Vacancy rate has been increasing, in July 2021 we have seen a decrease from June 2021 to 5.36%. The Vacancy rate continues to remain below the revised target of 6%

Finance

- The Trust is in a breakeven position to the end of July. There is an overspend on pay of £2,203k (including £4,544k on the covid vaccination programme which was not budgeted in line with the planning guidance) and non-pay of £407k offset by an underspend depreciation/interest of £75k and an over-recovery on income of £2,535k. The position includes a credit note provision of £2m to pass back funding to the system driven by covid costs being lower than COVID-19 funding.
- The Trust achieved CIPs of £758k to the end of July against a risk rated plan of £1,472k which is £714k (49%) behind target
- Capital spend to July was £1,321k, against a YTD plan of £3,386k (39% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes.
- Temporary staff costs for July were £2,136k, representing 13.2% of the pay bill. Of the temporary staffing usage in July, £371k related to external agency and locums, representing 2.3% of the pay bill. Contracted WTE decreased by 0.4 to 4,301 in post in July which includes 11 posts funded by capital projects.

Operations

- Commissioners are pleased with the progress made in Kent with resetting NHS Health Checks. Expected annual target for the service for 2021/22 is 6802 which covers both KCHFT core team and 3rd party providers. We are on track to achieve/exceed in both areas.
- Stop Smoking Quit Dates Set for 21/22 for April-June are comparable to 2019/20 when the service had an exceptional year and exceeded targets. This has been aided by additional resources in the core team. Investment proposal has been written for an extension of this additional resource in smoke free advisers from September 2021 onwards to maintain low waiting lists and allow time for third party providers to reset.

- A review of New Birth Visit performance was completed by the Head of Operational Services who continues to offer the Maidstone Team on-site support and this has restored performance, achieving 95.3% in month 4
- During Month 4 (July 2021) KCHFT carried out 177,521 clinical contacts of which 11,854 were UTC attendances. For the year to July 2021 KCHFT are 3.7% above plan for all services (some services have contractual targets, some are against an internal plan). The largest negative variances are within Adult Specialist Services (-3.7%) and Children's Specialist and Adult LD Services (-5.8%).
- We continue to achieve the consultant-led Referral to Treatment (RTT) pathway target of 92% of patients beginning treatment within 18 weeks, with the Month 4 position being at 99.1%, with only 35 patients out of 3,878 currently waiting longer than 18 weeks.
- Diagnostics waits (6 week target) for paediatric audiology had consistently achieved 100% throughout 2020/21. Following the issue identified whereby waiting time clocks were stopped prematurely; there was a short-term drop in performance; the service has made good progress and is ahead of the recovery trajectory with completing face to face outstanding assessments, with a return to target level achieved for month 4 (99.4%).
- The Looked after Children's service has seen an increase in referrals in recent months; with a particular increase in the numbers of Unaccompanied Asylum Seeking Children (UASC). Meeting the IHA target of assessment within 28 days has been further adversely impacted by the requirement for UASC to quarantine in arrival at the UASC Accommodation centres. In addition, there have been COVID outbreaks within some centres which has led to further periods of self-isolation for UASC. This has resulted in delays in completion of IHAS
- 2 hour urgent responses - The level of performance for 2-hour rapid responses has been negatively impacted by the move to RIO and the revised way in which data has been captured for this metric. The Rapid Response and Urgent Treatment teams are aware of the impacts of this change and the importance of recording the correct data points, in a timely manner, to enable to accurate measurement of the response time
- Performance for the proportion of patients who are no longer fit to reside has been consistently above the mean, (bar a decrease in month 9 of 20/21). The target level continues to be rarely achieved in the current climate (twice in the last 18 months) with a current stable performance at around 15%.
- Bed Occupancy continues to show a varying trend with no periods of special cause variation, although there does appear to be an upward trajectory over the last 4 months. Levels had stabilised between 80-87%, but are now within the target threshold of 87-92% (89.5% at month 4). The gradual increase in

bed occupancy is to be expected as current numbers of COVID patients are low. However, we continue to manage IPC measures very closely to minimise impact of bed closures associated with isolation or cohorting of patients.

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)*
Highlights relating to protected characteristics in paper	
High level position described and no decisions required	

Name:	Nick Plummer	Job title:	Assistant Director of Performance and Business Intelligence
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Kent Community Health
NHS Foundation Trust

Integrated Performance Report 2021/22

September 2021 report

we care

Kent Community Health
NHS Foundation Trust

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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

CDI – Clostridium Difficile Infection

MRSA – Meticillin Resistant Staphylococcus Aureus Bloodstream Disorder

UTC – Urgent Treatment Centre

RTT – Referral to Treatment

GUM – Genitourinary Medicine

CQUIN – Commissioning for Quality and Innovation

MTW – Maidstone and Tonbridge Wells NHS Trust

WTE – Whole Time Equivalent

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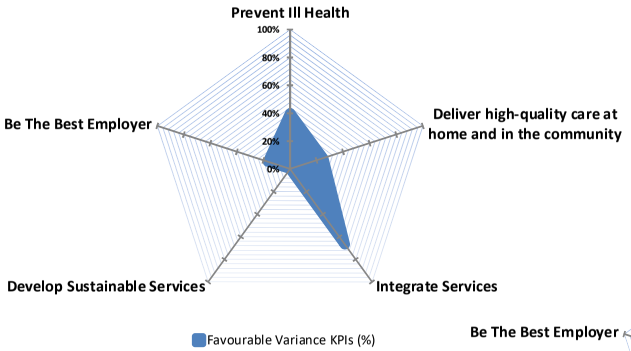
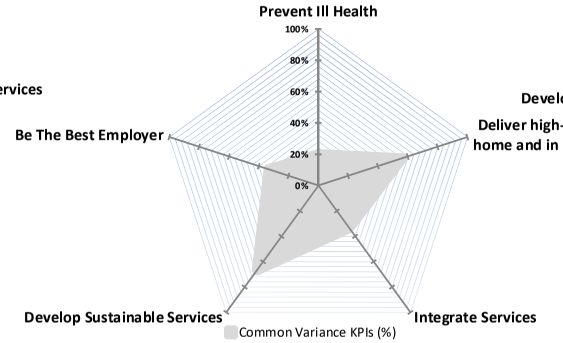
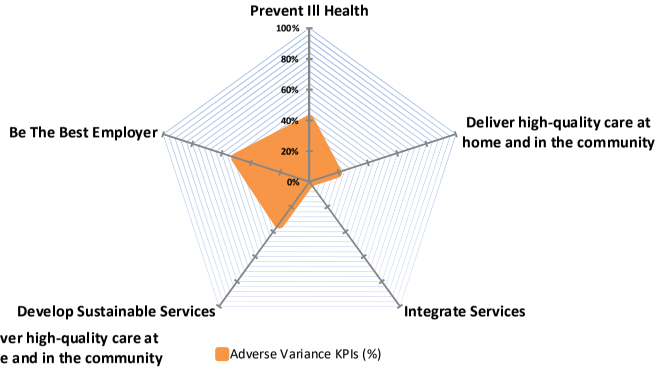
1.0 Assurance on Strategic Goals



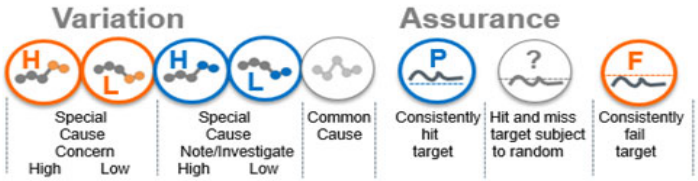




Overall, of the 39 indicators that we are able to plot on a statistical process control (SPC) chart, **28.2% are experiencing favourable in-month variation (11, KPIs 1.1, 1.2, 2.12, 2.13, 2.18, 2.19, 3.2, 3.3, 3.4, 3.5, and 5.5), 25.6% are showing in-month adverse variance (10, KPIs 1.5, 1.6, 2.8, 2.9, 2.10, 4.3, 4.5, 5.2, 5.3 and 5.6)** and the remaining **46.2% (18) are showing normal variation.**

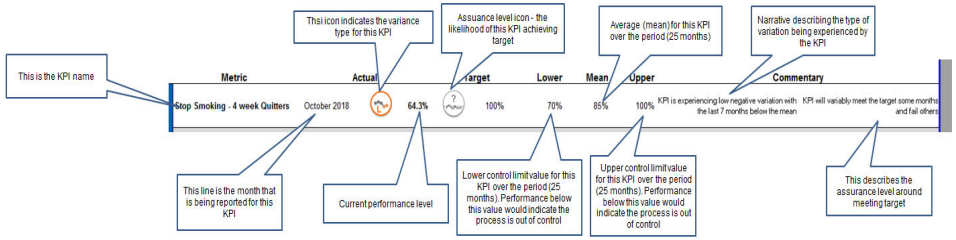
17.9% of the KPIs are consistently achieving target **(KPIs 2.11, 2.12, 2.13, 2.15, 2.18, 2.20 and 5.4),**
2.6% (KPI 4.5) are consistently **failing (i.e. target outside control limits negatively),**
with the remaining **79.5% are variably achieving target** with no trend of consistent achievement/failure.

Of the 6 indicators where an SPC chart is not currently appropriate, **83% (5) have achieved the in-month target.**



Special Cause Concern - this indicates that special cause variation is occurring in a KPI, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downwards in a KPI where performance is ideally above a target line e.g. New Birth Visits. High special cause concern (H) is where the variance is upwards for a below target line KPI e.g. DNA Rate

Special Cause Note - this indicates that special cause variation is occurring in a KPI, with the variation being in a favourable direction. High (H)special cause note indicates that variation is upwards in a KPI where performance is ideally above a target line e.g. New Birth Visits. Low (L) special cause note is where the variance is downwards for a below target KPI e.g. DNA Rate.



Non-SPC KPI on target
Non-SPC KPI performance under review
Non-SPC KPI off 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
1. Prevent Ill Health	KPI 1.1 Stop Smoking - 4 week Quitters	June 2021	H	125.3%	?	100%	64%	90%	116%	Quit Dates Set for 21/22 for April and May are comparable to 2019/20 when the service had an exceptional year and exceeded targets. Waiting remains at 0
	KPI 1.2 Health Checks Carried Out	July 2021	H	231.8%	?	100%	34%	75%	117%	Much improved 21/22 performance against revised plan. KCHFT core checks currently far exceeding trajectory
	KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days	July 2021		95.3%	?	90%	88%	93%	97%	The new birth visit performance has now improved following a dip in performance attributed with the Maidstone team. This had led to targeted support and performance is now on track
	KPI 1.4 (N) School Health - Year R and Year 6 Children Screened for Height and Weight	July 2021		84.9%		90% (year end)				Programme started late in April 2021 (due to Covid-19)
	KPI 1.5 LTC/ICT - Admissions Avoidance (using agreed criteria)	July 2021	L	3222	?	5257	3226	5139	7052	Significant impact of move to RIO has affected this metric, causing the negative variation. Data collection has improved but further work continues to get back to pre-RIO levels
	KPI 1.6 % LTC/ICT patients that had at least one visit which Avoided a Hospital Admission	July 2021	L	3.5%	?	15.0%	8.1%	12.6%	17.2%	Significant impact of move to RIO has affected this metric, causing the negative variation. Data collection has improved but further work continues to get back to pre-RIO levels

	Metric	Actual			Target		21/22 YTD Actual	21/22 YTD Target	Commentary
2. Deliver high-quality care at home and in the community	KPI 2.1 Number of Teams with an Amber or Red Quality Scorecard Rating	July 2021		0		1	1	4	Target achieved for the month
	KPI 2.2 (N) Never Events	July 2021		0		0	0	0	Target achieved for the month. 0 Never Events recorded this year to date
	KPI 2.3 (N) Infection Control: CDI	July 2021		1		0	2	0	Target exceeded for the month due to 1 case at Tonbridge. 2 cases recorded this year to date
	KPI 2.4 (N) Infection Control: MRSA cases where KCHFT provided care	July 2021		0		0	0	0	Target achieved for the month. 0 cases recorded this year to date

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
2. Deliver high-quality care at home and in the community	KPI 2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days	July 2021		0.00		0.19	-0.14	0.05	0.24	Decrease in moderate and severe harm falls this month to 0. However, generally the upper limit is marginally above target so high assurance levels and currently in normal variation
	KPI 2.6 Pressure Ulcers - Lapses in Care	July 2021		1		1	-2.2	3.0	8.2	The data is within common cause variation. 1 lapse in care occurred with patients on our caseload that were identified during July. This incident did not meet the SI criteria.
	KPI 2.7 Community Activity: YTD as % of YTD Plan	July 2021		103.7%		100.0%	87.0%	102.7%	118.4%	Normal variation, however improved M1-4 activity levels have resulted in above mean level of performance
	KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity	July 2021	H	4.7%		4.0%	3.3%	4.4%	5.5%	Increased levels of DNAs experienced due to patients willingness to attend appointments and increased instances of patients not showing for virtual consultations. However, showing signs of stabilising at a lower level.
	KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)	July 2021	L	83.0%		95.0%	87.9%	92.6%	97.3%	Metric currently showing negative variation with period below the mean as a result of revised data capture following the move to RIO. Exepected to return to previous levels in the coming months following staff education and improved data accuracy
	KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance	July 2021	L	55.2%		95.0%	71.5%	87.5%	103.6%	Metric currently showing negative variation with period below the mean as a result of revised data capture following the move to RIO. Exepected to return to previous levels in the coming months following staff education and improved data accuracy
	KPI 2.11 (N) Total Time in MIUs: Less than 4 hours	July 2021		99.5%	P	95.0%	99.3%	99.7%	100.0%	Metric currently performing with normal variation around the mean and within the control limits. No current risk to failing target
	KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways	July 2021	H	99.1%	P	92.0%	94.1%	96.6%	99.1%	Positive special cause variation with the last 18 months above the mean. Target has also been achieved for 18 consecutive months. High performance in all applicable services
	KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)	July 2021	L	35	P	532	57	210	364	Positive special cause variation with the last 18 months below the mean. Target not currently at risk of being missed
	KPI 2.14 AHP (Non-Consultant Led) Referral to Treatment Times (RTT)	July 2021		90.2%		92.0%	89.0%	94.1%	99.2%	Normal variation currently. Target still within control limits so performance liable to fluctations and target not always guaranteed to be achieved. Currently negatively impacted by increased waits in Adult MSK Physio service.
	KPI 2.15 (N) Access to GUM: within 48 hours	July 2021		100.0%	P	100.0%	100.0%	100.0%	100.0%	Metric currently showing normal variation and consistently achieving the target
	KPI 2.16 Length of Community Hospital Inpatient Stay (Median Average)	July 2021		21.1		21.0	14.5	19.4	24.3	Normal variation within the control limits but negative in-month performance above the mean and above target
	KPI 2.17 Research: Participants recruited to national portfolio studies (21-22 Q1)	June 2021		1971		300				Despite Redeployment of most of the team and a pause on all but one study in Q1, recruitment has siginificantly over-achieved against the annual target for 2020/21

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
2. Deliver high-quality care at home and in the community	KPI 2.18 Percentage of patient goals achieved upon discharge for planned and therapy services	July 2021	H	94.1%	P	80.0%	81.2%	89.2%	97.1%	Metric currently showing positive variation and much improved following negative change as a result of the the move to RIO and data being captured differently.
	KPI 2.19 (N) Friends and Family - Percentage of Patients who would Recommend KCHFT	July 2021	H	98.9%	?	95.0%	93.4%	97.1%	100.7%	Improvement in the second half of 20/21 has continued into 21/22. Currently meeting target and performing above the mean
	KPI 2.20 (N) NICE Technical Appraisals reviewed by required time scales following review	July 2021		100.0%	P	100.0%	100.0%	100.0%	100.0%	Metric currently showing normal variation and consistently achieving the target
	KPI 2.21 (N) 6 Week Diagnostics	July 2021		99.4%	?	99.0%	96.1%	99.0%	101.9%	Metric currently showing normal variation and now meeting target (as expected) following a negative change as a result of a recording issue (now resolved)

	Metric	Actual			Target		Lower	Mean	Upper	Commentary
3. Integrate Services	KPI 3.1 No Longer Fit to Reside in a Community Hospital bed as a % of Occupied Bed Days	July 2021		14.8%	?	9.5%	5.7%	14.7%	23.7%	Still within control limits and therefore normal variation, but above target in-month. While normal variation, performance is generally above the target level of 9.5%
	KPI 3.2 Home First impact - reduction in average excess bed days (West Kent)	July 2021	L	0.00	?	0.20	-0.07	0.13	0.33	Positive special cause variation currently being seen with sustained performance below the mean
	KPI 3.3 Average Daily Medically Fit for Discharge Patients (MFFD) - West Kent (Complex and Non complex)	July 2021	L	78	?	75	36	67	97	Metric showing positive special cause variation with the current period continuing below the mean, however levels are showing signs of an increasing trend
	KPI 3.4 Rapid Transfer impact - reduction in average excess bed days (East Kent)	July 2021	L	0.00	?	0.20	-0.17	0.20	0.57	Positive special cause variation currently being seen with sustained performance below the mean
	KPI 3.5 Average Daily Medically Fit for Discharge Patients (MFFD) - East Kent (Complex Only)	July 2021	L	81	?	100	51	86	121	Metric showing positive special cause variation with the current period continuing below the mean, however levels are showing signs of an increasing trend
	KPI 3.6 East Kent Rapid Transfer Service - Average Commissioned Discharges per day	July 2021		27.1	?	30	23.9	30.6	37.3	Marginally below the target and the mean for Month 4, althought showing prolonged strong performance

* Note

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
4. Develop sustainable services	KPI 4.1 Bed Occupancy: Occupied Bed Days as a % of available bed days	July 2021	89.5%		92.0%	75.1%	85.6%	96.2%	Position has moved to normal variation and now performing above the mean level and within the target range of 87-92%, following reduced bed occupancy due to Covid-19
	KPI 4.2 Income & Expenditure - Surplus (%)	July 2021	0.0%		1.0%	-0.15%	0.5%	1.2%	The Trust is in a breakeven position to the end of July. There is an overspend on pay of £2,203k (including £4,544k on the covid vaccination programme which was not budgeted in line with the planning guidance) and non-pay of £407k offset by an underspend depreciation/interest of £75k and an over-recovery on income of £2,535k.
	KPI 4.3 Cost Improvement Plans (CIP) Achieved against Plan (%)	July 2021	51.5%	L	100.0%	71.0%	87.3%	103.5%	The Trust achieved CIPs of £758k to the end of July against a risk rated plan of £1,472k which is £714k (49%) behind target.
	KPI 4.4 External Agency spend against Trajectory (£000s)	July 2021	£371,435		£491,250	£220,960	£523,202	£825,444	Currently showing normal variation performance below the mean, but positively below target for M4. Agency costs were £371k for July against a target of £491k (2.3% of the pay bill)
	KPI 4.5 Percentage based on value of Service Lines with deficits greater than 5%	July 2021	19.1%	H	0%	10.1%	18.1%	26.1%	Performing above target and just above the mean. Sustained performance above the target still outside control limits so unlikely to be achieved without significant change
	KPI 4.6 Percentage of Activity Delivered Remotely (Telephone or Online)	July 2021	26.6%		25.0%	24.0%	32.4%	40.8%	Currently performing above target but below the mean as a result of decreased levels of virtual appointments following services resetting. In normal variation

	Metric		Actual		Target	Lower	Mean	Upper	Commentary
5. Be The Best Employer	KPI 5.1 Sickness Rate	July 2021	4.99%		4.20%	2.90%	4.22%	5.55%	Above the target and the mean for the month, although normal variation as performance continues to fluctuate within the control limits
	KPI 5.2 Sickness Rate (Stress and Anxiety)	July 2021	1.78%	H	1.15%	0.94%	1.19%	1.45%	Increase this month to above the upper control limit level. Target around the mean level so likely to continue to achieve target some months and fail others.
	KPI 5.3 Turnover (planned and unplanned)	July 2021	15.28%	H	14.47%	12.86%	13.92%	14.97%	Showing negative variation with performance now above the upper control limit, suggesting a shift in performance
	KPI 5.4 Mandatory Training: Combined Compliance Rate	July 2021	95.7%	P	85.0%	95.4%	96.1%	96.8%	Continuing a normal variation trend between the narrow control limits, suggesting significant month on month change would be unexpected. Failure to achieve 85% is highly unlikely.
	KPI 5.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce)	July 2021	5.4%	L	6.0%	4.3%	5.6%	6.8%	Positive special cause variation below the lower control limit and last 18 months below the mean. Target has been reduced and is now around the mean level
	KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more)	July 2021	86.6%	L	87.0%	86.7%	87.8%	88.9%	Showing negative variation below the mean and below the lower control limit

2.0 Quality Report

2.1 Assurance on Safer Staffing

1.1 RN and HCA staffing Community Hospital June 2021	Day Fill Rate %		Night Fill Rate %	
	RN's	HCA's	RN's	HCA's
Faversham	92.21%	95.53%	100.00%	98.89%
Deal	91.36%	99.27%	100.00%	98.36%
QVMH	99.65%	95.24%	100.00%	100.00%
Whit &Tank	98.00%	88.45%	98.31%	98.81%
West View	85.97%	88.77%	95.00%	98.39%
Edenbridge	78.11%	62.05%	91.74%	96.74%
Hawkhurst	84.39%	87.74%	96.79%	95.39%
Sevenoaks	84.93%	86.09%	89.31%	89.12%
Tonbridge	87.05%	74.09%	91.11%	86.98%
Total	**89.08%**	**86.36%**	**95.81%**	**95.86%**

1.1 RN and HCA staffing Community Hospital July 2021	Day Fill Rate %		Night Fill Rate %	
	RN's	HCA's	RN's	HCA's
Faversham	81.51%	89.65%	96.83%	94.95%
Deal	84.57%	92.08%	93.55%	92.31%
QVMH	99.22%	94.16%	98.39%	98.44%
Whit &Tank	96.84%	82.31%	100.00%	99.78%
West View	88.74%	82.69%	96.77%	90.63%
Edenbridge	85.22%	68.32%	88.79%	95.88%
Hawkhurst	90.73%	84.40%	87.33%	92.09%
Sevenoaks	91.99%	89.97%	87.03%	97.89%
Tonbridge	84.60%	75.15%	98.06%	90.76%
Total	**89.27%**	**84.30%**	**94.08%**	**94.75%**

In June 44 per cent of hospitals had a RN day fill rate of less than 90 per cent which predominantly affected west Kent hospitals. In July, this increased and to 66 percent and affected hospitals throughout Kent. Day fill rate for HCA were also challenged in June and July, where 66 per cent of fill rates were below 90 per cent. This is similar to the previous reporting period. This is due to an increase in staff sickness across all community hospitals from 6 per cent in June to 12 per cent in July. RN bank and agency spend increased in July to cover substantive staff sickness, but due to holiday periods, it was challenging to fill all shifts. Edenbridge has the highest clinical vacancy of all community hospitals.

