

Agenda and Papers

for the

Formal meeting of the

Kent Community Health NHS Foundation
Trust Board

In Public

to be held at 9am

on Thursday 11 November 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**

**Meeting of the Kent Community Health NHS Foundation Trust Board
 to be held at 9am
 on Thursday 11 November 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 9 September 2021 | Trust Chair | |
| 1.5 | Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 9 September 2021 | Trust Chair | |
| 1.6 | Patient/Service Impact Story Annie's story and the Expert Patient Programme | Chief Nurse | |
| 1.7 | Trust Chair's Report | Trust Chair | Verbal |
| 1.8 | Chief Executive's Report | Chief Executive | |

2. BOARD ASSURANCE

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|-----|---|---|--|
| 2.1 | Board Assurance Framework | Director of Corporate Services | |
| 2.2 | Finance, Business and Investment Committee Chair's Assurance Report | Chair of Finance, Business and Investment Committee | |
| 2.3 | Quality Committee Chair's Assurance Report | Chair of Quality Committee | |

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| 2.4 | Strategic Workforce Committee Chair's Assurance Report | Deputy Chair of Strategic Workforce Committee |
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3 STRATEGY AND PLANNING

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| 3.1 | Equality, Diversity and Inclusion Strategy | Director of People and Organisational Development |
| 3.2 | Winter Plan | Deputy Chief Operating Officer |

4. PERFORMANCE 2021/22

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| 4.1 | Integrated Performance Report | Director of Finance Executive Directors |
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5. BOARD GOVERNANCE

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| 5.1 | Kent Community Health NHS Foundation Trust Board appointment – Executive Directors | Director of Corporate Services |
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6. ANY OTHER BUSINESS

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| 6.1 | Any other items of business previously notified to the Chair | Trust Chair |
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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 9 February 2022 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.

**UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust (KCHFT) Board Meeting
held on Thursday 9 September 2021
The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming,
Maidstone ME16 9NT**

Meeting held in Public via MS Teams Live Event

Present: John Goulston, Trust Chair (Chair)
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 Drobniowski, Non-Executive Director
Gill Jacobs, Deputy Director of Finance (representing Gordon Flack, Director of Finance)
Louise Norris, Director of Workforce, Organisational Development and Communications
Dr Sarah Phillips, Medical Director
Gerard Sammon, Director of Strategy and Partnerships
Dr Mercia Spare, Chief Nurse
Nigel Turner, Non-Executive Director

In Attendance: Mark Anderson, Head of Service, Learning Disabilities
Gina Baines, Committee Secretary (minute-taker)
Natalie Davies, Director of Corporate Services

Observer: David Amos

09/09/01 Introduction by Trust Chair

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

09/09/02 Apologies for Absence

Apologies were received from Sola Afuape, Non-Executive Director; Gordon Flack, Deputy Chief Executive/Director of Finance; and Bridget Skelton, Non-Executive Director.

The meeting was quorate.

09/09/03 Declarations of Interest

Prof. Drobniowski declared an additional interest following the award of a grant from the European Union to support research into COVID-19 variants, management and clinical outcome as well as vaccine hesitancy.

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

09/09/04 Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 20 May 2021

The minutes were read for accuracy.

The Board **AGREED** the Minutes.

09/09/05 Matters arising from the Kent Community Health NHS Foundation Trust Board meeting held on 20 May 2021

20/06/06 Service Impact Story Urgent Treatment Centres – Ms Butterworth confirmed that this had been completed. Action closed.

20/05/14 Integrated Performance Report (paediatric basic life support) – Ms Butterworth confirmed that this was addressed in agenda item 4.1. Action closed.

20/05/14 Integrated Performance Report (draft community hospitals strategic review) – In response to Ms Barber's comments about the arrangements for the scrutiny of the community hospitals strategic review, Mr Goulston suggested that the executive consider the timing of a review by the Quality Committee. Ms Barber's point, as to whether it would be more impactful if the Board had the opportunity to scrutinise the strategic review as well, was also noted.

Action – Ms Butterworth

20/05/10 Board submission to Kent and Medway Integrated Care System (external facilitation) – In response to a question from Mr Turner, Mr Goulston confirmed that there had been no external facilitation. However, there had been a subsequent review of the integrated care system development plan submission at the end of June. This had been generally positive.

The Board **RECEIVED** the Matters Arising.

09/09/06 Patient Story

Dr Spare presented the video to the Board.

The story was delivered by Susan, a service user who had a learning disability. In the video she described what the Learning Disability (LD) Service had done to support her in accessing healthcare and to live independently. The service had been transformational for her as an

individual and she wished to make the video to promote the work that the service did for the LD community.

In response to a question from Ms Barber regarding what was in place to increase the opportunity for LD service users to access GP services, Mr Mark Anderson explained that the service helped people through a person-centred, holistic approach to access main stream services and improve the quality of their lives. Many of those with learning disabilities faced inequalities and the service worked with other providers to provide reasonable adjustments so that service users got the care and support they needed. Named staff within the LD Service linked the service user with a named GP and relevant networks. In order to raise awareness and improve accessibility, a new clinical lead had been appointed. The number of health action plans for those with LD had also increased. Mr Bentley highlighted that previously those with learning disabilities had faced difficulties as the services they needed to access had been fragmented. Physical care was now the responsibility of the named GP and the Trust; and mental health needs of patients were the responsibility of Kent and Medway NHS and Social Care Partnership Trust (KMPT). Although, the Trust was working closely with KMPT, it had been agreed that the Trust would be lead provider; in addition, the Trust was also taking an advocacy role for autism and learning disabilities across Kent and Medway. All these changes were helping to reduce barriers as seen in the 40 per cent increase in health checks and action plans for the LD community.

Mr Sammon highlighted that the Kent and Medway Care Record (KMCR) that had recently been launched would also be helpful in identifying those patients who risked 'falling through the net'. This was an important step forward and the Trust would be working together with KMPT on this. Dr Phillips pointed out that taking a holistic approach showed how difficult it could be to navigate the system. The KMCR had the functionality to capture the 'what is important to me' information which would be held clearly and which patients would be able to access.

Prof. Drobniowski commented that he had attended a Trust 'We Care' visit recently where it had been explained that the number of health checks for those with learning disabilities had increased and there was a plan for each check. A training day was also being provided by an LD trainer to explain how the whole system would be working together.

The Board **RECEIVED** the Patient Story.

09/09/07 Trust Chair's Report

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

Board members had visited a number of services since the last Public Board meeting. Mr Goulston had visited four services. He had been accompanied by Ms Gill Harries, Public Governor Sevenoaks on his visit to Sevenoaks Hospital and by Ms Carol Coleman, Public Governor Dover and Deal to Deal Hospital. Dr Loretta Bellman, Public Governor Tunbridge

Wells had accompanied him on his visit to the West Kent Rapid Response Service. Mr Miles Lemon, Public Governor Swale had joined him at Faversham Cottage Hospital.

At Deal Hospital and Sevenoaks Hospital, Mr Goulston had visited the urgent treatment centre where he had met the GPs and been shown around the facilities. Feedback from the staff at Deal Hospital was positive about the environment in the new centre. At Sevenoaks Hospital, Mr Goulston had visited the ward and spoken with staff from both the Trust and Maidstone and Tunbridge Wells NHS Trust (MTW) who were supporting step down patients, many of whom were receiving stroke rehabilitation therapy. New innovative ways of working were in evidence with nursing and therapy staff working together as one team. Patients were appreciative of coming out of an acute setting early and into a community hospital to start their rehabilitation.

With regards to the community nursing teams in Deal and Faversham Mr Goulston had visited, they continued to work in a positive way with their GP colleagues in the local primary care networks (PCNs). Mr Goulston had also visited the Ashford and South Coast Adult Speech and Language Therapy Team. He had been impressed with the way they had embraced quality improvement methodologies into everything they were doing to constantly improve their service.

It was noted that the recruitment of the Chair of the Kent and Medway Integrated Care System (ICS) would be concluded shortly and the process to recruit the Chief Executive position was underway.

The Annual Members Meeting would take place on 23 September at 2pm and would be live streamed to the public. Governors and members of the public were invited to attend virtually. The meeting would be recorded and made available on the public website.

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

09/09/08 Chief Executive's Report

Mr Bentley presented the report to the Board for information.

Ms Barber welcomed the Trust's success in attracting nurses from overseas to join the community hospitals and the efforts that the Trust was making in helping them to integrate into the wider organisation. Dr Spare added that the black, Asian and minority ethnic staff network and staff who came from the recruiting countries had been invited to provide additional support to the new staff.

In response to a question from Mr Turner regarding the proposed COVID-19 booster vaccination programme, Mr Bentley responded that early clarification of what was expected of the NHS around the delivery timescales would be helpful as there would be a greater demand on services as winter approached. Ms Butterworth added that there were a

number of areas which would either have an impact or were at risk such as quality, winter pressures, workforce, and availability of bank staff to support the vaccination programme. In addition, the expectation that the 12 to 15-year olds would receive a vaccination would impact on the Trust's Immunisation Team who would be heavily involved in delivering the programme in Kent and Medway.

In response to a question from Mr Goulston regarding the consultation that was underway nationally around whether patient facing staff should be mandated to receive a COVID-19 vaccination, Ms Norris explained that the consultation extended to the flu vaccination as well. NHS staff who attended care homes would need to be fully vaccinated from September.

In response to questions from Prof. Drobniowski regarding the 12–15 year-old COVID-19 vaccination programme and the impact of proposed mandated vaccination on workforce levels, Mr Bentley responded that if the vaccination was required, then the Trust would deliver it. Ms Butterworth added that the Immunisation Team had been modelling how it would deliver the programme, alongside other system partners. Ms Norris confirmed that those staff who had yet to be vaccinated and who would need to attend care homes were being identified. They would be encouraged to have the vaccination but if they declined then other positions in the organisation would be offered to them. The number of staff involved was minimal.

It was agreed that the Board would be updated on the proposed mandating of COVID-19 and flu staff vaccinations and the child vaccination programme at its October Board meeting.

Action – Ms Norris

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

09/09/09 **Board Assurance Framework (BAF)**

Ms Davies presented the report to the Board for assurance.

Mr Conway confirmed that Mr Bentley and Mr Sammon had attended the Audit and Risk Committee the previous week where there had been a discussion around Covid related risks and system risks. The Committee suggested that the BAF would benefit from bringing out more specifically the potential impact of these risks on the Trust and individual services. The executive had agreed to review the BAF further.

The Board agreed that the Covid and system risks on the BAF should be reviewed. Ms Davies would lead on this.

Action – Ms Davies

Dr Spare cautioned that the risk from COVID-19 had not gone away. Cases were increasing in the community and she suggested that the BAF should still take this into account.

Ms Butterworth confirmed that the community services directors reviewed the risks weekly and had identified that the elective recovery work was an additional pressure on the system. This would continue to be reflected in the BAF.

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

09/09/10 Audit and Risk Committee Chair's Assurance Report

Mr Conway presented the verbal report to the Board for assurance.

The Committee had received positive assurance on the standards of business conduct policy, the Trust's Resilience self-certification, physical security and cyber security. It had also completed the formalities around approving the 2020/21 annual report and accounts. With regards to local counter fraud assurance, new standards and certification had been set centrally. The Trust was currently rated as Amber. This did not indicate any worrying issues but it would take time for the Trust to work through the new standards.

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

09/09/11 Charitable Funds Committee Chair's Assurance Report and Minutes of the meeting of 7 January 2021

Prof. Francis Drobniowski presented the report to the Board for assurance.

The Board **RECEIVED** the Charitable Funds Committee Chair's Assurance Report and the Minutes of the meeting of 7 January 2021.

09/09/12 Finance, Business and Investment Committee Chair's Assurance Report

Mr Butler presented the report to the Board for assurance.

It was agreed that the Board would receive the Commercial Strategy at a future meeting; date to be confirmed.

Action – Mr Flack

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

09/09/13 Quality Committee Chair's Assurance Report

Ms Barber presented the report to the Board for assurance.

The Committee recommended the Quality Account to the Board for approval.

The Infection Prevention and Control Board Assurance Framework had been received on behalf of the Board. Gaps in assurance remained around the estate and ventilation but there was ongoing work to address these areas. The Learning from Deaths Report had been received. A number of annual reports had been presented which demonstrated the huge, positive impact services had both with patients and across the system.

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

09/09/14 Strategic Workforce Committee Chair's Assurance Report

Mr Turner presented the report to the Board for assurance.

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

09/09/15 Quality Strategy 2021 - 2025

Dr Phillips presented the report to the Board for approval.

Ms Barber confirmed that the Quality Committee supported the strategy. It was agreed that progress would be reported to the Quality Committee by Dr Spare through the monthly Quality Report.

Action – Dr Phillips

Mr Sammon would provide a six-monthly review of the Trust strategy to the Board.

Action – Mr Sammon

The Board **APPROVED** the Quality Strategy 2021 – 2025.

09/09/16 Digital Strategy 2021 – 2024

Mr Bentley presented the report to the Board for approval.

The Finance, Business and Investment Committee would receive further information around the financial consequences and sequences of the strategy at its meeting in October.

Mr Turner welcomed the strategy but cautioned on alienating staff who felt less comfortable operating in the digital space.

It was agreed that the Board would receive an update on progress with the strategy every six months.

Action – Mr Flack

The Board **APPROVED** the Digital Strategy 2021 – 2024, subject to the update to the FBI Committee.

09/09/17 Ruby Ward Consultation Response

Mr Sammon presented the report to the Board for assurance.

The Board **ENDORSED** the recommended response to the Ruby Ward Consultation.

It was agreed that Mr Sammon would submit the response to the Kent and Medway Clinical Commissioning Group.

Action – Mr Sammon

09/09/18 The Constitution

Ms Davies presented the report to the Board for approval.

Ms Davies confirmed that the latest version of the Constitution had been approved by the Council of Governors. It would be presented at the Annual Members Meeting on 23 September for final approval.

The Board **APPROVED** the Constitution.

09/09/19 2020/21 Annual Report

Ms Davies presented the report to the Board for approval.

The Audit and Risk Committee had received the external audit report at its meeting the previous week. The external auditors had issued the certificate for the 2020/21 audit which, following Board approval of the annual report and accounts, would enable the Trust to lay the annual report and accounts before Parliament.

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

09/09/20 2020/21 Quality Account

Dr Spare presented the report to the Board for approval.

The Quality Committee recommended the 2020/21 Quality Account to the Board.

The Board **APPROVED** the 2020/21 Quality Account

09/09/21 Integrated Performance Report

Ms Butterworth presented the report to the Board for assurance.

In response to a question from Mr Turner as to whether there was evidence of an increase in staff turnover, Ms Norris confirmed that there was. As a result of the pandemic, some staff were choosing to make career changing decisions or take their pensions early. In addition, there

were a number of staff on fixed term contracts, where these ended there was a negative impact on the turnover figures as well.

In response to a question from Ms Barber as to how services developed their new staff's competencies at pace where there was high patient demand and limited capacity in a service, Dr Spare explained that there was the preceptorship programme for the new band fives, the development programme for supervisors, practice partners from the Nursing Academy providing additional support, and clinical leads in east and west Kent who were able to join teams and work alongside new clinicians. Ms Norris confirmed that the relevant teams that were experiencing this were monitored.

Prof. Drobniowski commented that recruitment from overseas, although welcome, could have potential negative consequences for the home countries where their Covid vaccination rates were much lower than in the UK. Ms Norris was conscious that international recruitment was not the solution to all the workforce problems that the Trust faced. The Nursing Academy was building a cohort of trained clinicians who would have an impact in two years' time. She suggested that having a range of approaches and being creative in skill mixing had a positive impact.

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

09/09/22 Learning from Deaths Report

Dr Phillips presented the report to the Board for assurance.

The Board agreed that the timing of the Learning from Deaths Annual Report would be changed from September to May. A quarterly report would be received in the interim. The Quality Committee would continue to receive reports at its meeting for close scrutiny before they came to the Board.

Dr Spare remarked that there was still further work to be done around sepsis. It was well understood that patients with learning disabilities were not always able to articulate how they felt. Although this was a national issue, the Trust was doing its own work to address this.

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

09/09/22 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.

09/09/23 Ratification of the Terms of Reference of the Remuneration and Terms of Service Committee

Mr Goulston presented the report to the Board for ratification.

The Board **RATIFIED** the Terms of Reference of the Remuneration and Terms of Service Committee.

09/09/24 Any Other Business

There was no other business to report.

09/09/25 Questions from members of the public relating to the agenda

In response to a question from Ms Carol Coleman, Public Governor Dover and Deal, regarding what consideration was given to those patients with learning disabilities when attempting to access NHS 111 or GP services, Mr Bentley agreed that this group was vulnerable. They had been disproportionately impacted by the pandemic and they also did not always have the highest level of digital literacy. Ms Butterworth confirmed that NHS 111 staff were trained to communicate with those patients with learning disabilities and could also access the Trust's services for further support. It was agreed that Ms Butterworth would liaise with Mr Clive Tracey, Community Services Director Children's Specialist Services and Adult Learning Disabilities to check that the Trust had provided complete support to the NHS 111 service.

Action – Ms Butterworth

The meeting ended at 11.20am.

Date and Venue of the Next Meeting

Thursday 11 November 2021; The Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT. This meeting will be broadcast to the public on MS Teams

MATTERS ARISING FROM THE BOARD MEETING OF 9 SEPTEMBER 2021 (PART ONE)

| Minute number | Agenda Item | Action | Action Owner | Status |
|---------------|---|--|---|---|
| 09/09/05 | Matters arising from the meeting of 20 May 2021 | To consider the timing of a review by the Quality Committee of the community hospitals strategic review. | Ms Butterworth | The expectation is that the review will come to the March Quality Committee meeting for information and discussion. |
| 09/09/08 | Chief Executive's Report | To update the Board at its October Board meeting on the proposed mandating of COVID-19 and flu staff vaccinations; and the child COVID-19 vaccination programme. | Mr Bentley Ms Norris Ms Butterworth | Agenda item. Action closed. |
| 09/09/09 | Board Assurance Framework (BAF) | For the Executive Team to review the Board Assurance Framework regarding Covid related risks and system risks in relation to the Trust and individual services. | Ms Davies | Action complete. |
| 09/09/15 | Quality Strategy 2021 – 2025 | To report progress with the strategy to the Quality Committee through the monthly Quality Report. | Dr Phillips | The Quality Committee received its first update at its September meeting. Action complete. |

| Minute number | Agenda Item | Action | Action Owner | Status |
|---------------|---|--|----------------|---|
| 09/09/15 | Quality Strategy 2021 – 2025 | To provide a six-monthly review of the Trust strategy to the Board. | Mr Sammon | An agenda item has been scheduled for the December Trust Board meeting. |
| 09/09/16 | Digital Strategy 2021 – 2024 | To provide an update on progress with the strategy to the Board every six months. | Mr Flack | Noted on the forward plan. The Board will receive an update at its Public Board meetings in May and November. Action closed. |
| 09/09/17 | Ruby Ward Consultation Response | For Mr Sammon to submit the Board's response to the Kent and Medway Clinical Commissioning Group. | Mr Sammon | Action complete. |
| 09/09/25 | Questions from members of the public relating to the agenda | To liaise with Mr Clive Tracey, Community Services Director Children's Specialist Services and Adult Learning Disabilities to check that the Trust had provided complete support to the NHS 111 service. | Ms Butterworth | The service does provide complete support with clear referral routes and a critical care risk response for urgent needs. Action closed. |

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

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

To share information and raise awareness of the Expert Patients Programme (EPP) and the story of one of the volunteer facilitators.

Summary of key points

The Expert Patients Programme is a free 6-week course for individuals who live with one or more long term health conditions.

It can help individuals to regain their independence, manage everyday situations and boost their mental health and wellbeing. The course aims to help people take more control of their health by learning new skills to manage their condition.

The course covers:

- dealing with pain and tiredness
- coping with feelings of depression, stress and anxiety
- relaxation techniques and exercise
- healthy eating
- communicating with family, friends and healthcare professionals
- planning for the future.

The course gives individuals new skills to help manage their condition and the emotional changes brought about by living with a long-term condition. It also provides a great opportunity to talk with other people who share similar experiences.

The course is delivered by volunteer facilitators, who themselves live with one or more long term conditions and have been trained to deliver the Programme.

Annie joined the Expert Patients Programme 15 years ago as a result of having long-term conditions, and has benefitted immensely from using the resources to support

self-management of her conditions. Annie joined the EPP Team in 2009 as a volunteer facilitator, successfully completing the Chronic Disease Self-Management Programme training. In 2021 she successfully completed Master Training enabling her to train other volunteer facilitators.

Proposal and/or recommendation to the Committee or Board
To note the patient story.

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

Highlights relating to protected characteristics in paper

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

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

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

Proposal and/or recommendation
Not applicable.

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



| | | | |
|-------------------|--------------|-------|-------------------|
| Telephone number: | 01622 211902 | Email | p.bentley@nhs.net |
|-------------------|--------------|-------|-------------------|

**CHIEF EXECUTIVE'S REPORT
November 2021**

Since the last time the board met in public (September 2021) consistent with the rest of the country KCHFT has continued to manage the consequence of the global COVID-19 pandemic whilst simultaneously providing 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. COVID-19 Vaccination Programme

At the end of October, we handed over the reins for the COVID-19 vaccinations programme to colleagues across the Kent and Medway system after helping to deliver more than half a million vaccines. Folca, the first large-scale vaccination centre we opened on 26 January, is now being run by Channel Health Alliance. During the past year, we have transformed two shops, a call centre, a theatre and a sports hall into highly-efficient, safe clinical centres that we hope have potentially saved the lives of many.

I would like on record my huge thanks to everyone for their efforts; the clinical teams and pharmacy, estates, facilities, HR and education development, communications, IT, the army of volunteers and all those who came out of retirement, transferred from other non-NHS backgrounds, such as cabin crew, logistics, or hospitality, and our existing KCHFT staff who did so very much to make the programme a huge success.

| Vaccine Centre | Dates of opening | Vaccines given |
|---|-----------------------------------|----------------|
| Aylesham Health Centre and Sheppey Hospital | 28 December 2020 – 13 April 2021 | 22,584 |
| Folca Building, Folkestone | 26 January 2021 – 31 October 2021 | 146,263 |
| Woodville Halls, Gravesend | 1 February 2021 – 23 August 2021 | 103,390 |
| Angel Centre, Tonbridge | 8 February 2021 – 7 August 2021 | 108,538 |
| Saga call centre, Ramsgate | 22 February 2021 – 17 June 2021 | 57,923 |
| Pentagon, Chatham | 11 March 2021 – 31 October 2021 | 131,159 |

However, the vaccination programme continues and having met our phase 2 commitments we are now focussed on delivering single does to 12-15 year olds with this work completing on 10th December 2021.

2. Staff Flu Vaccination Programme

The trusts staff flu vaccination programme commenced on 18 October 2021, the national requirement is 100% offer with 85% uptake in frontline staff. In the first two weeks of delivery we have achieved 15% vaccine update for frontline staff.

3. Winter Plan

KCHFT has developed a detailed winter plan to ensure we are ready to respond to the predicted demand on operational and support services. There are a number of initiatives within the plan to enable good patient flow across the system and they form an integral part of the broader Kent and Medway Winter Plan. There is a particular focus across the system to mitigate the risks relating to reduced domiciliary care capacity. This will support both our own teams and acute colleagues to reduce the number of patients who are no longer fit to reside in our care.

4. We Care Programme

The We Care programme has been continuing through 2021, with 14 of our services reviewed with very strong performance experienced.

Key themes had been identified during these visits, and the programme provides assurance that our teams are operating to the strong standards which the Trust sets.

5. Kent and Medway Partnership Trust (KMPT) collaboration

The two boards met together in person during October to further develop our relationship and take stock of progress to date. A number of programmes of work to improve care for patients and service users were presented by our Medical Director, Dr Phillips who oversees delivery. Further future opportunities were explored at the meeting which will be brought back to the board for further consideration.

6. Integrated Care Board in Kent and Medway

Work continues to develop the architecture of the NHS in England with the formation, subject to legislation of Integrated Care Boards. The new Chair-designate of the Kent and Medway Integrated Care Board has been confirmed as Cedi Frederick who will take up post from April 2022. The Trust recently participated in the stakeholder panel for the recruitment of the Chief Executive whose appointment will be announced following a national approval process. The Trust has continued to be fully engaged with the development of the system architecture. This included in September members of our Board attending a Kent and Medway workshop designed to engage partner organisations and advance future plans

Our People

1. Staff celebration event

Individuals, teams and services were recognised for their outstanding contribution at our Staff Awards event on 23 October. The ceremony at the Kent Event Centre, Detling showcased the

remarkable work of the trust, a judging panel read through more than 200 nominations, each was a story of how caring, aspirational, responsive and excellent the teams and services were.

At the same event colleagues celebrated 9140 years combined service, a total of 633 colleagues celebrated milestones of 5, 10, 15, 20 or 25 years service in NHS roles. More than 100 colleagues were treated to a celebration evenings where they were presented with commemorative badges and certificates. This was a scaled back event, socially distanced and with very significant IPC controls in place to recognise that we wanted to mark the contribution of our teams but in a way which kept them safe.

2. Quality Improvement (QI) Conference

The trust held its second QI conference with almost 200 delegates attended and took part in workshops and learned more about QI projects taking place across the trust. Hugh McCaughey, NHS Director of Improvement, spoke at the conference explaining how QI “inspires and energises people”. This was part of the program to reinvigorate QI in the Trust after the first two phases of the pandemic.

3. Recruitment and Retention

We are delighted to have welcomed our first cohort of international nurses who have arrived in our country to undertake their OSCE training and join our community hospital teams across the county. There are also further cohorts expected to arrive in the coming months. The team is now exploring access to further funding streams as well as scoping out the mainstreaming of international recruitment to fill key posts.

We are undertaking a review of the recruitment systems and processes to ensure improved experience for managers and candidates and increased automation. This includes work to automate a number of key recruitment processes to improve time to hire whilst maintaining a strong and safe process.

As Covid-19 restrictions have eased the team have successfully delivered a face to face recruitment open day where 7 applicants were made offers of employment on the same day as the event. The team are planning to take forward the successes and lessons to future planned events.

The NHS People Plan also requires us to actively grow for the future. We are delivering this by the work we undertake in the Clinical Academy to train our future workforce. We have 14 Registered Nursing Associates through the Academy pipeline who qualified this year and are now part of our workforce with 3 more due to qualify before the end of the year. In addition, we are also supporting 14 existing staff with the Assistant Practitioner qualification to convert to Registered Nurses (10) or Nursing Associates (4) and that these start in February and May 2022.

We have also undertaken a significant number of initiatives to retain colleagues who joined us to deliver the Covid-19 Vaccination programme with great success, including 8 staff members converted to substantive posts, 2 converted to FTC posts and 39 individuals undertaking training to convert to clinical HCA posts. 815 individuals have confirmed intent to move onto the Trust ‘main’ bank with the teams now administering these changes.

There is an extensive range of retention schemes in progress with different services focussing on initiatives that are best suit their needs. Examples include recruitment and retention premia for hard to fill posts, use of quality groups, the give a voice programme, Flex for the Future, Reimagine Team Working and the you said we did campaign. The

enhanced visibility of ED & I initiatives has also been vital to demonstrate we care and understand.

Work has also progressed on succession planning, including identification of roles that are critical to the organisation, talent management and executive succession, career conversations and development of a system wide leadership talent programme.

4. Director of People and Organisational Development

I am pleased to report that Victoria Robinson-Collins joined the trust on 18 October in the role of Director of People and Organisation Development. Victoria has taken over the role as Louise Norris prepares to retire in January 2022, Louise and Victoria will be working closely over the coming weeks to ensure a smooth transition period. I am delighted to have Victoria on board.

Partnerships

1. Phase 2 property transfers

I am pleased to announce that the trust's business cases for the transfer of:

- Sevenoaks Hospital
- Queen Victoria Memorial Hospital
- Vicarage Lane Clinic
- Molehill Copse Clinic

from NHS Property Services to the Trust have received Department of Health and Social Care approval.

The Trust is now able to pursue the due diligence phase of the transfer process which will involve in depth technical surveys of the properties and will seek to agree financial and staff transfer arrangements where applicable. Following this phase and subject to trust governance approval, the trust will make a final application for transfer. The DHSC has highlighted that the transfers should be completed by 29 April 2022.

The Trust has pursued the transfer of the properties back to local ownership in support of system working and effective local operation of the estate with the objective of ensuring the on-going improvement of the experience of patients and staff in our environment.

2. H2 update for 2021-22

The six priority planning areas set out in March remain our priorities:

1. Supporting the health and wellbeing of staff and taking action on recruitment and retention
2. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
3. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services

4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
5. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay
6. Working collaboratively across systems to deliver on these priorities

Following the spending review the Kent and Medway has received its financial allocation of £1.7bn and is working through the detailed elements of this to each provider and includes pay award funding, increased efficiency expectations and reductions in COVID costs. The Kent and Medway system is also bidding for £26m a share of the national funds to support elective recovery and winter schemes and this will be determined later this month. The initial KCHFT assessment is that the baseline will be sufficient for the Trust to breakeven as per the original plan and budgets agreed with the Board will not need to be altered.

Finally, I would like to publicly take the opportunity to thank our teams and the members of the team for the way in which they continue to deliver patient and service user focussed compassionate care. The last 18 months has tested the NHS and KCHFT in a way not experienced before and whilst this has tested us all the response has been outstanding.

Paul Bentley
Chief Executive
November 2021

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

| | | | |
|-------------------|--------------|------------|---|
| Name: | Shane Webber | Job title: | Assistant Director Corporate Operations |
| Telephone number: | 01233 667700 | Email | shanewebber@nhs.net |

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

Definitions:
Initial Rating = The risk rating at the time of identification
Current Rating = Risk remaining with current controls in place. This is reviewed monthly and should decrease as actions take effect.
Target Date = Month end by which all actions should be completed

Initial Rating:
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

| ID | Board Level | Risk Description (Simple Explanation of the Risk) | Initial rating | | Controls Description | Top Five Assurances | | Current rating | | Planned Actions and Milestones | Confidence Assessment | | Target rating | | Target Date (end) |
|-----|---------------------|--|----------------|---|--|---|---|----------------|-----|---|--|-----------------------|---------------|---|-------------------|
| | | | C | L | | C | L | C | L | | C | L | | | |
| 107 | Pauline Buttenworth | Risk of significant impact on the system due to Covid 19, paediatric surge, maternity surge, winter and elective recovery may result in the inability to deliver services to an acceptable standard either in coverage or quality. Board Committee Lead on Assurance: The Board | 5 | 4 | Senior operational participation in K&M system strep calls. Refreshed trigger and escalation plan in place. Daily reporting of RCHFT winter plan to be presented to Board in October. Paediatric demand and capacity modelling has been undertaken, subsequent actions and recruitment plan in place. | Internal and External Reporting Executive situation-reporting daily Active involvement in the system OCC Operational KPIs LRF area ratings nationwide and local | 5 | 3 | 15 | Actions to reduce risk 6. Continuation and option to increase frequency of IMM calls to agree daily actions 7. Active monitoring of wait times in services which may increase due to system pressures | Owner Pauline Buttenworth Pauline Buttenworth | Status A A | 3 | 3 | 9 Feb 2021 |
| 108 | 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 | 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-rep-reporting daily Department of Health Response confirmation Operational KPIs LRF area ratings nationwide and local Trust 121 template | 5 | 3 | 15 | Actions to reduce risk 13. Local oversight of the delivery of quality metrics and escalation via PSCRG as indicated 12. Increased Health and Wellbeing discussion at 121 10. Launch of seven campaigns during 21/22 to support physical and mental health. | Owner Merca Spare Pauline Buttenworth Louise Norris | Status A A A | 3 | 3 | 9 March 2022 |
| 110 | Pauline Buttenworth | System and partner plans to manage winter, surge and reset could be insufficiently coordinated to meet the demand resulting in the system being overwhelmed and patients not receiving the services they require. Board Committee Lead on Assurance: Quality Committee | 5 | 3 | System led winter, surge and recovery plans monitoring across the system Weekly collaborative meeting in place to ensure providers are aware of winter surge K&M system combined winter plan being developed utilising provider plans. Winter plans to be presented at AE delivery boards at LCP level. Daily Strep reporting - Locally and Nationally. Operational risk and controls logs. Membership of LHRP | System response through LHRP/NHSE Internal and external reporting LRF area ratings | 4 | 3 | 12H | Actions to reduce risk 7. Working with KCC and CCG to agree the demand for pathway 1 services across K&M 8. Collective work with KCC and CCG to agree social care pathways and associated funding for handover to KCC 9. Collective work with KCC and CCG to agree social care pathways in east Kent and associated funding | Owner Pauline Buttenworth Pauline Buttenworth Pauline Buttenworth | Status A A A | 3 | 4 | 12 December 21 |

| ID | Board Level | Risk Owner | Risk Description (Simple Explanation of the Risk) | Initial rating | | Top Five Assurances | | Current rating | | Planned Actions and Milestones | | Confidence Assessments | | Target rating | | Target Date (end) | | |
|-----|-------------|--------------------|--|----------------|---|---------------------|---|----------------|---|--------------------------------|--|---|---|---|---|--|---|--------------|
| | | | | C | L | C | L | C | L | C | L | C | L | C | L | | | |
| 115 | | Pauline Buterworth | 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. <u>Board Committee Lead on Assurance:</u> Strategic Workforce Committee | 5 | 3 | 15 | <ul style="list-style-type: none"> Active recruitment campaign Weekly staff rota review and escalation paths Clinical care and Quality meeting MM meeting - redeployed staff Bank system in place | 5 | 3 | 15 | <ul style="list-style-type: none"> Daily Sit rep MM report to executive Growing vacancy rate Continual and long standing pressure in some areas. | <ul style="list-style-type: none"> Actions to reduce risk 7. Safer staffing reviews for community hospitals and hot spot areas weekly 6. continue to develop safer staffing model framework for community Nursing 8. Purchase of the safer care module for Community Hospitals 5. Report safer staffing to execs monthly 2. On-going recruitment of staff | <ul style="list-style-type: none"> Owner Mercia Spare Mercia Spare Louise Norris Mercia Spare Louise Norris | <ul style="list-style-type: none"> Status A A A A A | <ul style="list-style-type: none"> Target Completion (end) March 2022 March 2022 March 2022 March 2022 March 2022 | <ul style="list-style-type: none"> Confidence Low | <ul style="list-style-type: none"> Rating 2 3 6 | March 22 |
| 113 | | Pauline Buterworth | Uncertainty of the future demand within the vaccine programme may lead to staff shortages and collaborative challenges with health partners resulting in the trust not being able to meet demand and commitments. The proposal to roll out Covid-19 vaccination programme to healthy 12-15 year olds and the HPV and Flu programme scheduled for the same time period - reduced parental consent and not meeting KPI's <u>Board Committee Lead on Assurance:</u> Board | 4 | 3 | 12H | <ul style="list-style-type: none"> Governance structure including programme board and work streams SRO appointed - Chief Executive Governance structure matching the regional and national governance Partnership supported by all rep Memberships of local, regional and national forums Implement staff & patient Covid vaccination Programme Understanding of Covid demand profiles Establish weekly sit rep to manage system vaccine delivery. Use of national guidance and decisions. Task and finish group established to develop approach and plan to deliver covid vaccines to healthy 12 - 15 yr olds alongside existing Inmms team vaccine programme | 4 | 3 | 12H | <ul style="list-style-type: none"> Daily Sit rep National oversight and performance monitoring Staff Covid vaccination programme for KCHFT staff. Pressure Plans Collaboration with Covid partners. | <ul style="list-style-type: none"> Actions to reduce risk 14. Work with system partners to develop a plan and resources for the next phase of vaccinations including children's and booster. 13. Task and finish groups to liaise with CCG, schools, staff and system partners to develop a response to vaccinations for 12-15 yr olds and KCHFT/HSCW staff boosters. 12. Development of a detailed schools delivery plan utilising experience of Inmms team including clinical protocols, staffing model, consent process, logistics 13. Daily monitoring and agreed actions to increase enhanced DBS check and safeguarding training compliance 14. Completion of vaccination of over 50s | <ul style="list-style-type: none"> Owner Pauline Buterworth Pauline Buterworth Pauline Buterworth Pauline Buterworth Pauline Buterworth | <ul style="list-style-type: none"> Status G G G G G | <ul style="list-style-type: none"> Target Completion (end) October 2021 October 2021 September 2021 September 2021 September 2021 | <ul style="list-style-type: none"> Confidence Medium | <ul style="list-style-type: none"> Rating 2 3 6 | October 2021 |
| 103 | | Gerard Sammon | Within the context of a heightened level of activity and demand on the ICS system, the current funding arrangements could impact on the system ability to provide clarity and focus. <u>Board Committee Lead on Assurance:</u> Board | 4 | 3 | 12H | <ul style="list-style-type: none"> Programme Board TORs and membership Local Care Boards, Frailty Group, Chief Executives Forum KCHFT Executive as SRO for East HCB 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 Confidence and role in the system to be pursued and enhanced Active in ICPs | 4 | 3 | 12H | <ul style="list-style-type: none"> Local Care Investment received for both Kent and Medway at Home and Rapid Transfer of Care schemes 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. Confidence and role in the system to be pursued and enhanced Leadership forum | <ul style="list-style-type: none"> Actions to reduce risk 13. Ensure consistent and coordinated response to Kent and Medway ICS and state proposals 19. Development of leadership in the West Kent place based partnership (formerly West Kent ICP) and its future functions and form to enable connection with the ICS end state 20. SRO role for East Kent place based partnership (formerly East Kent ICP) and its future functions and form to enable connection with the ICS end state. 21. Contribute to the production of the ICS system governance that includes components of the Integrated Care Board (ICB) and its new constitution and BAF | <ul style="list-style-type: none"> Owner Gerard Sammon Pauline Buterworth Paul Bentley Paul Bentley | <ul style="list-style-type: none"> Status A A A A | <ul style="list-style-type: none"> Target Completion (end) November 2021 January 2022 January 2022 March 2022 | <ul style="list-style-type: none"> Confidence Low | <ul style="list-style-type: none"> Rating 3 6 9 | March 22 |
| 116 | | Gordon Fleck | After a decade of savings of around £700m KCC have a £1.2bn current budget of which 80% is social care and the Public Health Grant is ringfenced and funding for 21-22 secured and the Hospital Discharge programme is to continue throughout 21-22 the 22-23 budget setting will generate challenges and risk of distraction from the work to support the necessary development of integrated care and pathway improvement. <u>Board Committee Lead on Assurance:</u> | 4 | 3 | 12H | <ul style="list-style-type: none"> A single senior level Strategic Leadership Body of equal partners across the local authority, CCG, user and carer voice LD collaborative agreement Job description of the Public Health Leadership Team Discharge Planning Meetings objectives and governance Funding agreed for 6/12. LD&A review implementation plan agreed. | 4 | 3 | 12H | <ul style="list-style-type: none"> Continual delivery against PH and discharge IPR targets LD&A Delivery Partnership delegated to deliver and micro commission all LDA health and social care support agreed. KCC partnership agreement and governance structure. | <ul style="list-style-type: none"> Actions to reduce risk Collective work with KCC and KMPT to develop lead provider framework and LD&A commitments Establish Executive leadership group, meetings, TOR and programme of work A single main contact and joint partnership agreements with other partners to ensure performance accountability | <ul style="list-style-type: none"> Owner Paul Bentley Pauline Buterworth Pauline Buterworth | <ul style="list-style-type: none"> Status A A A | <ul style="list-style-type: none"> Target Completion (end) December 2021 December 2021 December 2021 | <ul style="list-style-type: none"> Confidence Amber | <ul style="list-style-type: none"> Rating 4 6 | December 22 |

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|------------------------------------|--|
| Committee / Meeting Title: | Board Meeting - Part 1 (Public) |
| Date of Meeting: | 11 November 2021 |
| Agenda Number: | 2.2 |
| 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: | <input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance |

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

The papers summarise the Finance, Business and Investment Committee meeting held on 12 October 2021 and provides assurance to the Board.

Summary of key points

The meeting covered a range of topics including an update on the digital strategy, an extensive discussion on the business development strategy, H2 operational and financial update, an update on the reference costs, the budget setting framework for 2022/23, the 2022/23 cost improvement programme targets, the investment and cash review and committee effectiveness.

It was suggested also that an additional Committee meeting would be arranged in December to review the tendering process and proposal for the Edenbridge development.

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.

Yes *(please attach)*

| | |
|---|---|
| <p>You can find out more about EAs here on flo If not, describe any equality and diversity issues that may be relevant.</p> <p><i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i></p> | <p><input checked="" type="checkbox"/> No <i>(please provide a summary of the protected characteristic highlights in your paper)</i></p> |
|---|---|

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

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

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

This report is based on the Finance, Business and Investment Committee meeting held on Tuesday 12 October 2021.

| Issue | Committee review and assurance | Matters for Board awareness and/or action |
|--------------------------------|--|---|
| Digital strategy update report | <p>First Digital Strategy Delivery Plan Highlight Report (October 2021) presented to Committee. Reasonable progress on all elements of programme being made. Committee was very complimentary of new report format.</p> <p>Digital strategy had been approved at the last Board meeting with an action on the FBI Committee to review costings. It was agreed that the Committee would in fact see costings of new developments via the capital plan and no further financial information would now be presented to the Committee.</p> | <p>The Board has been subsequently made aware of the approach taken by the Committee.</p> |
| Business development strategy | <p>This is the second draft paper prepared for the Committee. It generated extensive discussion regarding the way forward for the Trust regarding commercial relationships with the introduction of the new business model to be adopted by the NHS.</p> | <p>It was again agreed that the business development strategy should be presented to the Board prior to any further involvement of the Committee. It was proposed that the Board paper should offer</p> |

| Issue | Committee review and assurance | Matters for Board awareness and/or action |
|---|--|--|
| | | an Executive assessment of the future landscape, the position KCHFT might take and details of implications of such approach. |
| Business development and service improvement item | Latest report was presented and noted by the Committee. | |
| Finance report including service line and cost improvement programme (6/12) | Latest report was presented and noted by the Committee. | There remains some concern on deliverability of the full CIP for the current year. |
| H2 operational and financial update | Gordon Flack presented the current status of H2 operational planning and financial arrangements. The latest position was noted by the Committee. | |
| Reference costs update report | As a follow-on from the last meeting's review of output from the NHS reference cost report for 2019/20, the paper presented showed services where there would appear to be material exceedance of average benchmark costs. The Committee noted the report and asked that for each area of potential concern, a further review was undertaken as part of the CIP 2022/3 programme development to assess whether action was required. It | |

| Issue | Committee review and assurance | Matters for Board awareness and/or action |
|--|---|--|
| | <p>was agreed that for each service identified in this update, the final CIP 2022/23 report would include details of the review undertaken and actions to be taken or explanation of reasons for no required actions.</p> | |
| Budget setting framework 2022/23 | <p>The budget setting paper was presented to the Committee. The approach was consistent with the previous year and was approved although the Committee asked that the Executive look at whether Board approval could be moved to pre-1 April 2022.</p> | <p>Whilst the budget approach was approved by the Committee, there was an ask that approval by the Board of the final budget occurs before commencement of the new financial year.</p> |
| 2022/23 cost improvement programme (CIP) targets | <p>The paper setting out the approach to the CIP 2022/23 was presented to the Committee. The NHS target had not yet been set but an internal planning efficiency target had been set at 3 per cent with a value of £6.8m. The Committee noted and supported the approach but raised concerns on the need for all to consider the deliverability and sustainability of the programme prior to review and approval of the budget in due course.</p> | |
| Investment and cash review | <p>A paper was presented which set out the YTD cash position and details of the return on cash investments and the potential dividend due. The paper was noted by the Committee.</p> | |
| Term of reference progress report | <p>A paper was presented on progress against the strategic goals for sustainable services, integration of services and</p> | |

| Issue | Committee review and assurance | Matters for Board awareness and/or action |
|-------------------------|---|---|
| | digital delivery. Progress was noted. A further presentation, particularly with regard to delivery of integration, was requested. | |
| Committee effectiveness | <p>A paper was presented setting out feedback from the committee effectiveness review which in the round showed a positive picture.</p> <p>Key areas identified for improvement:</p> <ul style="list-style-type: none"> Less items on the agenda giving more discussion time Shorter and more focussed papers Separate meetings of non-executive directors during the year to discuss forthcoming priorities. The possible introduction of a pre-meeting discussion regarding the detail of the forthcoming meeting. | |
| Edenbridge development | Under Any Other Business it was discussed that an additional FBI Committee would be required in early December to review the tendering process and proposal for the Edenbridge development. | |

Paul Butler
Chair, Finance Business and Investment Committee
29 October 2021

| | |
|------------------------------------|--|
| Committee / Meeting Title: | Board Meeting - Part 1 (Public) |
| Date of Meeting: | 11 November 2021 |
| Agenda Number: | 2.3 |
| Agenda Item Title: | Quality Committee Chair's Assurance Report |
| Presenting Officer: | Pippa Barber, Chair of Quality Committee |
| Action – this paper is for: | <input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance |

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

The report summarises the Quality Committee meeting held on 21 September 2021 which provides assurance to the Board.

Summary of key points

The meetings covered a range of topics including reports from the non-executive directors who had attended the Patient and Carers Council and also We Care visits to services; vaccination of staff visiting care homes; the third Covid booster jabs; the staff flu vaccination programme; operational performance within the health visiting service, the community dental service and the chronic pain service; the infection prevention and control board assurance framework; Quality Improvement; quality impact assessments of the cost improvement programme schemes; and a report on progress with the Trust's quality priorities.

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)*

| | |
|--|--|
| <p>If not, describe any equality and diversity issues that may be relevant.</p> <p><i>Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</i></p> | <p><input checked="" type="checkbox"/> No <i>(please provide a summary of the protected characteristic highlights in your paper)</i></p> |
|--|--|

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 |
| Telephone number: | 01622 211906 | Email | |

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report follows the Quality Committee meeting held on Tuesday 21 September 2021.

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|--|---|
| <p>Feedback from other committees/service visits. Legislation changes/updates.</p> | <p>Nigel Turner (non-executive director) reported back on his attendance at the Patient and Carers Council, the last subcommittee to have its annual review by the non-executive directors. He was able to gain significant assurance from the content and discussion at the meeting on its delivery of its terms of reference. There was a very thorough action plan in place; the volunteer policy and the expert patient programme were all considered.</p> <p>Pippa Barber reported back on two We Care Service visits she had undertaken during the summer.</p> <p>Margate long term services (LTS) team: the team was demonstrating significant resilience with good local leadership in place despite a number of pressures. There had been some success in recruitment. This in itself also led to the need to upskill staff at pace in some areas to ensure competences. The clinical triage process and four</p> | <p>Board visibility of the expert patient programme will be considered by the Trust Chair who attended the Quality Committee.</p> |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---------------------------------|--|--|
| | <p>clinical pathways were discussed as areas that needed to be looked at across LTS teams. Assurance was provided by the Chief Nurse and Medical Director that these were being considered including as a possible Quality Improvement (QI) focussed piece of work. Queen Victoria Memorial Hospital, Herne Bay. Again, good local leadership and resilience in the multi-disciplinary team (MDT) on the ward. The need for the refurbishment of the ward was highlighted. A plan for this is in place for the spring.</p> <p>An update on the actions in place to manage the national request for all staff to be vaccinated when visiting care homes was discussed. The number of unvaccinated staff that this affects is low. Plans are in place for the staff third Covid booster jabs and plans are being put in place to start staff flu vaccinations mid-October.</p> | <p>To be further considered and actioned by the executive following national guidance.</p> |
| Board Assurance Framework (BAF) | <p>A general discussion took place and acknowledgment that the BAF was being considered by the Executive team following the last Board meeting. Assurance was provided that the impact of winter pressures in its widest sense including workforce will be included in the next iteration for review.</p> | |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|--|---|--|
| <p>Monthly Quality Report (June and July data)</p> | <p>Good progress overall. The staffing levels at community hospitals were discussed with an improving fill rate. The plans and timescale for the beds at Edenbridge and District War Memorial Hospital was discussed. Seven incidents, when one qualified nurse was on duty, six no harm to the patient, one low harm. The number of medicines incidents causing harm is decreasing and now below control limits. MRSA compliance for screening. 100% podiatric surgery patients in June and July, three missed screens in community hospitals in July. There were no nosocomial acquisitions of COVID-19 in June and July. However, a verbal update was provided that there was currently an outbreak on one ward with four patients. One member of staff has tested positive but could not be directly linked to the outbreak.</p> <p>Assurance was provided on the risk to identifying which audits to undertake and that it needs to be risk and outcome based, rather than reductionist. The reporting format for updating the Committee on the progress and risks to the Quality Strategy on yearly actions was agreed.</p> | <p>An update on timescales and plans for patient safety oversight during the transition at the Edenbridge hospital will be updated next time.</p> <p>Reporting the number of teams who have received NEWS2 training and those still outstanding so impact and risk can be identified. This assurance needs to be added to the patient safety slide to give assurance to the committee.</p> |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|--|---|---|
| | <p>Progress with the We Care visits was discussed and the scope of services covered by the programme.</p> | <p>Consideration to two areas under well led; possible use of the model hospital data to be added to the We Care data pack, and use of JSNA data already in the packs to inform understanding of actions on reducing health inequalities.</p> |
| Operational performance update | <p>Good progress has been made with the delivery of new birth visits in the Maidstone health visiting team. It is now achieving 97% against a target of 90%. Chronic pain services are now meeting their referral to treatment (RTT) waiting times with 92% of referrals seen within 18 weeks.</p> <p>Challenges remain in the community dental services (CDS), with waiting times in excess of target. Assurance was provided that all patient referrals are triaged with urgent cases prioritised. The service in Inner North East London (INEL) is experiencing the most pressure. Waiting times have stabilised but not yet reduced. Assurance was provided that the teams are working with partners to reduce latent demand and support a reduction in poor dental and oral health. Further work required.</p> | <p>An update will be provided at the next meeting on CDS and prison waits for the chronic pain service.</p> |
| Patient safety and clinical risk group | <p>An update on the pilot of tablet use in the LTS teams was provided. Generally, feedback has been positive.</p> | <p>A further update on mitigation of this risk to be provided in November.</p> |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|--|--|--|
| <p>chair's assurance report</p> | <p>However, following discussion at the Executive team, further analysis of all the Rio issues is being considered. Assurance was received that those areas with the highest impact for tablets will be considered. It was considered by the executive that tablets may not be the solution to all connectivity issues. Risk in east Kent adult LTS nursing levels has increased. The committee was given assurance on the QI project in place to improve recruitment and support the teams.</p> | <p>Discussion at the Strategic Workforce Committee (SWC) on further flows of future workforce and numbers from academy and elsewhere. Following the earlier discussion on triaging of referrals a further update will come to the November meeting on actions to mitigate this risk.</p> |
| <p>Clinical effectiveness group chair's assurance report</p> | <p>NICE compliance remains good. There was a discussion on the end of life care (EOLC) steering group update and assurance was given that a key post is being recruited to. The focus of the work will be wider than training which has been an initial focus. The need for the steering group to develop its links with the wider system QI projects is being actioned. The trust is now part of the national wound care strategy programme and work is beginning on the role out of the programme. The pressures on some community nursing teams is recognised with strategies for improving</p> | |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|---|---|
| <p>Patient and carer council chair's assurance report.</p> | <p>outcomes for patients and enabling staff engagement on wound care are being considered.</p> <p>The group was able to consider the work of the people's network and its transformation from the original patient engagement group. The continuing work of focus groups across the Trust and the successful launch of the carers lounge at the end of July was highlighted. The triangle of care is now being rolled out across the community hospitals.</p> <p>An update was provided on the complaints and PALS QI project that has seen an improvement in closure of complaints to 80%.</p> <p>Work continues on the revised equality quality impact assessment (EQIA). This will be going to the Executive team and to Quality Committee in November.</p> <p>Discussion and assurance on how the team and Trust are working with some of the harder to reach groups with a range of different strategies including the carers lounge, social media, patient focus groups and seeking out new members to hear people's lived experiences.</p> | <p>Further consideration to be given on how other board committees will be able to consider this update as the work will impact all committees.</p> |
| <p>Infection Prevention and Control (IPC) Board Assurance Framework (BAF)</p> | <p>The updates in the IPC BAF were considered with assurance sought on gaps in assurance.</p> <p>A ventilation task and finish group had been set up to consider the guidance (specifically for acute Trusts).</p> <p>Assurance was provided that all of the in-patient areas</p> | <p>Contracts are in place with two acute providers for laboratory services and a further update will be provided in November to give assurance that these have been</p> |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|--|---|--|
| | <p>have been considered and there is no risk of cross contamination. However, maintenance is key and requires ongoing work. The lack of single rooms in some community hospitals does present a risk with plans in place to manage the risk. Updates have been provided ensuring visitors are required to continue to wear masks when entering Trust buildings.</p> | <p>reviewed to ensure any learning has been included in plans going forward.</p> |
| Quality improvement (QI) update | <p>The quarterly report was considered and received with good progress being made on continuing to embed and spread the programme of work. Training continues to be offered and taken up by system partners. Face to face training re-launches in September. QI is a key part of services' re-set plans. The need to continue to develop plans for moving this key enabler to support ongoing work and increase the pace of improvement was acknowledged as ongoing. The teams are linking with wider system improvement work. A QI conference is planned for the Trust on 7 October.</p> | <p>A request was made of the Chair of the Trust that a further update will be provided to the full Board following the Board seminar QI session to enable Board sight of the plan going forward.</p> |
| Quality impact assessments (QIA) of the 2021/22 cost improvement programme (CIP) schemes | <p>A further group of QIAs have been considered by the Chief Nurse and Medical Director. No significant risks that required NED deep dives was noted. A further £50k of CIP's QIAs are still to be approved and considered by the Chief Nurse and Medical Director.</p> | <p>QIAs for the final CIPs schemes to be considered by the Committee in November.</p> |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|-------------------------------------|--|-------------------------------|
| Quality priorities quarterly report | A progress report was presented on the priorities that make up this year's quality account. To date, progress is being made in all areas with no risks identified to achievement this quarter. | |

Pippa Barber
Chair, Quality Committee
September 2021

| | |
|------------------------------------|--|
| Committee / Meeting Title: | Board Meeting - Part 1 (Public) |
| Date of Meeting: | 11 November 2021 |
| Agenda Number: | 2.4 |
| 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: | <input type="checkbox"/> Decision <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance |

What is the purpose of the paper and the ask of the Committee or Board?
(include reference to any prior board or committee review) Has the paper been to any other committee?
 The report summarises the Strategic Workforce Committee meeting held on 27 September 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; and the significant employee relations report. The meeting also discussed the Equality, Diversity and Inclusion Strategy and the gender pay gap report. The Committee approved the Statement of Compliance for medical revalidation. There was an update on recruitment and retention including bank and agency; and system working around pay, recognition and benefits. A review of progress against the Trust's sustainability strategy was also discussed.

The Committee concluded its meeting by thanking Louise Norris, Director of Workforce, Organisational Development and Communications who would be retiring towards the end of the year for the work she had done for the Trust, her team and the Committee.

Proposal and/or recommendation to the Committee or Board

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

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

Yes (please attach)

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

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

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

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

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|--|--------------------------------------|
| <p>Workforce report including board assurance framework (BAF) assurance</p> | <p>Key data to note includes the rise in turnover and the decrease in stability, with sickness absence dropping from July, and that related to COVID-19 reducing. An organisational development business partner (ODBP) deep dive did not uncover any real underlying cause to the increased turnover but identified patches where we are losing staff in their first year so looking now more closely at that and mechanisms to address the issue. There is still a variety of reasons given for leaving and staff are contacted to ensure we understand that better. Starters increased from 47 in July to 53 in August, the majority clinical. Stress rates are still high but reducing, many well-being and mental health resources are at hand but not been accessed so managers are reinforcing their availability. Hot spot staffing issues in West Kent are both leadership and staffing but these are being addressed. There is a staff issue with care home staff (24) not double vaccinated, but they are being redeployed where possible. International recruitment has been successful with 19 nurses joining us later this autumn with a full onboarding process that has already commenced.</p> <p>The turnover challenge is being addressed by using locality data</p> | |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|--|--|
| | <p>with local actions. The Committee recommend that the BAF rating remain at 12 but to keep a close eye on progress in case the rating needed adjusting.</p> | |
| Operational workforce report | <p>This highlighted the ongoing issues of long-term conditions staffing and the cultural challenges facing the Rapid Response Team. With 50 per cent vacancies, solutions are being considered. The TB Nursing Team has permission to go over budget with a 200 per cent activity list against the commissioned level.</p> <p>The divisional restructure creating four divisions including Pharmacy, Dental, Specialist/Public Health and Adult Services should begin to reduce the variation in services between East and West Kent. Community hospitals are now in one portfolio which should also support the review of community hospitals and how we manage the more complex pathways.</p> <p>The Winter Plan is being worked up to look at demand, primary care pressures, vaccination challenges, and bed availability coming to Board in October.</p> <p>Belonging, loyalty and fairness are key to ensure we create a culture where all staff are engaged, motivated, and valued.</p> | |
| Equality, Diversity, and Inclusion (EDI) Strategy | <p>Following extensive consultation with stakeholders including all the staff networks, the ODBPs, the Senior Leader's Conference and the black, Asian and minority ethnic (BAME) Chair, six themes have been developed in line with the People Strategy and plan. Each theme, as with the People Strategy, sets out its ambition, what it will achieve for the next three years and measures to track progress and</p> | <p>Add measures to include activity levels for mentoring programmes, as well as 'conversations' within the Trust at Board, Leadership Conference etc</p> |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---------------------------------------|--|---|
| | achievement including Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Staff Survey metrics. Our EDI lead has become full time which provides further resource to support these plans. | |
| Significant employee relations report | Case numbers continue to increase, capability cases now accounting for 21 of the 131. Further distinction is being sought as to how illness may in some cases have impacted on the way they carry out their role, with recognition of the current work pressures. Learning continues to enrich the quality of the team supported by team learning and the sharing of research and analysis. There is evidence to suggest that cases managed well have better outcomes, so the focus now is to upskill investigators. There is recognition of the challenge with having tribunal cases delayed so long and the reliance on leavers' goodwill needed to support our defence. Overall settlements/exposure has been increasing. | |
| Gender pay gap report | The Committee approved the Gender Pay Gap reports 2020/2021 and 2021/22, coming at the same time due to a changing timeframe for reporting. KCHFT is the best performing Trust in respect of the percentage difference of both mean and median hourly pay rate, albeit there is still much work to do as set out in the approved action plan. The Gender Pay Gap reports now approved will be published on the KCHFT and national websites. | |
| Medical revalidation | The Committee approved the Statement of Compliance confirming that the organisation, as a designated body, follows the relevant regulations. There are 37 doctors with a prescribed connection to KCHFT. The appraisal process has had periods of suspension during the period 2020/2021 due to COVID-19. Consequently 19/37 doctors (50%) | Process compliant but SWC requested a half year progress report to secure assurance that appraisals are back underway and job planning is being |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|--|--|-------------------------------|
| | <p>have been able to complete their appraisal. The advice from NHS England about missed appraisals during this time is that the appraisals are approved missed rather than postponed and that this will not affect a doctor's ability to revalidate when this becomes due, assuming other supporting documentation is complete and up to date.</p> | <p>completed.</p> |
| <p>Recruitment and retention (including bank and agency)</p> | <p>Recruitment has continued to be a critical priority within the organisation. As at August 2021 vacancy levels across the Trust were at 5.26%, above the 3.2% reported last year, when at their lowest for 5 years, but still below the Trust target of 6.00%. The Committee recognised the significant work carried out with the challenge of recruiting 3,500 temporary workers to fill shifts across the vaccine centres for which the team needed to swell to 50, processes adapted and new technologies introduced. A successful recruitment of 19 international nurses has been completed with onboarding commenced; they are due to join us in late October. (These nurses were not targeted but applied voluntarily.) Work continues to introduce robotic processing automation. With a worsening turnover figure huge energy is going into retention schemes tailored to the service i.e. the Dental Service making use of retention premia whilst the Public Health services favouring quality action groups. 25 different retention tools are used, as well as taking part in a Kent and Medway retention scheme. Work is also underway to identify who from the Trust's Covid bank team could and wanted to be redeployed into either substantive or normal bank roles. Of the 1225 active since May 2021, 750 have expressed an interest in joining the Trust staff bank.</p> | |

| Agenda item | Assurance and Key points to note | Further actions and follow up |
|---|--|-------------------------------|
| Pay, recognition and benefits – system working | Most staff work under the Agenda for Change arrangements, so we are limited in our ability to go outside that guidance. The Kent and Medway system has six focus areas of work that we are supporting: equality, diversity and inclusion; recruitment and retention; growing for the future; understanding workforce planning; system leadership; and digitally enabled and ready workforce. | |
| Sustainable environment | The Trust's current sustainability strategy is undergoing changes to align with the requirements from the Greener NHS. Some progress has been made with the workforce related targets but still behind on facilitating at least 20 champion led projects, whilst the two targets - 20 per cent staff homes powered by renewable energy and advice and support to other organisations - are ahead. The Charitable Funds Committee volunteered to help with sourcing some tools or materials to support projects identified but lacking materials. | |
| Thank you to Director of Workforce, Organisational Development and Communications | Recognition by the Committee of what Louise Norris has achieved was given and thanks for all she has done for the Trust, her team and the Committee. Appreciation and thanks were expressed by all. | |

Bridget Skelton
Chair, Strategic Workforce Committee
September 2021

Nobody left behind: Our EDI Strategy 2021 – 2024

| Alignment to We are the NHS and NHS People Promise | Theme | Ambition | Area of focus |
|--|--|---|--|
| Belonging to the NHS: we each have a voice that counts | Engaging our people | People feel their contributions are valued. They feel confident to speak up, that their concerns will be listened to and acted upon. | Supporting colleagues to speak up. Range of communications to share lived experiences and encourage inclusion. Celebrating difference. |
| Looking after our people Belonging to the NHS We work flexibly | Looking after our people | Our people feel well supported and have the flexibility and adjustments they need to support their health or caring needs and to balance work and home priorities. | Flexible working options are well known. Caring needs are met. Holistic wellbeing conversations happen. |
| New ways of working, growing for the future: We are always learning | Developing our people | Targeted assistance for our colleagues will be given to support them develop and achieve their career ambitions. | Clear career pathways. Career conversations. |
| Looking after our people Belonging to the NHS We each have a voice that counts | Treating our people fairly | We are an employer known for our inclusive culture. We celebrate diversity and our workforce represents the communities we serve. We have an equitable environment, free from harm, a just culture that is safe and respectful. | Reciprocal mentoring. Cultural awareness training. A just culture, civil and respectful culture Recruiting EDI change agents. |
| Belonging to the NHS: Compassionate and inclusive leadership | Compassionate and inclusive leadership | Our senior leaders’ model inclusive behaviours within their own teams and encourage team members to act as diversity and inclusion champions. | Leadership diversity. Information and education. Accountability. |
| Belonging to the NHS Growing for the future | Our people of the future | We will attract and recruit colleagues who represent the communities we serve, celebrating difference and the benefits a diverse workforce brings. | Attraction and recruitment. Training and ensuring interview panels are representative of our diverse communities. |

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|------------------------------------|--|
| Committee / Meeting Title: | Board Meeting - Part 1 (Public) |
| Date of Meeting: | 11 November 2021 |
| Agenda Number: | 3.1 |
| Agenda Item Title: | Equality, Diversity and Inclusion Strategy |
| Presenting Officer: | Victoria Robinson-Collins, Director of People and Organisational Development |
| Action – this paper is for: | <input checked="" type="checkbox"/> Decision <input type="checkbox"/> Information <input type="checkbox"/> Assurance |

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

This paper presents the People Equality, Diversity and Inclusion (EDI) strategy which has been approved by the Strategic Workforce Committee.