For specific areas, the frequency of safer staffing reviews has been increased to twice a week.
The development of a community hospital strategy is in place to review hospital workforce establishments to meet admission criteria and patient profile.

The development of a targeted workforce recruitment plan, including recruitment of overseas nursing to deliver the community hospital strategy.

2.2 Assurance on Pressure Ulcers

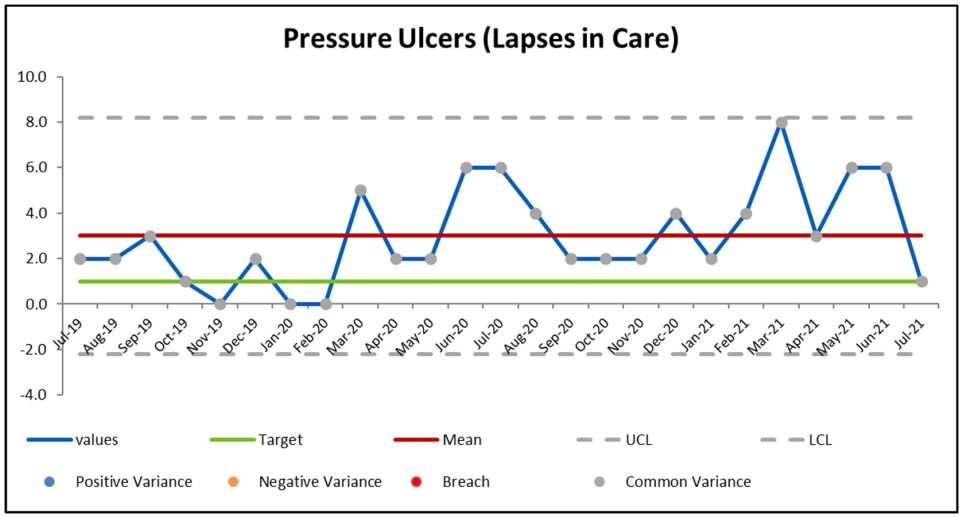
The data is within common cause variation and has fallen compared to previous months.

One incident was declared as an SI, the root cause analysis will identify key themes and action learning.

Seven lapses in care occurred with patients on our caseload that were identified during June and July. These incidents did not meet the SI criteria.

Six were reported as low harm and one was moderate harm. The moderate harm incident is currently under investigation to determine the impact of the missed visits.

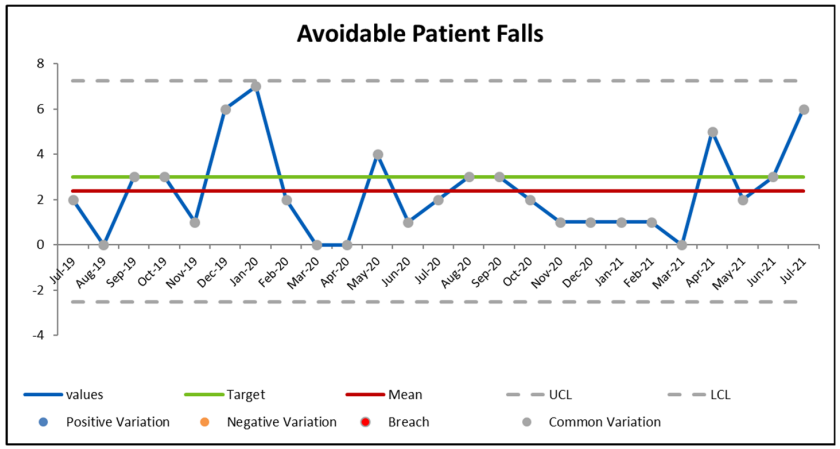
A key theme identified is a lack of understanding with carers around the importance of early detection of skin damage and utilisation of pressure relieving equipment, we are currently reviewing a booklet for carers and some e-learning that can be used to support carers and expect this to be reflected in incident reports going forward.



2.3 Assurance on Falls

During June and July 2021, 205 falls were reported across the trust with an increase of 12.6% (23) compared to the last period April and May 2021. Of the 205 falls, there were five avoidable incidents, three of these resulted in low harm to the patient. The remaining two resulted in no harm to the patient.

Of the Community Hospital incidents reviewed one theme was identified which relates to a lack of staffing to facilitate one to one enhanced observations. This has been escalated to Operational Managers.



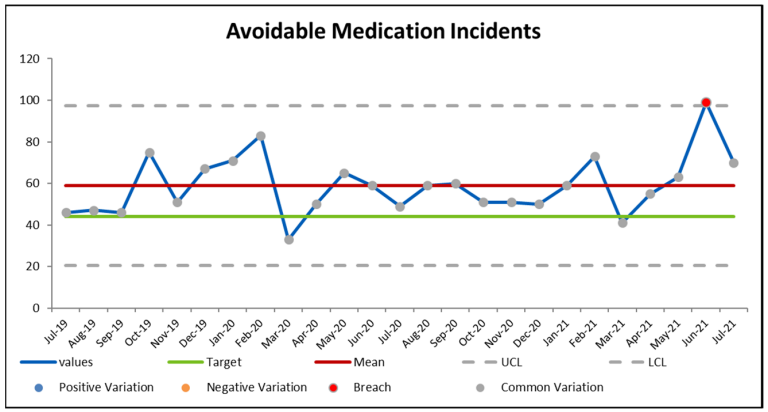
The Datix Task and Finish group had its first meeting arranged for September 2021. Its aim is to update the patient falls related questions to improve the quality of information on datix reports and investigations

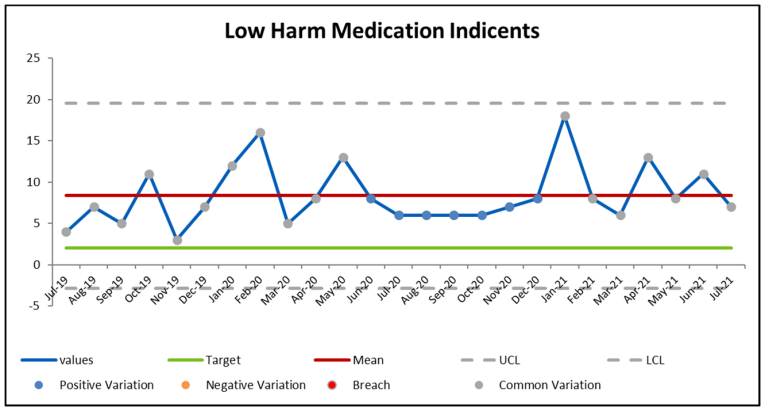
Falls awareness and prevention training Task and Finish group held its first meeting. Due to the amount of work required the timescale of six months for completion may need to be reviewed. The group will be feeding this back to the Falls Assurance group.

2.4 Assurance on Medication incidents

169 reported medication incidents were considered avoidable to KCHFT during June and July 2021 compared to 163 incidents in April and May 2021, this represents a 3.7% increase.

10.6% (18/169) of the reported medication incidents were classed as low harm during June and July 2021 compared to 20.2% (33/163) in the previous two months.





Further analysis showed that;

Community nursing team – Low harm incidents were 11% (7/62), a decrease compared to 23% (14/59) from previous period.

Community hospitals – Low harm incidents were 4% (2/51), a decrease compared to 16% (7/44) from previous period.

Omitted medicines - Low harm incidents were 9.6% (5/52), a decrease compared to 14% (9/65) from previous period.

What are we doing about it?

Producing learning from medication incidents bulletin focusing on common themes and trends

Continue with peer checking across the community hospital wards and re-auditing compliance. Commence training of non-registered staff to perform peer checking to support nursing staff

Produced and shared an aide-mémoire for investigating medication administration incidents with community teams. This will help to identify contributory factors, lessons learnt and develop actions to prevent incident re-occurring.

What do we expect to happen as a result of our actions and by when?

See decrease in proportion of medication incidents causing harm

Currently on track to deliver the 2021/22 objectives

2.5 Assurance on Patient Experience

2.5.1 Meridian Patient Experience survey results

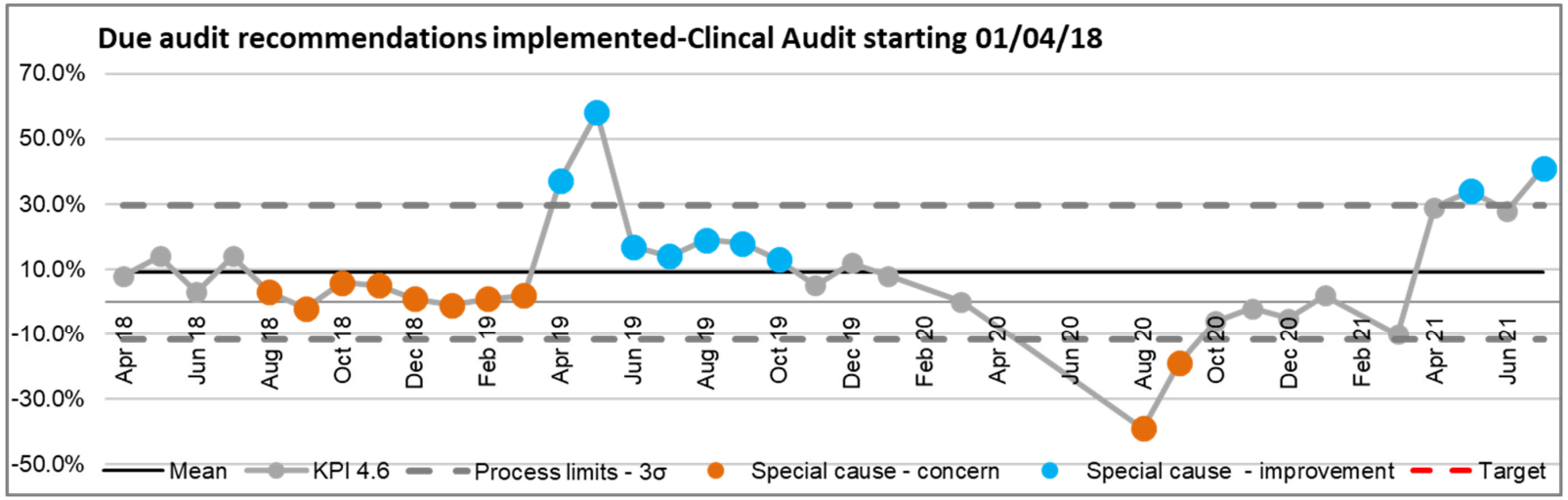
24,537 surveys were completed by patients, relatives and carers during June and July 2021 (this includes 17,473 COVID-19 vaccination surveys). This is a decrease in survey completions, due to the closure of two vaccine centres in June, when compared with the previous two months (25,794 surveys). The number of bespoke surveys continued to increase in June and July 2021 for the majority of services, following the sudden decline in returns at the out-set of COVID-19.

2.5.2 The NHS Friends and Family Test (FFT)

The Friends and Family Test (FFT) scores remain high, with 99% of people rating their overall experience of the service they received in June and July 2021 as good or very good.

2.6 Assurance on Clinical Audit and Research

2.6.1 Clinical Audit Reporting



Current data is showing special cause variation with all points since the start of the audit year being well above target indicating a shift in process. The fall during 2020 was caused by the reduction in audit activity, while targets for completion of actions rose, during COVID. Services are now implementing improvements from clinical audits.

Virtual training – 3 modules have been prepared and are being finalised before launch.

Reducing audit workload – work is continuing to automate data collection via RIO – working with Project & Service Development Manager Adults Operations East Kent to support and progress this. While staff continue to use progress notes rather than forms to record patient data any audit data collected this way will be inaccurate and require a manual check of progress notes to verify practice. Ad hoc notes review audit data tool currently being amended with a view to being reduced. Discussions are currently being held as to what we need to evidence to prove that we deliver a quality service. VTE Audit waiting for update of policy by Head of Patient Safety.

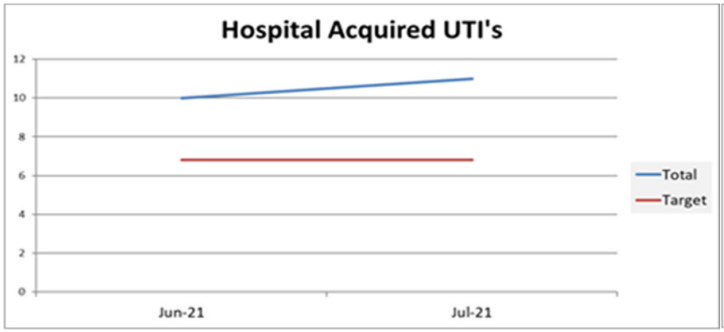
2.7 Infection Prevention and Control

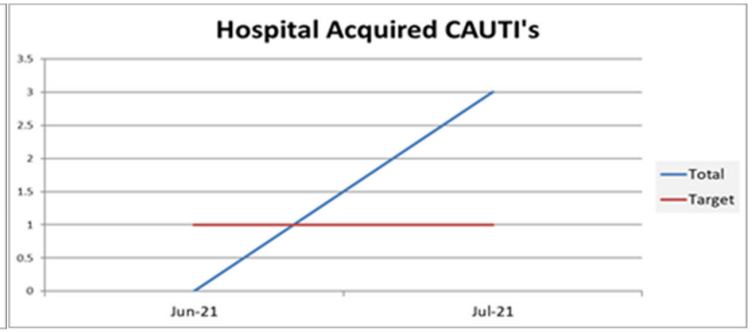
There were no MRSA bacteraemia's reported in June or July.

100% podiatric surgery patients screened for MRSA for June and July. In June in community Hospital = 100% compliance however, in July compliance fell to 91%. This was due to 3 missed screens at Edenbridge. Swabs had been taken in the acute before transfer however, they were not processed due to incorrect information on the forms. Ward staff were unaware and did not re-swab after admission.
There was 1 Hospital Onset Healthcare Associated (HOHA) clostridium difficile case in July. RCA carried out. The case was deemed unavoidable with no level 3 lapses.

There have been no nosocomial acquisitions of COVID infection since 25/3/21.There were no COVID in-patients in June and 3 in July.
CAUTI data: In June there was no cases, whilst in July 3 were reported, two cases over target for this period. All patients had specimens taken and treated appropriately. There were 3 CAUTI's in this time frame, 1 case over trajectory.

UTI's in June and July were 6.4 cases above planned trajectory, an increase of 5. All patients had specimens taken and treated appropriately. The CAUTI/UTI reduction group met in July focussing on hydration and HOUDINI interventions. The IPC team have met with the QI team to plan a QI project to tackle hydration that may impact on reducing UTI/CAUTI numbers. All CAUTI are investigated using RCA to capture any learning and ensure catheter bundles are in place. IPC visit the wards fortnightly.


Hospital Acquired UTI's
12
10
8
6
4
2
0
Jun-21
Jul-21
Total
Target

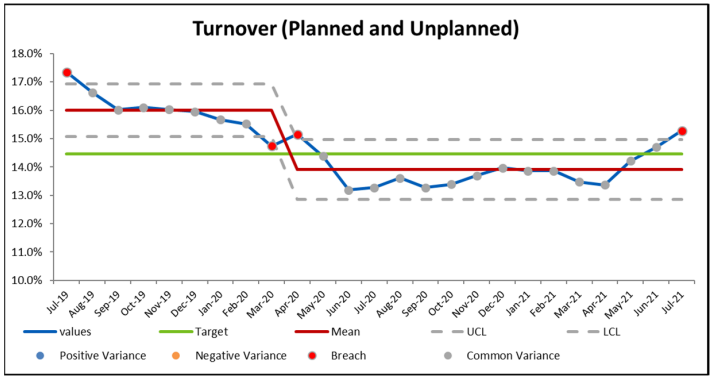

Hospital Acquired CAUTI's
3.5
3
2.5
2
1.5
1
0.5
0
Jun-21
Jul-21
Total
Target

3.0 Workforce Report:

3.1 Assurance on Retention

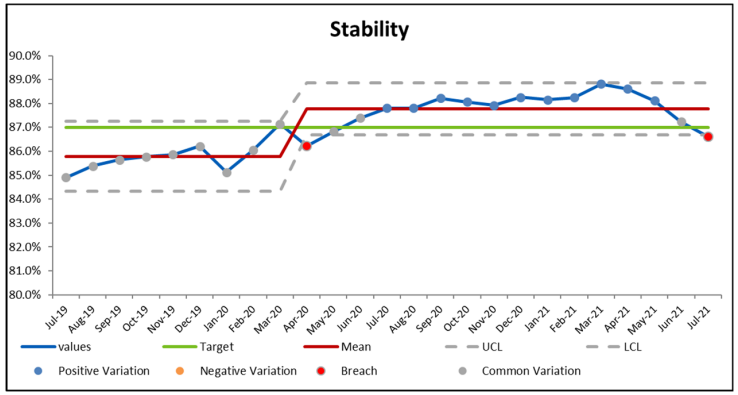
3.1.1 Turnover

Turnover in July 2021 has seen the biggest increase and the highest rate for the last 12 months, at 15.28%, this is the first month since April 2020 that it is above the target.



3.1.2 Stability

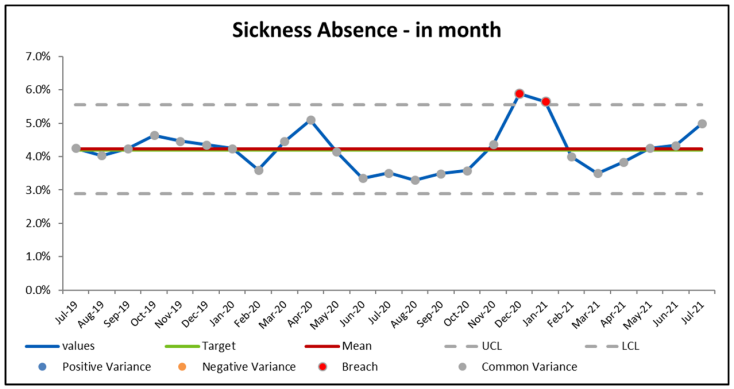
As of July 2021, stability has continued on a downward trajectory at 86.61%, 0.39% below the new target rate of 87%, this is the first month the stability rate has reported below the target since April 2020.



3.2 Assurance on Sickness

3.2.1 Sickness Absence

At 4.99% the in-month sickness absence rate for July 2021 is showing an upward trend from March 2021. Although this is a significant reduction from the sickness absence levels experienced in December 2020 and January 2021, the absence rate is above the mean and the target.

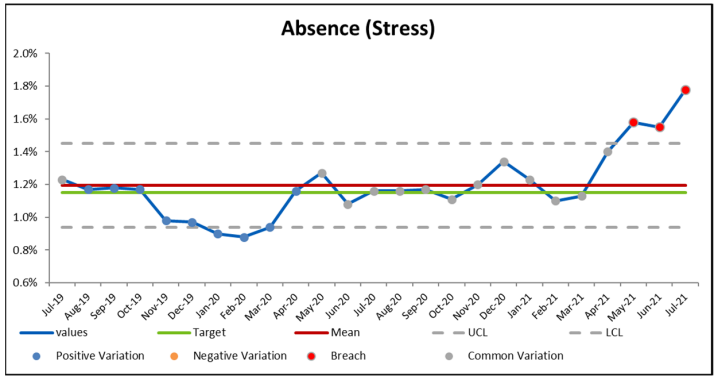


Covid-19 Related absence

39 employees were recorded as sick in July due to exhibiting COVID-19 symptoms, this account for 4.46% of the total number of staff (875) off sick in the month.