Board members are asked to support the strategy content as well as the underpinning actions as senior leaders and role models.

Summary of key points

A three-year strategy, it is a critical component of the People Strategy due to its importance and value to our workforce, and is stand-alone due to being the golden thread running through the Trust culture and values.

The strategy details our yearly ambitions as a Trust and evidence-based deliverables that offer assurance as to when we've got things right.

The strategy has been developed in full partnership with our staff networks and encapsulates national, regional and local learnings.

Proposal and/or recommendation to the Committee or Board

The Board is asked to approve the strategy on the basis of the scrutiny by the Strategic Workforce Committee.

Board members are asked to support the strategy content as well as the underpinning actions as senior leaders and role models.



Kent Community Health
NHS Foundation Trust



Our people, equity, diversity and inclusion strategy

2021/22 to 2023/24



www.kentcht.nhs.uk



My name is Olufunmilola and I have grown up used to being called Funmi and that is okay. I am working on owning my name and identity. Without owning your name, you are not seen, your identity is eroded until you are a shadow of what you could be or become. I am proud of my heritage and my culture. I am proud and grateful to be a citizen of Nigeria and the United Kingdom.

Olufunmilola Balogun,
Chair of KCHFT's Black, Asian and
Minority Ethnic staff network



Contents

| | |
|--|--------|
| What does equity, diversity and inclusion mean to KCHFT? | Page 6 |
| About this strategy | 7 |
| Context and background | 8 |
| Where are we now? | 9 |
| Our equity, diversity and inclusion charter | 11 |
| The strategy: Our themes and aims | 12 |
| Engaging our people | 14 |
| Looking after our people | 15 |
| Developing our people | 16 |
| Treating our people fairly | 17 |
| Compassionate and inclusive leadership | 18 |
| Our people of the future | 19 |

Nobody left behind –
 such a powerful phrase and
 I should clarify, not mine.

Introduction

The name of our strategy came from the chair of our Black, Asian and Minority Ethnic Network in a blog to colleagues.

In it, she shared her lived experience of what it's like to work for the NHS, the discrimination her children face at school and the very different life experience for her, compared to our white colleagues.

We know this is a reality faced by not only other colleagues of different races, but across every protected characteristic.

In developing Nobody left behind – our people, equity, diversity and inclusion (EDI) strategy, the question we have all had to ask ourselves was simple, even if the answer is far from a simple one and a journey we need to take.

How do we make all our colleagues feel safe and empowered to bring their full selves and potential to work?

To answer this question and develop the strategy, we have worked with our senior leaders, staff partnership forum, staff networks and taken account of the findings of the Workforce Race

Equality Standard and Workforce Disability Equality Standard (WRES and WDES) reports KCHFT produces each year, together with the feedback you have given us.

At Kent Community Health NHS Foundation Trust (KCHFT) we know a motivated, inclusive and valued workforce helps deliver high-quality patient care, increased patient satisfaction and better patient safety. It also leads to more innovation across our organisation and helps us to continually improve.

Inclusive organisations get the best from their people and in turn benefit from creative and high-performing teams. Our workforce should reflect the communities we serve and as we provide services in east London, East Sussex and in Kent and Medway, we are fortunate to have a diverse population.

So, this strategy sets out our commitment, building on what we have already achieved, to help make KCHFT the best employer for our people with equal access to career opportunities and fair treatment in the workplace.



Paul Bentley, Chief Executive
 Kent Community Health NHS Foundation Trust



As someone who identifies as LGBTQ+, having an inclusive and welcoming workplace is important. Bringing our whole selves to work can be scary because you are never sure of the reaction you will face when coming out. Sexuality and gender can play a huge part in people's identities and can be supported and celebrated in the workplace.

Thomas Fentem,
Chair of the LGBTQ+ Network

The Disability and Carers' Network raises awareness of the complexities and challenges having a disability or caring responsibilities can bring. It brings an opportunity to build a better disability-inclusive, accessible and sustainable world. Statistics say that up to 15 to 20 per cent of the workforce develop a disability during their working life. Yet we don't always know about the experience others have had, be that a positive or negative one. The network helps access support and advice from others who have a lived experience of disability.

Jaishree Narayanan,
Chair of the Disability and Carers' Network

What does equity, diversity and inclusion mean to KCHFT?

What is equity?

Equity doesn't mean treating everybody the same – it means being fair and making sure everyone is treated individually and in a way that is appropriate for them.

What is diversity?

Diversity means being inclusive of all differences and including everyone. It includes our visible differences, such as gender, race and ethnicity, and disability; and our non-visible differences, such as sexual orientation, religion, unseen disabilities, different perspectives and thought processes, education, family status and age.

What is inclusion?

Inclusion means valuing and celebrating differences and encouraging an open culture for our colleagues and patients. This means individuals are supported, respected, engaged, have a voice and are able to develop skills and talents in line with the trust's vision and values.



About this strategy

This strategy, which will be overseen by our Board, has been developed to support the delivery of our people strategy. It will support the pledge we have made to be the best place to work for our people.

To achieve this, we will:

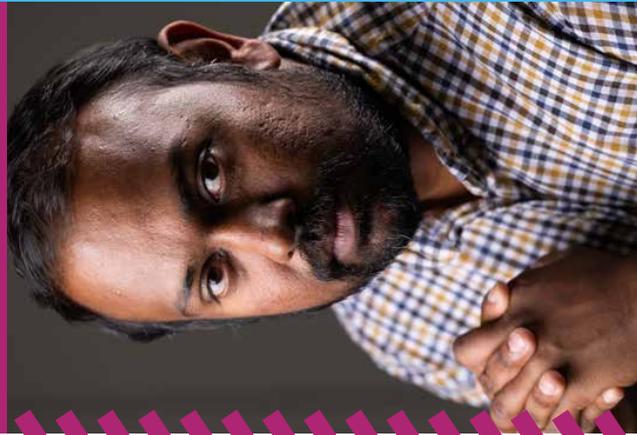
- engage our people
- look after our people
- develop our people
- treat our people fairly
- have compassionate, inclusive and effective leaders for our people
- and have people ready for the future.

Our people are our most valued asset. Being the best employer for them means making sure all our colleagues experience fairness and equity at work.

This needs to start at the point they apply to work for KCHFT and continue with the way they are treated by all colleagues they come into contact with. It must extend to their experience at work, opportunities for development, progression and promotion; open and honest conversations, voicing opinions and speaking up about concerns.

One of the vehicles we are using to empower colleagues and help to change this mindset is our Reimagine Team Programme.

Reimagine team working is part of our journey at KCHFT to always be better in everything we do. It's a coaching approach that helps to empower teams to excel in whatever role they are in and focus on the health and wellbeing of colleagues; a significant part of this work is about making sure every one feels valued, trusted and has pride in what they can do so people can flourish.



My story is personal for me. It may upset people, but it's a reality for me. I was born here and my children too, this is my country, but I am made to feel that I don't belong here. Banter and joke comments are not ok and nobody should be made to feel how I am. Those comments impact and make it difficult to bring your whole selves to work.

Shaun Singh,
member of the Black, Asian and
Minority Ethnic Network

Every woman and person with ovaries that produce oestrogen can experience menopause. How and when they experience peri-menopause and menopause and the length of time it will be for, is a unique experience for each person. Understanding the peri-menopause and menopause better will mean everyone can be supported better; making sure everyone can be included and bring their whole self to work.

Natalie Parkinson,
Chair of the Menopause Network



NOBODY

LEFT

BEHIND

Context and background

The Equality Act 2010 places a duty on us as a public sector organisation to eliminate unlawful discrimination, harassment and victimisation, promote equality of opportunity and foster good relations between people with and without a protected characteristic. These three aims of the general equality duty apply to each of the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. At KCHFT we will go beyond compliance with our duty and this strategy sets out how we will do that.

In July 2020, NHS England published – We are the NHS: People Plan for 2020/21 – action for us all. It details the expectations our people should have of their leaders and colleagues and explains

the importance of an open and inclusive culture. Under the heading of “Belonging to the NHS” it sets out that the EDI focus should be on:

- recruitment and promotion practices to make sure the workforce is representative of the communities we serve.
- health and wellbeing conversations, which include a discussion about equality, diversity and inclusion
- leadership diversity must reflect the overall BAME workforce
- tackling the disciplinary gap to eliminate disparity in entry to disciplinary processes
- governance that helps our staff networks contribute to and inform the decision-making processes.

Where are we now

KCHFT has four active networks. Our BAME, disability and carers, LGBTQ+ and menopause networks work very closely together and have a rapidly increasing membership that works with the organisation in making suggestions and positive contributions towards helping the trust improve. Together, they have organised successful events and worked with partner organisations to participate in events, such as Pride and Black History Month celebrations.

We have recently signed up to the Stonewall Diversity Champions Programme, which is intended to support organisations to develop a framework to achieve inclusivity not just for LGBTQ+ colleagues but for the wider workforce too.

In 2020, KCHFT was shortlisted as finalists in the Recruitment Industry Disability Initiative (RID) Awards in the category of Disability Confident. We also continued our work with Kent Supported Employment looking at identifying roles that were suitable for candidates with learning disabilities, having successfully recruited more than 20 colleagues through this partnership already. In April 2021, we achieved Disability Confident Leader status and are now regarded as an organisation that can provide help to others wanting to attract and recruit disabled people by offering flexibility and the right adjustments to enable them.

Our equity, diversity and inclusion charter

Empowerment

All colleagues with a protected characteristic will be engaged in conversations about their wellbeing at work, career progression and what inclusion and equity means for them. Colleagues should be considered primary stakeholders as employees of the trust in respect of decision making that impacts them in the workplace and in the communities, they serve and live in. There should be clear representation in recruitment processes, workforce groups and other groups making decisions in the organisation that would have impact on colleagues with protected characteristics. There must be clear legal and ethical justification for excluding any colleague. Where direct participation in decisions is not possible, there should be involvement to the extent that is possible.

All colleagues will be asked what they want as the outcome in any conversation that involves their progress, career and this directly informs what happens. They will be directly involved in any decision-making process that involves them.

Protection

The trust is bound by the public sector equality duty to consider the impact of its policies and decisions on those with protected characteristic. At KCHFT, we will go beyond this. There is a duty for all colleagues with a protected characteristic to protect themselves and seek the support they need to protect themselves. KCHFT will work with the staff networks to support colleagues who feel less able to protect themselves. We have a zero-tolerance approach to issues affecting psychological, physical, mental and emotional safety at work.

All colleagues will get help and support to report abuse and discrimination whether it is aimed at them or a colleague. Colleagues will receive help to be an active participant in the process to the extent that they work without the fear of negative consequences.

Prevention

Prevention of harm or abuse in form of discrimination, microaggression and marginalisation will be the primary goal to achieve inclusion. We

“Being able to freely be myself without fear of persecution or being negatively perceived by my peers means absolutely everything to me. “Knowing that my employer and colleagues not only support but they also celebrate my differences and my experiences as an LGBTQ+ person and adding value to the team as a whole is vital. Knowing this genuinely makes me want to go above and beyond in my role to support both patients and my colleagues.”

Matthew O’Riordan,
member of the LGBTQ+ Network



Our WDES results are positive in many respects, particularly in the measures that look at recruitment and the development of our workforce.

In collaboration with our BAME colleagues, we have been working on a Kent and Medway mentoring programme with partner trusts across the system. This will enable colleagues to access mentoring support from a wider cohort with differing levels of experience and knowledge. KCHFT is working with the NHS Leadership Academy on introducing a Reciprocal Mentoring for Inclusion Programme that will give colleagues with a protected characteristic the opportunity to work with leaders to identify what needs to change across the organisation to bring equity and inclusivity to all so everyone’s differences are embraced.

Our WRES results are showing positive improvements with national recognition in one area and colleagues indicating the trust provides equal opportunities for career progression and promotion.

There are areas where we need to make improvements and we will work hard to do so. This strategy sets out the actions we believe we need to take to realise our ambition to be the best employer for each and every one of our people.



will make sure processes are in place to prevent harm. We will reduce the risk of isolation, neglect and unconscious bias operating through our processes, such as recruitment and selection for promotion.

Every colleague will receive clear and simple information on what abuse in the form of microaggression, discrimination and marginalisation are. Colleagues will know how to recognise the signs and how to seek help.

Proportionality

Responses to concerns raised will reflect the seriousness of the issues. Concerns will be managed in the most effective and efficient way. Colleagues will be confident that HR and management will get involved in a way that supports their interests and only as much as is necessary.

Partnership

We will work collaboratively across the organisation to remove hierarchical barriers and achieve the common goal of being the best employer where employees feel able to bring their whole self and potential to work. This partnership will create an open culture of trust and engagement using a bottom up approach.

Colleagues know their line manager, colleagues and the organisation treat their personal and sensitive information confidentially. They are confident their line manager and the organisation will work together to support their career aspirations and what is best for them in the context of the trust strategy and priorities.

Accountability

We will be open and transparent. We will work with our stakeholders being clear on how our responsibilities towards employees are being met equitably.

All colleagues understand the role of everyone involved in their day-to-day life in the work place.

Nobody left behind: Our EDI Strategy 2021 to 2024

| Alignment to 'We are the NHS' and 'NHS People Promise' | Theme | Ambition | Area of focus |
|--|---|---|--|
| Belonging to the NHS: We each have a voice that counts. | Engaging our people. | People feel their contributions are valued. They feel confident to speak up, that their concerns will be listened to and acted upon. | <ul style="list-style-type: none"> Supporting colleagues to speak up. Range of communications to share lived experiences and encourage inclusion, and celebrating difference. |
| Looking after our people Belonging to the NHS: We work flexibly. | Looking after our people. | Our people feel well supported and have the flexibility and adjustments they need to support their health or caring needs and to balance work and home priorities. | <ul style="list-style-type: none"> Flexible working options are well known. Caring needs are met. Holistic wellbeing conversations happen. |
| New ways of working, growing for the future: We are always learning. | Developing our people. | Targeted assistance for our colleagues will be given to support them develop and achieve their career ambitions. | <ul style="list-style-type: none"> Clear career pathways. Career conversations. |
| Looking after our people Belonging to the NHS: We each have a voice that counts. | Treating our people fairly. | We are an employer known for our inclusive culture. We celebrate diversity and our workforce represents the communities we serve. We have an equitable environment, free from harm, a just culture that is safe and respectful. | <ul style="list-style-type: none"> Reciprocal mentoring. Cultural awareness training. A just culture, civil and respectful culture Recruiting EDI change agents. |
| Belonging to the NHS: Compassionate and inclusive leadership. | Compassionate and inclusive leadership. | Our senior leaders' model inclusive behaviours within their own teams and encourage team members to act as diversity and inclusion champions. | <ul style="list-style-type: none"> Leadership diversity. Information and education. Accountability. |
| Belonging to the NHS: Growing for the future. | Our people of the future. | We will attract and recruit colleagues who represent the communities we serve, celebrating difference and the benefits a diverse workforce brings. | <ul style="list-style-type: none"> Attraction and recruitment. Training and making sure interview panels are representative of our diverse communities. |

This strategy is an opportunity to start realising the way the trust impacts our lives as our employer. As a carer, I have multiple responsibilities on a daily basis, along with working full time. These pressures need to be acknowledged, with tangible outcomes that can make things better. I have a duty to put my patients first in my role, but where does the line get drawn when my family need me.

Anonymous,
member of Disability and Carer Network

The strategy

Our six themes and aims

At KCHFT, we value all our colleagues as unique individuals and we welcome the variety of experiences they bring. Our aim is to be recognised by our colleagues, patients and service users as a non-discriminatory organisation. We believe everyone should be treated equally regardless of their race, sex, gender identification, sexual orientation, national origin, native language, religion, age, disability, marital status, citizenship, genetic information, pregnancy, or any other characteristic protected by law. We are committed to achieving this ambition and will continue to evolve this strategy until we have done so.

Each of the six themes has an ambition and a program of work to deliver them over the next three years. Each theme is described in more detail in the following sections, together with our ambition and measures of success. Progress will be monitored by a board sub-committee – the Strategic Workforce Committee.



Engaging our people

Our ambition: People feel their contributions are valued. They feel confident to speak up, that their concerns will be listened to and acted upon.

Year 1

- Equity, diversity and inclusion communications strategy is developed and implemented.
- Consistent messaging to make sure colleagues know how and when to speak up.
- Share blogs, experiences and stories from colleagues with lived experience.
- Work with staff networks to increase membership diversity and engage with groups across the trust to achieve intersectionality.
- Promote the networks to colleagues to become allies.
- Networks are supported to develop action plans and governance frameworks.
- Staff networks are invited to engage in decision-making on issues affecting EDI.
- Encourage the use of pronouns.

Year 2

- Refresh values and behaviours to make sure they explicitly celebrate difference.
- Make sure the trust's Equality Impact Analysis (EIA) process is followed for all new and revised policies and service transformation plans take equity fully into consideration.

Year 3

- KCHFT will have fully embedded co-production. This will make sure colleagues can design, plan, assess and deliver outcomes together with senior executives and management.

We will know we have it right when:

- Staff survey results show a sufficient increase to make us the best trust for our people feeling confident and safe to speak up.
- Staff engagement indicator places KCHFT as the best performing trust and our staff score is equitable for all colleagues.
- EDI communications strategy is in place.
- Staff networks are promoted and each has a governance framework in place.
- Refreshed values and behaviours are in place.
- Agreed EIA process in place.
- Pronouns widely used.

14

Looking after our people

Our ambition: Our people feel well supported and have the flexibility and adjustments they need to support their health or caring needs and to balance work and home priorities.

Year 1

- Flexible working options are available to all colleagues consistent with the needs of the service and the way people lead their lives.
- Flexible working options are promoted.
- Analysis of leavers' information to identify trends in our workforce that need to be addressed.
- Information about the options and support available to carers is readily available and well promoted.
- Improvements to flexible working identified through engagement in national Flex for the Future Programme with NHS England/Improvement are identified and embedded.

Year 2

- A "take a break" campaign to make sure colleagues are getting adequate rest and screen breaks.
- Health and wellbeing conversations are embedded and extend to the impact discrimination, bullying and harassment can have on physical and mental health.
- A disability and carers' policy is in place.
- A review of all HR policies with Stonewall to make sure EDI is embedded.

Year 3

- Review leave and benefits packages to make sure our offer takes account of cultural and religious needs.

We will know we have it right when:

- Year-on-year improvement in the theme of health and wellbeing in the staff survey with the aim of retaining our status as the best in our comparator group and beating the national average.
- Staff survey results show 90 per cent of respondents believe adequate adjustments have been made for them at work.
- A disability and carers policy is in place.
- All HR policies have been reviewed by Stonewall and the feedback has been incorporated.



15

Developing our people

Our ambition: Targeted assistance for our colleagues will be given to support them develop and achieve their career ambitions.

| | |
|---------------|---|
| Year 1 | <ul style="list-style-type: none"> • Make sure colleagues in our talent programme are selected from a pool of diverse colleagues. • Introduce BAME mentoring programme. • Promote opportunities for shadowing and secondment within and outside the organisation specifically targeted at BAME colleagues. • All colleagues can access acting up opportunities. • Promotion of and coaching to colleagues attending leadership programmes, such as Ready Now Programme, Nye Bevan Programme etc. |
| Year 2 | <ul style="list-style-type: none"> • All colleagues will have work allocated to them in an equitable way, which will be monitored by the organisational development business partners. • All our people conversations and our supporting documentations, such as 1:1 and objective setting recognise and allow for difference. |
| Year 3 | <ul style="list-style-type: none"> • Greater representation in talent pools and succession plans embedded across the organisation. • All colleagues who have participated in the Talent Programme are signed up to the KCHFT aspire mentoring programme. |

We will know we have it right when:

- Staff survey results show all colleagues believe KCHFT provides equal opportunities for career progression or promotion.
- 20 per cent of colleagues in the talent programme are from a BAME background,
- All colleagues wishing to take part in the BAME mentoring programme have had the opportunity to.
- All acting up roles are made available to all colleagues to apply for.
- 100 per cent of colleagues who have been through the talent programme are signed up to the aspire mentoring programme.



Treating our people fairly

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

| | |
|---------------|---|
| Year 1 | <ul style="list-style-type: none"> • Resolution and accountability framework is embedded. • Equality Impact Assessment (EIA) process is reviewed and improved. • Cultural awareness training will be rolled out across the organisation. • Events that celebrate difference will be arranged and promoted to encourage all colleagues with a protected characteristic to bring their whole selves to work. |
| Year 2 | <ul style="list-style-type: none"> • All senior leaders will have attended inclusion training. • A just and learning culture is embedded across the organisation and incorporates civility and respect. • A staff toolkit will be launched to support conversations about race and empower colleagues to challenge observed racism. • An EIA will be conducted on all HR policies and procedures in the preceding 12 months. • Launch an updated toolkit to support conversations that extend beyond race, which include disability, LGBTQ+ issues, gender and age and empower colleagues to challenge all forms of discrimination and harassment where they observe them. |
| Year 3 | <ul style="list-style-type: none"> • EDI change agents. • All colleagues will have an objective linked to EDI in the annual appraisal. |

We will know we have it right when:

- Staff survey results show colleagues with and without protected characteristics report a similarly positive experience of work.
- The proportion of colleagues who have personally experienced harassment, bullying or abuse at work is lower than 10 per cent in all categories and is comparable for this with and without a protected characteristic.
- Cultural awareness training is embedded and available to all.
- A toolkit to support conversations about race has been launched.
- All HR policies have an EIA conducted at the time the policy is refreshed.
- All colleagues have an EDI objective included in their appraisal objectives.

Compassionate and inclusive leadership

Our ambition: Our senior leaders model inclusive behaviours within their own teams and encourage team members to act as diversity and inclusion champions.

| | |
|--------|--|
| Year 1 | <ul style="list-style-type: none"> • Launch reciprocal mentoring for inclusion programme. • Stonewall Diversity Champions Programme. • Board members and senior leaders routinely demonstrate their commitment to promoting equity and act as diversity and inclusion champions by including EDI in all interactions with their teams and colleagues. |
| Year 2 | <ul style="list-style-type: none"> • Managers support their staff and teams to work in culturally competent ways within a work environment free from discrimination. |
| Year 3 | <ul style="list-style-type: none"> • Increase accountability so leaders at all levels are supported in and measured against their contribution to EDI. |

We will know we have it right when:

- Staff survey results for morale and staff engagement show us as the best in our comparator group and beating the national average.
- 40 colleagues have been through the reciprocal mentoring programme
- Five KCHFT jobs have been advertised on the Stonewall jobs board.
- All managers have an EDI objective included in their appraisal objectives.



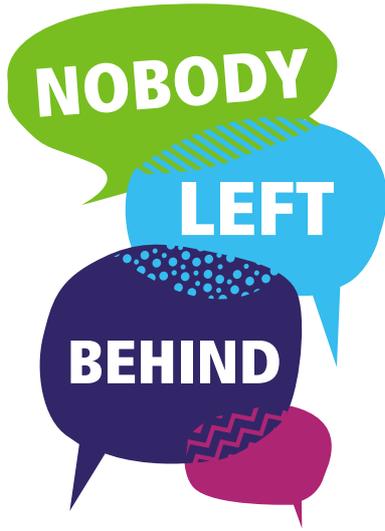
Our people of the future

Our ambition: We will attract and recruit colleagues who represent the communities we serve demonstrating we are a model employer, celebrating difference and the benefits a diverse workforce brings.

| | |
|--------|---|
| Year 1 | <ul style="list-style-type: none"> • Recruitment process and communications are reviewed through an equity, diversity and inclusion lens. • Targeted and creative recruitment campaigns on alternative platforms to attract colleagues with protected characteristics. • Further collaboration with Kent Supported Employment to recruit more of their clients. • Values-based screening is used to identify future colleagues with the behaviours that fit KCHFT expectations. • Managers will have inclusive recruitment training, which incorporates coaching and interview skills. • Ethnically diverse shortlisting panels will be used. • Integrate the EDI strategy into trust performance management meetings. |
| Year 2 | <ul style="list-style-type: none"> • Equity, diversity and inclusion induction training is updated. • Six high impact actions to overhaul recruitment and promotion practices is implemented in full. |
| Year 3 | <ul style="list-style-type: none"> • All colleagues with a protected characteristic feel the trust is representative of them at all levels. |

We will know we have it right when:

- Applicants from a BAME background or have a disability, are as likely as comparator colleagues, to be appointed from shortlisting.
- All colleagues feel KCHFT is representative of them at all levels.
- Five jobs have been advertised on job boards specifically targeting candidates from a BAME background, who have a disability or identify as LGBTQ+.
- An additional five colleagues have been recruited through Kent Supported Employment.
- Values-based recruitment is being used on to recruit to all KCHFT roles.
- All KCHFT managers with a responsibility for recruitment will have completed inclusive recruitment training.
- EDI is reported in Executive Performance Review meetings.
- EDI training at induction is refreshed.



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

Unit J, Concept Court

Shearway Business Park

Folkestone

Kent CT19 4RG

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Our values

Compassionate Aspirational Responsive Excellent

| | |
|------------------------------------|--|
| Committee / Meeting Title: | Board Meeting - Part 1 (Public) |
| Date of Meeting: | 11 November 2021 |
| Agenda Number: | 3.2 |
| Agenda Item Title: | Winter Plan |
| Presenting Officer: | Claire Poole, Deputy Chief Operating Officer |
| Action – this paper is for: | <input type="checkbox"/> Decision <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance |

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

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

The Winter Plan describes the actions that will be taken to ensure the organisation responds safely as part of the wider system to the expected winter pressures for 2021/2022.

The Plan was approved by the Board at its meeting in October 2021 and is presented at the Public Board meeting for information.

Summary of key points

Recognising the winter period will be challenging the plan outlines:

- Demand and Capacity Modelling
- Adult Discharge Pathways
- Urgent Treatment Centres (Minor Injury Units)
- COVID-19
- Flu
- Specialist Services and Public Health Plan
- Supply Chain
- Severe Weather
- Workforce
- Service Planning (Christmas and Easter)
- Integrated Management Meeting

Proposal and/or recommendation to the Committee or Board

The Board is asked to note the winter plan for 2021/2022.

Kent Community Health NHS Foundation Trust

Winter Plan

2021/22

Contents

| No. | Subject | Page |
|-----|---|------|
| 1 | Executive Summary | 4 |
| 2 | Demand & Capacity Modelling | 9 |
| 3 | Adult Discharge Pathways | 10 |
| 4 | Urgent Treatment Centres (Minor Injury Units) | 19 |
| 5 | COVID-19 | 22 |
| 6 | Flu | 24 |
| 7 | Specialist Services and Public Health Plan | 25 |
| 8 | Supply Chain | 26 |
| 9 | Severe Weather | 29 |
| 10 | Workforce | 31 |
| 11 | Service Planning (Christmas and Easter) | 34 |
| 12 | Integrated Management Meeting | 35 |
| 13 | Appendices | 36 |

| | | |
|---------------|---|--|
| App. 1 | Trigger and Escalation Management Plan | |
| App. 2 | Services and Tiers Matrix | |
| App. 3 | Pandemic Plan | |
| App. 4 | Hospital Discharge Policy | |
| App 5 | Paediatric RSV Surge Plan | |

1. Executive Summary

Purpose

The Kent Community Health Foundation Trust (KCHFT) winter plan describes the Trust's actions to prepare for winter and an expected surge in COVID-19. Work has been undertaken across East, West and North Kent systems to ensure KCHFT and partner agencies are aligned in key assumptions and planned responses to surges in non-elective demand. The initiatives, actions, risks and mitigations detailed here are expressed in the context of ongoing challenges experienced across the Kent & Medway (K&M) system. KCHFT is working collaboratively with system partners, actively exploring interventions and initiatives that can reduce risk to patients over the coming winter. This plan highlights areas where outputs are within the remit of KCHFT to deliver independently and where there are co-dependencies with delivery from partner organisations.

KCHFT are key delivery partners in the East and West Kent ICPs (Integrated Care Partnerships) with regard to all elements of community provision, therefore the plan largely reflects these areas. Within the North Kent system, KCHFT plans are limited to the Urgent Treatment Centres (UTCs) in the context of the winter schemes.

Background:

This plan must be considered in the context of the unprecedented impact that the COVID-19 pandemic has had at a societal, organisational and commercial level over a sustained period. Kent and Medway System partners are engaged in developing the following overarching areas of the UEC (Urgent, Emergency and Community) System Plan which has the following focused areas of work - System Discharge Pathways Phase 1 & 2, Child and Adolescent Mental Health Services, Adult Mental Health, Primary Care; Paediatric Respiratory Syncytial Virus (RSV), Patient Initiated Follow-up (PIFU), Specialist Advice and Referral Optimisation, Virtual Consultation in Elective Care and Workforce. Each ICP is developing winter initiative plans in response to specific pressures in the local system, and building on local commissioning arrangements.

Kent and Medway Overview

Following the service disruption caused by the COVID-19 pandemic, urgent care demand in K&M is increasing. However, there has been a trend away from community care with urgent care demand increasing at a greater rate in Emergency Departments than community UTCs.

The K&M system requirement to maintain post COVID-19 pandemic elective recovery trajectories adds a further level of complexity to system planning. KCHFT has made good progress with Tier 2 and 3 service recovery. Outstanding waiting time challenges remain in Podiatry and Autism diagnostic pathways; these are being managed tightly through Executive Performance reviews and will not adversely impact on the Trusts winter plan.

Since summer 2021 there has been a national pressure on the provision of domiciliary care which is essential to maintain hospital discharge flow and meet the requirements of the Hospital and Community Discharge Model. For KCHFT this has created a pressure on a number of services within pathways 1, 2 and 3 that would normally rely on timely provision of a domiciliary care package to maintain flow. Kent Country Council (KCC) have worked with system partners on a detailed plan to mitigate this but to date this pressure remains and is unlikely to be fully mitigated during winter 2021/22. KCHFT's plan reflects this ongoing pressure and therefore targets have not been set to reduce the length of stay (LOS) in discharge pathways to an optimum level this winter. Instead alternative mitigating actions are outlined within the plan.

Staff within KCHFT have demonstrated commitment and resilience throughout the pandemic, but services are reporting high levels of fatigue. This plan will therefore be underpinned by enabling actions to improve the quality of rosters, forward plan to increase shift resilience and undertake proactive recruitment.

ICP Winter Plans are being developed with schemes designed to maximise admission avoidance, and reduce length of stay in acute beds. This includes an ability at community level to meet the two-hour urgent community response. The K&M Clinical Commissioning Groups (CCG) are conducting regular review and oversight of the development of system plans, providing whole system data and the impact analysis of each scheme.

Development and Monitoring

The Trust winter plan will be enacted and monitored through KCHFT's Integrated Management Meeting (IMM), chaired by the Deputy Chief Operating Officer and attended by the Chief Operating Officer on a regular basis. The IMM reports to the Executive Team; both situation updates and escalation of emerging or current issues. This plan will remain a live document and will be regularly updated as plans are finalised; as new data becomes available and in response to changing circumstances.

The Trust will continue to enhance the use of data to drive intelligent decision making and inform timely and appropriate escalation in line with KCHFT's Trigger and Escalation Plan in order to support optimal flow across pathways.

Data sources will include information from:

- SHREWD –providing real time resilience and escalation data across the system
- Power BI – providing a real time view of SECAMB escalation and demand status
- KCHFT daily SitRep – review of internal pressures against trigger and escalation plan
- Business Intelligence – re-modelling of information and sharing with partners as appropriate

The KCHFT winter plan includes the following priority areas:

Discharge pathway capacity and flow: KCHFT has worked with system partners to identify winter initiatives that will have the maximum impact on pathway flow. As noted above, these initiatives do not aim to reduce length of stay in pathway 1 and 2 to optimum level as this is deemed unachievable in the context of the current domiciliary care capacity issues. However, they include mitigating actions to regularly cleanse caseloads, maximise use of voluntary sector support and use beds flexibly to support specific periods of pressure.

Targeted Winter Schemes: To support an increase in community activity to avoid admissions across a number of pathways and to maximise provision of care in the patients preferred environment.

Urgent Treatment Centres: Maximise the use of community based UTCs and MIUs (Minor Injury Units) to reduce pressure on emergency departments.

Service plans for Christmas period: Detailed operational plans will be in place to provide assurance on service provision and staffing levels throughout the two-week holiday period over Christmas and Easter.

Severe weather: The Emergency Preparedness, Resilience and Response Team (EPRR) team will proactively monitor and communicate adverse weather warnings.

Supply Chain disruption (post pandemic and EU Exit): KCHFT procurement and PPE teams are monitoring supply chain challenges (raw materials, shipping, border controls, manufacturing and haulage labour shortfalls and pharmaceuticals) and are prepared for the potential operational impacts. Oversight of these pressures will be coordinated by Procurement, PPE and Pharmacy with reporting via IMM.

COVID/Flu vaccination of staff: The COVID-19 vaccination booster for vulnerable staff and those 50+ will be due in September/October. The flu vaccination programme is detailed within the winter plan, and progress against trajectory will be monitored through the IMM. Clarification is still required regarding the delivery of vaccination to vulnerable household patients and the immunisation of 12-15-year-old children.

Paediatric Surge – RSV: The annual peak for Paediatric Respiratory Syncytial Virus has impacted three months earlier than predicted resulting in the need for a national surge plan. KCHFT have developed a community RSV surge plan to support the K&M system.

Communication and escalation: We will work with system partners and communication leads to manage public messages and to jointly agree System OPEL status system response.

Operational and Organisational Responsiveness and Escalation Will be managed through the IMM and the Director on Call out of hours. IMM may also implement Operations Director On-Call in response to escalating need as defined in the Trust Trigger and Escalation document (2021).

On-Call Operations Manager: The role of the On-Call Manager will be refreshed for winter 2021/22. The focus will encompass a more strategic oversight of pressures and risks throughout winter. On-Call managers will be required to proactively review SHREWD system data and escalate and take actions as appropriate; perform to a revised standard operating procedure (SOP); record actions

7

06/10/2021

and report to IMM as necessary. A refresher training session is planned for October. Director level on call rotas have been reviewed for the 2-week Christmas and new year period to split on call cover into day and night on call shifts. The daytime on-call rotas will be covered by experienced operational senior director level staff.

2. Demand and Capacity Modelling Approach

East Kent Hospitals University Foundation Trust (EKHUFT) and Maidstone and Tunbridge Wells NHS Trust (MTW) non-elective activity (non-covid) is expected to be an average of 522 discharges per week, compared to 400 per week last winter. However, this figure is more comparable to the first six months of 2021/2022 (475) in terms of the COVID-19 position.

Forecast demand across the pathways has been worked up using historical data of acute complex discharges and the pathways patients have followed. The assumption has been made that future aggregated acute complex discharges will follow a similar pattern as recent trends with 46.9% of patients going home with no support required. Of the remaining 53.1% of patients, the profile is 31.6% to pathway 1; 10.4% to pathway 2 and 11.1% to pathway 3. The percentage of patients accessing pathway 1 is below the known demand as patients are directed to alternative pathways in order to facilitate an acute discharge. This reflects the challenges for KCC in securing an adequate and resilient supply of domiciliary care and residential beds. This is illustrated in the detailed pathway modelling in section three.

Demand within community services has remained high throughout the summer. On average activity is in line with plan but in individual services such as long-term conditions, night nursing, cardiac and respiratory services it has remained significantly above plan. This is in the context of high vacancies in some services.

Demand and capacity modelling has been used to support the plans and trajectories presented below.

3. Adult Discharge Pathways Modelling

Acute and community hospital discharges will be managed in line with the updated Hospital and Community Discharge Policy and Operating Model, published by the Department of Health and Social Care on 5 July 2021. The system response will be guided by the Discharge Policy Action Cards supported by an updated internal trigger and escalation framework which will be informed by learning from winter 2020-2021.

K&M is taking a system wide operational command centre approach to the management of flow through the winter. This approach is managed via regular all partner system calls to agree priorities, manage mutual aid and agree mitigating actions when required. As standard, all provider teams implement regular caseload review, re-prioritisation of capacity and re-purposing of beds. When these actions are not sufficient to promote flow, the system calls are used to agree consistent additional actions such as use of pathway 2 and 3 beds to support discharge for pathway 1 patients. This ensures all partners are taking a consistent approach and also provides both organisational and system level support to clinical teams managing these challenging pressures.

Pathway 1 – Home with Support

Pathway 1 is delivered by a number of teams within KCHFT (Acute Response Team – (ART), Rapid Response – (RR) and Home with Support –(HWS) as well as those commissioned via KCC (Hilton Nursing and KEaH). KCHFT holds the planning and coordinating function for this pathway via the Integrated Discharge Team (IDT) in West Kent and the Rapid Transfer Service (RTS) in East Kent. As noted above, capacity within this pathway has been significantly challenged over the summer due to a lack of domiciliary care capacity resulting in an increased length of stay. The teams are therefore managing the available capacity proactively planning several days in advance, particularly for the use of double handed care packages or those in geographical areas with reduced domiciliary capacity.

The anticipated demand for pathway 1 in East and West Kent is shown in figures 1 and 2 below.

The KCHFT winter schemes described below will impact on the overall demand for pathway 1 by reducing the flow through the acute Trust. However, a number of direct mitigating actions will also be taken by the IDT and RTS when required to manage the caseload as follows:

- Regular reassessment of the caseload to identify patients who could move home with support from the voluntary sector for non -registered activities such as shopping, befriending or settling at home. This links to the KCC action plan to increase micro providers in the system.
- Regular reassessment of all packages of care to identify patients who could return home with a lower level of support of family support.
- Review of patients who require large packages of care (e.g. double handed care four times per day) for potential residential short-term placement.
- If the system experiences extreme pressure then KCHFT will consider use of pathway 2 beds in the community hospitals for pathway 1 patients. In this instance patients will be prioritised who may be able to reach independence with a period of reablement. This action creates a risk of further delays within pathway 2 and so will only be used with director level sign off.

Figures 1. P1 West Kent

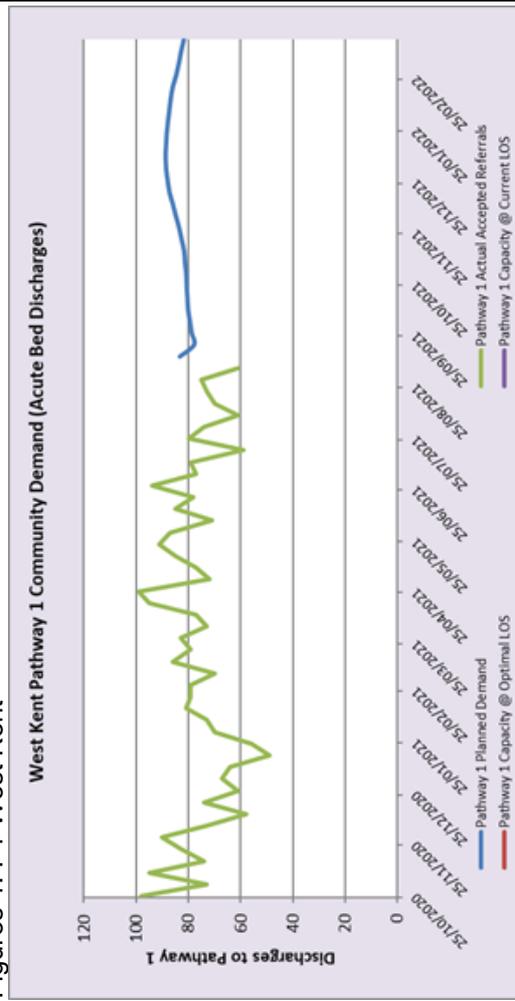


Figure 1 shows the number of accepted referrals onto pathway 1. The reduction on accepted referrals in June – August does not indicate a reduced demand but a reduced ability for the HWS service to accept referrals. This is linked to the challenges in domiciliary care provision previously described.

Table 2: P1 East Kent

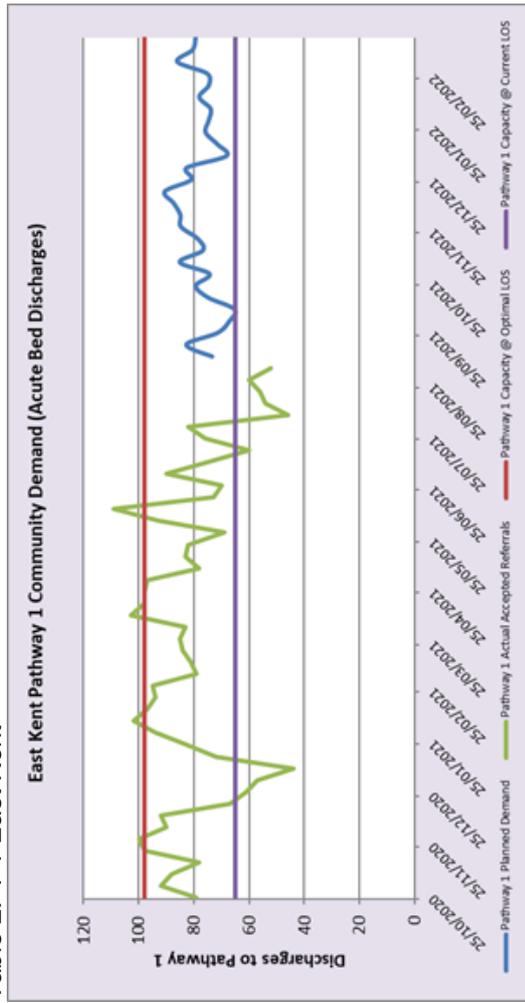


Figure 2 As above, the reduced number of accepted referrals in June - August reflects the challenges in the system from reduced domiciliary care capacity. As KCHFT deliver Home with Support internally for East Kent, the graph also indicates the total capacity at current vs optimal length of stay. To meet anticipated demand over winter, length of stay needs to be reduced.

Pathway 2 – Community Rehabilitation Beds

Acute discharges to community rehabilitation beds will be carefully managed to ensure that only patients with rehabilitation potential and a forward plan are admitted in order to manage length of stay and effectively forecast flow, with the exception of use for pathway 1 as an escalation response as identified above. To support this, the community hospitals are developing clear criteria to reside with support from NHSE/I and regular matron’s meetings are held to support onward flow.

There is a proposal to add 15 dedicated stroke beds at Westbrook House as a winter scheme. This will free up capacity within the existing provision as stroke patients are currently placed across a number of sites. It will also allow more flexible use of Westview beds across East and West Kent to meet peaks in demand across the two systems.

There is an established Fractured Neck of Femur (NOF) pathway in the West Kent Community Hospitals that was also trialled in East Kent during last winter. This will be further developed in East Kent this winter with patients identified within EKHUFT in days 3-5 for transfer. Following introduction of this pathway in East Kent there has been a small reduction (11.6%) in length of stay for patients on complex pathways from 12.1 days to 10.7 days. This will be delivered in conjunction with a pathway for patients who are non-weight bearing and require a period of care before they can access rehabilitation. This pathway will be delivered in conjunction with KCC using a combination of health and social care village (HSCV) beds and KCC beds. In reach will be provided from the Frailty Home Treatment Service.

KCHFT will work to a target occupancy rate of 92% and average length of stay for 19 days. This would allow us to manage predicted demand if there is an average of less than 5% delayed discharges. Current delayed discharges are above this level and therefore the modelling below also illustrates the bed requirements for an average length of stay of 23 days. This shows a need for an additional 55 beds for pathway 2. The proposal for 15 Stroke rehabilitation beds would meet some of this demand. The rest of the demand gap (40 beds) will be met by KCC who have an action plan to maximise use of in-house residential beds and commission additional residential beds from a small group of contracted providers.

Figure 3 West Kent P2

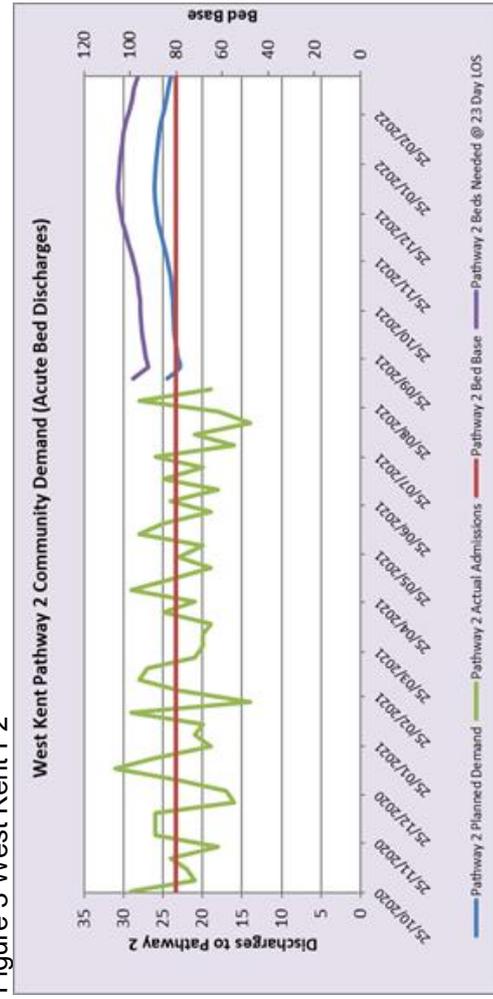


Figure 3 shows the admissions and modelled demand for pathway 2 based on a 19 and 23 day length of stay.

| | |
|-------------------------------------|---|
| <p>Figure 4 East Kent P2</p> | <p>As above, figure 4 shows the admissions and modelled demand based on a 19 and 23 day length of stay.</p> |
|-------------------------------------|---|

Pathway 3 – discharge to assess beds

Demand for pathway 3 beds has increased over the last year and this increase is exaggerated by the need to place some pathway 1 patients in these beds. KCHFT IDT and RTS manage the flow of patients to these beds but in East Kent this is supported by the internal Community Assessment Bed (CAB) team whereas in West Kent this is supported via Care Home Selection (CHS healthcare) which is commissioned and funded by the CCG.

In West Kent there is a scheme proposed by the CCG to increase pathway 3 provision for patients with complex dementia needs to support this pathway. In East Kent the CCG has commissioned additional beds throughout the COVID-19 pandemic and extended this in to winter to support the pathway.

The KCHFT CAB team have clinical oversight of the pathway 3 beds and the team is impacted by the increased caseload in this pathway. A separate paper is being drafted to propose increasing the staffing to this team to manage the caseload safely. This is being proposed as a substantive uplift to the team rather than a winter scheme.

KCHFT plans to support East and West Kent ICPs:

KCHFT, CCG and acute trust Chief Operating Officers have agreed areas where targeted KCHFT community support could deliver the most impact to support the safe management of surge in demand from November 2021 through to the end of March 2022. A number of funding bids have been put forward to NHSE/I by the CCG on behalf of the ICPs to support these schemes in priority order and so this plan will be updated as resources are allocated.

East Kent:

- Maximise UTC capacity through active use of the directory of services (DOS), appropriate disposition and redirection (see below for detail for KCHFT units).
- Develop pathway 1 provision through CCG/KCC commissioning (see above for detail of KCHFT actions against this pathway).
- Maximise use of pathway 2 including development of a dedicated pathway for NOF and patients who are non-weight bearing.
- Develop pathway 3 provision by maximising use of the KCC bed capacity within the system and increasing the clinical capability of the KCHFT CAB team.
- Increase admission avoidance support for frail patients in their own homes and in care homes. In East Kent this work will be led by KCHFT Frailty Home Treatment Service and ART teams working in conjunction with Thanet Community Interest Company (CIC).
- Focus on improving urgent care flow through the acute and community trusts
- Primary Care focus on long term condition (LTC) patients to increase admission avoidance via hubs to support advice, guidance and timely treatment
- Revision of System Level Triggers and an update of SHREWD metrics
- Increase Early Supported Discharge (ESD) stroke support in the community and implement 15 Stroke rehabilitation beds at Westbrook House as a joint KCHFT and EKHUFT initiative if funding is supported.

West Kent:

- Maximise UTC capacity through active use of the DOS, appropriate disposition and redirection (see below for detail for KCHFT units). An additional capital bid has also been made for MTW to increase UTC provision on the Maidstone Hospital site.
- Develop pathway 1 provision through CCG/KCC commissioning (see above for detail of KCHFT actions against this pathway). An additional bid has also been placed to support a 24 hour take home and settle service that would be coordinated by KCHFT IDT.
- Increase support to pathway 3 via additional commissioned beds for patients with complex dementia at Hawkhurst House.
- Increase admission avoidance support for frail patients in their own homes and in care homes. In West Kent this work will be led by KCHFT Frailty Home Treatment Service, Hospital at Home and Rapid Response.
- Focus on improving urgent care flow through the acute and community trusts
- Primary Care focus on LTC Patients to increase admission avoidance via hubs to support advice, guidance and timely treatment
- Revision of system level triggers and an update of SHREWD metrics
- Increase ESD support in the community if funding is supported.
- Increase capacity for ambulatory care at Tonbridge Community Hospital with potential to expand this to Sevenoaks.

Tables 1-3 summarise the delivery of winter schemes/initiatives within KCHFT.

- Table 1 summarises System winter schemes
- Table 2 summarises a number of internal KCHFT support initiatives to increase utilisation of UTCs; improve workforce resilience; and manage anticipated caseload pressures in long-term services.

Table 1: System winter schemes

| | | | |
|-----------|----------------------------|--|-------------------------|
| Kent-Wide | Frailty – Care Homes | Support to Care Homes Review; deteriorating patient; ACP; EOL planning | Admission avoidance |
| Kent-wide | Frailty – Patients at home | Support to home-dwellers Assessment; ACP; wrap-around care; step-up interventions (EOL life and specialist nurse practitioners) | Admission avoidance |
| Kent-wide | NOF Pathway | Community hospital rehab – Day 3-5 discharge from acute; managed length of stay and ongoing care pathway | Reducing bed days |
| Kent-wide | Non-Weight Bearing pathway | Non-weight bearing pathway – Utilisation of bed for Plaster of Paris and patient not requiring immediate rehabilitation with forward care plan | Reducing bed days |
| Kent-wide | Stroke ESD | 7-day community discharge support; sustaining or increasing the reduction in acute length of stay | Reducing bed days |
| Kent-wide | Stroke ESD | Additional community hospital bedded rehabilitation x 15 (Westbrook) | Reducing bed days-Acute |

Table 2: KCHFT winter support initiatives

| Owner | Lead | Initiative | Impact |
|-------------|------------------------------|--|--|
| N Parkinson | | 'A Helping Hand' – enabling KCHFT wider staff group to contribute regular care support to Tier 1 | Tier 1 support; sustaining contacts |
| C Thomas | V May (Kent-wide) | UTC winter model – maximise redirection from front-door; via 111; sustain GP roster-fill; effective triage and streaming | Consistent protocol; clinical triage; max capacity reducing pressure on acute front-door |
| Jane Kendal | William Anderson (Kent-wide) | Refresh KCHFT SHREWD/Dashboard KPI's | KCHFT escalation and system assurance; |
| Jane Kendal | Sarah Hayden (Kent-wide) | Staff bank roster management; proactive forward plan; bank roster design; resourcing bank | Robust planning; workforce oversight; safer staffing |
| Jane Kendal | Margaret Daly (Kent-wide) | Training prioritisation of Tier 1; scope impact for T2-3 staff against compliance | Maintain, competent and available Tier 1 workforce; mitigate risks/compliance |

| | | | |
|------------|---|---|---|
| Ruth Brown | tbcc | Emergency medication; supporting 2-hour response | Frailty/EOL; Patient experience; 2-hour target |
| C Thomas | Jane Thackwray (East) | Long term services caseload management; 25% insulin workload – skill mix; training module for HCA's holistic oversight | Meet insulin demand; release nurse capacity; target rostering |
| C Thomas | Neil Delbridge (East) | Increase resilience in Community Assessment Bed Team (RTS). Ongoing high demand regulations increased placement capacity; community oversight of patients | Sustain flow of patients to P3; improve quality and patient safety; effective transfer to long term placement |
| C Thomas | Charlotte Herbert (East) Karen Bell (West) | Expend current LRU (SPA) operating hours from 14hrs to 24hrs. Increase staffing through temporary increase in contract hour and staff bank shifts | Support to the 2hr response; Frailty step-up and EOL care. |

4. Urgent Treatment Centres (Minor Injury Units)

KCHFT operates a total of 7 UTCs and MIUs across the East, West and North Kent systems. KCHFT has been supporting the CCG in the ambition to develop all MIUs into UTCs and this process will continue through winter. KCHFT are committed to supporting the three systems to maximise the use of these units to provide appropriate urgent care services and reduce attendance at emergency departments. Consistent schemes are in place across the units to achieve this including:

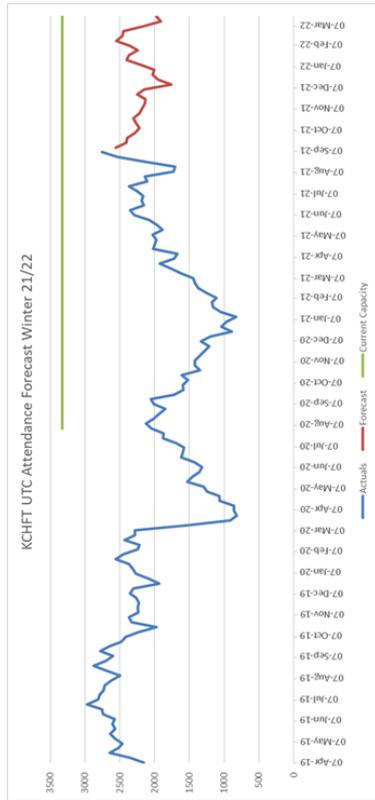
- Agreement and implementation of protocols for each unit to enable redirection of patients from emergency departments to UTCs following initial screening.
- Agreement and implementation of consistent directory of services profiles.
- Increase of direct bookable slots from 111
- Maximise rotas in conjunction with partner GP organisations
- Maximise use of estate to extend capacity where possible

The current services and plans for enhancing services during winter are summarised in table 4.

Table 3: Summary of KCHFT UTC and MIU services

| East/West North | Location | UTC Launch Date/Date Due | Operating level | Winter 21/22 Specific |
|--------------------|--|--|---|--|
| East | Queen Victoria Hospital, Folkestone UTC | 2020 | Full DOS including onsite X-ray | CYP surge; acute/111 redirect and increase of direct access |
| East | Queen Victoria Memorial Hosp, Deal UTC | 2020 | Full DOS including onsite X-ray | CYP surge; acute/111 redirect and increase of direct access |
| West | Sevenoaks UTC | 8 December 2020 | Full DOS including onsite X-ray | Acute/111 redirect and increase of direct access |
| West | Edenbridge (satellite) MIU | To remain as MIU | DOS indicates for minor injury only | To increase rota resilience |
| North | Sheppey MIU | Proposed 1st Nov 2021 to convert to UTC | Current profile in minor injuries only. Proposing full DOS including onsite X-ray. Partnership project group in place | Implementation of UTC and trajectory to increase direct access and redirection from acute. Potential to increase x ray at the weekend. |
| North | Sittingbourne memorial Hospital | Proposed January 2022 to convert to UTC (TBC) | Proposed full DOS including onsite X-ray. Partnership project group in place. | Implementation of UTC and trajectory to increase direct access and redirection from acute. Potential to increase x ray at the weekend. |
| North | Gravesham community hospital | 15th July 2021 | Full DOS including onsite X-ray | Availability of X-ray has increased Acute/111 redirect and increase of direct access. |

Figure 7 – UTC Utilisation and capacity – Kent wide



As described, KCHFT have been supporting the CCG to deliver UTCs in place of MIUs. As these new services are developed there is a period of building activity to the maximum capacity level. Figure 7 illustrates that as the UTCs have been mobilised and build profiles on the DOS, activity has increased. The schemes described above will support an ongoing increase in activity to support the modelled demand during winter with an ambition to increase demand further by working with system partners on 111, acute and ambulance redirects.

5. COVID-19

Throughout 2020-21, the COVID-19 pandemic and associated NHS emergency response through phases 1-3 led to wide-ranging and significant changes to working practices across operational and support services. National modelling suggests there will be further waves of COVID-19 infection this winter, with a high potential of a seasonal flu outbreak now that lockdown arrangements have been eased.

The K&M forecast modelling of winter COVID-19 surge is still evolving and this plan will be updated as further modelling becomes available. The Trust receives modelling assumptions from a range of sources, national and local, and continues to review KCHFT level data against any new information received.

KCHFT will retain the following COVID-19 specific areas of focus over winter in order to be sighted on potential COVID-19 infection rate impact on staff or patients; and to maintain oversight of vigorous infection prevention control (IPC) measures: Daily SitRep to include COVID-19 activity is reviewed by the IMM and required actions considered in line with KCHFT's trigger and escalation plan.

- Workforce metrics: oversight of staff absences and roster fill rates
- PPE stock oversight: monitoring and forecasting PPE stock levels
- FIT Testing: matching demand with FIT Testing capacity
- Delivery of COVID-19 Boosters / flu Vaccination of staff
- Estate, Safety and Security: working with clinical leads, IPC and Health and Safety teams to ensure all patient and staff areas comply with health and safety standards
- Clear guidance for staff, patients and visitors to our sites to manage IPC risks and reduce risk of infection transmission
- Virtual working to be maintained for services where identified as a business as usual option
- Home working to continue to be supported
- Staff risk assessments will be regularly reviewed and updated in line with national guidance
- IMM used as a single point of contact for external agencies for all winter surge and COVID-19 issues via the COVID-19 email address kentchft.covid19@nhs.net which is monitored 7 days a week.

COVID-19 boosters and vaccination of 12-15 year olds

The Joint Committee on Vaccination and Immunisation (JCVI) and Chief Medical Officer have recommended, alongside existing COVID-19 vaccination offers, to include booster vaccines for those aged over 50 years and for healthy children aged between 12 and 15 years. KCHFT has played a key part in the Kent and Medway system in the delivery of COVID-19 vaccines providing these through vaccination centres and a roving outreach model. Planning for the boosters includes the use of local vaccination centres (PCN and pharmacies) with the majority of these being through the Local Vaccination Sites (LVS). Acute Trusts and KCHFT will provide booster vaccines for their own NHS staff.

The children's COVID-19 12-15yrs programme will be offered vaccination through the KCHFT via an enhanced school-based immunisation service. Primary care may support immunisations for those with underlying health conditions. Plans are well developed to deliver this programme alongside the childhood flu programme which would run from the end of September to 15 December. Plans in progress to bring both Secondary school Flu and Covid forward to complete both schedules for this age cohort by 15 November.

The Trust is working to retain the current COVID-19 bank workers to support both the booster and the children and young people 12-15 COVID-19 vaccine programmes. As the system bank employer, KCHFT are supporting the whole system with workforce.

We have seen a significant decrease in COVID-19 bank workers available to work as the initial vaccine programme comes to an end. From an initial recruiting of circa 2,400 external workers we have 1,177 having worked in the last 6 weeks and at present have 538 workers who are completing the safeguarding training and enhanced DBS required to support the 12-15-year-old programme. We are actively engaging with the remaining bank workers to encourage them to continue offering shifts and working with NHS England on use of national teams to support the KCHFT vaccine centres.

The use of the KCHFT vaccination centres will be restricted to specific days and half term week to allow demand on staffing to be optimised, focus on KCHFT COVID-19 and flu vaccination and also to support any gaps in capacity of the local vaccination centres.

6. FLU

NHS England have announced that they will continue with the national influenza campaign in 2021/22 and have published associated guidance. NHSE/I have acknowledged that delivering the flu immunisation programme alongside the requirement for COVID-19 boosters for all staff will be logistically challenging. There is an expectation that this flu season may be more severe. At a K&M level, KCHFT Chief Nurse/SRO will liaise regularly with the national team and provide advice and guidance for this programme.

KCHFT Pharmacy have placed an order for 4000 vaccines; the supplier has given assurance that delivery will be by the 15th October. Late vaccine delivery is one of the main risks to the flu vaccination plan, which can only be mitigated through regular dialogue with the supplier. The staff flu programme is planned to commence on Monday 18 October 2021.