3.2.2 Stress Absence

In-month stress absence figures for July 2021 have shown a significant increase since March 2021 to 1.78%. This level of absence is 0.63% above the target. This is the highest level of stress related absence the organisation has seen over the 24-month reporting period.



In correlation with the first wave of the Covid-19 Pandemic this metric increased significantly over December and January as a result of the emergency response to the COVID-19 pandemic. We have implemented multiple measures to mitigate this expected increase and maintained the health and wellbeing of our people especially as we enter the second peak. It was anticipated that there could be a delayed impact of Covid-19. Further work is being undertaken by ODBPs to ensure that this is being monitored and managed appropriately across the Trust.

3.3 Assurance on Filling Vacancies

3.3.1 Establishment and Vacancies

The Vacancy Rate had been on a continual downward trajectory until July 2020. Since this point the Vacancy rate has been increasing, in July 2021 we have seen a decrease from June 2021 to 5.36%. The Vacancy rate continues to remain below the revised target of 6%.

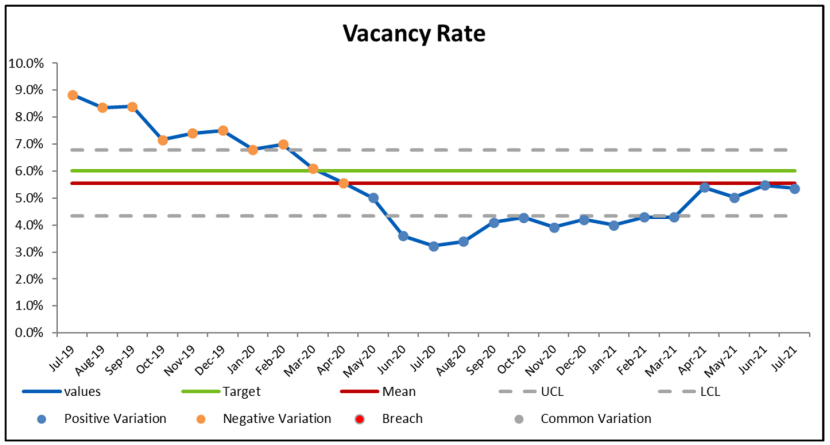
There are hot spots which exceed the Trust vacancy rates. These are in the community hospital and long terms services community teams. Agreed actions to address this are:

1. Improve Roster Management

- Operational services have funded a small rostering team to work on improving budgets across operational services with the aim of improving roster management. 29 Roster Reviews have been completed to date.

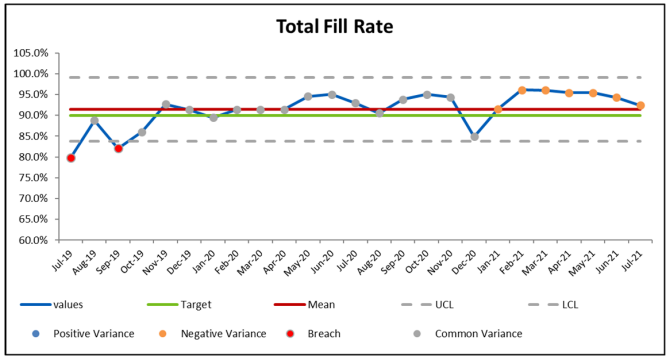
2. Recruitment Review

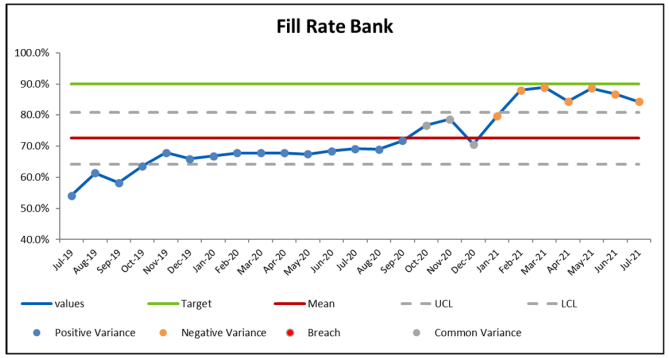
- A recruitment process review is underway with the view to simplify the process for managers and candidates, reduce paperwork and make this easier for candidates to navigate and return, as well as maximising the utilising of automation.



3.3.2 Temporary Staff Usage

The Total fill rate has decreased by 1.84% since June 2021. In July 2021 the total fill rate reports at 92.44%, this is above the Mean and remains at a consistent level since February 2021. The Bank fill rate also reports above the mean at 84.35%.





Four Covid-19 Vaccination sites were operating throughout July, 6,542 shifts were worked over July across all sites, the fill rates are listed below:

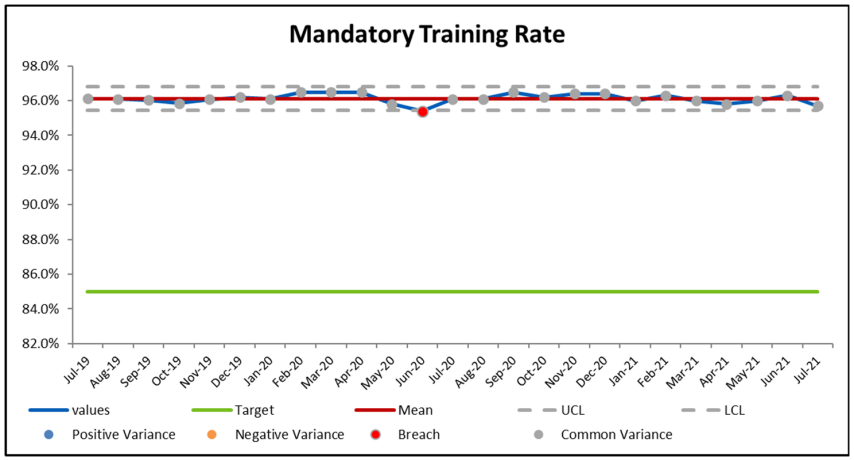
Folkestone	84.74%
Woodville Gravesend	78.13%
Angel Centre Tonbridge	85.07%
Pentagon Medway	69.27%

3.4 Mandatory Training

Whilst Mandatory Training figures are currently in a state of natural variation around the mean, and are consistently above the target there are some areas which continue to receive close attention. These are the same areas as in previous months but all topics have seen month on month improvements.

Fire safety training in community hospitals- Has seen a 5.6% increase in month and has reach ed a compliance level of 90.2% for the first time. The fire, health and safety team should be commended for this work and it is the first time this topic has achieved this level of compliance.

Moving and Handling Level 4 (81.7%) continues to see a slow increase month on month having increased by 3% on the previous months and both ILS and PILS are at 83% with an average increase of 4% on the previous month.



4.0 Finance Report:

4.1 Key Messages

Surplus: The Trust is in a breakeven position to the end of July. There is an overspend on pay of £2,203k (including £4,544k on the covid vaccination programme which was not budgeted in line with the planning guidance) and non-pay of £407k offset by an underspend depreciation/interest of £75k and an over-recovery on income of £2,535k. The position includes a credit note provision of £2m to pass back funding to the system driven by covid costs being lower than covid funding.

Continuity of Services Risk Rating: The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M4 2021-22. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime.

CIP: The Trust achieved CIPs of £758k to the end of July against a risk rated plan of £1,472k which is £714k (49%) behind target.

Cash and Cash Equivalents: The cash and cash equivalents balance was £34,850k, equivalent to 50 days expenditure. The Trust recorded the following YTD public sector payment statistics 91% for volume and 84% for value.

Capital: Spend to July was £1,321k, against a YTD plan of £3,386k (39% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes.

As at M4, the full year forecast has been reduced by £2,578k to £10,120k to reflect the agreed part redistribution of the £4,924k ring-fenced funding held on behalf of the K&M system for system capital priorities. The redistribution of the remaining ring-fenced funding held is still to be determined. The full year forecast of £10,120k includes £7,774k of expenditure on the Trust's own capital programme and the Trust expects to utilise this in full.

Staff: Temporary staff costs for July were £2,136k, representing 13.2% of the pay bill. Of the temporary staffing usage in July, £371k related to external agency and locums, representing 2.3% of the pay bill. Contracted WTE decreased by 0.4 to 4,301 in post in July which includes 11 posts funded by capital projects. Vacancies decreased to 244 in July which was 5.4% of the budgeted establishment.

4.2 Dashboard

Surplus — Rag rating: Green

	Actual	Budget	Variance
Year to Date £k	0	0	0
Year End Forecast £k	0	0	0

The Trust is in a breakeven position to the end of July

Pay and non-pay have overspent by £2,203k and £407k respectively offset by an underspend on depreciation/interest of £75k and an over-recovery on income of £2,535k.

Use of Resource Rating — Rag rating: Green

	Year to Date Rating	Year End Forecast Rating
Capital Service Capacity	1	1
Liquidity	1	1
I&E margin (%)	2	2
Distance from Financial Plan	1	1
Agency Spend	1	1
Overall Rating	1	1

The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M4 2021-2022. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime.

CIP — Rag rating: Amber

	Actual	Plan	Variance
Year to Date £k	758	1,472	-714
Year End Forecast £k	4,415	4,415	0

The Trust achieved CIPs of £758k to the end of July against a risk rated plan of £1,472k and so CIP is £714k behind plan to date.

51.5% of the total annual CIP target has been removed from budgets at month four.

The Trust is forecasting to achieve the full plan of £4,415k by the end of the year.

Cash and Cash Equivalents — Rag rating: Green

	Actual	Forecast	Variance
Year to Date £k	34,850	39,377	-4,527
Year End Forecast £k		37,557	

Cash and Cash Equivalents as at M4 close stands at £34,850k equivalent to 50 days operating expenditure.
The Trust recorded the following YTD public sector payment statistics 91% for volume and 84% for value.

Capital Expenditure — Rag rating: Amber

	Actual/Forecast	Plan	Variance
YTD Expenditure £k	1,321	3,386	2,065
Year End Forecast £k	10,120	12,698	2,578

Spend to July was £1,321k, against a YTD plan of £3,386k (39% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes.
As at M4, the full year forecast has been reduced by £2,578k to £10,120k to reflect the agreed part redistibution of the £4,924k ring-fenced funding held on behalf of the K&M system for system priorities.
The redististribution of the remaining ring-fenced funding held is still to be determined.
The full year forecast of £10,120k includes £7,774k expenditure on the Trust's own capital programme and the Trust expects to utilise this in full.

Agency Targets — Rag rating: Green

	M4			YTD		
	Actual £k	Target £k	Variance £k	Actual £k	Target £k	Variance £k
External Agency Excluding Covid-19 Expenditure £k	315	491	176	1,171	1,965	794
External Agency Including Covid-19 Expenditure £k	371	491	120	1,381	1,965	584

External Agency and Locums excluding Covid-19 expenditure was £315k against £491k target in July. (YTD £1,171k against £1,965k target).
External Agency and Locums including Covid-19 expenditure was £371k against £491k target in July. (YTD £1,381k against £1,965k target).

4.3 Income and Expenditure Position

There was a breakeven position in-month and for the year to date. The July performance comprised overspends on pay and non-pay of £221k and £818k respectively offset by an underspend on depreciation/interest of £13k and an over-recovery on income of £1,026k. The summary income and expenditure statement is shown below:

	JULY ACTUAL £'000	JULY BUDGET £'000	JULY VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE
Charitable and Other Contributions to Expenditure	2	4	-2	-53.4%	5	14	-9	-65.0%
Clinical Commissioning Groups	14,112	14,719	-608	-4.1%	53,934	55,249	-1,315	-2.4%
Department of Health	0	0	0	0.0%	0	0	0	0.0%
Education and Training	67	157	-90	-57.2%	553	630	-77	-12.2%
Injury Cost Recovery Scheme	22	32	-9	-29.5%	87	127	-41	-31.9%
Income in respect of employee benefits accounted on a gross basis	89	70	19	27.2%	428	280	148	52.7%
Local Authorities	3,704	3,918	-214	-5.5%	14,624	15,673	-1,049	-6.7%
NHS England	1,817	954	863	90.5%	7,611	7,748	-137	-1.8%
NHS England - Covid-19 Vaccinations Income	1,232	0	1,232	0.0%	5,630	0	5,630	0.0%
NHS Foundation Trusts	204	186	17	9.4%	777	745	32	4.2%
NHS Trusts	373	462	-89	-19.3%	1,491	1,848	-357	-19.3%
Non NHS: Other	189	196	-8	-3.9%	797	772	25	3.3%
Non NHS: Private Patients	4	14	-10	-71.2%	20	57	-37	-65.2%
Non-Patient Care Services to Other Bodies	175	187	-12	-6.4%	618	749	-131	-17.5%
Other	17	61	-44	-72.7%	189	244	-55	-22.5%
Rental revenue from operating leases	33	39	-6	-15.6%	112	154	-42	-27.3%
Research and Development	13	19	-6	-30.8%	52	76	-24	-31.3%
CIP Savings - Income	0	7	-7	-100.0%	0	26	-26	-100.0%
INCOME Total	**22,052**	**21,026**	**1,026**	**4.9%**	**86,929**	**84,394**	**2,535**	**3.0%**
Allied Health Professionals	2,329	2,461	133	5.4%	9,484	9,840	356	3.6%
Apprenticeship Levy	60	65	5	8.0%	257	261	4	1.4%
Chairman & Non-Executive Directors	16	14	-1	-8.8%	73	57	-16	-28.7%
Consultants	270	291	21	7.2%	1,158	1,163	4	0.4%
Heath Care Scientist	60	59	0	-0.8%	246	238	-9	-3.6%
Medical Career/Staff Grades	545	643	98	15.2%	2,145	2,559	414	16.2%
Medical Trainee Grades	18	20	2	9.6%	71	78	8	9.6%
NHS Infrastructure Support	4,095	3,933	-162	-4.1%	16,456	15,709	-747	-4.8%
Non-Executive Directors	0	0	0	0.0%	0	0	0	0.0%
Other Scientific, Therapeutic and Technical Staff	623	621	-2	-0.3%	2,497	2,475	-22	-0.9%
Registered Nursing, Midwifery and Health Visiting Staff	5,099	5,302	203	3.8%	21,037	21,189	152	0.7%
Support to Allied Health Professionals	431	442	11	2.4%	1,672	1,768	96	5.4%
Support to Nursing Staff	2,162	1,799	-363	-20.2%	9,040	7,224	-1,816	-25.1%
Support to Other Clinical Staff	406	367	-39	-10.8%	1,540	1,466	-74	-5.1%
Redundancy Costs	7	0	-7	-100.0%	76	0	-76	-100.0%
Salary Sacrifice	0	-12	-12	-100.0%	0	-48	-48	-100.0%
CIP Holding Account - Pay	0	8	8	100.0%	0	31	31	100.0%
CIP Savings - Pay	0	-94	-94	-100.0%	0	-375	-375	-100.0%
Contract Savings - Pay	0	-21	-21	-100.0%	0	-84	-84	-100.0%
PAY Total	**16,120**	**15,898**	**-221**	**-1.4%**	**65,753**	**63,550**	**-2,203**	**-3.5%**
Audit Fees Payable to the External Auditor	8	5	-3	-66.8%	25	19	-6	-29.3%
Clinical Negligence - Amounts Payable to NHS Resolution	83	83	0	0.0%	333	333	0	0.0%
Consultancy	27	32	5	15.4%	52	127	75	59.3%
Drugs Costs	322	359	37	10.3%	1,342	1,437	95	6.6%
Education and Training - Non-Staff	40	144	104	72.2%	327	576	249	43.3%
Establishment	588	380	-208	-54.7%	2,609	1,776	-833	-46.9%
Increase/(Decrease) in Impairment of Receivables	0	0	0	0.0%	0	0	0	-100.0%
Operating Lease Expenditure	800	755	-45	-5.9%	3,308	3,020	-288	-9.5%
Operating Lease Expenditure (net)	0	0	0	0.0%	0	0	0	0.0%
Other	109	104	-6	-5.4%	458	414	-44	-10.6%
Premises - Business Rates Payable to Local Authorities	136	71	-64	-90.5%	372	285	-88	-30.8%
Premises - Other	923	465	-458	-98.4%	1,720	1,861	141	7.6%
Research and Development - Non-Staff	0	0	0	0.0%	0	0	0	0.0%
Supplies and Services – Clinical (excluding drugs costs)	1,996	1,891	-104	-5.5%	6,911	7,669	758	9.9%
Supplies and Services - General	170	118	-51	-43.5%	855	474	-382	-80.6%
Transport	271	466	194	41.7%	1,073	1,863	790	42.4%
CIP Savings - Non Pay	0	-218	-218	-100.0%	0	-870	-870	-100.0%
CIP Holding Account Non Pay	0	0	0	0.0%	0	0	0	0.0%
Contract Savings - Non Pay	0	-1	-1	-100.0%	0	-5	-5	-100.0%
NONPAY Total	**5,473**	**4,655**	**-818**	**-17.6%**	**19,386**	**18,979**	**-407**	**-2.1%**
EBITDA	459	472	-13	-2.8%	1,790	1,865	-75	-4.0%
EBITDA %	2.1%	2.2%	0.2%		2.1%	2.2%	-3.0%	
Amortisation	35	32	-3	-9.1%	136	129	-7	-5.5%
Depreciation	386	402	17	4.1%	1,498	1,586	88	5.6%
Finance Income	0	0	0	0.0%	0	0	0	100.0%
Interest on Late Payment of Commercial Debt	0	0	0	-100.0%	6	0	-6	-100.0%
Losses on Disposal of Property, Plant and Equipment	0	0	0	0.0%	0	0	0	0.0%
PDC Dividend Charge	38	38	0	0.0%	150	150	0	0.0%
SURPLUS/(DEFICIT)	**0**	**0**	**0**	**0.0%**	**0**	**0**	**0**	**0.0%**
SURPLUS %	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	

4.4 Trust Wide variance against baseline budget in month and YTD

Statement of Financial Position and Capital

	At 31 Mar 21 £000s	At 30 Jun 21 £000s	At 31 Jul 21 £000s	Variance Analysis Commentary
NON CURRENT ASSETS:				
Intangible assets	1,453	1,339	1,284	
Property, Plant & Equipment	24,650	29,407	29,352	**Property, Plant & Equipment**
NHS Accrued Debtors	71	71	141	The year to date increase includes the take-on of Deal Victoria Hospital (£4,847k) from
Other debtors	167	273	277	NHS Property Services as of 1 April 2021.
TOTAL NON CURRENT ASSETS	**26,340**	**31,090**	**31,054**	
CURRENT ASSETS:				
NHS & Non NHS - Invoiced Debtors (net of bad debt provision)	10,375	11,224	10,146	**NHS & Non NHS - Invoiced Debtors (net of bad debt provision)**
NHS Accrued Debtors	3,442	7,525	10,329	The in-month decrease includes an adjustment in relation to the East Sussex County
Other debtors	3,948	7,689	7,073	Council School Health 2021-22 contract which has been invoiced full year in advance.
Total Debtors	**17,766**	**26,438**	**27,548**	**NHS Accrued Debtors**
Cash at bank in GBS accounts	42,824	37,226	34,810	The in-month increase follows a further month's accrual applied for Covid-19 vaccination
Other cash at bank and in hand	35	13	40	income and other contract values which are yet to be invoiced or realised in cash e.g.
Deposit with the National Loan Fund (Liquid Investment)	0	0	0	Newham Community Dental Services contract income.
Total Cash and Cash Equivalents	**42,859**	**37,239**	**34,850**	
TOTAL CURRENT ASSETS	**60,625**	**63,677**	**62,398**	
CREDITORS:				
NHS & Non NHS - Invoiced Creditors falling due within 1 year	-602	-605	-477	
NHS - accrued creditors falling due within 1 year	-7,850	-10,041	-8,069	**NHS - accrued creditors falling due within 1 year**
Non NHS - accrued creditors falling due within 1 year	-14,844	-15,362	-17,754	The in-month reduction follows the handback of CCG 2020-21 contract income actualised
Other creditors	-13,172	-13,435	-11,722	in M4.
Total amounts falling due within one year	**-36,468**	**-39,443**	**-38,022**	
NET CURRENT ASSETS	**24,156**	**24,234**	**24,376**	
TOTAL ASSETS LESS CURRENT LIABILITIES	**50,497**	**55,324**	**55,430**	
Total amounts falling due after more than one year	**0**	**0**	**0**	
PROVISION FOR LIABILITIES AND CHARGES	-1,085	-1,067	-1,172	
TOTAL ASSETS EMPLOYED	49,412	54,257	54,258	
FINANCED BY TAXPAYERS EQUITY:				
Public dividend capital	-6,587	-6,587	-6,587	
Income and expenditure reserve	-41,658	-43,951	-43,952	**Income and expenditure reserve / Revaluation Reserve**
Revaluation Reserve	-1,166	-3,719	-3,719	The year to date movement includes the net increase following the transfer of Deal Victoria
TOTAL TAXPAYERS EQUITY	- 49,412	- 54,257	- 54,258	Hospital

4.5 Cash and Equivalents

Cash and Cash equivalents totalled £34,850k as at M4 close, equivalent to 50 days expenditure:

Total Cash and Cash Equivalents as at period end:

	£000's
Cash with the Government Banking Service	34,810
Cash at Commercial Banks and in hand	40
Deposits with the National Loan Fund	0
Total Cash and Cash Equivalents as at period end	34,850

All figures £000's	July 21 Actual	Aug 21 F/cast	Sept 21 F/cast	Oct 21 F/cast	Nov 21 F/cast	Dec 21 F/cast	Jan 22 F/cast	Feb 22 F/cast	Mar 22 F/cast	Apr 22 F/cast	May 22 F/cast	Jun 22 F/cast
Opening Balance	37,239	34,850	39,034	38,539	38,497	38,975	39,017	38,891	38,140	37,557	38,018	37,952
SLA	14,771	17,207	17,166	17,166	17,166	17,166	17,166	17,166	17,166	17,166	17,166	17,166
NHS Debtors	695	6,289	3,269	2,266	2,369	2,243	2,103	2,049	2,159	2,631	2,016	2,016
Non NHS	3,137	1,470	2,023	1,950	1,950	1,950	1,950	1,950	1,950	1,950	1,950	1,950
PDC	0	0	0	0	0	0	0	0	0	0	0	0
VAT Refund	166	268	190	190	190	190	190	190	190	190	190	190
Interest Receivable	0	0	0	0	0	0	0	0	0	0	0	0
Total receipts	18,769	25,234	22,648	21,572	21,675	21,549	21,409	21,355	21,465	21,937	21,322	21,322
Net Payroll	10,204	9,703	9,703	9,703	9,703	9,703	9,703	9,703	9,703	9,703	9,703	9,703
Pensions	2,604	2,672	2,672	2,672	2,672	2,672	2,672	2,672	2,672	2,672	2,672	2,672
Tax.&NI	3,800	3,580	3,699	3,699	3,699	3,699	3,699	3,699	3,699	3,699	3,699	3,699
Payment Runs	3,911	4,439	5,926	4,941	4,589	4,813	4,804	5,454	5,186	4,606	4,800	4,800
PDC Dividends	0	0	225	0	0	0	0	0	225	0	0	0
Other	80	50	50	50	50	50	50	50	50	50	50	50
Capital	559	606	868	549	484	570	607	528	513	746	464	525
Total payments	21,158	21,050	23,143	21,614	21,197	21,507	21,535	22,106	22,048	21,476	21,388	21,449
Closing Cash Balance	34,850	39,034	38,539	38,497	38,975	39,017	38,891	38,140	37,557	38,018	37,952	37,825

4.6 Capital

The table over-leaf shows the Trust's total expenditure on capital projects for the year to date 2021-22 and reflects a £2,065k underspend in terms of the year to date plan. The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes.