KCHFT has agreed the following:

- Peer vaccinators will be available in clinical settings to provide vaccinations to staff. Peer vaccinators identified and completed required e-learning.
- As in previous years, all staff, but in particular those staff working from home, working in non-clinical settings, or self-isolating, can obtain their vaccination via their local pharmacist/surgery and claim back via the internal expenses system.
- A national target of 90% of frontline health and social care workers being vaccinated has been set.
- Progress will be monitored through the IMM. Further focused actions can be undertaken as appropriate and in response to uptake.
- The flu co-ordination team will work closely with integrated care partnerships to track progress of vaccination and any intelligence regarding outbreaks
- Robust KCHFT flu communications plan to commence early October.

7. Specialist Services and Public Health Plans

Respiratory Syncytial Virus (RSV) Surge - impact on community children's nursing services

The annual RSV peak arrived three months earlier than predicted resulting in a national surge escalation. KCHFT has worked with the K&M System in the development of an operational RSV surge plan which came in to effect in August 2021. Weekly K&M system calls are monitoring the overall demand and prevalence which enables the KCHFT community CYP services to review and flex the surge plan accordingly. (Appendix 5 – CYP Paediatric Surge plan)

KCHFT CCN RSV Surge actions:

- Support RSV caseload with wider CNN team and would include ceasing continence product routine review assessments for a period of 3 months. Children would receive a repeat of their last pad order without a review.
- 20% of current continence caseload were given open access during COVID-19 to support the families. These children are being reviewed and will be discharged if appropriate, thus freeing capacity.
- Reduce non-urgent /re-phasing follow-ups for a period of 3 months. A telephone support line would be manned 5 days per week for parents to seek advice and support this will be manned by the staff working from home
- Proceed with agreed recruitment 'at risk', 3 additional WTE band 5
- Identify existing staff/dual trained staff who may be able to offer extra bank shifts for a short period of time and proactively book them for the next 3 months

8. Supply Chain

The United Kingdom left the European Union (EU) on December 31st 2019 and concluded the transition period on December 31st 2020. The anticipated risks and issues arising from border disruption has not been significant to date. However, the shortage of HGV drivers, most notably causing disruption in fuel distribution in September, resulted in an early review of business continuity plans for impact on all services due to fuel shortages.

The Trust's EU exit group completed a significant amount of preparation for a no deal scenario in 2019. This work has been refreshed and updated with the learning from the Trust's response to COVID-19. The introduction of virtual interventions across a number of pathways will reduce the reliance on travelling and reduce risks of service disruption.

The Trusts EPRR Team working with the IMM has taken the following actions to minimise any issues arising from supply chain disruption, including fuel disruption:

- Review of prioritisation of services, this has been undertaken as part of a 'lessons learnt' approach following the response to COVID-19 and has allowed divisions to categorise elements of services as appropriate within different tiers. See Appendix 2 This will enable services to be safely reduced, stepped down or delivered using alternative methods. It will also enable targeted re-deployment of staff to Tier 1 essential services if system escalation and KCHFT trigger thresholds are met.
- Review of business continuity plans and service action cards to align with KCHFT's trigger and escalation plan. Robust service level action cards and business impact assessments will be in place for each service, with over-arching divisional level
- The procurement and PPE team will continue to monitor supply chain issues and are linked in to wider system work. Any risks or concerns are brought to the Incident Management Meeting for escalation
- The Pharmacy Team will monitor and highlight any concerns regarding supply of medicines. Any issues will be brought to the Integrated Management Meeting for escalation
- Buffer stocks to be stocked and implemented as considered necessary considering regional and national advice.
- IT Team to ensure all apps required for digital interventions are in place and staff are trained in supporting SOPs.
- A high percentage of home working – successfully achieved during COVID-19 emergency response phase can be sustained or resumed to facilitate service continuity in the event of weather / travel disruption
- Hotel accommodation can be booked for staff who cannot work from home and have to travel to a work base to deliver essential Tier 1 services.

Management of Restricted Equipment and PPE.

The Head of Medical Devices oversees the provision of the PPE and Restricted Equipment Service for Kent Community Health NHS Foundation Trust and from 1st October 2021 for Kent and Medway NHS and Social Care Partnership Trust (KMPT).

Monitoring of stock.

PPE is monitored through robust stock management systems, with stock levels based on the average use of services. Data systems track demand and supply allowing for early intervention and stock level adjustment where required.

The Integrated Management Team receives bi-weekly stock management reports and stock levels are inputted into Palantir for national oversight and adjustment to PUSH stock.

Supply Disruption Alerts, Product recalls.

Supply disruption alerts are received from CAS system, COVID-19 response teams at a regional and national level, the local Kent and Medway Equipment Cell and through staff intelligence via the recently established procurement portal.

Information is analysed by the Head of Medical Equipment and Procurement for the potential impact to Trust services and patient care, using supply and demand data within the Trust. Actions to address specific shortfalls, recalls or peaks in demand for equipment are proposed at pace and there are robust systems for escalation and cascading decision making vertically throughout the organisation. Governance and decision authority are provided by the Trusts Integrated Management Meeting and situation reports can be provided as required internally, regionally or nationally.

There are good systems for communication across the whole system and mutual aid is given/received where necessary.

Where increased control of restricted stock is required, stock can be ordered centrally, received to a central location and distributed to services on a 'just in time' basis using established PPE transport systems.

Movement of Equipment

The PPE and restricted equipment teams have tested business continuity plans which support the delivery of PPE and equipment to services and corporate sites in the event of travel disruption. The central store holds an average of 28 days stock and with individual sites holding a minimum of 10 days stock, which can be increased if disruption is anticipated. 3 super buffer stores across the Trust locality can be re-established to ensure that deliveries are more 'localised', reducing impact on delivery times. In addition, larger sites could be identified as 'equipment hubs' to reduce the number of equipment drops where necessary.

9. Severe Weather

Severe weather events can occur at any time and vary from low impact flooding to significant weather events of heatwave or extreme cold spells. These occurrences have the ability to disrupt the infrastructure lasting many days or weeks with the potential for major disruption to staff, services and the Trust. Operational services maintain vulnerable patient lists which can be accessed in the event of disruption to identify and target essential visits and facilitate multi-agency responses.

The IMM will work with the EPRR Team to oversee robust cascade of information and coordinate the required operational responses, actions could include:

- The Trust stand up of the arrangements for leasing 4x4 vehicles over the winter period and place these in strategic locations across the Trust to ensure continuity of services
- The voluntary sector can assist with the provision of 4x4s, they can be contacted through the On-Call Emergency Planning Team for KCC 03000414999
- Utilisation of VISMO – to facilitate patch-based working in the event of significant weather/travel disruption. On call managers / senior managers and the business continuity team, have access to where Trust staff live in an interactive live map view. This can be filtered by role (nurse/physio/admin etc) to facilitate diversion of staff and workloads cross services if necessary.
- Staff to be contacted via the communications team to request voluntary assistance if they own a 4x4 vehicle.
- Book hotel accommodation for essential or stranded staff
- Support with staff and equipment mobilisation to support delivery of essential Tier 1 services.

Internal teleconferences are implemented in a severe weather event; the KCHFT Chair is the on-call director out of hours and coordinated through the IMM in hours.

Information on forthcoming weather events can be gained from the Met Office, Environment Agency and the Department of Health. This will be monitored through the IMM and staff will be encouraged to sign up to the severe weather warning service provided by

the Environment Agency. Early warnings give an indication several days in advance which allows time for preparedness within the organisation.

10. Workforce

We enter this winter with an increasing rate of turnover. We have specific highly challenged areas with some having vacancy rates of 40%. Targeted work is underway to support these teams to be in a stronger position in readiness for winter. We also have rising KPI metrics for sickness and absence (particularly stress absence); we are working closely with specific teams to understand and mitigate; and undertaking additional work to bolster our temporary workforce in readiness to support winter demand. We have learnt many lessons over the course of the last 18 months in how to best manage our workforce during times of challenge. Of specific relevance has been the way we have managed the rosters for the COVID-19 vaccination programme which we will utilise as an approach for our hotspot areas this winter. We are additionally implementing SafeCare to support workforce planning in our Community Hospitals which will provide valuable information to the teams during this winter.

Steps we are taking to support our workforce needs this winter include:

We will continue to utilise the Trust's daily sit-rep which includes the following information:

- Staff absences by reason
- Total number of COVID-19 related absences from work through sickness and isolation
- Vaccination status / management
- Essential Tier 1 service roster fill – unfilled shifts summary – current and forecast.

In preparation and support for winter the following actions are being undertaken.

- Roster rebuilds to ensure all rosters are fit for purpose, with priority being given to Tier 1 services
- Implementation of SafeCare by the end of December 2021 (subject to supplier availability)
- Dedicated resource to manage hotspot rosters in similar way that COVID-19 vaccination rosters were managed
- Proactively look at long lines of Bank / Agency work
- Dedicated resource to recruit additional bank workers for children's flu campaign
- Additional recruitment of bank workers in readiness for winter pressures
- Retention of COVID-19 bank workforce to mainstream bank for wider deployment
- Training programme for retention of COVID-19 bank HCA's and upskilling for community-based HCA roles
- Successful International recruitment campaigns to support 'hot spot' vacancy gaps
- Online training – reduced time away from base
- Release Tier 1 staff from training during peak demand; targeting Tier 2-3 staff where possible to utilise availability
- Facilitate Staff COVID-19 booster vaccination
- Encouraging all staff to get their flu vaccination
- 'A Helping Hand' approach to aligning previously redeployed staff who could support a Tier 1 service during escalation
- Unavailability reporting will continue throughout winter to support effective oversight and deployment of staff across the organisation
- "Virtual by default" remains in place to minimise travel
- Continuation of home working where possible
- Continuation of on-call manager priority phone line to bank office for urgent bookings
- Well-being check-in's October – March to support staff throughout winter
- Detailed workforce planning will be undertaken for the Christmas fortnight period.
- Prioritisation of Roster Re-build

If these actions are undertaken, the anticipated achievements would be as follows:

- More timely identification of shifts requiring temporary worker fill due to accurate rosters
- More lead time to fill with bank workers rather than agency workers
- Improved engagement with bank temporary workers to encourage greater shift fill
- Increased pool of bank workers to fill shifts following recruitment and retention activities
- Sustain a bank fill rate above 80%
- Supporting the health and well-being of staff through a variety of methods, including vaccination, will support sickness absence levels continuing at a sustainable level.
- Helping hand will deploy staff to critically low staffed areas as needed to support these areas.
- Tier 1 staff released from training to enable them to continue working in their front-line critical services (there are some risks associated with this that are being worked through, as there would be a reduction in compliance in year 1). However, tier 2 & 3 are actively working through elective backlogs so the feasibility of this option needs further testing in relation to this.

11. Service planning (Christmas and Easter)

Detailed Trust plans for the Christmas and Easter periods will be developed and shared with system partners. The plans will contain detail of service opening hours, shift patterns and local on call arrangements etc.

Plans will be developed a minimum of 6 weeks in advance considering bank holidays, leave requests and forecasting of un-filled shifts and bank availability.

Operational services and integrated discharge teams will prepare for festive periods by concentrating effort with system partners on decreasing bed occupancy, maximising discharges and maintaining low numbers of complex patients who are no longer fit to reside (NLFTR).

On call arrangements will be strengthened with a refresh of roles and responsibilities for on-call managers to be supported by refreshed action cards to identify appropriate actions required for OPEL Status. Director on call rotas for Christmas and New Year period have been split into day and night shifts with senior operational Director level managers covering day shifts.

12. Integrated Management Meeting

In the 2020 response to the COVID-19 Pandemic, KCHFT implemented an Incident Management Team (IMT)

The IMT provided a resilient response to the initial emergency achieving rapid decision making, dissemination of information and feedback and the co-ordination of essential actions.

The Trust has evolved the IMT function by moving to a regular Integrated Management Meeting (IMM). The IMM has continued to meet twice weekly and reports to the Executive Team. The IMM will be chaired by the Deputy Chief Operating Officer and is attended by other executives as needed with shared membership established through the Chief Operating Officer. The IMM will meet in response to and at a frequency determined by the system escalation.

The IMM will:

- Act as a single point of contact for system partners and trust divisions/support services to share information and allow rapid dissemination of information across the organisation
- Review the Trust daily SitRep –utilising real time and trend data to identify current issues and forecast potential issues; allowing rapid decision making and escalation where required
- Steer and monitor Trust reset, recovery and reimagine work stream to ensure learning and innovation from new ways of working during COVID-19 response are captured, evaluated and embedded.
- Escalate to the Executive Team meeting emerging or acute need in accordance with the trigger and escalation plan.
- The IMM will have senior representation from operational divisions such as Community Service Directors and Pharmacy; the Executive Team and also from Infrastructure Services at Assistant Director level including Business Improvement, IT, HR, Infection Prevention and Control, Communications, Estates, Finance, Quality and EPRR.
- Action and decision logs are kept and there is a regular reporting mechanism to the Executive Team.

13. APPENDICES

| | | |
|------------|--|---|
| Appendix 1 | Trigger and Escalation Management Plan (to be updated) |  Appendix 1 - KCHFT Trigger and Escalation Management Plan |
| Appendix 2 | Services and Tiers Matrix |  Appendix 2 - Services and Tiers Matrix |
| Appendix 3 | Pandemic Plan |  Appendix 3 - Pandemic Plan V1.1 |
| Appendix 4 | Hospital Discharge Policy |  Appendix 4 - Hospital Discharge Policy |
| Appendix 5 | CYP Paediatric Surge Plan |  Appendix 5 - KM Paeds Community Trigger |

Appendix 6

Demand and Capacity Modelling



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

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

The Integrated Performance Report is produced to give an overview of performance against a number of national, contractual and internal key performance indicators. This report is presented with the use of Statistical Process Control (SPC) charts. It should be noted that the full Finance, Workforce and Quality reports are presented at their respective committees. The report has been produced in collaboration with the Executive Team and their support teams.

Summary of key points

There are 5 key performance indicators (KPIs) moving favourable in month and 8 moving unfavourably whilst 25 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, 100% (6) are achieving target

Quality

- Seven lapses in care occurred with patients on our caseload that were identified during August and September. These incidents did not meet the SI criteria. Additionally, one incident was declared as an SI, the root cause analysis will identify key themes and action learning.
- During August and September 2021, 175 falls were reported across the trust with a decrease of 14.6% (30) compared to the last period June and July 2021. Of the 175 falls, there were six avoidable incidents, one of these

resulted in moderate harm to the patient and an AAR is being completed to support the learning.

- 110 reported medication incidents were considered avoidable to KCHFT during August and September 2021 compared to 152 incidents in June and July 2021, this represents a 27.6% decrease.

Workforce

- Turnover in September 2021 has increased to 15.70% and the highest rate for the last 12 months. This is the fourth consecutive month that this metric is reported above the target.
- At 4.97% the in-month sickness absence rate for September 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 continues to report above the mean and the target
- From July 2020 the Vacancy rate has been increasing, in September 2021 we have reported a decrease from August 2021, and at 4.94% this is the lowest vacancy rate over the last 6 months. The Vacancy rate continues to remain below the revised target of 6%

Finance

- The Trust is in a breakeven position to the end of September. The cumulative financial performance is comprised overspends on pay of £3,836k (including £5,390k on the covid vaccination programme which was not budgeted in line with the planning guidance) and non-pay of £14k offset by an underspend on depreciation/interest of £116k and an over-recovery on income of £3,734k.
- The Trust achieved CIPs of £1,515k to the end of September against a risk rated plan of £2,207k which is £693k (31%) behind target.
- Capital spend to September was £1,916k, against a YTD plan of £4,803k (40% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes. As at M6, 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 planned redistribution of the remaining ring-fenced funding held has now been proposed and is expected to be ratified at the end of October. 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.
- Temporary staff costs for September were £1,476k, representing 8.4% of the pay bill. Of the temporary staffing usage in September, £244k related to external agency and locums, representing 1.4% of the pay bill. Contracted WTE increased by 17 to 4,308 in post in September which includes 14 posts funded by capital projects. Vacancies reduced to 224 in September which was 5.0% of the budgeted establishment.

Operations

- Expected annual target for the NHS Health Checks 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 are showing continued strong performance ahead of trajectory (110%) with a quit rate of 56.7% Waiting list remains at 0.
- The Health Visiting new birth visit performance is now experiencing normal variation with positive performance (94%) above target and the mean.
- During Month 6 (September 2021) KCHFT carried out 163,747 clinical contacts of which 12,328 were UTC/MIU attendances. For the year to September 2021 KCHFT are 2.2% 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 (-4.5%) and Children's Specialist and Adult LD Services (-9%).
- 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 6 position being at 95.7%, with only 194 patients out of 4,481 currently waiting longer than 18 weeks. However, please note that following an external RTT peer review Children's Audiology and Community Paediatrics will no longer be included in the consultant-led RTT pathway from month 7
- Diagnostics waits (6 week target) for paediatric audiology has experienced a minor temporary dip in performance in months 5 and 6 (97.8% in month 6) as a result of some cancellation of appointments due to children unable to attend for Covid-19 reasons.
- The Looked after Children's service had seen an increase in referrals in recent months; with a particular increase in the numbers of Unaccompanied Asylum Seeking Children (UASC). With this stabilising, performance for Initial Health Assessments has improved in month 5 to 92.9%
- 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 targeted work is ongoing to ensure accuracy of the data. As such, a new standard operating procedure covering both the data capture and reporting elements has been developed and introduced from 1st November 2021. As part of this, an improved process for exclusions (inappropriate requests for a 2-hour response) will be in place and performance should improve.
- Performance for the proportion of patients who are no longer fit to reside has been consistently above the mean. The target level continues to be rarely achieved in the current climate (twice in the last 18 months) with a current increasing value above 15%.

- Bed Occupancy continues to show a varying trend with no periods of special cause variation. Levels have stabilised between within the target threshold of 87-92% (88.2% at month 6).

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 |
| Telephone number: | 07823 777854 | Email | nick.plummer@nhs.net |

Integrated Performance Report 2021/22
November 2021 report



Contents

| | |
|-------------------|-------------------------------------|
| Page 3 | Glossary of Terms |
| Page 4 | Assurance on Strategic Goals |
| Page 5-8 | Corporate Scorecard |
| Page 9-14 | Quality Report |
| Page 15-20 | Workforce Report |
| Page 21-26 | Finance Report |
| Page 27-40 | Operational Report |
| Page 41- | Appendix 1 – SPC Charts |



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

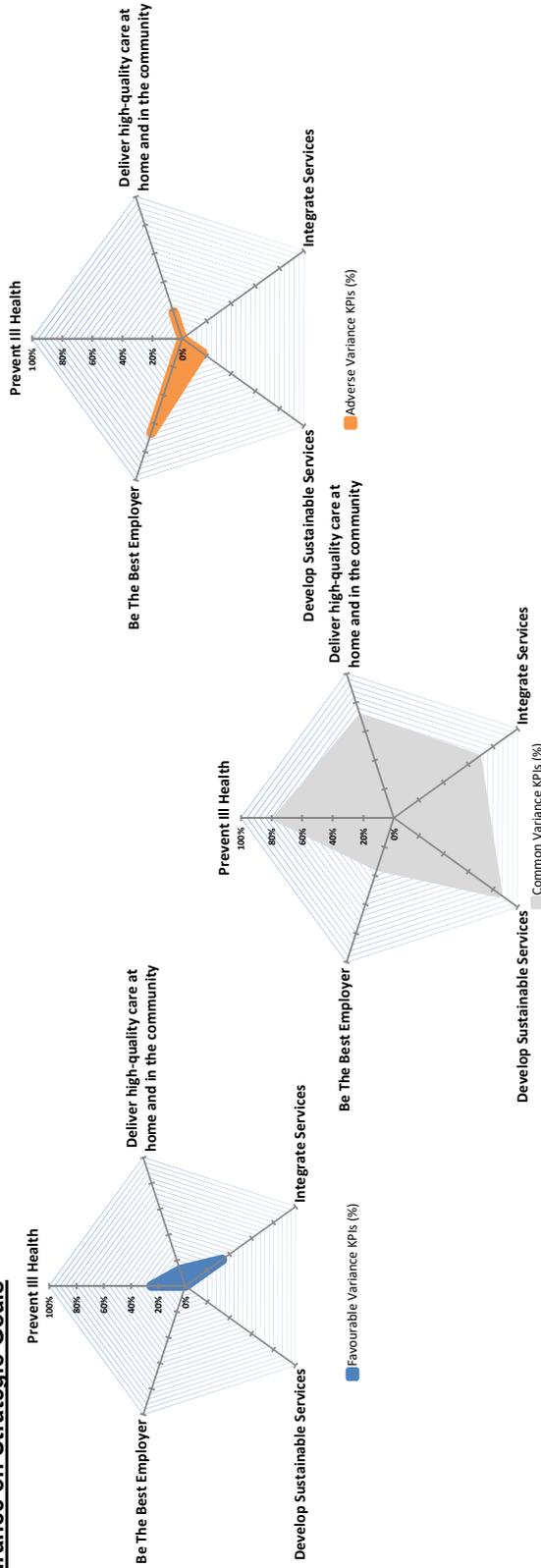
CQUIN – Commissioning for Quality and Innovation

MTW – Maidstone and Tonbridge Wells NHS Trust

WTE – Whole Time Equivalent



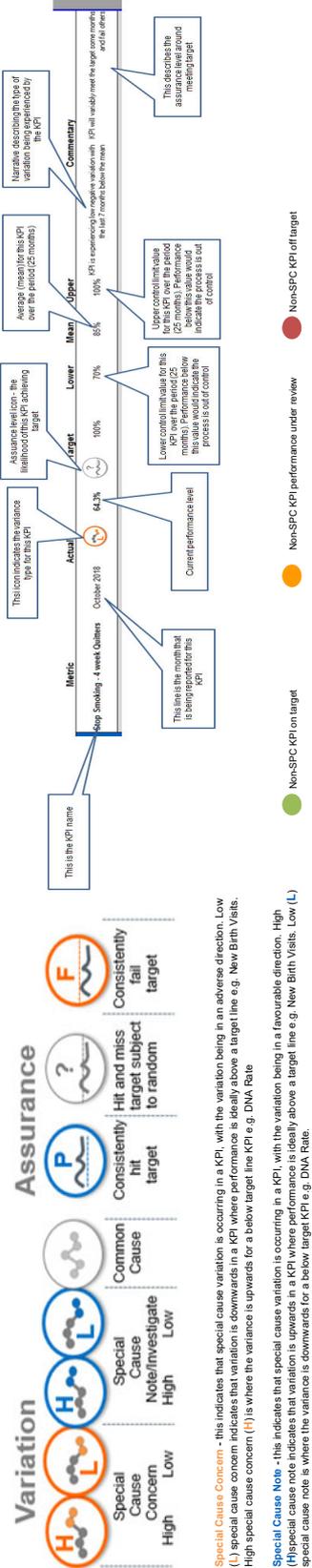
1.0 Assurance on Strategic Goals



Overall, of the 38 indicators that we are able to plot on a statistical process control (SPC) chart, 13.2% are experiencing favourable in-month variation (5, KPIs 1.2, 2.18, 2.19, 3.2 and 3.4), 21.2% are showing in-month adverse variance (8, KPIs 2.9, 2.10, 2.14, 4.6, 5.2, 5.3, 5.4 and 5.6) and the remaining 65.8% (25) are showing normal variation.

18.4% 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 falling (i.e. target outside control limits negatively), with the remaining 78.9% are variably achieving target with no trend of consistent achievement/failure.

Of the 6 indicators where an SPC chart is not currently appropriate, 100% (6) have achieved the in-month target.



Kent Community Health NHS Foundation Trust - Corporate Scorecard

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

| Metric | Actual | Target | Lower | Mean | Upper | Commentary |
|---|----------------|--------|------------------|------------------|-------|--|
| | | | | | | |
| KPI 1.1 Stop Smoking - 4 week Quitters | August 2021 | 100.0% | 62% | 90% | 117% | Continued strong performance ahead of trajectory. Waiting list remains at 0 |
| KPI 1.2 Health Checks Carried Out | September 2021 | 100.0% | 43% | 87% | 131% | Much improved 21/22 performance continues. KCHFT core checks currently far exceeding trajectory |
| KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days | September 2021 | 94.0% | 88% | 93% | 97% | The new birth visit performance is now experiencing normal variation with positive performance above target |
| KPI 1.4 (N) School Health - Year R and Year 6 Children Screened for Height and Weight | September 2021 | 84.9% | 90% (Year end) | | | Programme completed for the 2021 school year and beginning for 21/22 |
| KPI 1.5 Admissions Avoidance (2 Hour Crisis Responses) | September 2021 | 287 | 204 | 296 | 387 | Metric has been reworked and now shows demand for 2 hour crisis responses. Currently experiencing normal variation, with performance just below the mean |
| | | | 21/22 YTD Actual | 21/22 YTD Target | | |
| KPI 2.1 Number of Teams with an Amber or Red Quality Scorecard Rating | September 2021 | 1 | 1 | 6 | | Target achieved for the month |
| KPI 2.2 (N) Never Events | September 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 | September 2021 | 0 | 2 | 0 | | No cases of Clostridioides difficile infection (CDI) where level 3 lapses in care are identified by KCHFT staff (i.e. the infection deemed avoidable and caused by a failures in care or failure to follow policy/protocol). |
| KPI 2.4 (N) Infection Control: MRSA cases where KCHFT provided care | September 2021 | 0 | 0 | 0 | 0 | Target achieved for the month. 0 cases recorded this year to date |

1. Prevent Ill Health

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

Kent Community Health NHS Foundation Trust - Corporate Scorecard

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

| Metric | Actual | Target | Lower | Mean | Upper | Commentary |
|--|--------|--------|--------|--------|--------|---|
| KPI 2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days | 0.00 | 0.19 | -0.14 | 0.05 | 0.24 | Continuation of 0 moderate and severe harm falls this month. The upper limit is above target so high assurance levels and currently in normal variation |
| KPI 2.6 Pressure Ulcers - Lapses in Care | 6 | 1 | -2.5 | 3.1 | 8.8 | The data is within common cause variation, despite there being 7 lapses in care occurring with patients on our caseload that were identified during August and September. These incidents did not meet the SI criteria. |
| KPI 2.7 Community Activity: YTD as % of YTD Plan | 102.2% | 100.0% | 91.3% | 103.1% | 114.9% | Normal variation with performance stable just above target. Some variation at service and division level but no significant areas of concern |
| KPI 2.8 Trustwide Did Not Attend Rate: DNAs as a % of total activity | 4.9% | 4.0% | 3.4% | 4.5% | 5.6% | 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 and within normal variation. |
| KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient) | 84.2% | 95.0% | 86.5% | 91.4% | 96.4% | Metric currently showing negative variation with a period below the mean as a result of revised data capture following the move to RIO. Expected 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 | 71.4% | 95.0% | 69.1% | 85.4% | 101.8% | Metric currently showing negative variation with period below the mean as a result of revised data capture following the move to RIO. Standard operating procedure has been drafted to ensure staff are fully aware of correct process for accurate reporting |
| KPI 2.11 (N) Total Time in MIUs: Less than 4 hours | 99.7% | 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 falling target |
| KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways | 95.7% | 92.0% | 95.3% | 97.5% | 99.7% | Metric now in normal variation due to an increase in waits in Paediatrics. However, RTT peer review has highlighted some changes to the inclusion criteria that will take effect from month 7. This will improve the position. |
| KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks) | 193 | 532 | 15 | 141 | 266 | Metric now in normal variation due to an increase in waits in Paediatrics. However, RTT peer review has highlighted some changes to the inclusion criteria that will take effect from month 7. This will improve the position. |
| KPI 2.14 AHP (Non-Consultant Led) Referral to Treatment Times (RTT) | 86.5% | 92.0% | 88.2% | 93.7% | 99.2% | Currently negatively impacted by increased waits in Adult MSK Physio service. Target still within control limits so performance liable to fluctuations and target not always guaranteed to be achieved. |
| KPI 2.15 (N) Access to GUM: within 48 hours | 100.0% | 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) | 21.4 | 21.0 | 14.5 | 19.6 | 24.6 | Normal variation, however performance is above the target and mean as a result of increased delayed discharges with patients no longer fit to reside, due to social care delays. |
| KPI 2.17 Research: Participants recruited to national portfolio studies (21-22 Q1) | 1971 | 300 | | | | Despite Redeployment of most of the team and a pause on all but one study in Q1, recruitment has significantly over-achieved against the annual target for 2020/21 |

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

Kent Community Health NHS Foundation Trust - Corporate Scorecard

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

| Metric | Actual | Target | Lower | Mean | Upper | Commentary |
|--|--------|--------|--------|--------|--------|--|
| KPI 2.18 Percentage of patient goals achieved upon discharge for planned and therapy services | 97.5% | 80.0% | 81.3% | 89.2% | 97.0% | Metric currently showing positive variation with no current concerns of failing to achieve target |
| KPI 2.19 (N) Friends and Family - Percentage of Patients who would Recommend KOHFT | 98.6% | 95.0% | 93.6% | 97.2% | 100.8% | Improvement continues, with performance currently meeting target and performing above the mean |
| KPI 2.20 (N) NICE Technical Appraisals reviewed by required time scales following review | 100.0% | 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 | 97.8% | 99.0% | 95.9% | 98.9% | 101.9% | Metric currently showing normal variation and mostly meeting target (as expected), however slightly under target this month as a result of children unable to attend due to Covid-19 |

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

| Metric | Actual | Target | Lower | Mean | Upper | Commentary |
|--|--------|--------|-------|-------|-------|---|
| KPI 3.1 No Longer Fit to Reside in a Community Hospital bed as a % of Occupied Bed Days | 18.0% | 9.5% | 6.1% | 15.0% | 23.8% | 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% and increased this month as a result of social care issues |
| KPI 3.2 Home First impact - reduction in average excess bed days (West Kent) | 0.00 | 0.20 | -0.07 | 0.09 | 0.25 | 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) | 94 | 75 | 35 | 66 | 98 | Metric showing normal variation with levels showing signs of an increasing trend. |
| KPI 3.4 Rapid Transfer impact - reduction in average excess bed days (East Kent) | 0.00 | 0.20 | -0.17 | 0.17 | 0.52 | 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) | 107 | 100 | 46 | 84 | 121 | Metric showing normal variation with levels showing signs of an increasing trend. |
| KPI 3.6 East Kent Rapid Transfer Service - Average Commissioned Discharges per day | 25.6 | 30 | 24.0 | 30.3 | 36.6 | Below the target and the mean for Month 6, although in normal variation |

* Note

3. Integrate Services

Kent Community Health NHS Foundation Trust - Corporate Scorecard

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

| Metric | Actual | Target | Lower | Mean | Upper | Commentary |
|--|----------|----------|----------|----------|----------|---|
| 4. Develop sustainable services | | | | | | |
| KPI 4.1 Bed Occupancy: Occupied Bed Days as a % of available bed days | 88.2% | 92.0% | 76.2% | 85.9% | 95.6% | Position has moved to normal variation and now performing above the mean level and within the target range of 87-92%, also impacted by delays to flow out of the beds. |
| KPI 4.2 Income & Expenditure - Surplus (%) | 0.0% | 1.0% | -0.25% | 0.4% | 1.1% | The Trust is in a breakeven position to the end of September. The cumulative financial performance is currently in surplus on pay of £3,886k (including £5,390k on the covid vaccination programme) and non-pay of £4k offset by an underspend on depreciation interest of £111k and an over-recovery on income of £3,734k. |
| KPI 4.3 Cost Improvement Plans (CIP) Achieved against Plan (%) | 68.6% | 100.0% | 67.7% | 85.7% | 103.7% | The Trust achieved CIPs of £1,515k to the end of September against a risk rated plan of £2,207k which is £693k (31%) behind target. |
| KPI 4.4 External Agency spend against Trajectory (£000s) | £244,003 | £491,250 | £203,609 | £507,379 | £811,149 | Currently showing normal variation performance below the mean, but positively below target for M6. Agency costs were £244k for September against a target of £491k |
| KPI 4.5 Percentage based on value of Service Lines with deficits greater than 5% | 20.3% | 0% | 10.8% | 18.4% | 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) | 27.4% | 25.0% | 24.2% | 31.8% | 39.5% | Currently performing above target but below the mean as a result of decreased levels of virtual appointments following services resetting. In negative variation as performance has a sustained period below the mean, although this is expected. |
| 5. Be The Best Employer | | | | | | |
| KPI 5.1 Sickness Rate | 4.97% | 4.20% | 2.93% | 4.28% | 5.62% | 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) | 1.59% | 1.15% | 0.92% | 1.22% | 1.52% | Small 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 fall others. |
| KPI 5.3 Turnover (planned and unplanned) | 15.70% | 14.47% | 13.11% | 14.11% | 15.11% | Showing negative variation with performance now above the upper control limit, suggesting a shift in performance |
| KPI 5.4 Mandatory Training: Combined Compliance Rate | 95.1% | 85.0% | 95.3% | 96.1% | 96.8% | Slight dip to below the lower control limit as a result of national guidance change with Safeguarding training. Failure to achieve 85% remains unlikely though. |
| KPI 5.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce) | 4.9% | 6.0% | 4.1% | 5.3% | 6.5% | Now in normal variation following a decrease this month. Target has been reduced with performance still positively within target |
| KPI 5.6 Stability (% of workforce who have been with the trust for 12 months or more) | 86.3% | 87.0% | 86.6% | 87.6% | 88.7% | Showing negative variation with performance dipping below the lower control limit |

2.0 Quality Report

2.1 Assurance on Safer Staffing

| 1.1 RN and HCA staffing Community Hospital August 2021 | Day Fill Rate % | | Night Fill Rate % | |
|--|-----------------|--------------|-------------------|--------------|
| | RN's | HCA's | RN's | HCA's |
| Faversham | 84.65 | 89.66 | 93.65 | 100.00 |
| Deal | 84.29 | 93.56 | 95.16 | 98.44 |
| QVMH | 93.09 | 85.69 | 100.00 | 100.00 |
| Whit & Tank | 89.83 | 78.72 | 98.39 | 93.79 |
| West View | 82.14 | 80.86 | 90.32 | 75.31 |
| Edenbridge | 69.16 | 82.15 | 75.58 | 94.49 |
| Hawkhurst | 98.86 | 86.82 | 91.34 | 89.48 |
| Sevenoaks | 80.90 | 86.30 | 91.24 | 86.79 |
| Tonbridge | 82.03 | 71.46 | 89.10 | 87.02 |
| Total | 84.99 | 83.91 | 91.64 | 91.72 |

| 1.1 RN and HCA staffing Community Hospital September 2021 | Day Fill Rate % | | Night Fill Rate % | |
|---|-----------------|--------------|-------------------|--------------|
| | RN's | HCA's | RN's | HCA's |
| Faversham | 86.26 | 90.52 | 93.18 | 93.64 |
| Deal | 76.60 | 82.83 | 83.80 | 91.55 |
| QVMH | 97.18 | 76.30 | 95.00 | 98.36 |
| Whit & Tank | 93.69 | 83.62 | 92.59 | 95.81 |
| West View | 69.16 | 85.87 | 85.47 | 80.79 |
| Edenbridge | 78.20 | 72.93 | 82.94 | 94.86 |
| Hawkhurst | 95.87 | 81.35 | 97.06 | 90.09 |
| Sevenoaks | 80.34 | 87.60 | 91.90 | 96.84 |
| Tonbridge | 68.49 | 75.19 | 88.31 | 87.30 |
| Total | 82.87 | 81.80 | 90.03 | 92.14 |

In August 78% of hospitals had a RN day fill rate of less than 90%, in September this decreased to 66%.

HCA day shifts were challenged with 88 % of hospitals having a fill rate of less than 90%.

Hospitals with the highest clinical vacancies were Westview and Edenbridge with 35% of shifts at Westview and 28% of shifts at Edenbridge having one RN.

The total clinical vacancy gaps for community hospitals has increased by 2% since the previous reporting period.

To strengthen current mitigations of vacancy and sickness gaps:

The trust vacancy rate remains below the revised target of 6 per cent, however community hospitals continue to be a hot spot.

We are meeting with system partners twice a week to review and manage flow into community hospitals in relation to bed capacity to ensure the safe delivery of care. Staff are being rotated between the hospitals to ensure equal staffing levels where able to cover vacancies, sickness and A/L. Recruitment review – a recruitment process review is underway with the view to simplify the process for managers and candidates. International recruitment – 19 fully qualified and experienced nurses from Nigeria and Ghana have been recruited to our community hospitals. Colleagues will be orientated in two cohorts, with the first arriving the week commencing 25 October.

Additionally, where bank and agency staff have been required, staff have been utilised from the KCHFT COVID-19 bank.

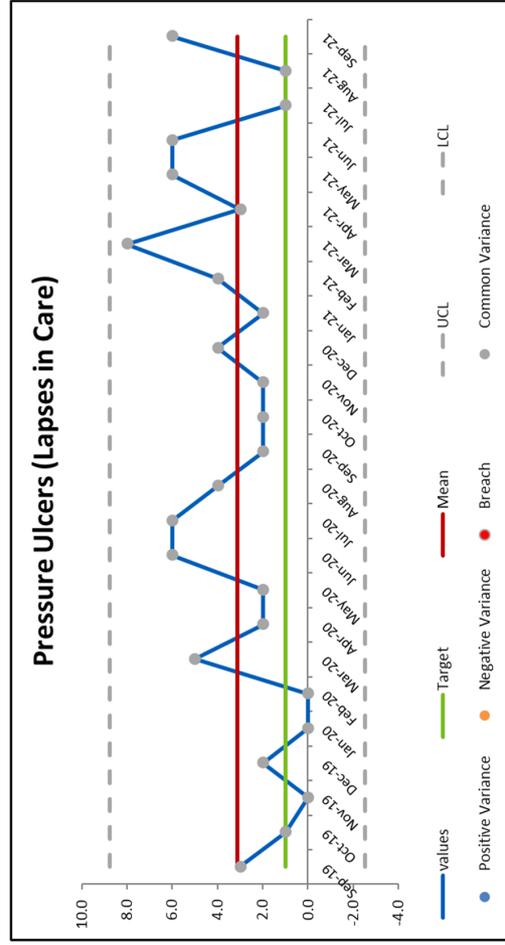
Nursing Graduates - Two years ago, our first cohort of nursing associate apprentices began their degree course and this month each of them (16) completed this as part of their nursing career.

2.2 Assurance on Pressure Ulcers

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 August and September. These incidents did not meet the SI criteria.

Six were reported as low harm and one moderate harm, this is consistent with previous months with numbers of low harm (category 2) remaining higher than moderate (category 3 and above) harms; suggesting more timely risk assessments and interventions. The one moderate harm incident is currently under investigation to determine the impact of no regular skin reviews being carried out between a 10-day period.



As part of the Trust wide pressure ulcer quality improvement workplan we are reviewing the pressure ulcer pathway to support early discussions with all carers involved in patients care ensuring ongoing plans are in place to review and escalate any skin damage that occurs and reduce risks and severity of skin damage.

The Datix incident report system has been reviewed and identified that currently 81% of patients admitted or acquiring pressure damage are reported on the incident reporting system within 48 hours of admission to caseload

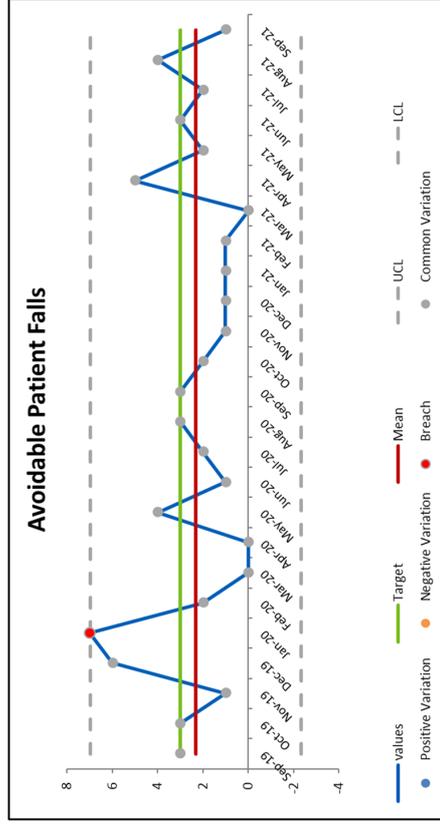
The Head of Tissue Viability is working with the performance team and RIO to gain assurance that the other objectives are on track for 2021/22

2.3 Assurance on Falls

The Deputy Medical Director has now joined the Falls Assurance group to ensure NICE guidance is met.

During August and September 2021, 175 falls were reported across the trust with a decrease of 14.6% (30) compared to the last period June and July 2021. Of the 175 falls, there were six avoidable incidents, one of these resulted in moderate harm to the patient and an AAR is being completed to support the learning. Of the remaining five, two resulted in low harm and three were no harm to the patient.

A review of the avoidable falls incidents has identified a theme where there is a lack of staffing to facilitate one to one enhanced observations and this also impacted on the completion of the Multi Factorial Risk Assessment (MFRA). This has been escalated to Operational Managers and the Head of Patient Safety. East Kent short term services Falls Prevention Coordinators are visiting sites to the support teams under their remit.



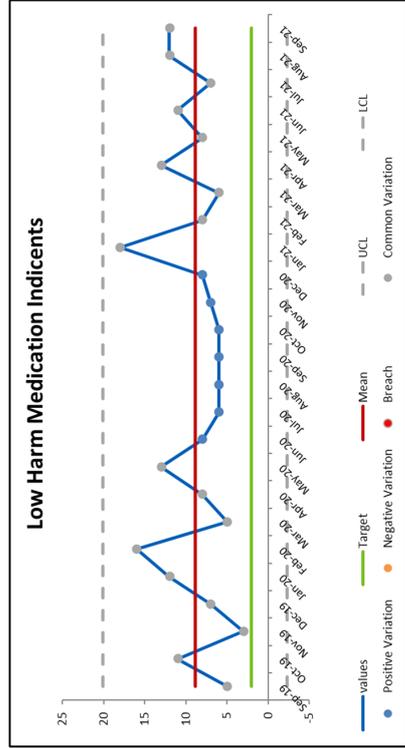
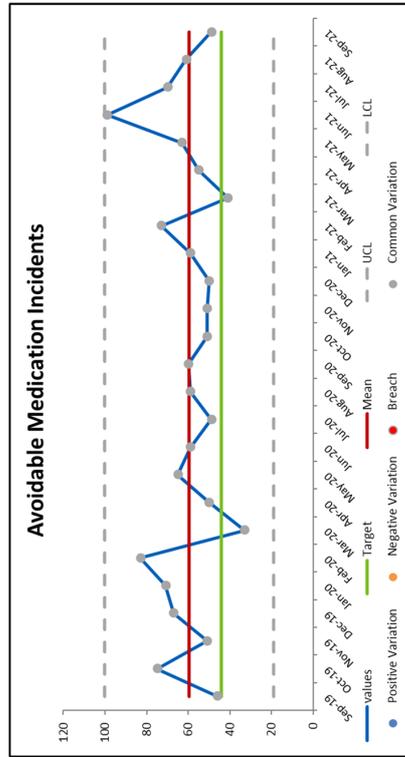
The Datix and Training Task and Finish groups are ongoing. The Datix group is updating the falls related questions to improve the quality of investigations. The Training group is updating the falls training for staff, to ensure awareness of falls and preventative measures.

Falls Prevention week in September saw teams and colleagues actively taking part in supporting Falls Safety huddles on hospital wards. Information displays boards were shared and patients were encouraged to participate in the quizzes including falls education. Staff gave good feedback, particularly related to the falls focused huddles. Staff have been sending all their ideas and resources to the EK FPC's to collate and hold as a central resource for next year.

2.4 Assurance on Medication incidents

110 reported medication incidents were considered avoidable to KCHFT during August and September 2021 compared to 152 incidents in June and July 2021, this represents a 27.6% decrease.

10.9% (12/110) of the reported medication incidents were classed as low harm during August and September 2021 compared to 7.89% (12/152) in the previous two months.



Further analysis showed that;

Community nursing team – Low harm incidents was 8.1% (3/37), a decrease compared to 8.9% (5/56) from previous period.

Community hospitals – Low harm incidents was 7.5% (3/40), an increase compared to 4.1% (2/48) from previous period.

Omitted medicines - Low harm incidents was 4.3% (2/46), a decrease compared to 8% (4/50) from previous period.

What are we doing about it?

Continue with Medsavvy workshop for staff focusing on how to avoid medication harm.

Continue to promote the use of PREPARE with nursing staff. Posters distributed to all clinical areas.

The ward matrons have identified 270 staff (including non - registrants) across the community hospitals to be trained to support peer checking. Peer checking training to commence in November 2021.

There is steady overall decrease in omitted doses and low harm incidents. We are on track to meeting these objectives.

2.5 Assurance on Patient Experience

2.5.1 Meridian Patient Experience survey results

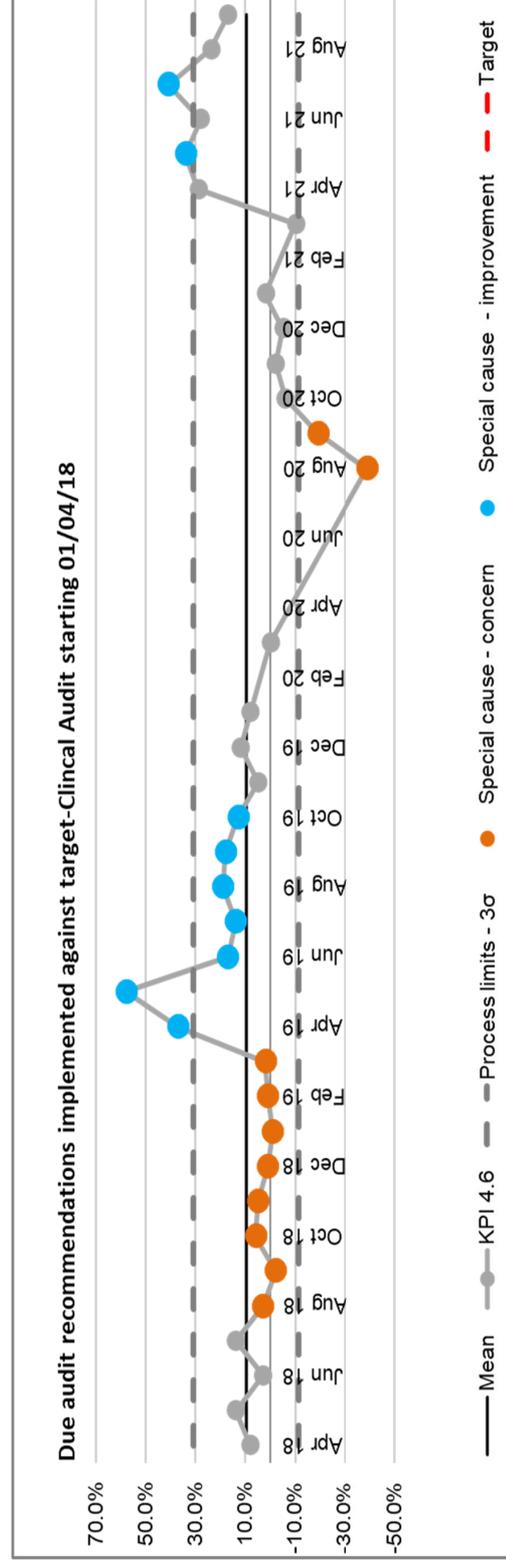
10,368 surveys were completed (includes 3,396 COVID-19 vaccination surveys). This is a decrease in survey completions, due to the closure of another vaccine centre (Gravesend), when compared with the previous two months (17,473 surveys). The number of service bespoke surveys decreased slightly, in line with the usual trend seen during the summer holiday season.

2.5.2 The NHS Friends and Family Test (FFT)

The FFT score remains high, with 98.5% of people rating their overall experience of the service they received 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 in April being above target indicating a shift in process. The fall during 2020 was caused by the reduction in audit activity during COVID while targets for completion of actions

continued to rise. Services are now implementing improvements from clinical audits. The slight drop from July to September reflects completion of actions against a 25% rise in the target. 97% of actions from audit have been completed.

Virtual training: Clinical Audit – an Overview and Audit Actions for Positive Change have been and are due for launch in November 2021 and January 2022 respectively. Leading Improvement through Clinical Audit is being finalised.

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.

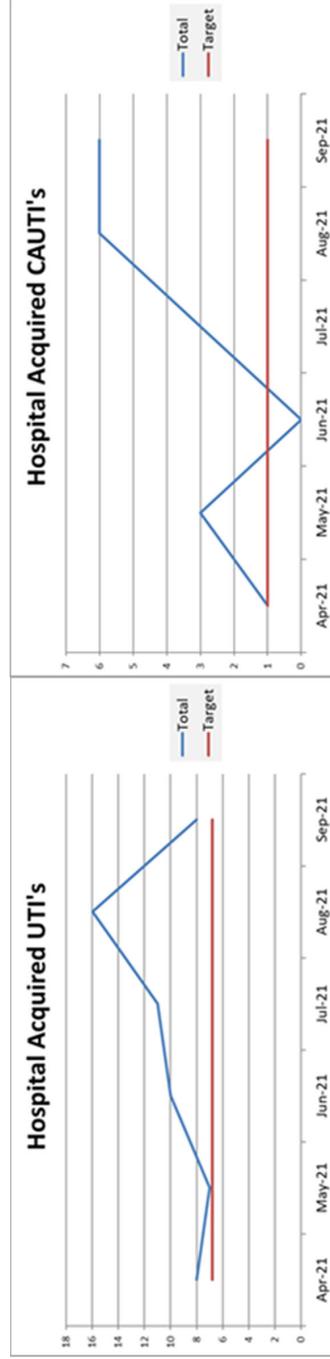
2.7 Infection Prevention and Control

There will be no KCHFT attributed cases of MRSA bacteraemia

100% of patients admitted for podiatric surgery, or to our community hospitals will be screened for MRSA

No cases of Clostridioides difficile infection (CDI) where level 3 lapses in care are identified by KCHFT staff (i.e. the infection deemed avoidable and caused by a failures in care or failure to follow policy/protocol).

There will be a reduction of acquired urinary tract infections and catheter associated urinary tract infections compared to 2020/21

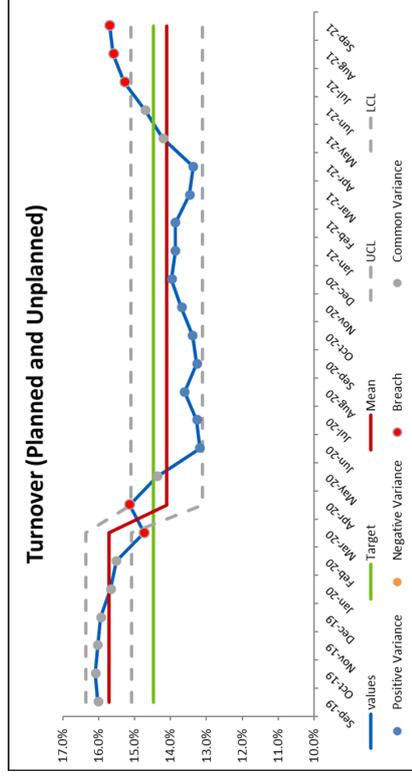


3.0 Workforce Report:

3.1 Assurance on Retention

3.1.1 Turnover

Turnover in September 2021 has increased to 15.70% and the highest rate for the last 12 months. This is the fourth consecutive month that this metric is reported above the target.

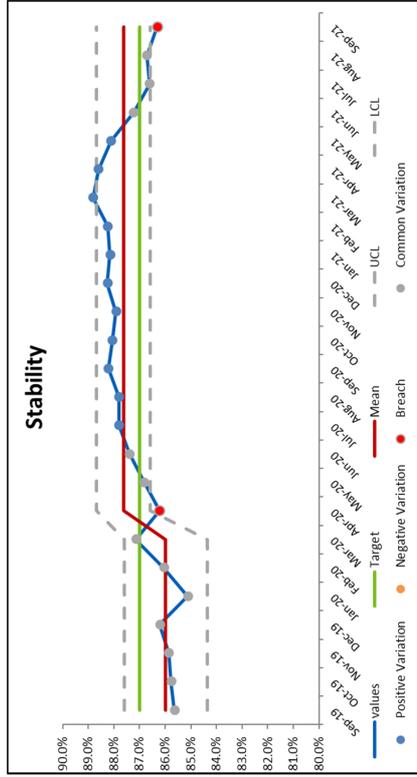


The above reported turnover rate includes all leaving reasons, when leaving reasons such as Dismissal, end of fixed term contracts and death in service is removed the voluntary turnover shows a different picture, it reduces to 14.15% for all staff, and 14.02% for clinical staff for September 2021.

| Turnover - All | | Turnover - Voluntary | | Turnover (Clinical) | | Turnover (Clinical Voluntary) | |
|----------------|--------|----------------------|--------|---------------------|--------|-------------------------------|--------|
| Headcount | 15.70% | Headcount | 14.15% | Headcount | 15.08% | Headcount | 14.02% |
| FTE | 15.09% | FTE | 13.66% | FTE | 14.35% | FTE | 13.44% |

3.1.2 Stability

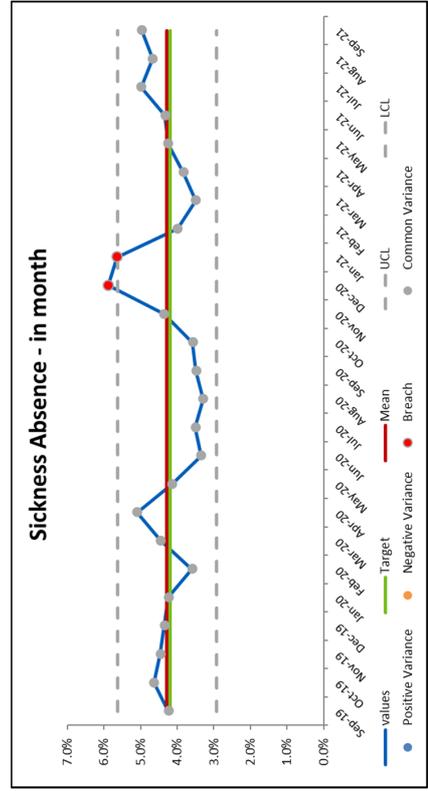
As of September 2021, stability has continued on a downward trajectory at 86.31%, 0.69% below the new target rate of 87%, this is the third consecutive month the stability rate has reported below the target since April 2020.



3.2 Assurance on Sickness

3.2.1 Sickness Absence

At 4.97% the in-month sickness absence rate for September 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 continues to report above the mean and the target.

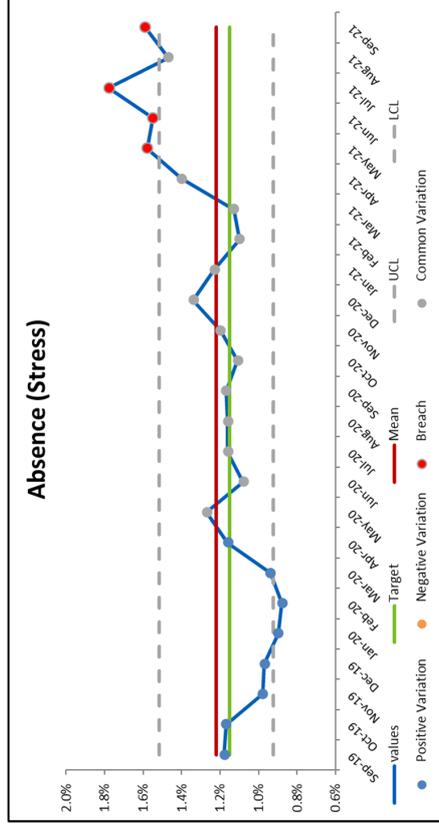


Covid-19 Related absence

70 employees were recorded as sick in September due to exhibiting COVID-19 symptoms, this account for 7.51% of the total number of staff (932) off sick in the month. This is an increase from 39 in July and 68 in August.

3.2.2 Stress Absence

In-month stress absence figures for September 2021 are reporting at 1.59%. This level of absence is 0.39% above the target. July 2021 experienced a peak of stress related absence and whilst August saw a reduction, the rate for September is once again above the upper control limits.



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.

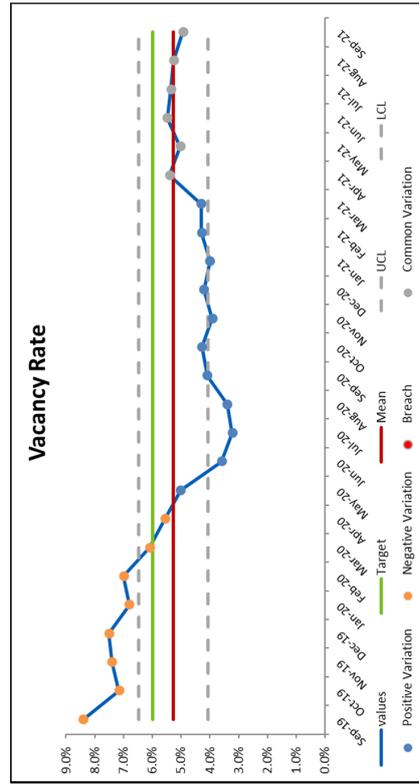
3.3 Assurance on Filling Vacancies

3.3.1 Establishment and Vacancies

From July 2020 the Vacancy rate has been increasing, in September 2021 we have reported a decrease from August 2021, and at 4.94% this is the lowest vacancy rate over the last 6 months. The Vacancy rate continues to remain below the revised target of 6%.

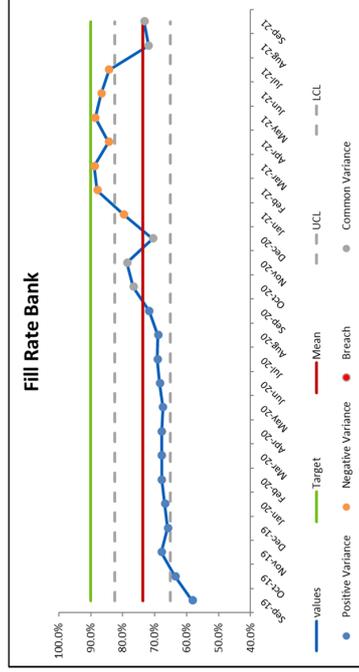
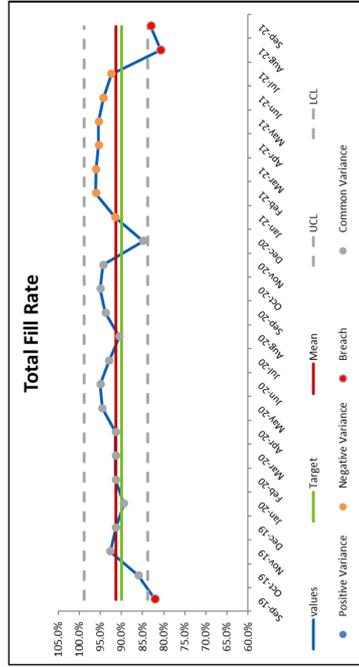
There are hot spots which exceed the Trust vacancy rates. These are in the community hospital and long term services community teams. Agreed actions to address this are:

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 and the utilisation of staff. 89 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 significantly decreased in August and September 2021, the decrease in August is common due to the summer holiday period. In September 2021 the total fill rate reports at 83.06%, this is below the target and the Mean. The Bank fill rate also reports below the mean at 73.28%.



The above rates include the covid vaccination centre shifts, the below table reflects the fill rate for non covid vaccination shifts for 2021:

| | January | February | March | April | May | June | July | August | September |
|-------------------|---------|----------|--------|--------|--------|--------|--------|--------|-----------|
| Overall Fill Rate | 86.03% | 86.21% | 84.30% | 87.32% | 81.76% | 82.78% | 82.21% | 71.28% | 78.25% |
| Bank Fill Rate | 74.25% | 78.07% | 77.06% | 76.24% | 74.89% | 75.25% | 74.11% | 62.49% | 68.47% |

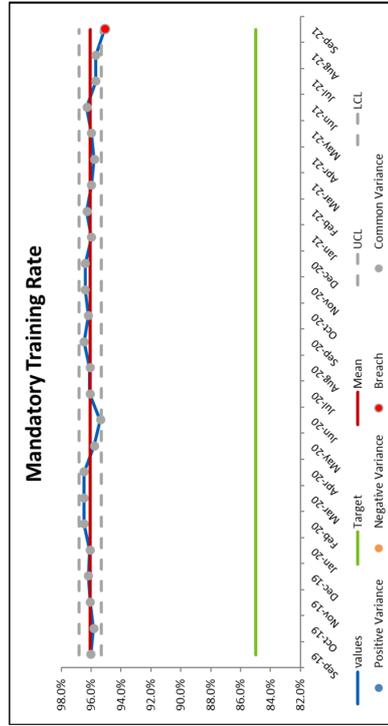
Two Covid-19 Vaccination sites were operating throughout September along with the start of the Schools vaccination programme, 1,830 shifts were worked over September across all sites.

3.4 Mandatory Training

Whilst Mandatory Training figures have been in a state of natural variation around the mean, September 2021 is reported at 95.10% which is below the lower control limit. Of note: almost all training topics have seen small deteriorations in performance compared to the previous month but there are some areas which continue to receive close attention. These are the same areas as in previous months.

Because the target audience in community hospitals is small this can cause large swings in the compliance rates. Last month saw a 5% increase moving the topic into the green but conversely this month we have seen the same percentage move in the opposite direction bringing it to just under target again. The fire, health and safety team adopted a new model and trained most staff in April, May and June with the aim of picking up any who did not attend with the new starter sessions. Unfortunately, those individuals have now gone out of date. Managers of those individuals have been contacted directly to book these staff on a session. The fire, health and safety team have also reviewed the target audience and identified some individuals who have moved teams but have not been moved in ESR. This is being addressed through the ODBPs..