As at M4, the full year forecast has been reduced by £2,578k to £10,120k to reflect the agreed part redistribution of the £4,924k ring-fenced funding held on behalf of the K&M system for system capital priorities. The redistribution of the remaining ring-fenced funding held is still to be determined. The full year forecast of £10,120k includes £7,774k of expenditure on the Trust's own capital programme and the Trust expects to utilise this in full.

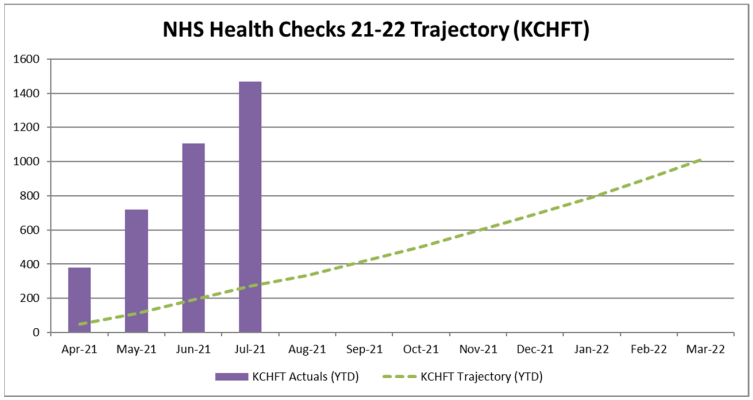
		YTD £000s			Plan & FOT £000s		
Plan Area	Capital Project	YTD Plan	YTD Actual	YTD Variance	FY Plan	Forecast Outturn	FY Variance
Estates	NHS PS Transfer sites - Phase 1 (College Road, Deal, Tonbridge and Dover HC)	102	-	102	360	239	121
Estates	Solar PV - NHSPS Transfer Sites	150	-	150	150	150	-
Estates	LED Lighting Replacement - NHSPS Transfer Sites	50	-	50	50	50	-
Estates	NHS PS Transfer sites - Phase 1	19	-	19	50	50	-
Estates	NHS PS Transfer sites - Phase 1 (College Road, Deal, Tonbridge and Dover HC)	30	-	30	50	50	-
Estates	Tonbridge Cottage Hospital alarm	-	-	-	9	9	-
Estates	Tonbridge Cottage Hospital security barrier	-	-	-	22	22	-
Estates	Tonbridge Cottage Hospital CCTV	-	-	-	19	19	-
Estates	Paxton Net2 Hardware Upgrades	4	-	4	30	30	-
Estates	Churchill Centre - Redesign Works	5	-	5	100	100	-
Estates	Coxheath Redesign (Phase 1)	3	-	3	200	200	-
Estates	Trinity House AC Phase 2	18	-	18	18	18	-
Estates	Hawkhurst CH: Drains Remedials	-	-	-	15	15	-
Estates	Exchange House Heating and Ventilation	9	-	9	9	9	-
Estates	Exchange House Front Door Replacement	10	-	10	10	10	-
Estates	Hawkhurst Heating and Hot Water Pump Issues	12	-	12	12	12	-
Estates	Trinity House Fire Strategy Works	8	-	8	8	8	-
Estates	Trinity House Roof Remedial Works	6	-	6	6	6	-
Estates	TCH - Refurbishment of staff kitchen	6	-	6	6	6	-
Estates	Westcliffe - Replacement Lighting	10	-	10	10	10	-
Estates	EV CP - Supply and Installation	25	-	25	50	50	-
Estates	Estates Project Management Fees	20	20	0	60	60	0
Estates	Whit and Tank MSK Reconfiguration Works	50	-	50	50	50	-
Estates	Tonbridge CH MSK Reconfiguration Works	20	-	20	20	20	-
Estates	Westbrook Hse Wound Medicine Clinic	30	-	30	30	30	-
Estates	The Oast Boardroom	-	51	51	-	55	55
Estates	Unit G Reconfiguration	-	61	61	-	81	81
Estates	Rainham HLC Air Conditioning (Imms Team)	-	-	-	-	7	7
Estates	College Road – Window Replacement	-	0	0	-	0	0
Estates	Replacement Fire Doors – Hawkhurst Cottage Hospital	-	0	0	-	0	0
Estates	SED Bellingham Way Reconfiguration	-	0	0	-	0	0
Estates	Churchill Centre Improvements	-	6	6	-	6	6
Estates	Hawkhurst Cottage Hospital Replacement Automatic Front Doors	-	0	0	-	0	0
Estates	Solar PV Panels – Coxheath, Hawkhurst and Trinity House	-	3	3	-	3	3
Estates	Hawkhurst Cottage Hospital Reception Works	-	2	2	-	2	2
Estates	Westcliffe House Window Replacement	-	4	4	-	4	4
Estates	Deal UTC Works – Urgent and Emergency Care Programme (PDC Funding)	-	1	1	-	1	1
Estates	Tonbridge Cottage Hospital Security Improvements	-	0	0	-	0	0
Estates	Sevenoaks UTC Works – Urgent and Emergency Care Programme (PDC Funding)	-	1	1	-	1	1
Estates	Folkestone UTC Works – Urgent and Emergency Care Programme (PDC Funding)	-	3	3	-	3	3
Estates	Occupdye Equipment and Licences	-	9	9	-	9	9
		587	110	477	1,344	1,344	0
IT	KMCR (Kent & Medway Care Record) (CS356)	1,182	1,143	39	2,841	2,841	0
IT	RIO Conexes / Integration	106	25	81	208	208	0
IT	Endpoint Refresh / Asset Management	225	16	209	474	474	0
IT	Remote Access / Control Toolset	-	-	-	130	130	-
IT	Software Patch Management Solution	300	6	294	400	400	0
IT	Desktop Imaging Solution	100	-	100	180	180	-
IT	Antivirus	178	13	165	178	178	0
IT	Paging Solution	-	-	-	34	34	-
IT	Ulie Upgrade	6	-	6	6	-	6
IT	Bed Management System	184	-	184	283	283	-
IT	KMCR Technical Project Manager	-	-	-	48	48	-
IT	Citrix Servers Refresh	343	-	343	343	316	27
IT	Dictation	-	-	-	50	50	-
IT	Virtual Smartcards	25	30	5	25	30	5
IT	Voice to Text Solution	-	-	-	30	30	-
IT	Electronic Prescribing and Medicines Administration (EPMA) system	-	-	-	800	800	-
IT	WIFI Expansion	-	-	-	-	12	12
IT	Microsoft PowerBI Implementation	-	-	-	-	47	47
IT	Electronic Patient Record (EPR) system	-	17	17	-	17	17
IT	Agresso Upgrade	-	27	27	-	27	27
IT	Single Sign On	-	-	-	-	8	8
IT	KMCR – Provider Digitisation Programme 20-21 (HSLI PDC Funding)	-	0	0	-	0	0
IT	Datacentre Relocation – WHH	-	2	2	-	2	2
IT	Mobile Phone Antivirus Software - Kaspersky (PDC Cyber Security)	-	7	7	-	7	7
IT	Covid-19 - Mass Vaccination (IT Equipment)	-	0	0	-	0	0
IT	Whitstable & Tankerton Hospital Comms Cabinet Move	-	1	1	-	1	1
IT	IT Hardware 20-21	-	1	1	-	1	1
IT	Graylog Enterprise Licence	-	13	13	-	13	13
IT	Finance Costing System Upgrade	-	9	9	-	9	9
		2,649	1,211	1,438	6,030	6,030	0
Dental	Dental Equipment and Investment in Dental estate	50	-	50	150	119	31
Dental	OPG Replacement - Dover Health Centre & Shrewsbury Rd Clinic	-	-	-	-	31	31
Dental	OPG X-Ray Equipment - St Leonards	-	0	-	-	0	-
Dental	Specialist Endodontic Microscope - St Leonards	-	0	0	-	0	0
		50	0	50	150	150	0
Other	Availability of funds assigned to IMM. Funding allocated to be assessed in line with IMM priorities.	100	-	100	250	250	-
Other	TBC	-	-	-	4,924	2,346	2,578
		100		100	5,174	2,596	2,578
		3,386	1,321	2,065	12,698	10,120	2,578

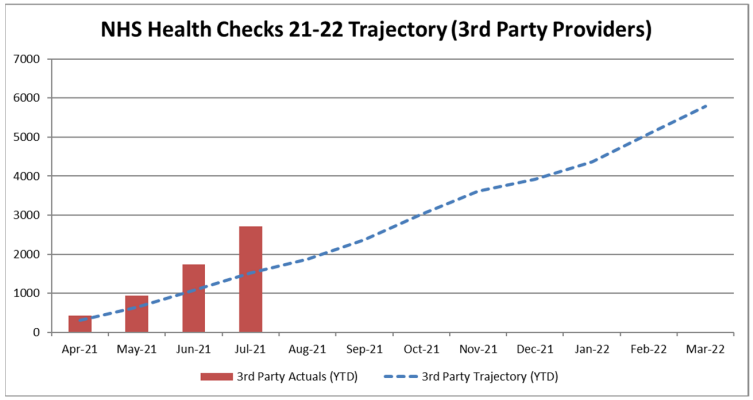
5.0 Operational report:

5.1 Assurance on National Performance Standards and Contractual Targets

5.1.1 Health Checks and Stop Smoking Quits

Health Checks



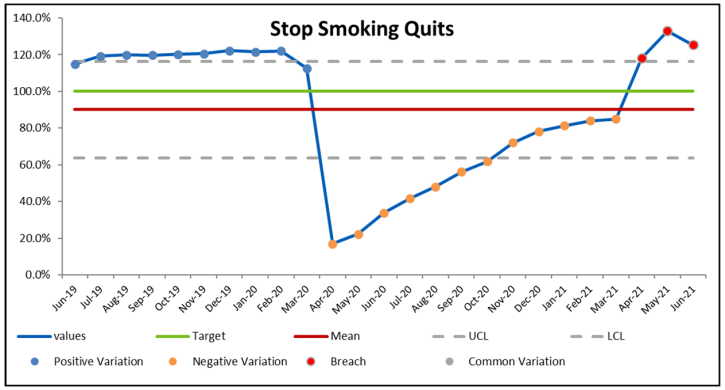


Commissioners are pleased with the progress made in Kent with resetting NHS Health Checks in comparison to other areas where no activity or reset has happened.

The graphs above show activity in 2021/22 against trajectory for both KCHFT core checks and 3rd party providers. Commissioners have set a realistic target of a consistent 20% increase on a quarterly basis.

Expected annual target for the service for 2021/22 is 6802 which covers both KCHFT core team and 3rd party providers. We are on track to achieve/exceed in both areas.

Stop Smoking Quits



*Reporting period 1 month behind other metrics due to need to wait for 4 week outcomes

Quit Dates Set for 21/22 for April-June are comparable to 2019/20 when the service had an exceptional year and exceeded targets. This has been aided by additional resources in the core team.

Investment proposal has been written for an extension of this additional resource in smoke free advisers from September 2021 onwards to maintain low waiting lists and allow time for third party providers to reset.

There are currently 29 pharmacies delivering interventions against a pre-Covid provision of 97, with 15 GP practices delivering interventions against a pre-Covid provision of 40

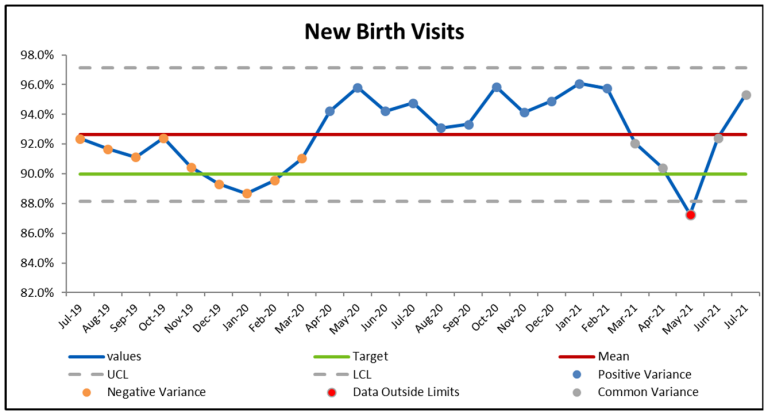
KCHFT have been advised by the LPC and by three of the large pharmacy groups (Boots, Lloyds and Paydens) that they will be resuming 1:1 interventions from Q2. However Pharmacies may not be able be able to fully reset as they continue to support Covid-19 vaccinations.

5.1.2 Health Visiting

New Birth Visits

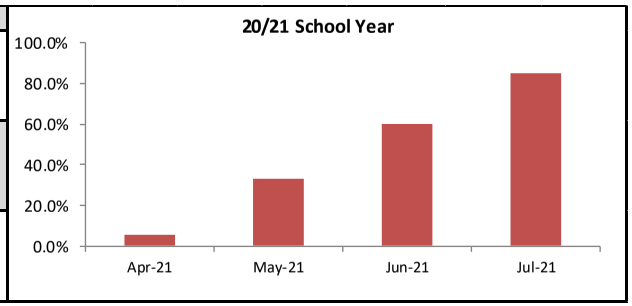
The new birth visit performance had seen a dip in performance, sitting below the lower control limit at 87.3% for month 3. This was due to issues highlighted with the Maidstone team, resulting in an impact on the service wide achievement.

A review of performance was completed by the Head of Operational Services who continues to offer on-site support and this has restored performance, achieving 95.3% in month 4.



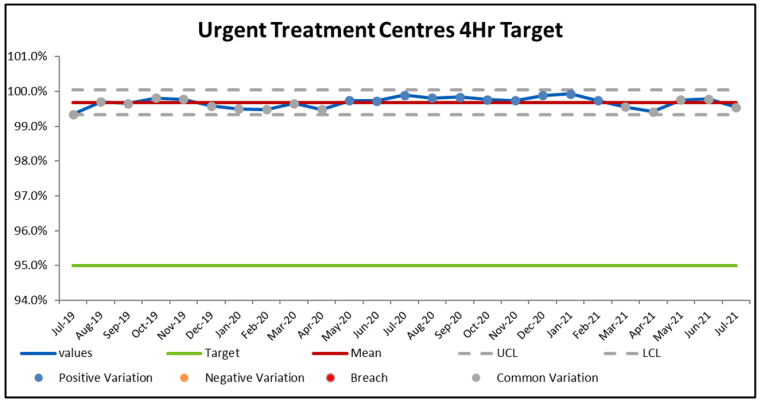
5.1.3 National Child Measurement Programme (NCMP)

	Year R/6
20/21 School Year to Jul-21	84.9%
19/20 School Year	94.6%
Annual Target	90%



The 2020/21 measurement programme for Year R and 6 pupils commenced from April 2021 and is currently at 84.9%, a great achievement in the short timescales following the impact of Covid-19 and school closures.

5.1.4 Urgent Treatment Centres (UTCs) 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 and continue to do so, with activity now at pre-covid levels.

5.1.5 GUM 48hr

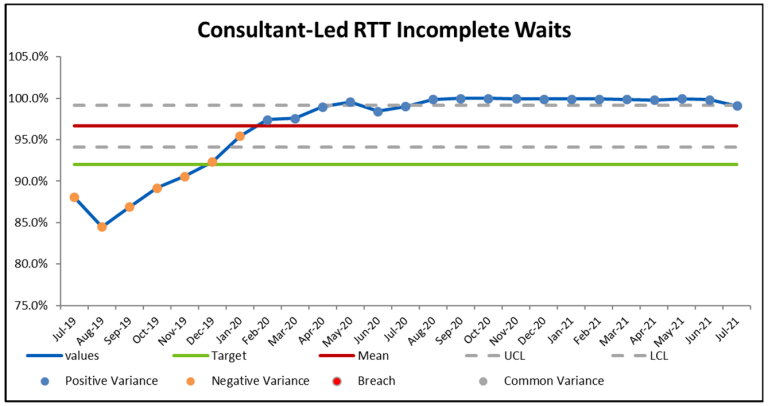
Access to GUM clinics within 48hrs has been consistently 100%, with no reported breaches

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% of patients beginning treatment within 18 weeks, with the Month 4 position being at 99.1%, with only 35 patients out of 3,878 currently waiting longer than 18 weeks.

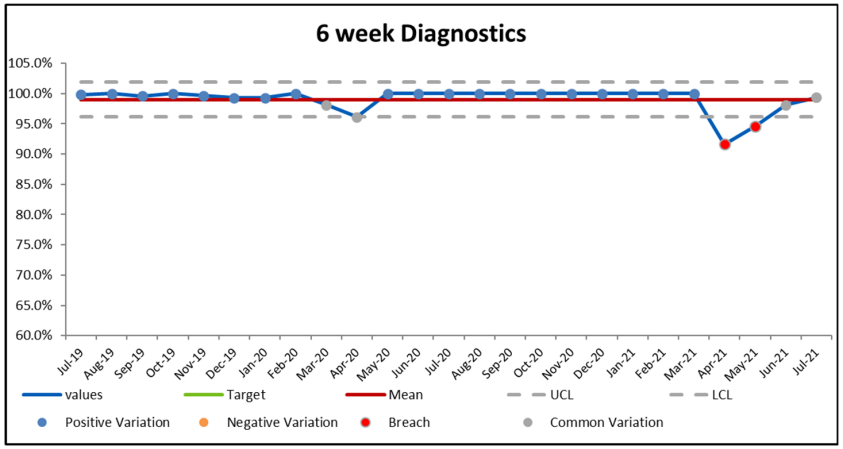
	0-12 Wks	12-18 Wks	18-36 Wks	36-52 Wks	52+ Wks	<18 Weeks
Chronic Pain	350	3	0	0	0	100.0%
Orthopaedics	1697	6	0	0	0	100.0%
Children's Audiology	472	3	2	0	0	99.6%
Community Paediatrics	1030	282	33	0	0	97.5%
KCHFT Total	3549	294	35	0	0	99.1%

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.

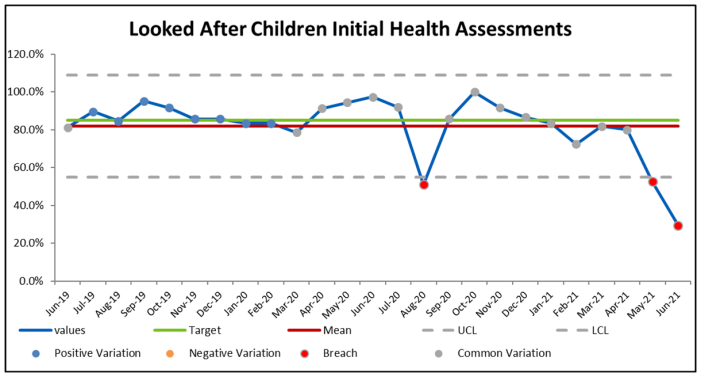


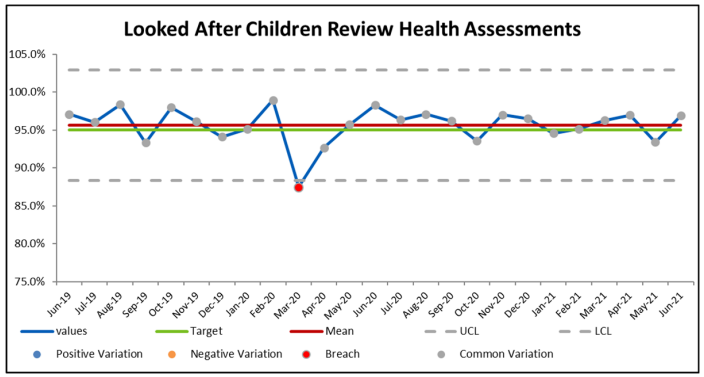
5.1.7 6 Week Diagnostics (Audiology)

Diagnostics waits (6 week target) for paediatric audiology had consistently achieved 100% throughout 2020/21. Following the issue identified whereby waiting time clocks were stopped prematurely; there was a short-term drop in performance; the service has made good progress and is ahead of the recovery trajectory with completing face to face outstanding assessments, with a return to target level achieved for month 4 (99.4%)



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





*Reporting period 1 month behind other metrics due to need to wait for 4 week outcomes

The Looked after Children's service has seen an increase in referrals in recent months; with a particular increase in the numbers of Unaccompanied Asylum Seeking Children (UASC).

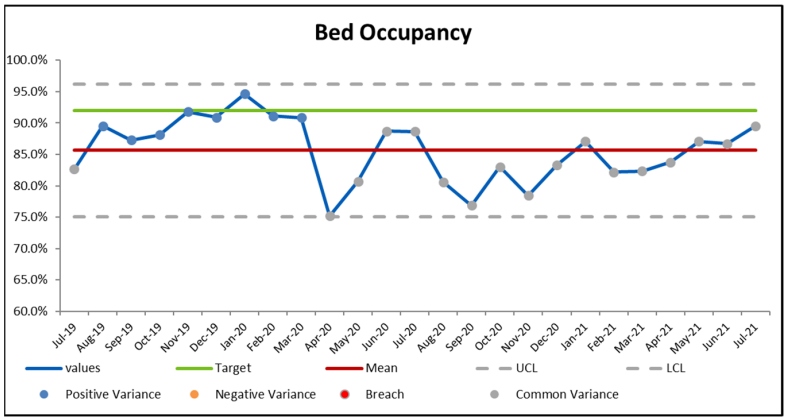
Meeting the IHA target of assessment within 28 days has been further adversely impacted by the requirement for UASC to quarantine in arrival at the UASC Accommodation centres. In addition, there have been COVID outbreaks within some centres which has led to further periods of self-isolation for UASC. This has resulted in delays in completion of IHAS.

The LAC service has invested in additional Paediatrician time to complete assessments; but the high numbers of referrals coupled with quarantine and COVID self-isolation requirements may result in inconsistent achievement of this target.

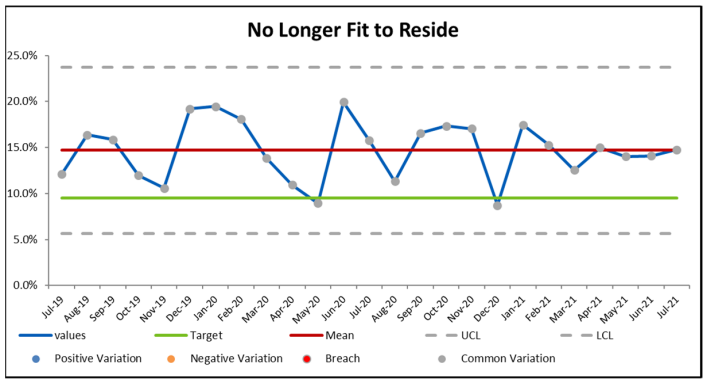
5.1.11 Bed Occupancy

Bed Occupancy continues to show a varying trend with no periods of special cause variation, although there does appear to be an upward trajectory over the last 4 months. Levels had stabilised between 80-87%, but are now within the target threshold of 87-92% (89.5% at month 4).

The gradual increase in bed occupancy is to be expected as current numbers of COVID patients are low. However, we continue to manage IPC measures very closely to minimise impact of bed closures associated with isolation or cohorting of patients.



5.1.12 No Longer Fit to Reside



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 has been consistently above the target, (bar a decrease

in month 9 last year). The target level continues to be rarely achieved in the current climate (twice in the last 18 months) with a current stable performance at around 15%.

The prime driver for high NFtR numbers is difficulty in accessing sufficient and timely domiciliary care packages to support safe discharge. This is a system-wide challenge. KCC have developed a comprehensive action plan. We continue to work closely with the CCG and KCC to review capacity challenges; improve patient flow and support effective discharge.

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 UTC 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

As part of the Operational Plan, activity trajectories are in place for 2021/22 in line with the current status of services and these are being measured against.

During Month 4 (July 2021) KCHFT carried out 177,521 clinical contacts of which 11,854 were UTC attendances. For the year to July 2021 KCHFT are 3.7% above plan for all services (some services have contractual targets, some are against an internal plan). The largest negative variances are within Adult Specialist Services (-3.7%) and Children's Specialist and Adult LD Services (-5.8%).

Service Type	M4 Actual	YTD Actual	YTD Plan	YTD Variance	Movement	Internal BRAG	Contract BRG
East Kent Adults - Contacts	65,408	261,863	241,058	8.6%	Positive		
East Kent Adults - UTCs	4,781	17,736	11,976	48.1%	Positive		
East Kent Adults - Admissions	96	442	394	12.3%	Negative		
West Kent Adults - Contacts	25,080	101,775	101,873	-0.1%	Negative		
West Kent Adults - UTCs	7,073	25,973	22,706	14.4%	Positive		
West Kent Adults - Bed Days	2,151	8,233	7,446	10.6%	Positive		
Specialist and Elective Services	24,182	96,988	100,722	-3.7%	Negative		
Children's Specialist & Adult LD Services	18,697	79,218	84,123	-5.8%	Negative		
Public Health Services	29,662	116,650	113,440	2.8%	Negative		
Dental Service	391	1,682	1,420	18.5%	Negative		
Trust Total Activity against plan	**177,521**	**710,560**	**685,158**	**3.7%**	Static		

	Internal	Contract
	>+5%	>+10%
	>-5%	>-10%
	+/- 2.5-5%	n/a
	<+/- 2.5%	<+/- 10%
		No Target

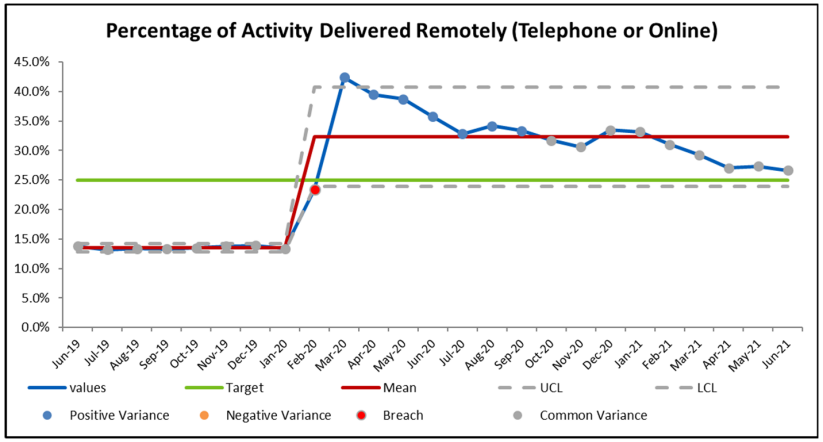
*these figures are not included in the table totals as they don't have a contractual target

Adult Specialist and Elective Services – The largest variances contributing to the overall 3.7% deficit against plan are the services with higher pre-covid group activity levels (MSK Physio -42.2%, Continence -11.6% and Diabetes -10.6%). While these services are improving in terms of overall volume, they have not yet reached the levels planned for months 1-4. The relaxing of national rules from July should improve the ability to increase group session activity, which are prevalent in these services. While group activity has been reduced, there has been additional 1 to 1 interventions/advice made available where required.

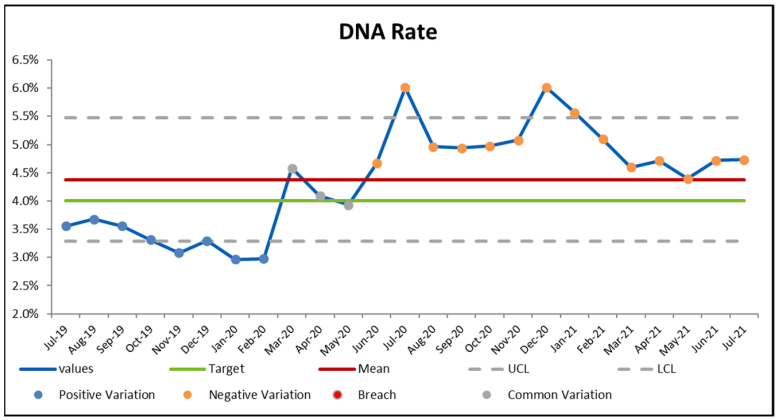
Children's Specialist and Adult LD Services – The largest variances within CYPSS and ALD Services are within East Sussex Therapies (-52.5%) and Adult Learning Disabilities (-20.1%). The main cause of the variance within East Sussex is the capture of indirect activity (reported within the commissioned contract) that is not yet being captured within RIO (captured within CIS previously). However, this ie being addressed and should move more in line with the plan. Activity within Adult LD services is an improving picture and work continues to review data monitoring processes in the team (with particular focus on un-outcomed appointments).

5.2.2 Activity Delivery Method

As detailed in the Operational Plan for 2021/22, the intention is to embed and maintain a level (>25%) of virtual consultations (26.6% for Month 4). KPI 4.6 is in place to measure and track this delivery. While the levels delivered remotely have shown a decrease as services have reset and more appointments have been made available in person, the expectation is that this will now stabilise.

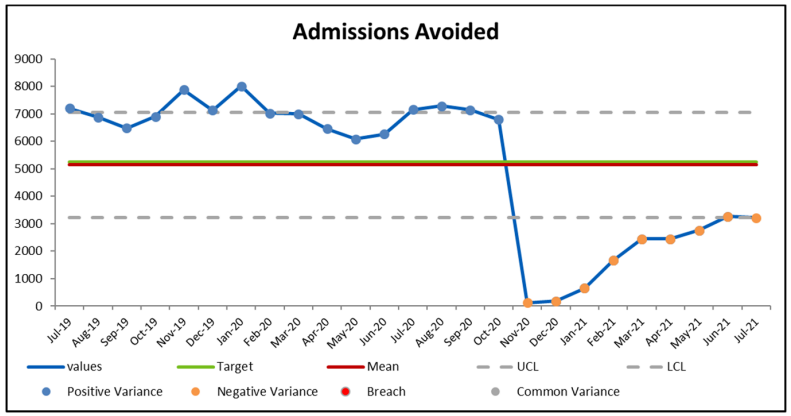


5.2.3 DNA rates



DNA rates pre-Covid-19 traditionally fell below the target of 4%, although there was initially a marked increase from June 2020 onwards to above the upper control limit as a result of Covid-19 pandemic and was impacted 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. However, the increased focus has started to drive levels back down, with levels from March 2021 being stable between 4.5-5%

5.2.4 Admissions Avoided

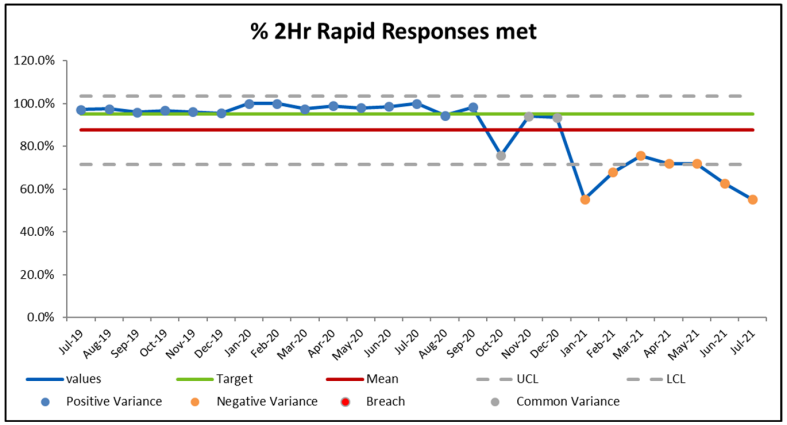


The above chart is showing the impact of the move to RIO (for the relevant teams) from October 2020. There have been challenges collecting this data on RIO which have now been fully identified and data is beginning to return closer to previous levels. The reporting will

continue to be managed and scrutinised, with feedback and support to teams, until accuracy is assured. Further discussions are taking place to re-define this KPI for accuracy and applicability

5.2.5 Rapid Response referrals seen within 2 hours

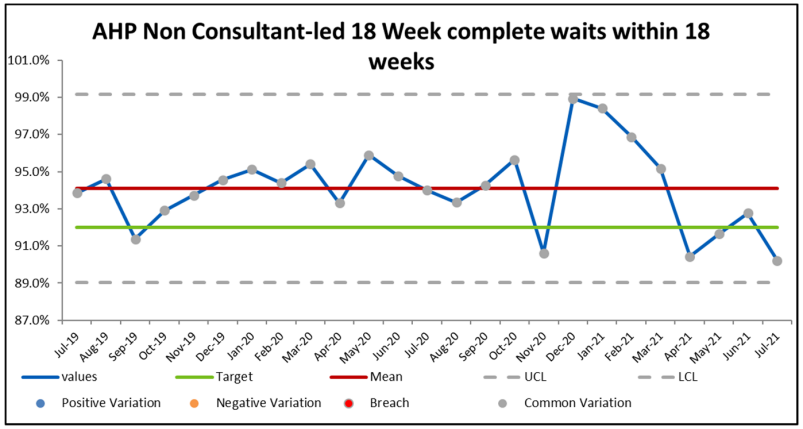
The data shown below does not currently fully reflect the true performance level. The accuracy of data capture has been negatively impacted by the move to RIO and the revised way in which data has been captured for this metric. The Rapid Response and Urgent Treatment teams are aware of the impacts of this change and the importance of recording the correct data points, in a timely manner, to enable to accurate measurement of the response time. Improvements back to target level had been seen, with West kent now meeting target. Further work continues, especially with the drops seen in months 3 and 4, impacted by referrals being inappropriately flagged as requiring an urgent response. This metric is now also submitted nationally as part of the Community Services Dataset so accuracy is imperative.



5.3 Assurance on Local Wait Times

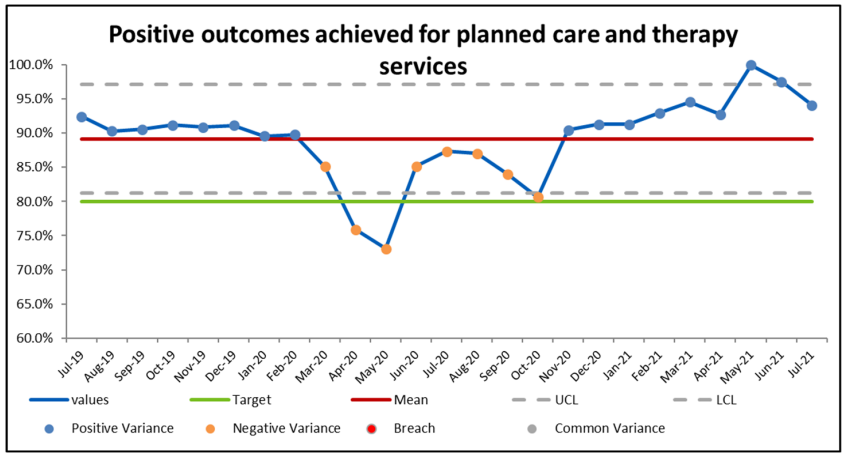
Completed wait times across non-consultant-led AHP services continue to show normal variation with varying performance around the mean, although currently marginally below the aspirational level of 92% within 18 weeks (internal benchmark target)

The main cause of this dip is that we are currently experiencing significant wait times above 18 weeks in MSK Physiotherapy services, where demand is increasing and work plans are being re-worked to improve performance. An initial review has been carried out following service performance falling below activity expectations at a work plan and contract level. Consequently, the clearing of some of these waits has negatively impacted performance in the short term.



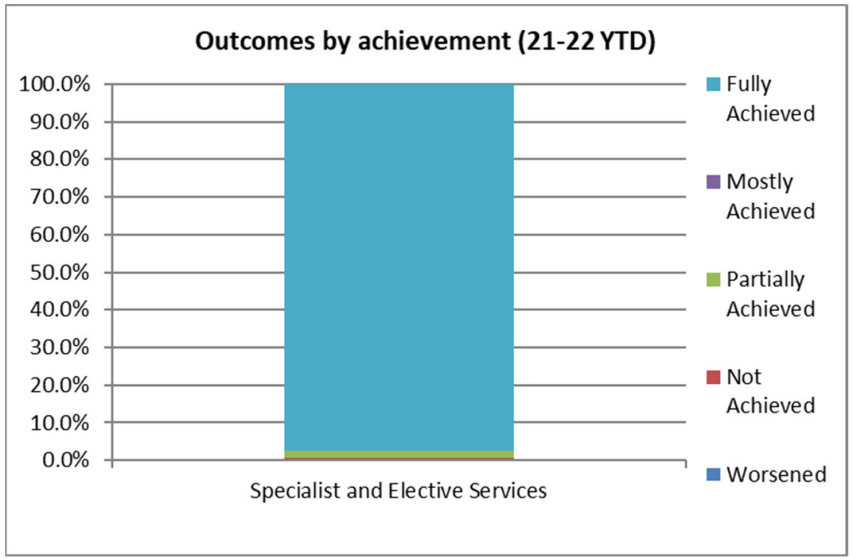
5.4 Outcomes

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 following chart does show that achievement of target is always likely to occur unless a process change or significant event occurs (e.g. reporting issue as a result of move to RIO from March-19), as the control limits indicate the range of performance varying month to month should not normally fall low enough to breach target.



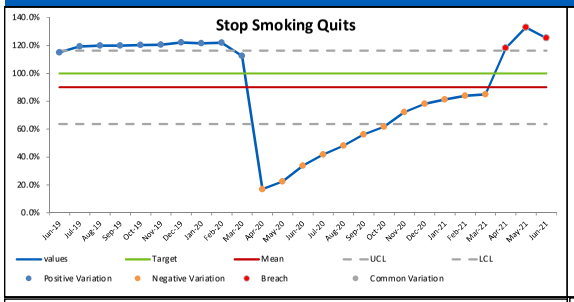
The following table and chart shows the proportion of the grading of each outcome for the year to date. Each outcome will be specific to the patient and will be personalised, therefore not allowing further detail to be summarised.