Moving and Handling and BLS also remain just under target. In month there was significant availability for BLS but M&H was affected by both the fuel shortage and low uptake and as a result 7 sessions were cancelled but now rearranged.



4.0 Finance Report:

4.1 Key Messages

Surplus: The Trust is in a breakeven position to the end of September. The cumulative financial performance is comprised overspends on pay of £3,836k (including £5,390k on the covid vaccination programme which was not budgeted in line with the planning guidance) and non-pay of £14k offset by an underspend on depreciation/interest of £116k and an over-recovery on income of £3,734k.

Continuity of Services Risk Rating: The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M6 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 £1,515k to the end of September against a risk rated plan of £2,207k which is £693k (31%) behind target.

Cash and Cash Equivalents: The cash and cash equivalents balance was £41,539k, equivalent to 60 days expenditure.

Capital: Spend to September was £1,916k, against a YTD plan of £4,803k (40% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes. As at M6, 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 planned redistribution of the remaining ring-fenced funding held has now been proposed and is expected to be ratified at the end of October. 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.

An external funding application (PDC) for the Kent & Medway Care Record project is currently in progress and further information will be advised in October. Confirmation of approval of the PDC funding application will release further funds to the K&M system capital programme for 2021-22.

Staff: Temporary staff costs for September were £1,476k, representing 8.4% of the pay bill. Of the temporary staffing usage in September, £244k related to external agency and locums, representing 1.4% of the pay bill. Contracted WTE increased by 17 to 4,308 in post in September which includes 14 posts funded by capital projects. Vacancies reduced to 224 in September which was 5.0% of the budgeted establishment.

4.2 Dashboard

| Surplus | | Rag rating: Green | | Use of Resource Rating | | Rag rating: Green | | CIP | | Rag rating: Amber | |
|---|--------|-------------------|----------|------------------------------|---------------------|--------------------------|----------------------|---|-----------|-------------------|-----------|
| | Actual | Budget | Variance | | Year to Date Rating | Year End Forecast Rating | | Year to Date Fk | Actual | Plan | Variance |
| Year to Date Fk | 0 | 0 | 0 | Capital Service Capacity | 1 | 1 | Year to Date Fk | 1,515 | 2,207 | -692 | |
| Year End Forecast Fk | 0 | 0 | 0 | Liquidity | 1 | 1 | Year End Forecast Fk | 4,415 | 4,415 | 0 | |
| | | | | I&C margin (%) | 2 | 2 | | | | | |
| | | | | Distance from Financial Plan | 1 | 1 | | | | | |
| | | | | Agency Spend | 1 | 1 | | | | | |
| | | | | Overall Rating | 1 | 1 | | | | | |
| <p>The Trust is in a breakeven position to the end of September.</p> <p>YTD pay and non-pay have overspent by £3,836k and £14k respectively offset by an underspend on depreciation/interest of £1,161k and an over-recovery on income of £3,734k.</p> | | | | | | | | | | | |
| <p>The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M6 2021-2022. The YTD I&C margin % has returned a rating of 2 as a result of the current break-even regime.</p> <p>The Trust is forecasting to achieve the full plan of £4,415k by the end of the year.</p> | | | | | | | | | | | |
| <p>68.6% of the total annual CIP target has been removed from budgets at month six.</p> | | | | | | | | | | | |
| <p>The Trust is forecasting to achieve the full plan of £4,415k by the end of the year.</p> | | | | | | | | | | | |
| Cash and Cash Equivalents | | Rag rating: Green | | Capital Expenditure | | Rag rating: Amber | | Agency Targets | | Rag rating: Green | |
| | Actual | Forecast | Variance | | Actual/Forecast | Plan | Variance | | M6 | YTD | |
| Year to Date Fk | 41,539 | 41,226 | 313 | YTD Expenditure Fk | 1,916 | 4,803 | 2,887 | Actual Fk | Target Fk | Actual Fk | Target Fk |
| Year End Forecast Fk | | 37,734 | | Year End Forecast Fk | 10,120 | 12,696 | 2,576 | External Agency Excluding Covid-19 Expenditure Fk | 222 | 491 | 269 |
| | | | | | | | | External Agency Including Covid-19 Expenditure Fk | 244 | 491 | 247 |
| <p>Cash and Cash Equivalents as at M6 close stands at £41,539k equivalent to 60 days operating expenditure.</p> <p>Spend to September was £1,916k, against a YTD plan of £4,803k (40% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes.</p> <p>As at M6, the full year forecast has been reduced by £2,576k 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 priorities.</p> <p>The planned redistribution of the remaining ring-fenced funding held has now been proposed and is expected to be ratified at the end of October.</p> <p>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.</p> <p>An external funding application (PDC) for the Kent & Medway Care Record project is currently in progress and further information will be advised in October. Confirmation of approval of the PDC funding application will release further funds to the K&M system capital programme for 2021/22.</p> | | | | | | | | | | | |
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4.3 Income and Expenditure Position

There was a breakeven position in-month and for the year to date. The September performance comprised an overspend on pay of £1,791k offset by underspends on non-pay and depreciation/interest of £267k and £19k respectively and an over-recovery on income of £1,505k. The summary income and expenditure statement is shown in the table below:

| | SEPT ACTUAL | BUDGET | SPT VARIANCE | SEPT VARIANCE | % VARIANCE | YTD ACTUAL | YTD BUDGET | YTD VARIANCE | % VARIANCE |
|---|-------------|--------|--------------|---------------|------------|------------|------------|--------------|------------|
| | £'000 | £'000 | £'000 | £'000 | | £'000 | £'000 | £'000 | |
| Charitable and Other Contributions to Expenditure | 15,486 | 13,932 | 1,674 | -2 | -53.4% | 82,896 | 82,874 | 21 | -13 |
| Clinical Commissioning Groups | 0 | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% |
| Department of Health | 216 | 157 | 59 | 37.3% | 837 | 944 | -107 | -11.3% | |
| Education and Training | 28 | 32 | -4 | -12.8% | 128 | 191 | -63 | -33.1% | |
| Injury Cost Recovery Scheme | 162 | 70 | 92 | 131.8% | 594 | 420 | 174 | 41.3% | |
| Income in respect of employee benefits accounted on a gross basis | 3,283 | 3,938 | -635 | -16.2% | 21,587 | 23,510 | -1,923 | -8.2% | |
| Local Authorities | 1,902 | 1,923 | -22 | -1.1% | 11,174 | 11,597 | -423 | -3.7% | |
| NHS England | 407 | 0 | 407 | 0.0% | 6,802 | 0 | 6,802 | 0.0% | |
| NHS England - Covid-19 Vaccinations Income | 198 | 186 | 12 | 6.5% | 1,174 | 1,118 | 56 | 5.0% | |
| NHS Foundation Trusts | 417 | 462 | -45 | -9.8% | 2,497 | 2,771 | -274 | -10.1% | |
| NHS Trusts | 194 | 196 | -2 | -1.3% | 1,187 | 1,164 | 23 | 2.0% | |
| Non-NHS-Other | 3 | 14 | -11 | -75.7% | 28 | 86 | -58 | -67.7% | |
| Non-NHS-Private Patients | 201 | 187 | 14 | 7.5% | 981 | 1,124 | -144 | -12.8% | |
| Non-Patient Care Services to Other Bodies | 53 | 61 | -8 | -12.9% | 290 | 366 | -76 | -20.8% | |
| Other | 24 | 39 | -15 | -38.2% | 163 | 231 | -68 | -29.5% | |
| Rental revenue from operating leases | 16 | 19 | -3 | -16.0% | 81 | 114 | -33 | -29.0% | |
| Research and Development | 0 | 7 | -7 | -100.0% | 0 | 40 | -40 | -100.0% | |
| CIP Savings - Income | 22,593 | 21,088 | 1,505 | 7.1% | 130,307 | 126,573 | 3,734 | 3.0% | |
| INCOME Total | 2,731 | 2,465 | 266 | -10.8% | 14,549 | 14,367 | 182 | 1.5% | |
| Allied Health Professionals | 69 | 65 | 4 | -6.0% | 389 | 391 | -2 | 0.7% | |
| Apprenticeship Levy | 16 | 14 | 2 | -8.8% | 105 | 86 | 19 | -22.1% | |
| Chairman & Non-Executive Directors | 274 | 291 | -17 | 5.8% | 1,754 | 1,744 | 10 | -0.6% | |
| Consultants | 72 | 60 | 12 | -20.1% | 384 | 357 | 27 | -7.5% | |
| Health Care Scientist | 617 | 644 | -27 | 4.2% | 3,276 | 3,846 | -570 | 14.8% | |
| Medical Career/Staff Grades | 18 | 20 | -2 | 10.3% | 106 | 118 | -11 | 9.7% | |
| Medical Trainee Grades | 4,561 | 3,937 | 623 | -15.8% | 25,005 | 23,381 | 1,623 | -6.0% | |
| NHS Infrastructure Support | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% | |
| Non-Executive Directors | 659 | 621 | 37 | -6.0% | 3,728 | 3,717 | 11 | -0.3% | |
| Other Scientific, Therapeutic and Technical Staff | 5,477 | 5,123 | 354 | -6.9% | 31,580 | 31,023 | 557 | -0.4% | |
| Registered Nursing, Midwifery and Health Visiting Staff | 500 | 443 | 57 | -12.9% | 2,588 | 2,633 | -45 | 2.5% | |
| Support to Allied Health Professionals | 2,206 | 1,800 | 406 | -22.6% | 13,343 | 10,822 | 2,521 | -23.3% | |
| Support to Nursing Staff | 345 | 368 | -22 | 6.0% | 2,008 | 2,201 | -193 | 8.8% | |
| Support to Other Clinical Staff | -21 | 0 | 21 | 100.0% | 54 | 0 | 54 | -100.0% | |
| Redundancy Costs | 0 | -12 | 12 | -100.0% | 0 | 0 | -72 | -100.0% | |
| Salary Sacrifice | 0 | 8 | -8 | 100.0% | 0 | 46 | -46 | 100.0% | |
| CIP Holding Account - Pay | 0 | -94 | 94 | -100.0% | 0 | -563 | 563 | -100.0% | |
| CIP Savings - Pay | 0 | -21 | 21 | -100.0% | 0 | -126 | 126 | -100.0% | |
| Contract Savings - Pay | 17,522 | 15,731 | 1,791 | -11.4% | 98,877 | 95,041 | 3,836 | -4.0% | |

| | 6 | 5 | -1 | -29.3% | 38 | 29 | -9 | -29.3% |
|---|-------|-------|------|---------|--------|--------|--------|---------|
| Audit Fees Payable to the External Auditor | 83 | 83 | 0 | 0.0% | 489 | 489 | 0 | 0.0% |
| Clinical Negligence - Amounts Payable to NHS Resolution | 61 | 32 | -29 | -50.1% | 138 | 150 | -12 | -7.7% |
| Consultancy | 351 | 359 | -8 | -2.2% | 2,156 | 199 | 1,957 | 30.7% |
| Drugs Costs | 200 | 144 | -56 | -38.6% | 599 | 864 | -265 | -30.7% |
| Education and Training - Non-Staff | 595 | 616 | -21 | -3.5% | 3,824 | 2,977 | 847 | -28.4% |
| Establishment | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | -100.0% |
| Increase/(Decrease) in Impairment of Receivables | 796 | 755 | -41 | -5.5% | 4,550 | 4,529 | -21 | -0.5% |
| Operating Lease Expenditure | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% |
| Other | 41 | 104 | -62 | 60.0% | 619 | 622 | -3 | 0.4% |
| Premises - Business Rates Payable to Local Authorities | 78 | 71 | -7 | -10.1% | 545 | 427 | 118 | -27.6% |
| Premises - Other | 425 | 465 | -40 | 8.6% | 2,567 | 2,792 | -225 | 8.1% |
| Research and Development - Non-Staff | 1,563 | 1,888 | -325 | 17.2% | 10,118 | 11,448 | -1,330 | 11.6% |
| Supplies and Services - Clinical (excluding drug costs) | 148 | 118 | -29 | -24.7% | 1,185 | 710 | 475 | -68.3% |
| Supplies and Services - General | 273 | 466 | -193 | 41.4% | 1,632 | 2,785 | -1,153 | 41.6% |
| Transport | 0 | -218 | 218 | -100.0% | 0 | -1,305 | 1,305 | -100.0% |
| CIP Savings - Non Pay | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% |
| CIP Holding Account - Non Pay | 0 | -1 | 1 | -100.0% | 0 | -7 | 7 | -100.0% |
| Contract Savings - Non Pay | 4,621 | 4,887 | -267 | 5.5% | 28,740 | 28,726 | 14 | 0.0% |
| NONPAY Total | 451 | 470 | -19 | -4.1% | 2,690 | 2,807 | -116 | -4.2% |
| EBITDA | 2.0% | 2.2% | 0.2% | | 2.1% | 2.2% | -0.1% | |
| EBITDA % | 33 | 32 | 1 | -2.7% | 200 | 193 | 7 | -3.8% |
| Amortisation | 381 | 401 | -19 | 4.9% | 2,260 | 2,389 | -129 | 5.4% |
| Depreciation | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 100.0% |
| Finance Income | 0 | 0 | 0 | -100.0% | 6 | 0 | 6 | -100.0% |
| Interest on Late Payment of Commercial Debt | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% |
| Losses on Disposal of Property, Plant and Equipment | 37 | 38 | -1 | 2.7% | 224 | 225 | -1 | 0.4% |
| PDC Dividend Charge | 0 | 0 | 0 | 0.0% | 0 | 0 | 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 31 Aug 21 £000s | At 30 Sept 21 £000s | Variance Analysis Commentary |
|--|--------------------------|--------------------------|---------------------------|---|
| NON CURRENT ASSETS: | | | | |
| Intangible assets | 1,453 | 1,252 | 1,215 | |
| Property, Plant & Equipment | 24,650 | 29,308 | 29,190 | Property, Plant & Equipment |
| NHS Accrued Debtors | 71 | 71 | 71 | The year to date increase includes the take-on of Deal Victoria Hospital (£4,847k) from NHS Property Services as of 1 April 2021. |
| Other debtors | 167 | 277 | 280 | |
| TOTAL NON CURRENT ASSETS | 26,340 | 30,908 | 30,756 | |
| CURRENT ASSETS: | | | | |
| NHS & Non NHS - Invoiced Debtors (net of bad debt provision) | 10,375 | 13,498 | 10,047 | NHS & Non NHS - Invoiced Debtors (net of bad debt provision) |
| NHS Accrued Debtors | 3,442 | 5,271 | 6,946 | The in-month decrease in the main follows the payment received from KCC for outstanding 5,862 M3 and M4 SLA values. |
| Other debtors | 3,948 | 6,980 | 5,862 | |
| Total Debtors | 17,766 | 25,749 | 22,875 | NHS Accrued Debtors |
| Cash at bank in GBS accounts | 42,824 | 37,755 | 41,481 | The in-month increase primarily relates to the income accrual now applied for pay award |
| Other cash at bank and in hand | 35 | 50 | 58 | funding from K&M CCG. |
| Deposit with the National Loan Fund (Liquid Investment) | 0 | 0 | 0 | |
| Total Cash and Cash Equivalents | 42,859 | 37,805 | 41,539 | |
| TOTAL CURRENT ASSETS | 60,625 | 63,554 | 64,414 | |
| CREDITORS: | | | | |
| NHS & Non NHS - Invoiced Creditors falling due within 1 year | -602 | -674 | -863 | |
| NHS - accrued creditors falling due within 1 year | -7,850 | -7,916 | -8,082 | |
| Non NHS - accrued creditors falling due within 1 year | -14,844 | -18,339 | -17,672 | |
| Other creditors | -13,172 | -12,228 | -13,278 | |
| Total amounts falling due within one year | -36,468 | -39,157 | -39,895 | |
| NET CURRENT ASSETS | 24,156 | 24,397 | 24,519 | |
| Total amounts falling due after more than one year | 50,487 | 55,305 | 55,275 | |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 0 | 0 | 0 | |
| PROMISION FOR LIABILITIES AND CHARGES | -1,085 | -1,047 | -1,017 | |
| TOTAL ASSETS EMPLOYED | 49,412 | 54,258 | 54,258 | |
| FINANCED BY TAXPAYERS EQUITY: | | | | |
| Public dividend capital | -6,587 | -6,587 | -6,587 | |
| Income and expenditure reserve | -41,658 | -43,952 | -43,952 | Income and expenditure reserve / Revaluation Reserve |
| Revaluation Reserve | -1,168 | -3,719 | -3,719 | The year to date movement includes the net increase following the transfer of Deal Victoria Hospital |
| TOTAL TAXPAYERS EQUITY | - 49,412 | - 54,258 | - 54,258 | |

4.5 Cash and Equivalents

Cash and Cash equivalents totalled £41,539k as at M6 close, equivalent to 60 days expenditure:

| | £000's |
|---|---------------|
| Cash with the Government Banking Service | 41,481 |
| Cash at Commercial Banks and in hand | 58 |
| Deposits with the National Loan Fund | 0 |
| Total Cash and Cash Equivalents as at period end | 41,539 |

Total Cash and Cash Equivalents as at period end:

| All figures £000's | Sept 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | May 22 | Jun 22 | Jul 22 | Aug 22 |
|-----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | Actual | Fcast |
| Opening Balance | 37,805 | 41,539 | 40,737 | 42,309 | 41,286 | 40,283 | 39,344 | 37,734 | 37,080 | 36,741 | 37,027 | 36,980 |
| SLA | 19,131 | 17,204 | 17,166 | 14,666 | 17,166 | 17,166 | 17,166 | 17,166 | 17,166 | 17,166 | 17,166 | 17,166 |
| NHS Debtors | 2,351 | 1,848 | 4,692 | 4,766 | 2,369 | 2,243 | 2,103 | 2,049 | 2,159 | 2,431 | 2,616 | 2,016 |
| Non NHS | 4,299 | 2,316 | 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 | 268 | 595 | 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 | 26,049 | 21,983 | 24,071 | 21,572 | 21,675 | 21,549 | 21,409 | 21,355 | 21,465 | 21,937 | 21,322 | 21,322 |
| Net Payroll | 10,643 | 9,903 | 9,903 | 9,903 | 9,903 | 9,903 | 9,903 | 9,903 | 9,903 | 9,903 | 9,903 | 9,903 |
| Pensions | 2,536 | 2,576 | 2,672 | 2,672 | 2,672 | 2,672 | 2,672 | 2,672 | 2,672 | 2,672 | 2,672 | 2,672 |
| Tax & NI | 3,393 | 3,425 | 3,450 | 3,450 | 3,450 | 3,450 | 3,450 | 3,450 | 3,450 | 3,450 | 3,450 | 3,450 |
| Payment Runs | 5,131 | 6,375 | 5,926 | 5,541 | 5,589 | 5,413 | 5,768 | 5,454 | 5,186 | 4,800 | 4,800 | 4,800 |
| PDC Dividends | 225 | 0 | 0 | 0 | 0 | 0 | 139 | 0 | 0 | 0 | 0 | 0 |
| Other | 81 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
| Capital | 306 | 406 | 468 | 949 | 984 | 976 | 1,007 | 450 | 513 | 746 | 464 | 525 |
| Total payments | 22,315 | 22,765 | 22,489 | 22,595 | 22,678 | 22,488 | 23,019 | 22,009 | 21,804 | 21,651 | 21,369 | 21,430 |
| Closing Cash Balance | 41,539 | 40,737 | 42,306 | 41,286 | 40,283 | 39,344 | 37,734 | 37,080 | 36,741 | 37,027 | 36,980 | 36,872 |

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 £2,887k 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.

| Plan Area | YTD (P) Plan | YTD Actual | YTD Variance | YTD Plan | Forecast | Plan & FOT | 913 | 778 | 1,344 | 0 |
|-----------|--|------------|--------------|----------|----------|------------|-------|-------|--------|--------|
| IT | KNICX Kent & Medway Care Record (CS356) | 3,572 | 3,678 | 106 | 2,861 | 2,871 | 30 | 106 | 208 | 208 |
| IT | IT Responses / Integration | 134 | 28 | 106 | 208 | 208 | 30 | 106 | 208 | 208 |
| IT | Mobile Asset Management | 49 | 23 | 26 | 110 | 110 | 30 | 26 | 110 | 110 |
| IT | Mobile Asset / CC Tooling | 40 | 48 | 8 | 110 | 110 | 30 | 8 | 110 | 110 |
| IT | Endpoint management and patch management replacement solution | 400 | 6 | 394 | 400 | 400 | 225 | 394 | 400 | 400 |
| IT | Desktop Imaging Solution | 180 | - | 180 | 180 | 180 | 180 | - | 180 | 180 |
| IT | Antivirus | 178 | - | 178 | 178 | 178 | 34 | 178 | 178 | 178 |
| IT | Paging Solution | 6 | - | 6 | 6 | 6 | 6 | - | 6 | 6 |
| IT | Lite Upgrade | 283 | - | 283 | 283 | 283 | 283 | - | 283 | 283 |
| IT | Bed Management System | 343 | - | 343 | 343 | 343 | 343 | - | 343 | 343 |
| IT | KNICX Technical Project Manager | 25 | 30 | 5 | 25 | 25 | 5 | 5 | 25 | 25 |
| IT | Clinic Servers Refresh | 30 | - | 30 | 30 | 30 | 30 | - | 30 | 30 |
| IT | Virtual Smartcards | 30 | - | 30 | 30 | 30 | 30 | - | 30 | 30 |
| IT | Voice to Text Solution | 30 | - | 30 | 30 | 30 | 30 | - | 30 | 30 |
| IT | Electronic prescribing and Medicines Administration (EMAs) system | 11 | - | 11 | 11 | 11 | 11 | - | 11 | 11 |
| IT | Workstation Overlays | 47 | - | 47 | 47 | 47 | 47 | - | 47 | 47 |
| IT | Workstation Ergonomics | 47 | - | 47 | 47 | 47 | 47 | - | 47 | 47 |
| IT | Microsoft PowerBI Implementation | 92 | - | 92 | 92 | 92 | 92 | - | 92 | 92 |
| IT | Continuity | 21 | - | 21 | 21 | 21 | 21 | - | 21 | 21 |
| IT | Electronic Patient Record (EPi) system | 27 | - | 27 | 27 | 27 | 27 | - | 27 | 27 |
| IT | Aggresso Upgrade | 8 | - | 8 | 8 | 8 | 8 | - | 8 | 8 |
| IT | Single Sign On | 2 | - | 2 | 2 | 2 | 2 | - | 2 | 2 |
| IT | KNICX - Provider Digitalisation Programme 20-21 (HSU POC Funding) | 0 | - | 0 | 0 | 0 | 0 | - | 0 | 0 |
| IT | Datasatras Relocation - WHH | 7 | - | 7 | 7 | 7 | 7 | - | 7 | 7 |
| IT | Mobile Phone Antivirus Software - Kaspersky (PDC Cyber Security) | 0 | - | 0 | 0 | 0 | 0 | - | 0 | 0 |
| IT | Covid-19 - MailVaccination (IT Equipment) | 1 | - | 1 | 1 | 1 | 1 | - | 1 | 1 |
| IT | Whistable & Tanserton Hospital Commis Cabinet Move | 1 | - | 1 | 1 | 1 | 1 | - | 1 | 1 |
| IT | IT Hardware 20-21 | 13 | - | 13 | 13 | 13 | 13 | - | 13 | 13 |
| IT | Mobile Device Security | 13 | - | 13 | 13 | 13 | 13 | - | 13 | 13 |
| IT | IT Hardware Enterprise Licence | 13 | - | 13 | 13 | 13 | 13 | - | 13 | 13 |
| IT | Workstation System Upgrade | 11 | - | 11 | 11 | 11 | 11 | - | 11 | 11 |
| IT | Switches | 11 | - | 11 | 11 | 11 | 11 | - | 11 | 11 |
| IT | Datasatras Firewalls | 15 | - | 15 | 15 | 15 | 15 | - | 15 | 15 |
| IT | Dental | 3,600 | 3,751 | 1,999 | 6,010 | 6,030 | 0 | 1,999 | 6,010 | 6,030 |
| Dental | Dental Equipment and investment in Dental estate | - | - | - | - | - | - | - | - | - |
| Dental | Practice Management Platform Implementation and Project Management | - | - | - | 69 | 72 | 3 | - | 69 | 72 |
| Dental | Dental Mobile vehicle ULEZ Conversion | 19 | 30 | 11 | 50 | 40 | 10 | 11 | 50 | 40 |
| Dental | OTG Replacement - Dover Health Centre & Shrewsbury Rd Clinic | 31 | - | 31 | 31 | 31 | 31 | - | 31 | 31 |
| Dental | Continuity | - | - | - | - | - | - | - | - | - |
| Dental | OPDX-Ray Equipment - St Leonards | 50 | 30 | 20 | 150 | 150 | 0 | 20 | 150 | 150 |
| Other | Availability of funds assigned to IMM. Funding allocated to be assessed in line with IMM priorities. | 137 | - | 137 | 237 | 237 | - | 137 | 237 | 237 |
| Other | IT equipment and installation (Comms) | 13 | - | 13 | 13 | 13 | 13 | - | 13 | 13 |
| Other | TBC | 150 | - | 150 | 5,124 | 2,500 | 2,574 | 150 | 5,124 | 2,500 |
| | | 4,403 | 3,936 | 2,887 | 12,698 | 10,120 | 2,574 | 2,887 | 12,698 | 10,120 |

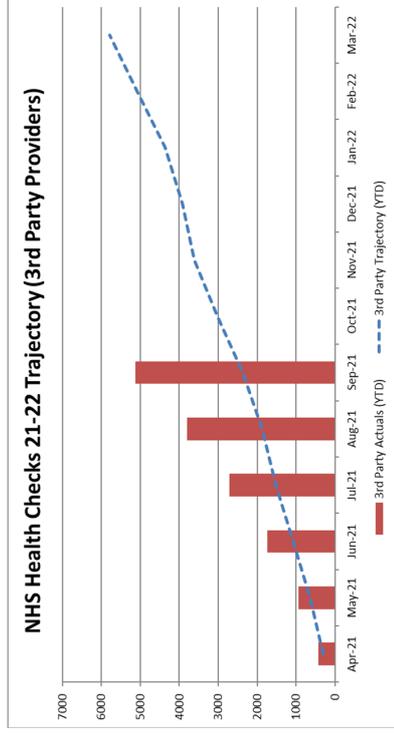
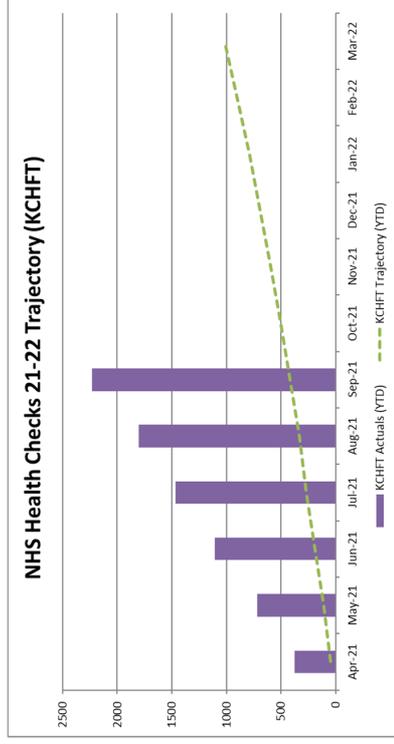
| Plan Area | YTD (P) Plan | YTD Actual | YTD Variance | YTD Plan | Forecast | Plan & FOT |
|-----------|--------------|------------|--------------|----------|----------|------------|
| STARS | 10 | - | 10 | 10 | 10 | 90 |
| STARS | 10 | - | 10 | 10 | 10 | 10 |
| STARS | 15 | - | 15 | 15 | 15 | 15 |
| STARS | 7 | - | 7 | 7 | 7 | 7 |
| STARS | 20 | - | 20 | 20 | 20 | 20 |
| STARS | 3 | - | 3 | 3 | 3 | 3 |
| STARS | 35 | 0 | 35 | 35 | 35 | 35 |
| STARS | 8 | - | 8 | 8 | 8 | 8 |
| STARS | 1 | - | 1 | 1 | 1 | 50 |
| STARS | 10 | - | 10 | 10 | 10 | 10 |
| STARS | 20 | - | 20 | 20 | 20 | 20 |
| STARS | 30 | - | 30 | 30 | 30 | 30 |
| STARS | 10 | - | 10 | 10 | 10 | 10 |
| STARS | 11 | - | 11 | 11 | 11 | 11 |
| STARS | 7 | - | 7 | 7 | 7 | 16 |
| STARS | 139 | - | 139 | 139 | 139 | 139 |
| STARS | 14 | - | 14 | 14 | 14 | 14 |
| STARS | 36 | - | 36 | 36 | 36 | 36 |
| STARS | 26 | - | 26 | 26 | 26 | 50 |
| STARS | 5 | - | 5 | 5 | 5 | 5 |
| STARS | 10 | - | 10 | 10 | 10 | 10 |
| STARS | 5 | - | 5 | 5 | 5 | 5 |
| STARS | 5 | - | 5 | 5 | 5 | 5 |
| STARS | 5 | - | 5 | 5 | 5 | 5 |
| STARS | 10 | - | 10 | 10 | 10 | 10 |
| STARS | 9 | - | 9 | 9 | 9 | 9 |
| STARS | 19 | - | 19 | 19 | 19 | 19 |
| STARS | 34 | - | 34 | 34 | 34 | 34 |
| STARS | 300 | - | 300 | 300 | 300 | 300 |
| STARS | 18 | - | 18 | 18 | 18 | 18 |
| STARS | 15 | - | 15 | 15 | 15 | 15 |
| STARS | 9 | - | 9 | 9 | 9 | 9 |
| STARS | 10 | - | 10 | 10 | 10 | 10 |
| STARS | 12 | - | 12 | 12 | 12 | 12 |
| STARS | 8 | - | 8 | 8 | 8 | 8 |
| STARS | 6 | - | 6 | 6 | 6 | 6 |
| STARS | 6 | - | 6 | 6 | 6 | 6 |
| STARS | 10 | - | 10 | 10 | 10 | 10 |
| STARS | 31 | - | 31 | 31 | 31 | 60 |
| STARS | 30 | - | 30 | 30 | 30 | 30 |
| STARS | 30 | - | 30 | 30 | 30 | 30 |
| STARS | 50 | - | 50 | 50 | 50 | 50 |
| STARS | 61 | - | 61 | 61 | 61 | 53 |
| STARS | 61 | - | 61 | 61 | 61 | 81 |
| STARS | 7 | - | 7 | 7 | 7 | 7 |
| STARS | 15 | - | 15 | 15 | 15 | 15 |
| STARS | 0 | - | 0 | 0 | 0 | 0 |
| STARS | 6 | - | 6 | 6 | 6 | 6 |
| STARS | 0 | - | 0 | 0 | 0 | 0 |
| STARS | 2 | - | 2 | 2 | 2 | 2 |
| STARS | 4 | - | 4 | 4 | 4 | 4 |
| STARS | 0 | - | 0 | 0 | 0 | 0 |
| STARS | 1 | - | 1 | 1 | 1 | 1 |
| STARS | 3 | - | 3 | 3 | 3 | 3 |
| STARS | 2 | - | 2 | 2 | 2 | 2 |

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



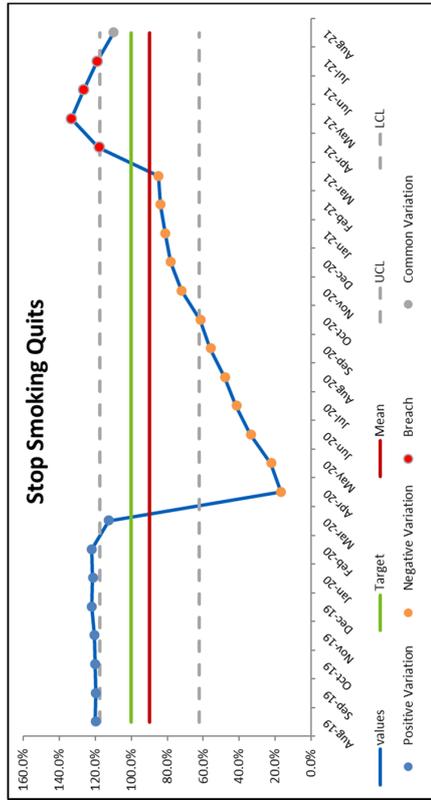
Commissioners are pleased with the progress made in Kent with resetting NHS Health Checks in comparison to other areas where no activity or reset has happened.