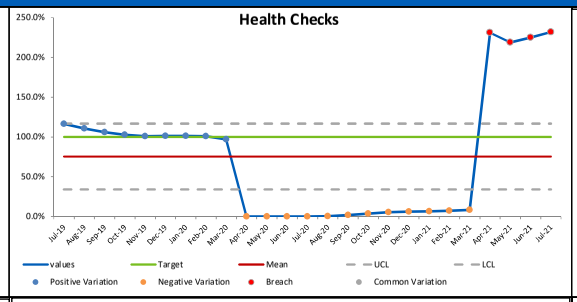
	Specialist and Elective Services
Worsened	0.0%
Not Achieved	0.6%
Partially Achieved	1.9%
Mostly Achieved	0.0%
Fully Achieved	97.5%

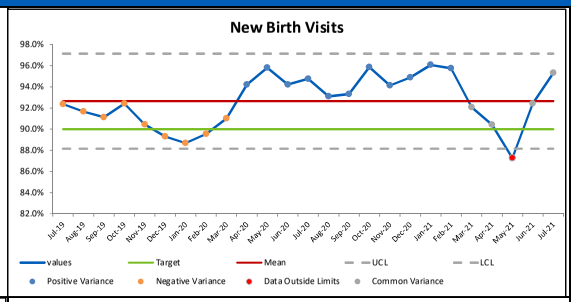


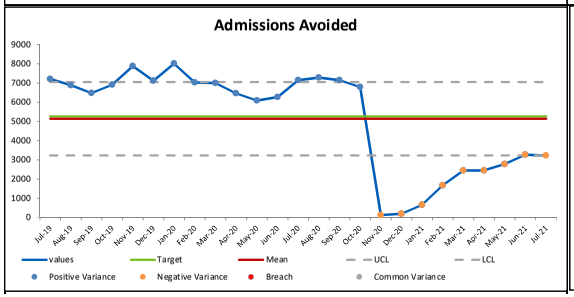
Appendix - Scorecard SPC Charts

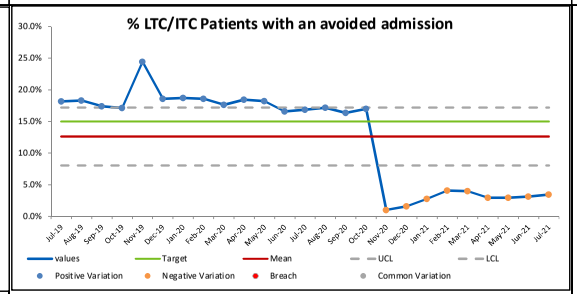
1. Prevent Ill Health





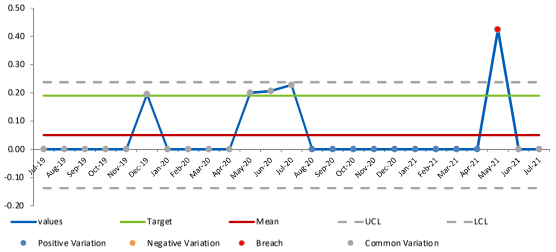




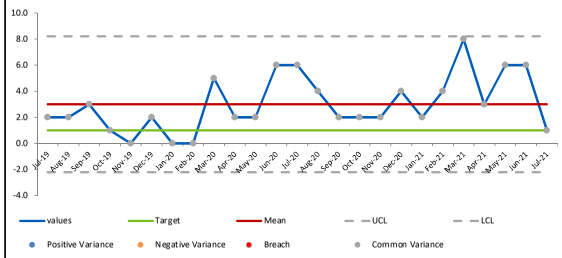


2. Deliver high-quality care at home and in the community

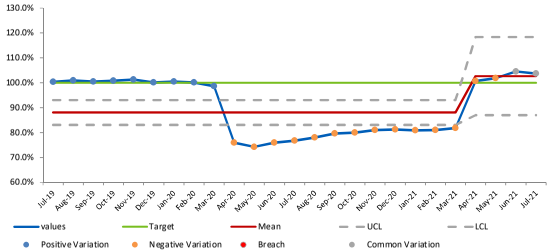
Moderate and Severe falls per 1,000 bed days



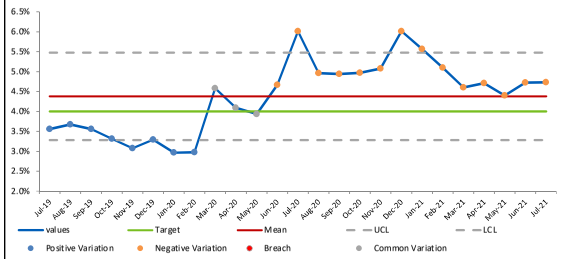
Pressure Ulcers (Lapses in Care)



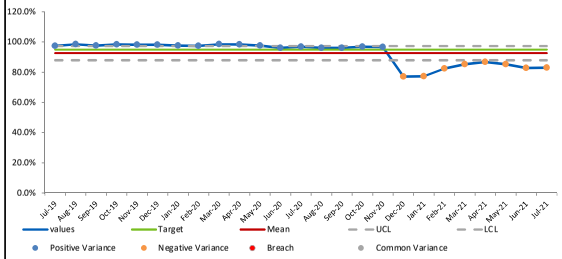
Contractual activity against target



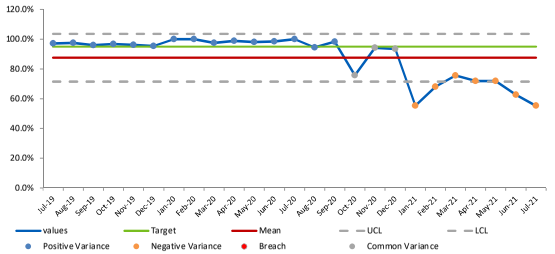
DNA Rate



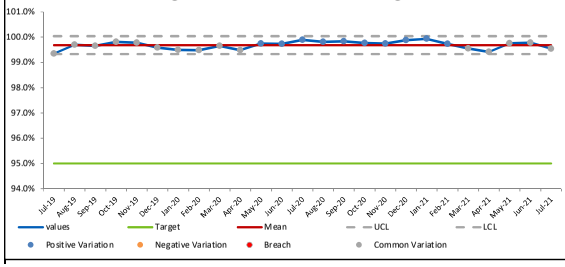
LTC/ICT Response Times Being Met



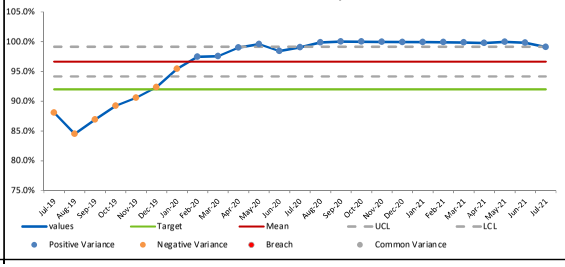
% 2Hr Rapid Responses met



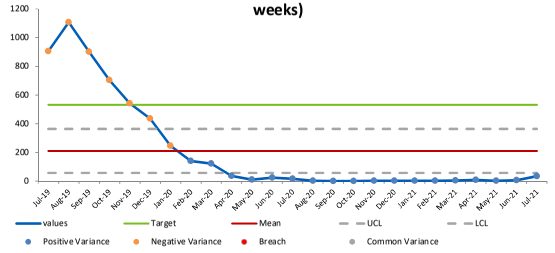
Urgent Treatment Centres 4Hr Target



Consultant-Led RTT Incomplete Waits

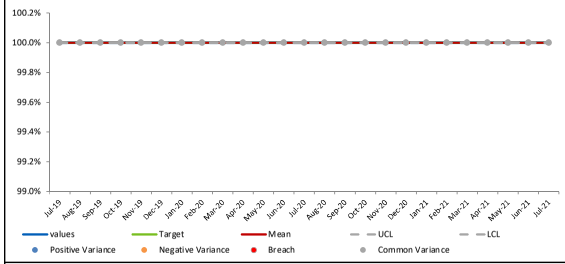


Consultant-Led RTT Incomplete Waits (waiting list size >18 weeks)

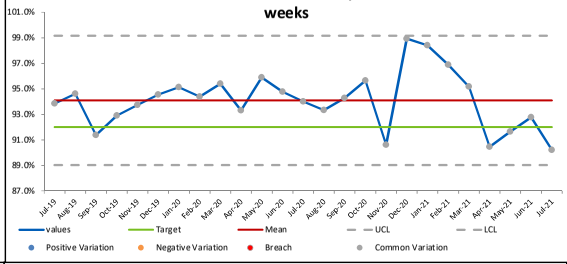


2. Deliver high-quality care at home and in the community

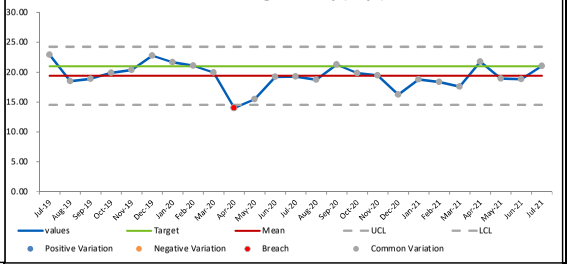
GUM Access within 48Hrs



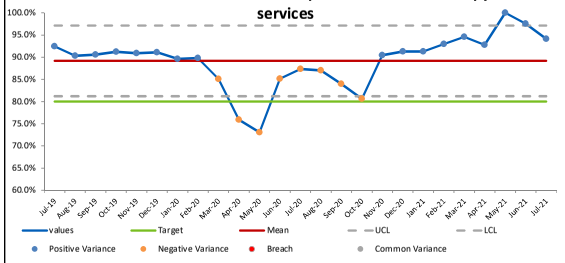
AHP Non Consultant-led 18 Week complete waits within 18 weeks



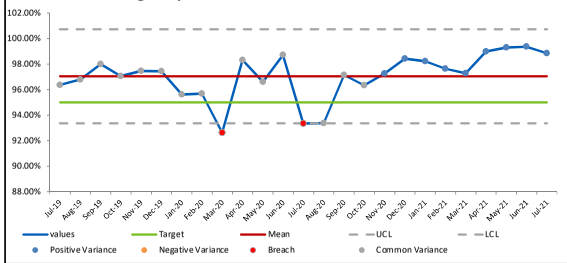
Median length of stay (days)



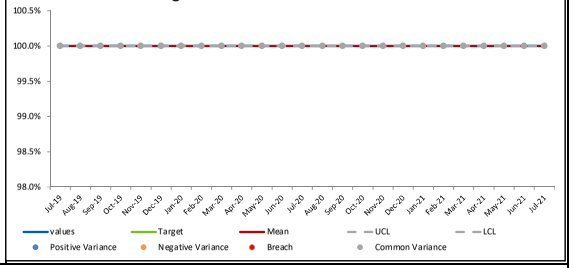
Positive outcomes achieved for planned care and therapy services



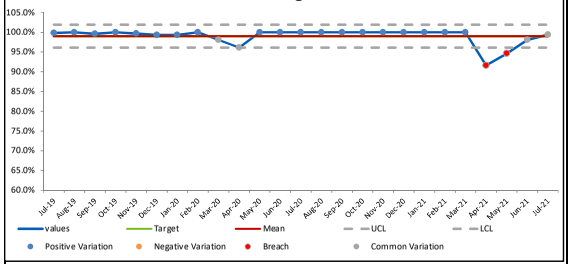
Percentage of patients who would recommend our services



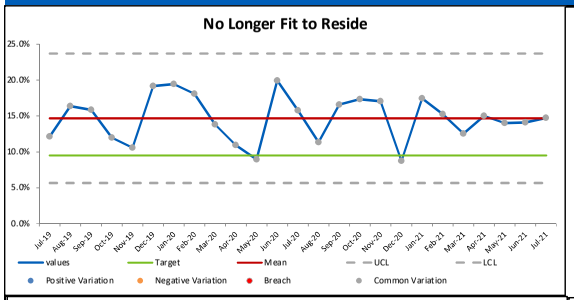
NICE guidance reviewed within timescales

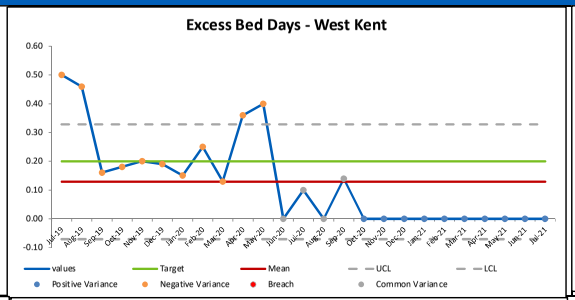


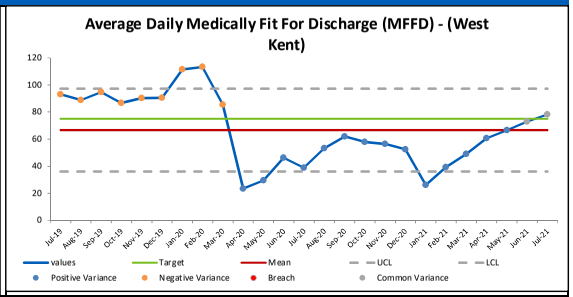
6 week Diagnostics

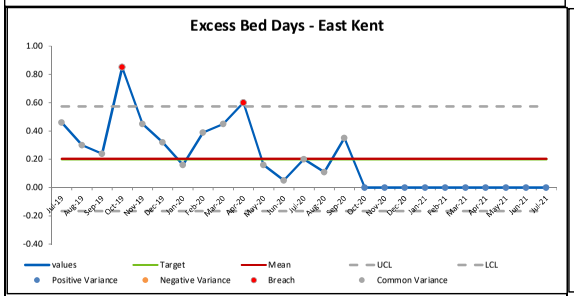


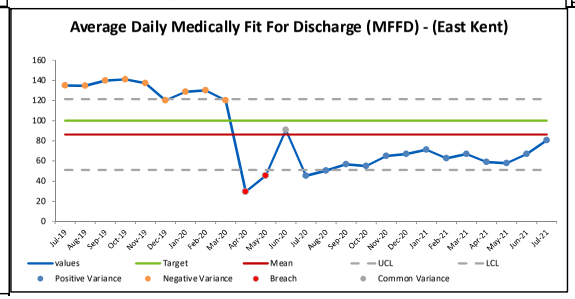
3. Integrate Services



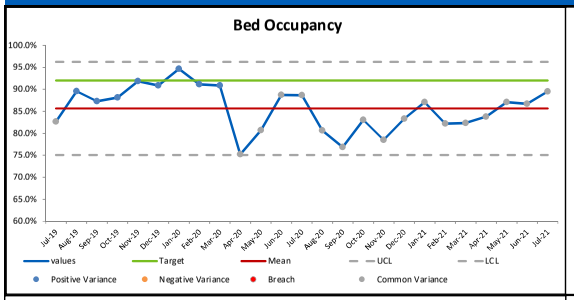


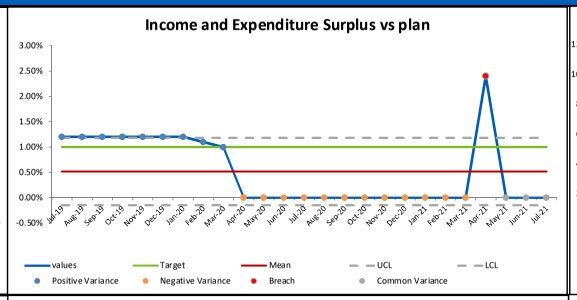


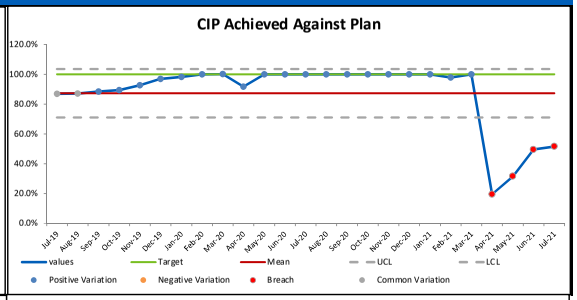


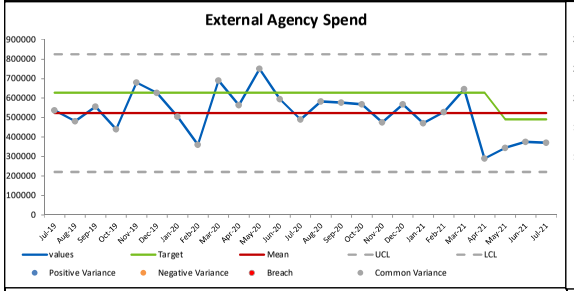


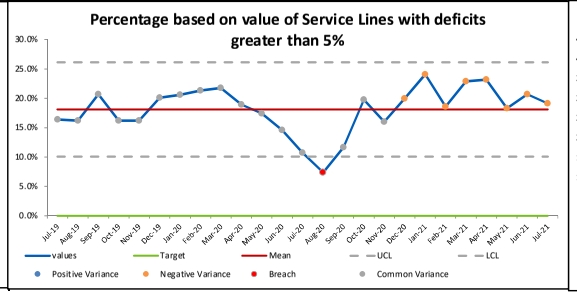
4. Develop sustainable services

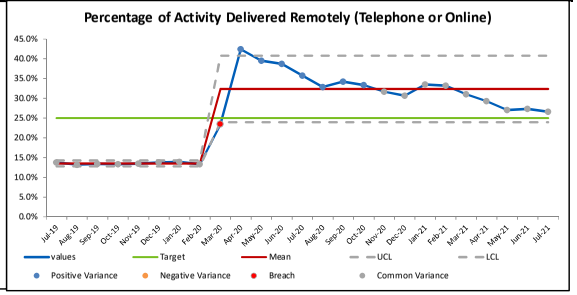






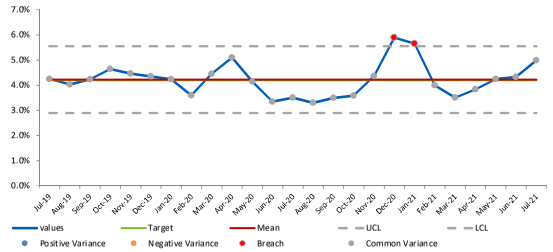




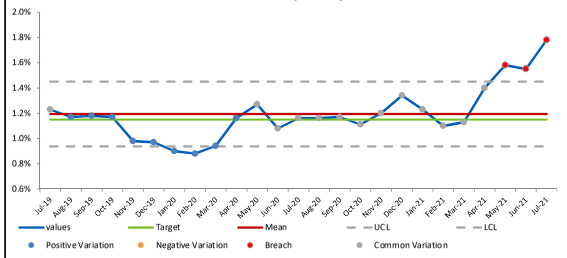


5. Be The Best Employer

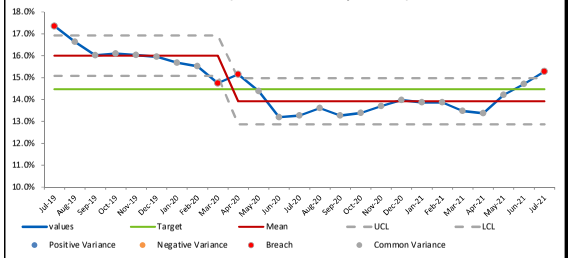
Sickness Absence - in month



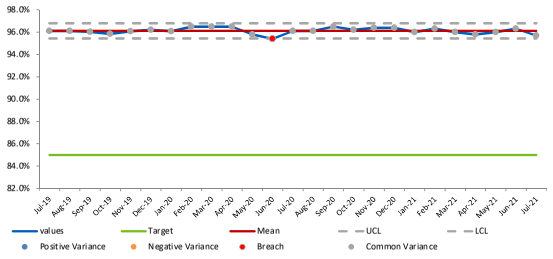
Absence (Stress)



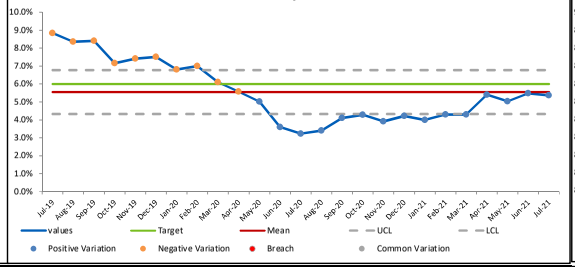
Turnover (Planned and Unplanned)



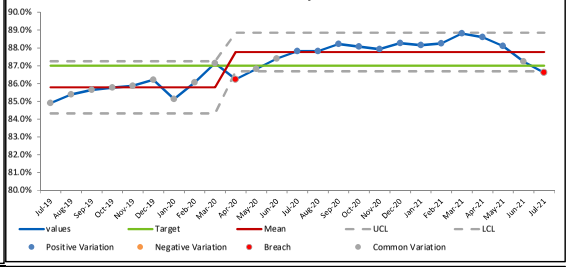
Mandatory Training Rate



Vacancy Rate



Stability



Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	4.2
Agenda Item Title:	Learning from Deaths Report
Presenting Officer:	Dr Sarah Phillips, Medical Director
Action – this paper is for:	☐ Decision ☐ Information ☒ 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?

In line with national guidance on learning from deaths, since April 2021, Kent Community Health NHS Foundation Trust (KCHFT) has collected and published mortality data quarterly via a paper to Quality Committee and Public Board, which must include mortality data and learning points. Guidance states this data should include the total number of the Trust's inpatient deaths and those deaths that the Trust has subjected to case record review. Of those deaths reviewed, the Trust must report how many deaths were judged more likely than not to have been due to problems in care. Following submission to the Quality Committee at its meeting in July, this report was published on the Trust's public website.

The Learning from Deaths Annual Report has previously come to the Board at its September Public Board meeting. A review of the reporting calendar has been undertaken and the annual report will now be published in May each year. The Quality Committee and the Board will continue to receive quarterly reports.

Summary of key points

Mortality review processes have adapted over the last year in response to increasing numbers of deaths due to the COVID-19 pandemic, while still meeting the national remit.

This report reminds the Board of the evolution of these processes and presents learning and actions from mortality reviews carried out in Quarter One. Areas for improvement emerging from reviews include advance care planning and missed opportunities to identify end of life, medicines issues, and general documentation and team communication. The age, gender and ethnicity of all patients dying with COVID-19 are now collected and this quarter's data is included in the report although this data set is not of sufficient size or breadth to be statistically

significant on its own. All our mortality and ethnicity data feeds into larger national and regional data sets. All Trust HCAI COVID -19 inpatient deaths will be reviewed in line with national guidance with a focus on generating insights to underpin effective and sustainable improvements in care to reduce future risks to patients and engagement of duty of candour. There have been no nosocomial cases resulting in death since this Quarter.

Proposal and/or recommendation to the Committee or Board
The Board is asked to note Quarter One's data and learning points described in this report for assurance.

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)*
Highlights relating to protected characteristics in paper	

Name:	Dr Sarah Phillips	Job title:	Medical Director
Telephone number:	01622 211900	Email	sarahphillips4@nhs.net

Kent Community Health
NHS Foundation Trust

LEARNING FROM DEATHS REPORT QUARTER 1
APRIL – JUNE 2021

1. Introduction

Kent Community Care Foundation Trust (KCHFT) uses the structured judgement review method to assess medical records and comment on the specific phases of care in the period before a inpatient death occurred. In line with national guidance on learning from deaths, mortality data is published quarterly and learning points recorded. This data includes the total number of community inpatient deaths and those deaths the Trust has subjected to case record review. Of those deaths reviewed, the Trust report how many deaths were judged more likely than not to have been due to problems in care.

2. Deaths Reported during Quarter 1 2021-2022: Results and Analysis

During Q1 2021-2022, eight deaths were reported at community inpatient sites.
In the previous quarter, Q4 2020 – 2021 48 deaths were reported.
During Q1 2020-2021,12 deaths were reported at community inpatient sites.

Total Number of Inpatient Deaths Reviewed					
Total Number of Deaths in Scope		**Total Deaths Reviewed**		**Total Number of deaths considered more likely than not due to problems in care**	
This Month June 21	**Last Month May 21**	**This Month June 21**	**Last Month May 21**	**This Month June 21**	**Last Month May 21**
3	5	8	10	0	0
This Quarter (QTD)	**Last Quarter**	**This Quarter (QTD)**	**Last Quarter**	**This Quarter (QTD)**	**Last Quarter**
8	48	26	62	0	0
This Year (YTD)	**Last Year**	**This Year (YTD)**	**Last Year**	**This Year (YTD)**	**Last Year**
8	178	26	176	0	0

Community Hospital	Number of deaths reported Q1 2021-2022	Number of deaths reported Year to date 2021-2022
East - Deal	3	3
East – Faversham Cottage Hospital	0	0
East - Westview	0	0
East – Whitstable and Tankerton	3	3
East – Queen Victoria Mormorial Hospital (Dover)	1	1
West - Edenbridge	0	0
West - Hawkhurst	0	0
West - Sevenoaks	0	0
West - Tonbridge	1	1
Total	8	8

The age range for deaths was 79-98 years (mean 86.85 years, median 88.5 years)
Length of stay ranged from three to 51 days (mean 13.4 days, median 10 days)

The coroner was consulted for two deaths but no postmortem or further action was required. The Medical examiner process was introduced for all community hospitals in East Kent in May 2021. Since implementation, the Medical Examiner has not made a recommendation for further review of any inpatient death. However, all inpatient deaths have been continued to be reviewed by the Subject Case Review (SJR) process in accordance with Trust policy.
Causes of death included ischaemic heart disease, Alzheimer's disease and heart failure, pneumonia, urinary tract infection and frailty and dementia, but no COVID-19 deaths were recorded.

No cases in Q1 were judged to be potentially avoidable due to problems in care and there was no evidence that any patient death was contributed to by unsafe practice arising from mismanagement or misuse of controlled drugs. One case was judged as poor with respect to ongoing, end of life and overall care phases due to the absence of a treatment escalation plan review and discussion of ceilings of care in the presence of multi-morbidity. A lack of discussion with relatives and a lack of evidence of recognition of and response to signs of progress towards active dying was also noted.
One case from Q4 2020-21 was raised as a potential serious incident (SI) in May 2021 following a Venous thromboembolism Root Cause Analysis (VTE RCA). Investigation is ongoing and when complete, themes and learning will be recorded and disseminated through trust processes.

Evidence of Good practice

Good care noted in reviews included good documentation and implementation of care with comprehensive assessments, management plans and discharge planning. The quality of the patient record was assessed as good in three cases and excellent in one case out of a total of eight cases. There was also good evidence of

communication and co-ordination between teams and involvement of patients and their families in end of life care planning with End of life care assessed as excellent in three cases and good in two cases.

3. Learning from Mortality Reviews

None of the deaths reported in Q1 2021/22 were considered more likely than not due to problems in care. Areas for improvement identified included patient transfers occuring without notes or medication charts and missed opportunities to discuss treatment escalation plans prior to deterioration in high risk patients. Recognition of active dying and how this can be supported has also been highlighted as well as the importance of rationalising medicines at the end of life and the use of pain assessment tools and models. None of these areas were judged to have caused significant harm to the patients involved but were identified as areas for learning to be shared with clinical teams and more widely through the mortality surveilance group, End of Life Care Steering group and matron's meetings.

Themes Identified for Learning from Deaths Q1 2021/22
1. Problems in assessment, investigation or diagnosis Including assessment of pressure ulcer risk, Ventricular tachycardia (VT) risk, history of falls
• Missed opportunities for Treatment Exculation Plan (TEP) discussion when patient at high risk of sudden deterioration • Missed opportunities for discussion of ceilings of care when patient with multi-morbidities transferred with treatment escalation plan for full escalation including Intensive Treatment Unit (ITU).
2. Problems with medication including administration of oxygen
• Oral medication was not rationalised, despite the patient's non-concordance with oral medication from admission. • Patient transferred with no case notes or medication chart No harm caused to patient due to prompt liaison with the transferring acute hospital. **Comments and action:** **Work to address these incidents is ongoing via the acute hospital notes task and finish group**
3. Problems related to treatment and management plan
• One admission to a community hospital bed was delayed whilst the option of home care was tested. It was judged that the plan was not a feasible option and did lead to patient distress that could have been avoided by an earlier transfer. • Lack of evidence of use of pain assessment tools or documenting using a model such as Site Onset Character Radiates Assosiated Symptoms Time/Duration Exacerbating/Reliving factors Severity (SOCRATES) to monitor effectiveness of analgesia and monitoring of pain symptoms was noted in two cases. • Rio documentation was noted to be incomplete in one case
4. Problems with infection management
No areas of learning identified

Themes Identified for Learning from Deaths Q1 2021/22
5. Problems related to invasive procedure
No areas of learning identified
6. Problems in clinical monitoring
• Recognition of the actively dying patient; • Lack of evidence of recognition of and response to signs of progress towards active dying was noted in one case. In another case it was judged that the reflection on previous history that led to the admission and reason for admission could have aided recognition
7 Problems in resuscitation following cardiac or respiratory arrest
No areas of learning identified
8. Problems of any other type not fitting other categories
• Staff unfamiliar with the appropriate protocol when a patient died suddenly. This was in the context of a patient dying unexpectedly but from a condition with a high risk of sudden death. **Comments and action: Staff signposted to Royal College of Nursing Verification of Expeacted Adult Death (VoEAD) guidance and update to Care After Death Policy in progress** • Limited documented evidence of clear plan from admission, of how the patient's wishes and goals would be achieved in context of the patients frailty and fitness to transfer. • Little evidence of discussion of relatives concerns noted in one case

Due to the large volume of deaths in Q4 2020/21, nine mortality reviews for Q4 were not completed until Q1 2021/22

Themes Identified for Learning from Deaths carried over for review Q4 2020/21
1. Problems in assessment, investigation or diagnosis Including assessment of pressure ulcer risk, (VT) risk, history of falls
No areas of learning identified
2. Problems with medication including administration of oxygen
• Prescribing of anticipatory medicines did not follow trust guidance on dosage ranges. **Comments and Action: support provided for staff by medicines management team with use of pre-printed anticipatory prescribing charts** • Documentation of pain assessment. No evidence of pain assessment score or use of model such as (SOCRATES) when documenting pain assessment in records both before and after medication.
3. Problems related to treatment and management plan
• No specific care plan for managing breathlessness of the dying patient who was also covid-19 positive. • Unclear why subcutaneous fluids continued when management was converted to a syringe driver. • Use of a last days of life care plan could have provided staff with additional tools to support the patient's end of life care

Themes Identified for Learning from Deaths carried over for review Q4 2020/21
3. Problems related to treatment and management plan
• End of life windows not completed within electronic records. Individualised end of life care plan and Advanced Care Practioners (ACP) were also not evident in paper records. • It was not always clear from the available notes and drug charts what assessment or intervention was actioned and the last days of life plan was not completed on RiO • Conversations/challenges around ceilings of care either not had/or no evidence of them recorded. **Action from After action review:** **Team to meet to discuss incident and empower staff to feel confident to escalate concerns – use of Situation, Background, Assessment, Recommendation (SBAR) communication tool.**
4. Problems with infection management
No areas of learning identified
5. Problems related to invasive procedure
No areas of learning identified
6. Problems in clinical monitoring
No areas of learning identified
7 Problems in resuscitation following cardiac or respiratory arrest
• TEP and Do Not Attempt Resuscitation (DNAR) to be filed correctly on Rio to ensure other staff members can access these easily. It has also been agreed that the Don Not Attempt Cardiopulmonary Resuscitation (DNACPR) document is kept at the front of the medical notes on the ward at all sites. • Discussions in advance about the appropriateness of attempting Cardiopulmonary Resuscitation (CPR) with senior colleagues/Multi disaplinary Team (MDT) may have helped clarify the best approach for all concerned if they had taken place (acknowledging that a DNACPR was not in place). **After Action Review (AAR) action: End of Life Care (EoLC) team to complete training to provide staff with further understanding of the national frameworks around DNACPR.**
8. Problems of any other type not fitting other categories
• In one case the incorrect pre-COVID process of issuing Medical Cetificate of Cause of Death (MCCD) and cremation certificates was used. An apology was given.

4. Community Deaths

During Q1 13 community deaths were raised as incidents on datix. seven cases related to issues with verification of death. Work has been taken forward by the the end of life care nurse consultant to identify underlying issues relating to the escalation of expected deaths to the coroner and to liaise with the ambulance service to reduce the risk of recurrence. In one case a delay in commencing a syringe driver for end of life care was identified. Learning was identified by the the end of life care nurse consultant and shared with the professional lead for East Kent for dissemination. A further case was identified

due to transfer of care issues at end of life. This has been raised with the acute hospital via their incident team for discussion by the Transfer of Care task and finish group. Learning was also identified for KCHFT staff with regard to accessing additional information and support when receiving referrals as well as consideration of follow up procedures after administration of stat doses of end of life care medication. A mortality review was completed for a West Kent Home Treatment Service death. Care was judged as good with excellent elements noted for end of life care and no learning was identified. One community death was raised as a significant incident in June due to concerns relating to delivery of care at end of life. Investigation is ongoing and when complete, themes and learning will be recorded and disseminated through trust processes.

5. Learning Disability (LD) Mortality Reviews Report

LeDeR Mortality Review Programme (

Dr Lisa Scobbie
Deputy Medical Director
July 2021

Kent Community Health NHS Foundation Trust

LeDeR Mortality Review Programme

Quarter 1 Report
April – June 2021

Written By

Mandy Setterfield – Senior Reviewer

Renée Fenton – LeDeR Administrator

Contents

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1. Quarterly Update 2
2. Completion of Reviews 3
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6. Best Practice 7
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1. Quarterly Update

A revised LeDeR review process came into place from 1 June 2021 and the Integrated Care System (ICS) was to implement the changes in the review process by this date.

The key changes include:

- New web-based platform and new training for the LeDeR workforce.
- Notification of deaths will be through the LeDeR website only.
- Every person with a learning disability whose death is notified to LeDeR will have an **initial** LeDeR review.
- Using their professional judgement and the evidence available to them, the reviewer will determine where a **focused review** is required. The person's family has the right to request a focused review.
- Focused reviews will also be completed for every person from a Black, Asian or Minority Ethnic background.
- From later in 2021, adults who have a diagnosis of autism will also be eligible for a LeDeR review; further advice will be published in coming months.
- Reviewers will no longer make recommendations for each review, instead they will present areas of learning, good practice and areas of concern to the local governance group/panel
- ICS will need to establish a local governance group/panel, which as well as signing off the quality of focused reviews will, in discussion with the reviewer, agree SMART (specific, measurable, achievable, realistic and time bound) actions which feed in to, and are cognisant of the strategic plan for the local area.
- The local governance group/panel will consist of people from across the ICS who have responsibility for the quality of services and can take action to improve services.
- The governance group/panel **must** include people with lived experience.
- LeDeR governance must not sit separate to and remote from wider ICS quality governance.
- NHS England and NHS Improvement regional teams will hold ICSs to account assuring that the actions are robust, address the issues identified and will achieve the objectives required.

- NHS England and NHS Improvement regional teams will ensure that ICSs report quarterly on performance against the actions agreed for all reviews completed.

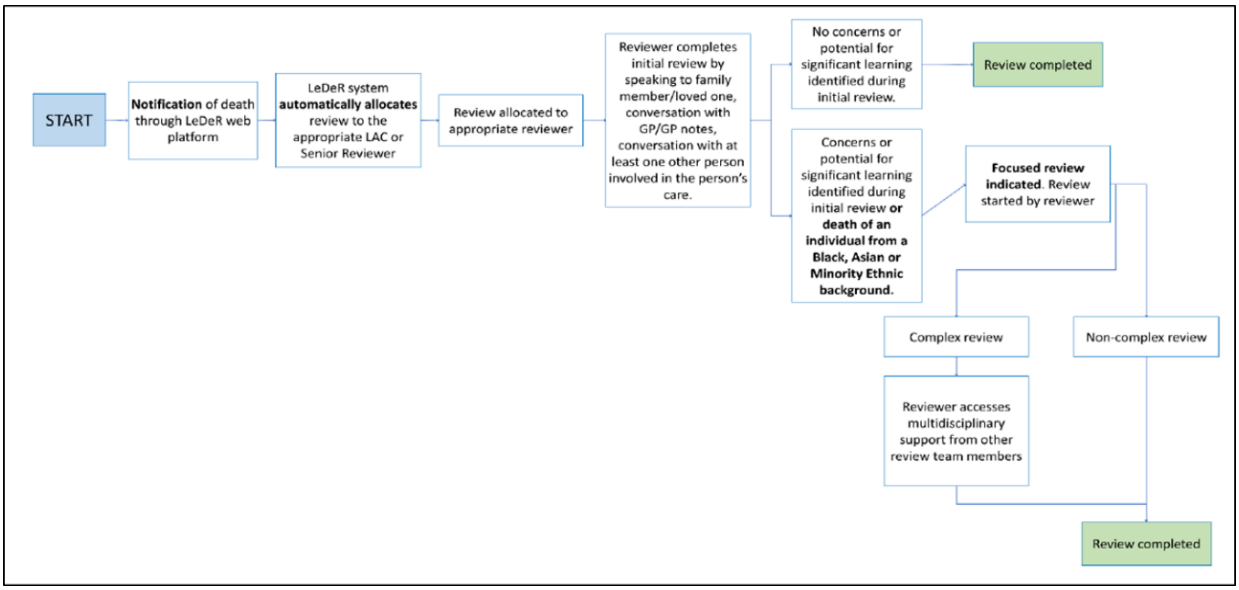
Local Area Contact (LAC)

The roles expected of the LAC will sit within the ICS. This is a different role to the current LAC role and LACs should be independent of reviewers in all cases.

Permanent LeDeR Review Team

A permanent LeDeR Review Team was approved and recruited; with one Senior Reviewer, 2wte Reviewers and 1wte Administrator.

Below is a flow chart which demonstrates the new LeDeR Review process;



2. Completion of Reviews

To date we have completed a total of 62 out of 116 reviews for the time frame July 2020 - April 2021 with a staff capacity of 100% and the trajectory being overachieved every month; with the exception of one review which is currently on hold due to the family deeming it too soon after the relative's death to be involved yet.

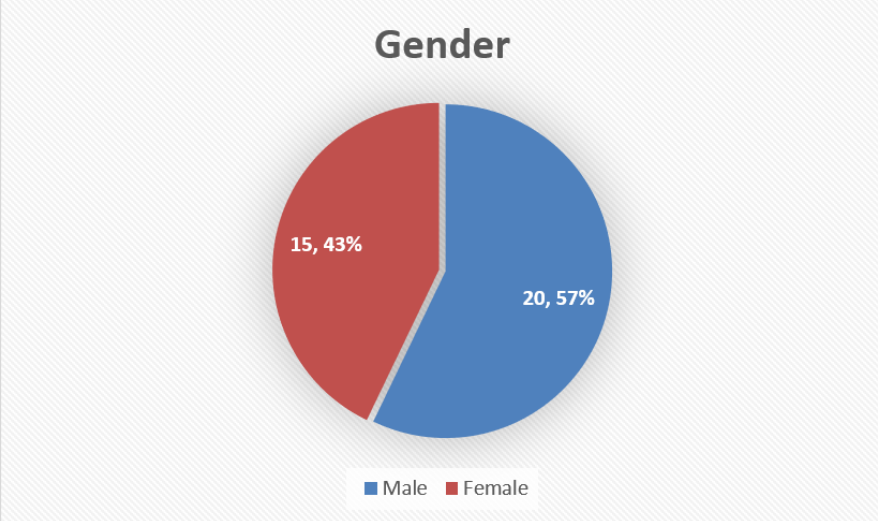
Below, the table shows the number of reviews completed for Quarter 1, Oct-Dec 2020. There was an increase in the number of deaths for December, at 22 deaths compared to the average of 10 per month.

Oct-20	Nov-20	Dec-20
7	**8**	**22**
5	7	20
0	0	0
0	0	0
0	1	2
2	0	0
0	**1**	**2**
Apr-21	**May-21**	**Jun-21**

3. Personal Demographic Trends

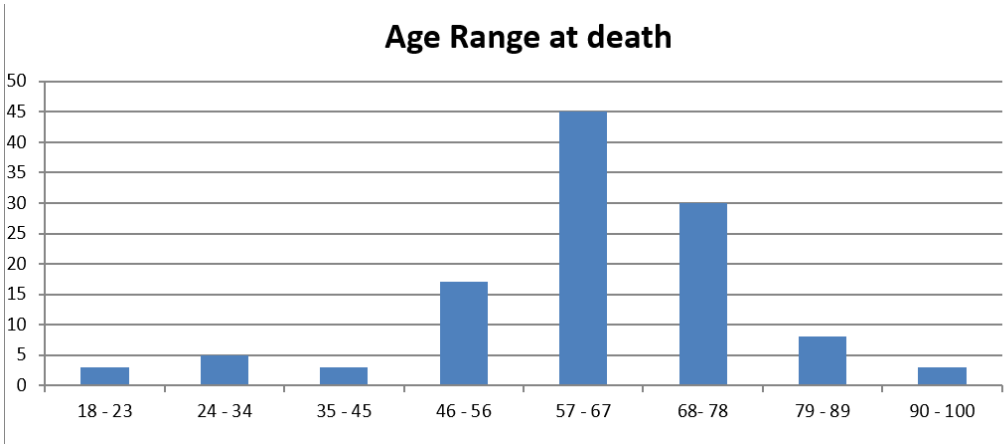
Gender

The table below shows that there were more Male to Female deaths in Q1; with male being at 57% and female at 43%.



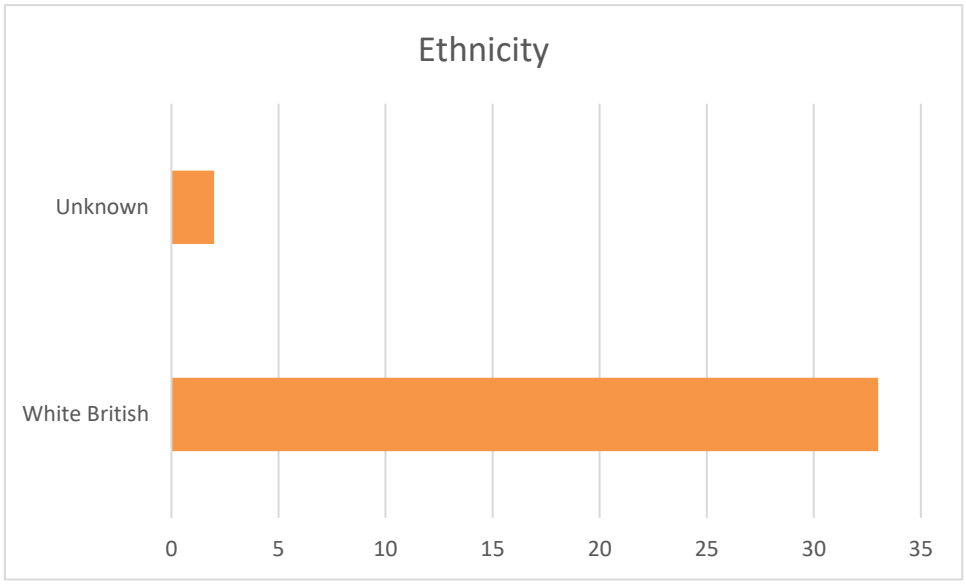
Age

Much like the previous quarter, the average age at death is between the ages of 57 – 78 years old. The highest age bracket being 57-67, with a count of 45 out of 114.



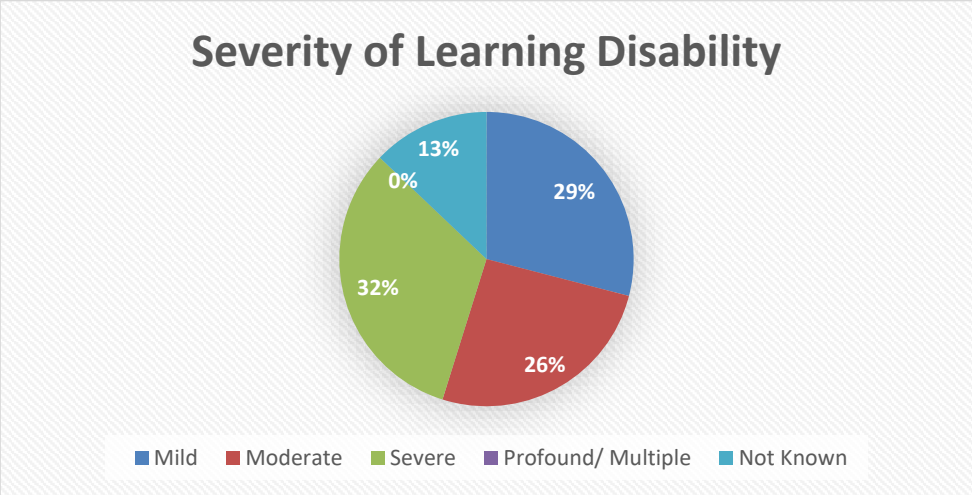
Ethnicity

Out of 37 reviews, 35 of these where White British; the other 2 were not known.



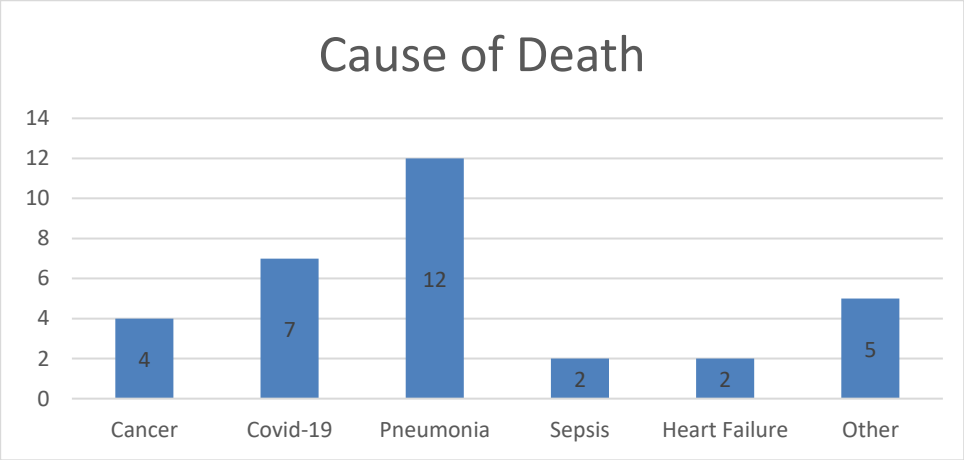
Severity of LD

The chart below shows that the highest level of LD was Mild and Moderate. With Mild at 29% and Moderate at 26%.



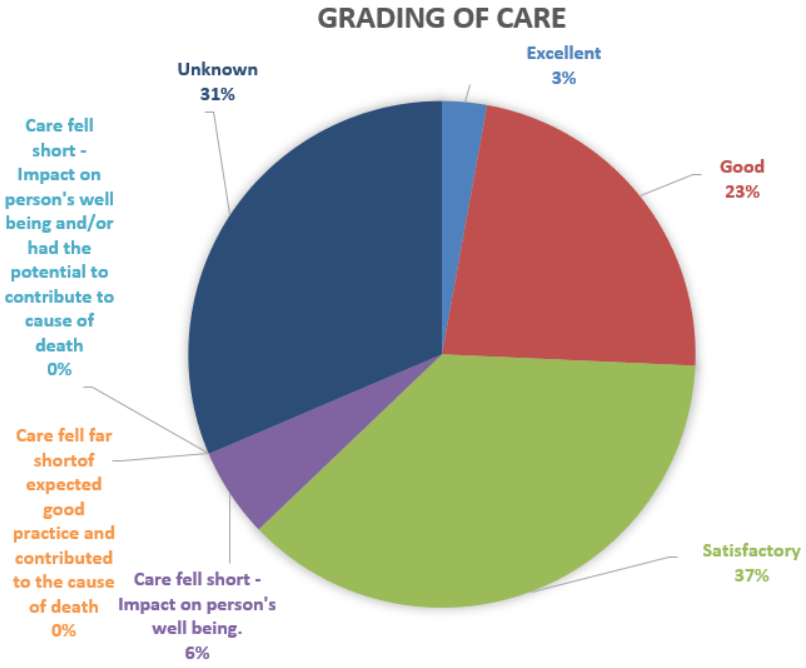
4. Cause of Deaths

The most common cause of death during Oct-Dec 2020 was Pneumonia (Aspirational and Bronchopneumonia) with 12 deaths recorded. Covid-19 deaths were at 7 and Cancer at 5. 'Other' includes heart failure/ disease and brain tumours.



5. Grading of Care

The most common grading of care given was Satisfactory at 37%. 'Unknown' is recorded at 31% due to the system not being accessible and therefore making it unable to check the data against these individuals and their grading of care.



6. Best Practice

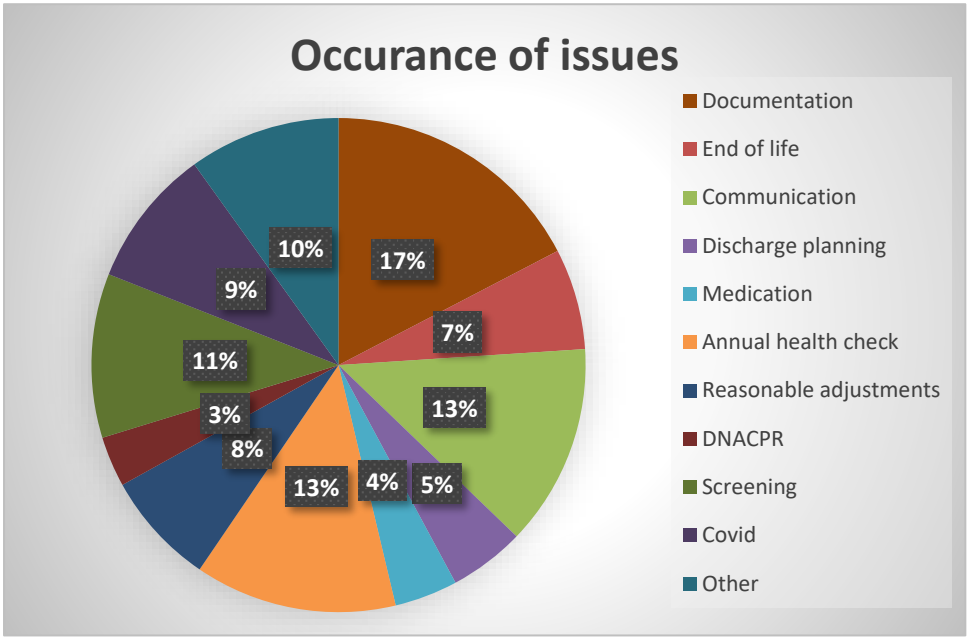
Evidence of good end of life care and anticipatory care plans and evidence of reasonable adjustments in hospitals and clinic settings. There has not been any further best practice to identify as we have been off line since March 2021 and therefore have not seen any reviews.

7. Learning

Three people who died between April – June experienced more than 10 issues associated with their care.

The below chart shows common issues which occurred for people with a learning disability. The most common was lack of documentation, this could include not having a communication or hospital passport, not being on a my health navigator pathway, no personalised care plan etc. This was closely followed by issues relating to annual health checks, this could have been that the person didn't have an annual health check or didn't have a health action plan formulated.

Improvements have been seen from the amount of inappropriate DNACPRs being put in place. Where this did occur, challenges were made by health care professionals resulting in changes taking place.



8. Next Steps

Kent and Medway have cleared the backlog of outstanding reviews and has summarised the key learning from these for the system. Arrangements for the sustainable completion of reviews in a timely fashion have been agreed with partners with support from the Nursing and Quality Directorate. The ongoing arrangements for LeDeR include the robust implementation of learning and system improvement with the support of a broad range of key stakeholders.
See LeDeR Objectives set out below – pulled from Kent & Medway LD and Autism System Development Plan.

Year: 2021 - 2022			
LTP Commitment	**Objective(s)**	**How and What will be delivered**	**Timelines & Lead**
Maintain Timely LeDeR reviews	The LeDeR model has been adopted and implemented in the Kent and Medway to deliver a systemic review and learning process for the system	The LeDeR reviews in Kent and Medway have been commissioned through the provider collaborative to be undertaken in a timely manner to ensure that learning is shared to inform care provision and safe practice	LeDeR steering group

Secure funding to maintain LeDeR	The current LeDeR model is being put though a finance and performance committee to ensure that it is effectively resource to meet the system need	The model has been sent to the finance and performance committee for financial agreement on the model. The model has been agreed and finances secured	LeDeR steering group
Enhance system learning	The LeDeR reviews will provide learning to the whole system on an ongoing basis to inform system development and integrated Co-design	Learning from LeDeR is being shared across the system and tracked. There is a plan to audit findings through thematic analysis once the LeDeR team is established to inform future provision.	LeDeR steering group
Support and develop the LeDeR Steering Group	The LeDeR steering group is chaired by the Associate Director for Nursing and Quality Improvement for KMCCG. The steering group will adopt an improvement focus	Review and adaption to the Steering group using the guidance provided in Learning from Lives and Deaths- People with Learning Disability and Autistic People (LeDeR) 2021. This will address the quarterly reporting request from NHSEI.	LeDeR steering group
Influence and learn from regional and national health improvement	KMCCG Nursing and Quality Associate Director will be a member of the regional Health Inequalities Steering Group, which will consider LeDeR, AHCs, STOMP/STAMP. The Associate Director for Learning Disabilities and Autism Programme will also be a member	The Health Inequalities Steering group will provide feedback for the Quality Improvement Board that in turn will inform the Regional Programme Board. A mapping exercise will be completed when the meetings are established to ensure feedback and feed-in opportunities to key partners from the Kent and Medway system.	LeDeR steering group
Develop LeDeR Programme	System approach to implementing and maintaining compliance with the national LeDeR policy. Develop plan for new quality assurance structures and processes by 30/09/21	• The establishment of a local governance group/panel to include individuals with lived experience • Review and agree reporting and governance structures so LeDeR	LeDeR steering group

	and fully operation by 01/02/22	governance sits within mainstream ICS quality surveillance and governance arrangements. • A named executive lead as SRO with accountability for LeDeR from across the ICS • Agree data metric and baseline measurements to capture outcomes from LeDeR focused on • Positive experiences of process for bereaved families • Decreasing numbers of preventable deaths • Greater use of reasonable adjustments in health and care services • Better outcomes as a result of local service improvement projects • Increased awareness of the main causes of death amongst health and care staff Improved data – themes/trends of life and death experiences with specific focus on BAME	
Developing LeDeR	Assess the inclusion of autistic service users in the LeDeR program and the potential learning from this Cohort See attached action plan for details and associated timelines	Inclusion of autistic people in LeDeR – data mapping to be undertaken in Q2-Q3 2021/22 to understand likely demand against LeDeR team capacity and possible options for inclusion of this cohort of	LeDeR steering group

	for completion of actions	these deaths from Q4 2021/22 - 2022/23	
Reducing inequalities in LeDeR	Focussed reviews for BAME and autistic people to be implemented	Introduction of 'focused reviews' from 01/06/21 – will be undertaken as part of normal practice for all BAME individuals and for autistic people.	LeDeR steering group
LeDeR monitoring	Reporting process for LeDeR has been agreed for the program in collaboration with NHSE.	Annual reporting process agreed and 2020/21 report completed and circulated to all relevant parties including NHSE by 31/06/21	LeDeR steering group
Year: 2022 - 2023			
Reducing inequalities in LeDeR	Increased reporting of deaths from people from relevant Black, Asian and Minority Ethnic communities within the ICS proportionate and relative to the communities living within that geography	Data will be pulled through the LEDER programme through to Public Health who will in collaboration with system develop an action plan to focus interventions in the BAME community	LeDeR Steering Group Q1/22
LeDeR monitoring	Senior ICS leaders, including local authority partners are involved in governance meetings where issues found in local reviews are discussed and actions agreed collaboratively, to support joined-up actions to improve services, reduce health inequalities and reduce premature mortality.	Detailed data will form part of contract compliance and contract levers processes in 2022	KMCCG Associate Director for LD&A Programme Q1/22

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	5.1
Agenda Item Title:	Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report 2020/21
Presenting Officer:	Natalie Davies, Director of Corporate Services
Action – this paper is for:	☒ Decision ☐ Information ☐ Assurance

What is the purpose of the paper and the ask of the Executive team?
The paper outlines the process and the content of the EPRR core standards self-assessment. The organisation has assessed itself as fully compliant. The same assessment was submitted last year and this was peer reviewed through the Local Resilience Forum and confirmed. A similar process will be undertaken following the submission this year.

Summary of key points

The organisation is proposing to submit a self-assessment of full compliance with the core standards. There is a high degree of confidence in this rating as it follows previous years and is evidenced.

Proposal and/or recommendation to the Executive Team

The Board is asked to agree and approve the report.

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

Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.	*(please provide a summary of the protected characteristic highlights in your paper)*
Highlights relating to protected characteristics in paper	

Name:	Natalie Davies	Job title:	Director of Corporate Services
Telephone number:	01622 211904	Email	natalie.davies1@nhs.net

Kent Community Health
NHS Foundation Trust

EMERGENCY PREPAREDNESS, RESILIENCE, AND RESPONSE (EPRR) ANNUAL ASSURANCE REPORT 2020/21

Assurance Process

A set of core standards for Emergency Preparedness, Resilience and Response (EPRR) have been in place since April 2013. All organisations who receive NHS funding are asked to carry out a self- assessment against the NHS Standards for EPRR.

In August 2021 Kent Community Health NHS Foundation Trust (KCHFT) performed a self-assessment and achieved a 'Full'level of compliance against the EPRR Core Standards.

Assurance Process 2021

NEL assessed the evidence provided by the Head of Emergency Preparedness, Resilience and Response and the EPRR Manager.

The assurance audit was conducted to demonstrate to the commissioners the preparedness of KCHFT against the NHS England EPRR Core Standards.

The audit provided evidence against each of the core standards identified by NHS England as being required to be in place by a community provider.

The investigated areas were;

- EPRR Core Standards

Audit Results

Based on the NHS England's levels of assurance the self-assessment demonstrated that the Trust meets the requirements for full compliance.

This report along with supporting information in Appendix A is presented to the Board to be agreed and approved.

Jan Allen
Head of Emergency Preparedness, Resilience and Response
23 August 2021

Kent Community Health
NHS Foundation Trust

Appendix A

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

The NHS Core Standards for EPRR set out the minimum requirements expected of providers of NHS funded services in respect of EPRR covering the following ten domains;

Ref	Standard	Summary
1	Governance	Policy, work programme and Accountable Emergency officer in place
2	Duty to risk assess	EPRR risks captured in a register as part of the organisational system. Risks are regularly reviewed, monitored and escalated as required.
3	Duty to maintain plans	Plans must be regularly reviewed and updated in cooperation with partners.
4	Command and control	An on-call mechanism is in place available 24/7 with staff trained in EPRR response.
5	Training and exercising	Training is carried out to ensure staff are competent. This will include communication exercises, table top testing and live exercising.
6	Response	Facilities are available for the trust to mount a response including arrangements for an ICC
7	Warning and Informing	Communication channels with partners and the public should be effective, maintained and tested where appropriate
8	Co-operation	Arrangements in place to share information securely where appropriate
9	Business Continuity	BCPs should be in place which align with national standards
10	Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT)	Planning in place to manage CBRN incidents

Due to the impact of the response to COVID 19 in 2020/21 the annual NHSE Emergency Preparedness, Resilience and Response (EPRR) Assurance Process was not undertaken in its routine format in 2020. For 2021 NHSE have reduced the assurance toolkit in recognition of the protracted and ongoing pressures upon healthcare system partners.

On the 23, July 2021 NHSE published its toolkit and accompanying Guidance letter. This details a 'lighter touch' self-assessment mechanism for EPRR Assurance and gives freedoms to health

systems as to how they manage and deliver the process to gather suitable levels of assurance to satisfy the CCG AEO and Commissioners, LHRP Executive members and onward to regional colleagues.
In recognition of the NHSE Guidance letter the following process has been agreed by the Kent and Medway LHRP Executive Chair for usage in 2021.

Process for 2021

- Each provider organisations to complete the NHSE self-assessment tool by 15 September 2021 along with the following supporting evidence items:
    - A copy of the completed self-assessment tool
    - A copy of the report taken to a public board or governing body meeting for agreement.
    - A copy of the completed NHSE Statement of Compliance template

- At the Local Health Resilience Partnership (LHRP) Delivery Group meeting 11 October 2021 – each provider organisation to present an overview position statement on the standard template provided, for peer review and discussion. This will have particular focus on items of best practice, areas for improvement and allow for shared learning. Key items identified will be incorporated into the LHRP DG Workplan for 2021/22.

- LHRP Executive Group meeting 22 November 2021 – meeting will consider the collated findings of the Assurance Process for wider system consideration prior to onward submission to NHSE Region colleagues. The meeting will have particular focus on items of best practice, areas for improvement to allow for shared learning. Key items identified will be incorporated into the LHRP Executive Workplan for 2021/22.

The KCHFT AEO responsible for EPRR is the Corporate Service Director – Natalie Davies and the Non-Executive Director with responsibility for EPRR is the chairperson of the Audit and Risk Committee.

The EPRR team has a duty to risk assess: EPRR risks are captured in a register as part of the organisational system. Risks are regularly reviewed, monitored and escalated as required.

Assessment:

The Head of EPRR and the EPRR Manager completed the self-assessment process on behalf of KCHFT.
The assessment demonstrates a position of 100% compliant with all core standards KCHFT are expected to achieve.

Recommendation:

For the Board to note the KCHFT EPRR position of ‘Full Compliance’ with the core standards required.

Jan Allen

Head of Emergency Preparedness, Resilience and Response

August 2021

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 September 2021
Agenda Number:	5.2
Agenda Item Title:	Ratification of Terms of Reference of Remuneration and Terms of Service Committee
Presenting Officer:	John Goulston, Trust Chair
Action – this paper is for:	☒ Decision ☐ Information ☐ 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?

Summary of key points

The Terms of Reference for the Remuneration and Terms of Service Committee have been reviewed and approved.

Proposal and/or recommendation to the Committee or Board

The Board is asked to ratify the Terms of Reference.

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)*

Highlights relating to protected characteristics in paper

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Kent Community Health
NHS Foundation Trust

KENT COMMUNITY HEALTH NHS FOUNDATION TRUST

REMUNERATION COMMITTEE

TERMS OF REFERENCE

1. ROLE

1.1 The Remuneration Committee is constituted as a standing committee of the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference. Its constitution and terms of reference are set out below and can only be amended with the approval of the Trust Board.

2. PURPOSE

2.1 The Remuneration Committee shall have delegated authority from the Trust Board to set the remuneration, allowance and other terms and conditions of office for the Trust's Executive Directors and Senior managers not employed on national terms and conditions and to recommend and monitor the structure of remuneration.

2.2 In setting the remuneration and conditions of service for the Chief Executive, other Directors and Senior managers, the committee shall take into account all factors which it deems necessary including relevant legal and regulatory requirements, the provisions and recommendations the Foundation Trust Licence and associated guidance from Monitor.

2.3 When required the committee will oversee the appointment of Executive Directors in accordance with Standing Orders.

3. DUTIES

3.1 To agree and keep under review the overall remuneration policy of the Trust.

3.2 To set the individual remuneration, allowances and other terms and conditions of office (including termination arrangements) for the Trust's Executive Directors and other Senior Managers reporting to the Chief Executive.

3.3 To recommend and monitor the structure of remuneration, including setting pay ranges.

3.4 To monitor and evaluate the performance of the Trust's Chief Executive against objectives and previous year and note forward objectives. Act as 'grandparent' to Executive Directors performance. Performance of other senior managers will be monitored and evaluated by their line managers.

3.5 To ratify where appropriate actions taken between meetings by the Chair of the Committee using delegated authority.

3.6 In determining remuneration policy and packages, to have due regard to the policies and recommendations of NHS improvement and the wider NHS, and to adhere to all relevant laws and regulations.

3.7 To keep abreast of executive level remuneration policy and practice and market developments elsewhere in the NHS and in other relevant organisations, drawing on external advice as required.

3.8 To scrutinise and where appropriate authorise those Compromise Agreements, Settlements and Redundancy Payments which require the final approval by HM Treasury as well as any proposed termination payment to the Chief Executive or an Executive Director.

3.9 To receive regular reports on other Compromise Agreements, Settlements and Redundancies approved in accordance with Trust policies.

3.10 To receive an annual report on the outcome of the employer-based (local) Clinical Excellence Awards round.

3.11 In relation to other employees of the Trust, the Committee is responsible for:

- Approving any non-contractual payments that have to be reported to the HM Treasury (via Monitor);
- Approving any business cases for redundancy for any staff reporting directly to the Chief Executive or any other Executive Director, or where the value exceeds £100k, or where the business case requires reporting to HM Treasury;
- The structure, payment criteria and targets for any bonus or incentive scheme proposed by the executive;
- Approving the terms and conditions for any staff outside of nationally agreed pay frameworks;

- Considering and approving any payments in settlement of an employment tribunal claim

3.12 To undertake any other duties as directed by the Trust Board.

4. ROLE OF THE COUNCIL OF GOVERNORS

4.1 The Council of Governors is required to approve the appointment of the Chief Executive.

5. ACCOUNTABILITY

5.1 The Remuneration Committee is accountable to the Kent Community Health Foundation Trust Board.

5.2 **Accountable for:**
The Remuneration and Terms of Service Committee has no sub committees.