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.

Agreement that KCHFT continue to manage third party contracts but KCC to play a key influencing role within the system to encourage engagement of primary care with the programme and the core service to not be held accountable for primary care performance.

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 set to end of month 5 – 2284, with current success rate of 56.69% and waiting list continues to remain at 0. When all outcomes for August are updated, based on the 56.69% success rate, the service anticipates achieving a further 21 quits. This will take the total quits to 1316 which is 43.86% of our annual target. At the same stage in 2019-20 the service had achieved 48.33% of our target and went on to exceed our annual target by 25% at year end.

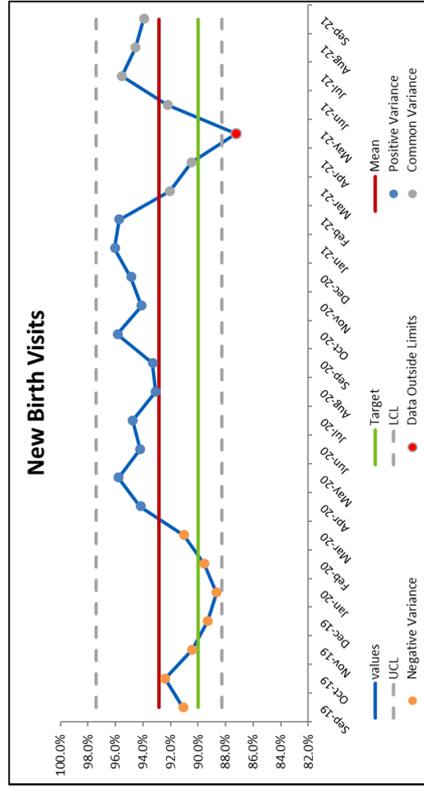
Investment proposal 3 WTE additional smoke free advisers from December 2021 for 16 months signed off through the KCHFT / KCC partnership. Recruitment is underway and posts are currently out to advert.

There are currently 14 pharmacies delivering interventions against a pre-Covid provision of 97, with 7 GP practices delivering interventions against a pre-Covid provision of 40. Of third party providers. However, engagement rates from third party providers is beginning to reduce again and the Lloyds Group have given notice on their contract for the provision of service.

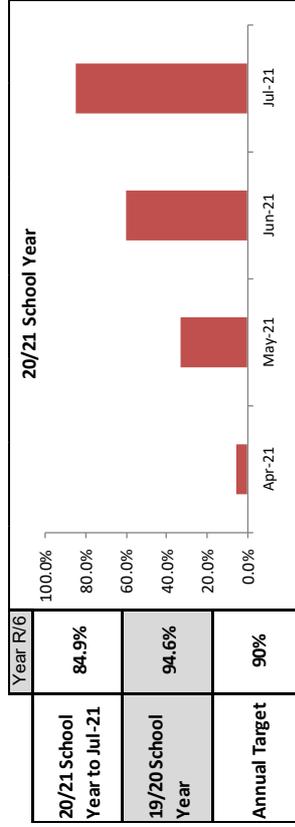
5.1.2 Health Visiting

New Birth Visits

The new birth visit performance has continued to perform strongly above the mean and target level, with no current areas of concern.

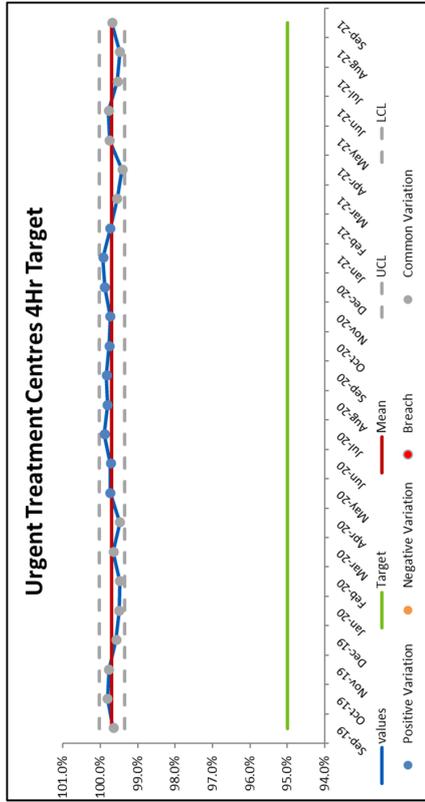


5.1.3 National Child Measurement Programme (NCMP)



The 2020/21 measurement programme for Year R and 6 pupils commenced from April 2021 and ended at 84.9%, a great achievement in the short timescales following the impact of Covid-19 and school closures. The 21/22 programme is due to begin shortly

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

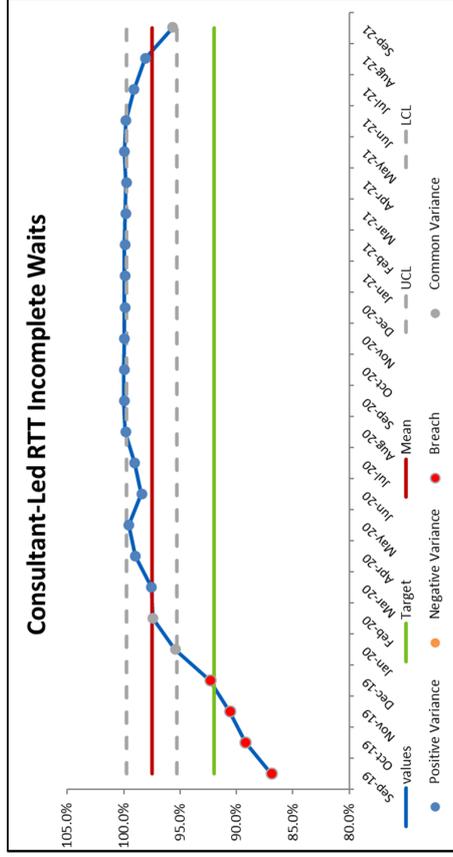
5.1.6 Consultant-Led RTT Incomplete Waits Over 18 weeks

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 6 position being at 95.7%, with only 194 patients out of 4,481 currently waiting longer than 18 weeks.

However, please note that following an external RTT peer review Children's Audiology and Community Paediatrics will no longer be included in the consultant-led RTT pathway from month 7. As such Chronic Pain and Orthopaedics (all currently within 18 weeks) will be the only 2 RTT reportable services. This will result in a predicted 100% RTT position for month 7

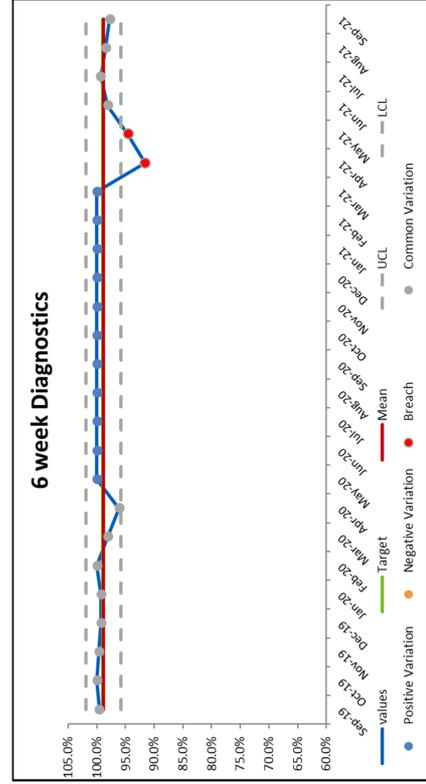
| | 0-12 Wks | 12-18 Wks | 18-36 Wks | 36-52 Wks | 52+ Wks | < 18 Weeks |
|-----------------------|----------|-----------|-----------|-----------|---------|------------|
| Chronic Pain | 372 | 1 | 0 | 0 | 0 | 100.0% |
| Orthopaedics | 2332 | 0 | 0 | 0 | 0 | 100.0% |
| Children's Audiology | 358 | 5 | 0 | 0 | 0 | 100.0% |
| Community Paediatrics | 874 | 345 | 193 | 1 | 0 | 86.3% |
| KCHFT Total | 3936 | 351 | 193 | 1 | 0 | 95.7% |

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

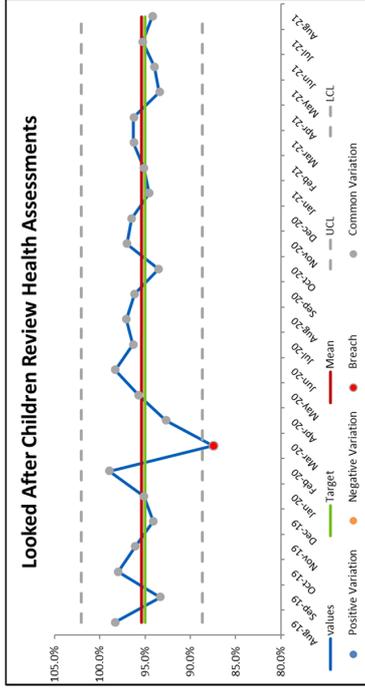
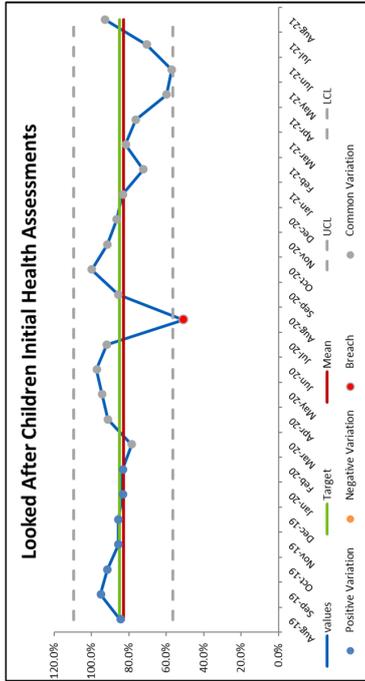


5.1.7 6 Week Diagnostics (Audiology)

Diagnostics waits (6 week target) for paediatric audiology has experienced a minor temporary dip in performance in months 5 and 6 (97.8% in month 6) as a result of some cancellation of appointments due to children unable to attend for Covid-19 reasons. It is worth noting that if this is the case with only 3 patients then the 99% target would not be achievable given the relatively small cohort size within this metric.



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 had seen an increase in referrals in recent months; with a particular increase in the numbers of Unaccompanied Asylum Seeking Children (UASC). With this stabilising, performance for Initial Health Assessments has improved in month 5 to 92.9%

The reason for not meeting target in month 4 was because 4 had already breached due to late requests and 2 were service attributable incidents and process corrected.

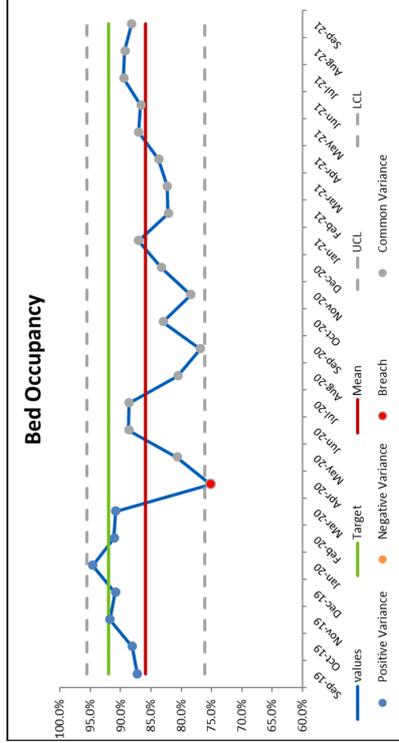
The service continues to work through the backlog of young people (YP) that had a virtual assessment and now require face to face (F2F), of which there are currently 12 YP yet to be seen F2F. 9 children are booked with 3 children having been offered appointments and had one or more DNA these have been offered appointments in October

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.

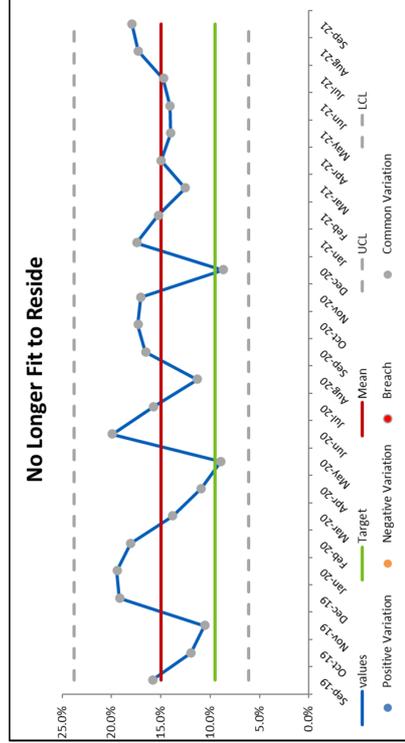
5.1.11 Bed Occupancy

Bed Occupancy continues to show a varying trend with no periods of special cause variation. Levels have stabilised between within the target threshold of 87-92% (88.2% at month 6).

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



Performance has been consistently above the target. The target level continues to be rarely achieved in the current climate (twice in the last 25 months) with a current performance above the mean at 18%

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.

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.

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.

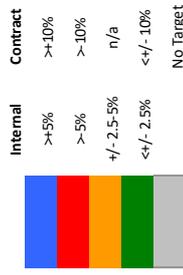
5.2 Assurance on activity and productivity

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 6 (September 2021) KCHFT carried out 163,747 clinical contacts of which 12,328 were MIU/UTC attendances. For the year to September 2021 KCHFT are 2.2% 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 (-4.5%) and Children's Specialist and Adult LD Services (-9%).

| Service Type | M6 Actual | YTD Actual | YTD Plan | YTD Variance | Movement | Internal BRAG | Contract BRG |
|---|----------------|------------------|------------------|--------------|---------------|---------------|--------------|
| East Kent Adults - Contacts | 60,455 | 384,818 | 361,588 | 6.4% | Negative | | |
| East Kent Adults - UTCs | 4,325 | 26,603 | 20,453 | 30.1% | Negative | | |
| East Kent Adults - Admissions | 95 | 640 | 591 | 8.4% | Negative | | |
| West Kent Adults - Contacts | 23,720 | 149,922 | 152,810 | -1.9% | Negative | | |
| West Kent Adults - UTCs | 8,003 | 41,241 | 38,776 | 6.4% | Positive | | |
| West Kent Adults - Bed Days | 2,101 | 12,556 | 11,169 | 12.4% | Negative | | |
| Specialist and Elective Services | 24,748 | 144,315 | 151,082 | -4.5% | Positive | | |
| Children's Specialist & Adult LD Services | 17,571 | 110,104 | 121,036 | -9.0% | Positive | | |
| Public Health Services | 22,472 | 159,685 | 150,850 | 5.9% | Positive | | |
| Dental Service | 257 | 2,281 | 1,705 | 33.8% | Positive | | |
| Trust Total Activity against plan | 163,747 | 1,032,165 | 1,010,059 | 2.2% | Static | | |



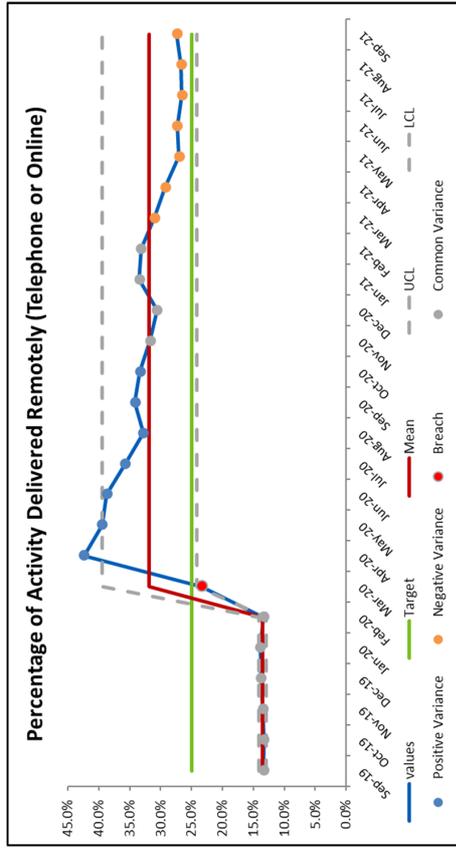
*these figures are not included in the table totals as they don't have a contractual target

Adult Specialist and Elective Services – The largest variances contributing to the overall 4.5% deficit against plan are the services with higher pre-covid group activity levels (MSK Physio -39.3%, Contenance -11.8% and Diabetes -11.7%). While these services are improving in terms of overall volume, they have not yet reached the levels planned for months 1-6. The relaxing of national rules from July has improved 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.

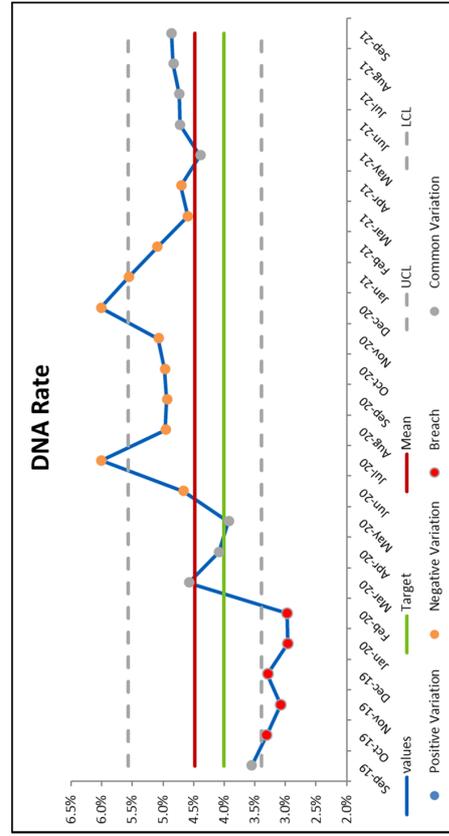
Children's Specialist and Adult LD Services – The largest variances within CYPSS and ALD Services are within East Sussex Therapies (-45.2%), Children's Audiology (-20%) and Adult Learning Disabilities (-21%). The main cause of the variance within East Sussex is the capture of indirect activity (reported within the commissioned contract) that has only recently started being captured within RIO (captured within CIS previously). 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-outcome appointments).

5.2.2 Activity Delivery Method

While the percentage of appointments delivered remotely has shown a decrease from 2020 levels, as services have reset and more appointments have been made available in person, levels have now stabilised with consistent performance above the 25% target.



5.2.3 DNA rates

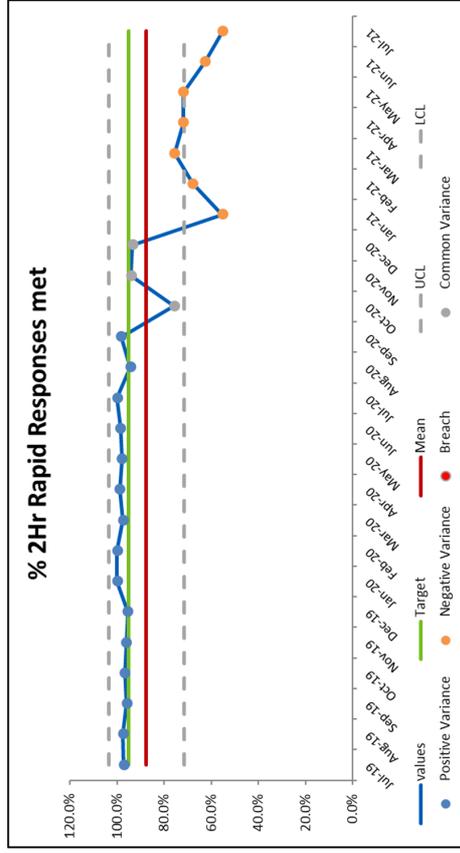


As a result of Covid-19 pandemic which has resulted in more DNAs for virtual appointments, levels have generally increased above the previous 3-3.5% range. However, increased focus and national guideline changes has driven levels back down, with levels from March 2021 being stable between 4.5-5%

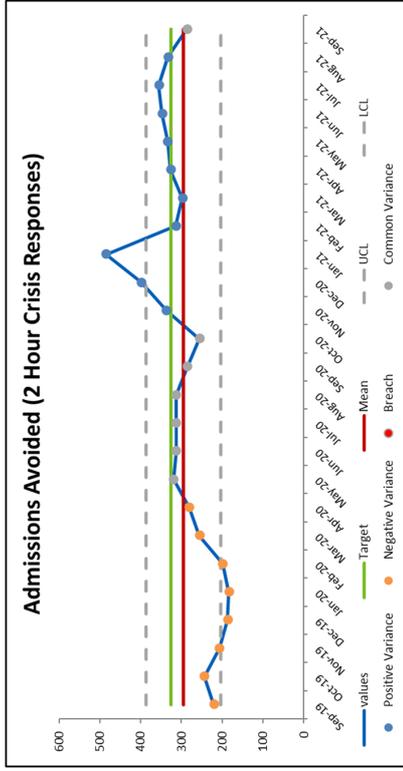
5.2.5 Urgent Crisis Response referrals seen within 2 hours

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.

As such, a new standard operating procedure covering both the data capture and reporting elements has been developed and introduced from 1st November 2021. As part of this, an improved process for exclusions (inappropriate requests for a 2-hour response) will be in place and performance should improve.



5.2.4 Urgent Crisis Response Demand (admission avoidance)



This is a new metric introduced as a replacement for the previous Admission Avoidance metric (which following review was deemed difficult to accurately measure)

The above chart is showing that overall there has been a demand increase since the beginning of Covid-19, although the demand has now moved to normal variation following a period of special cause variation between Nov-20 and August-21.

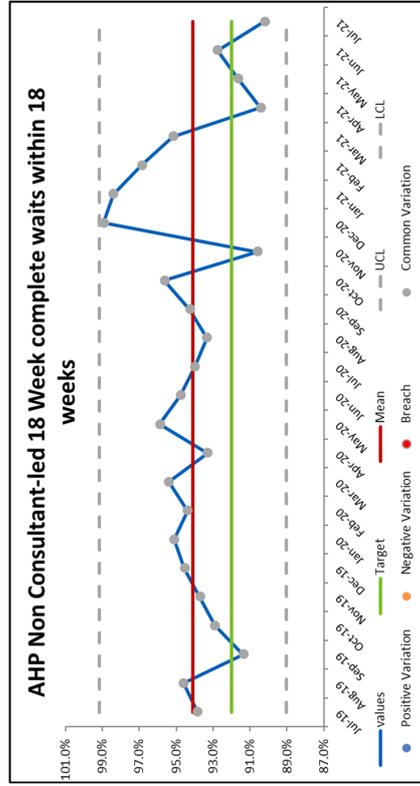
The underlying data is showing a decrease (negative special cause variation) in west Kent which is being investigated

5.3 Assurance on Local Wait Times

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

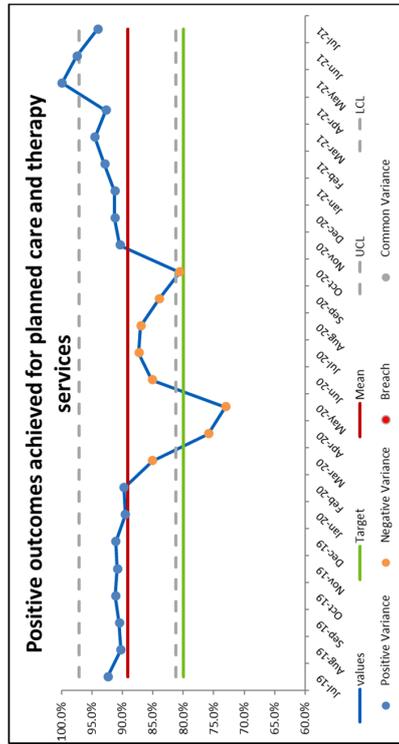
The main cause of this level of performance is that we are currently experiencing significant wait times above 18 weeks in MSK Physiotherapy services, where demand is increasing and work plans are being re-worked to improve performance.

Please note that from month 7, as noted in section 5.1.6, this metric will also include Children's Audiology and Paediatrics following the RTT peer review. Additionally, this metric will focus on the incomplete wait times (waiting list) and the target revised to 12 weeks. As a result the performance is expected to drop in the short/medium terms as services adjust to the revised target.

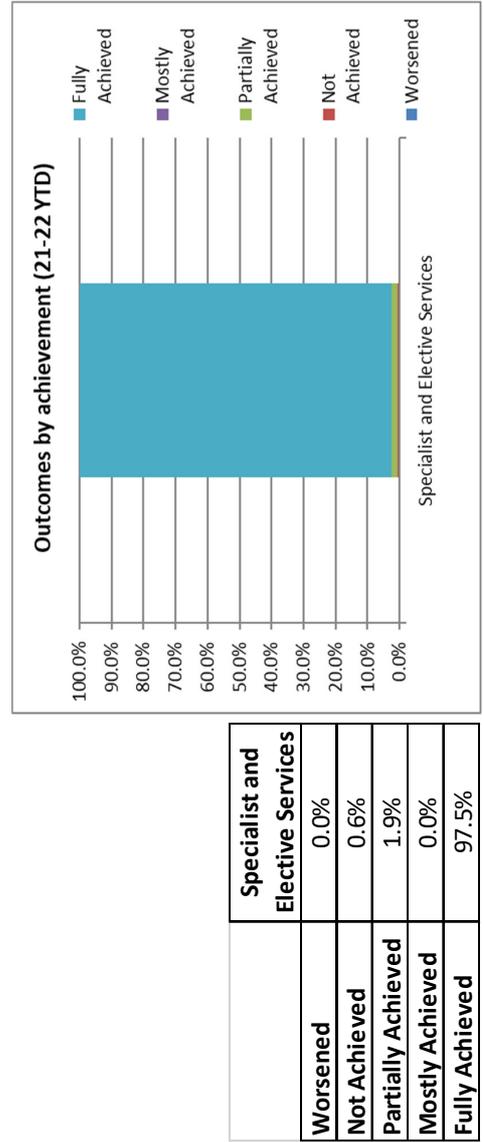


5.4 Outcomes

Aggregate outcomes are currently reported for Adult Specialist and Children’s Therapy services, with patients receiving a favourable outcome in the vast majority of cases on a consistent basis. The 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.

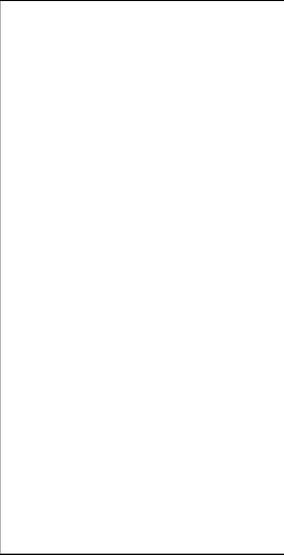
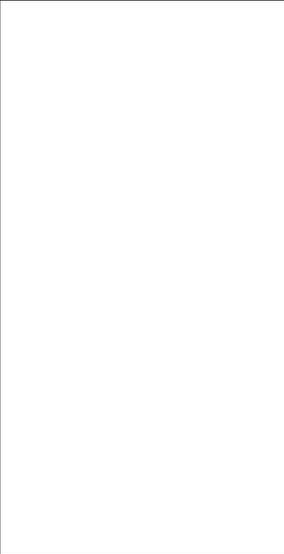
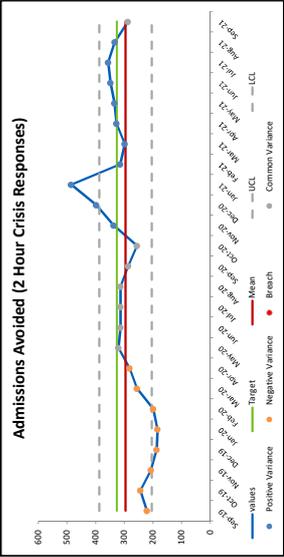
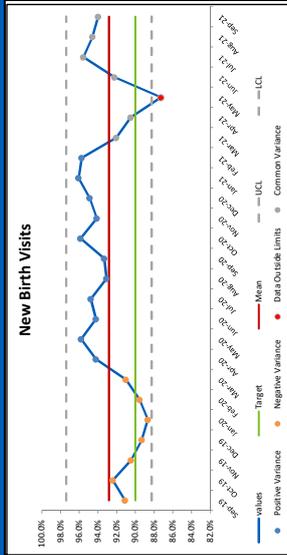
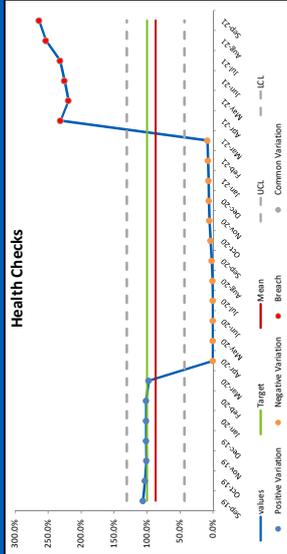
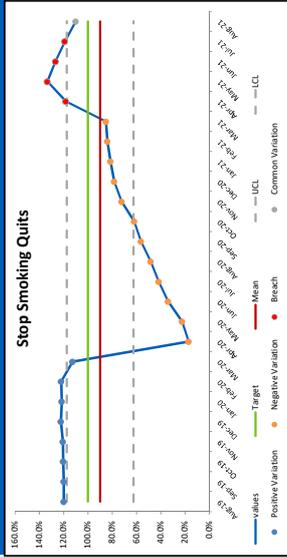


The following table and chart shows the proportion of the grading of each outcome for the year to date. Each outcome will be specific to the patient and will be personalised, therefore not allowing further detail to be summarised.

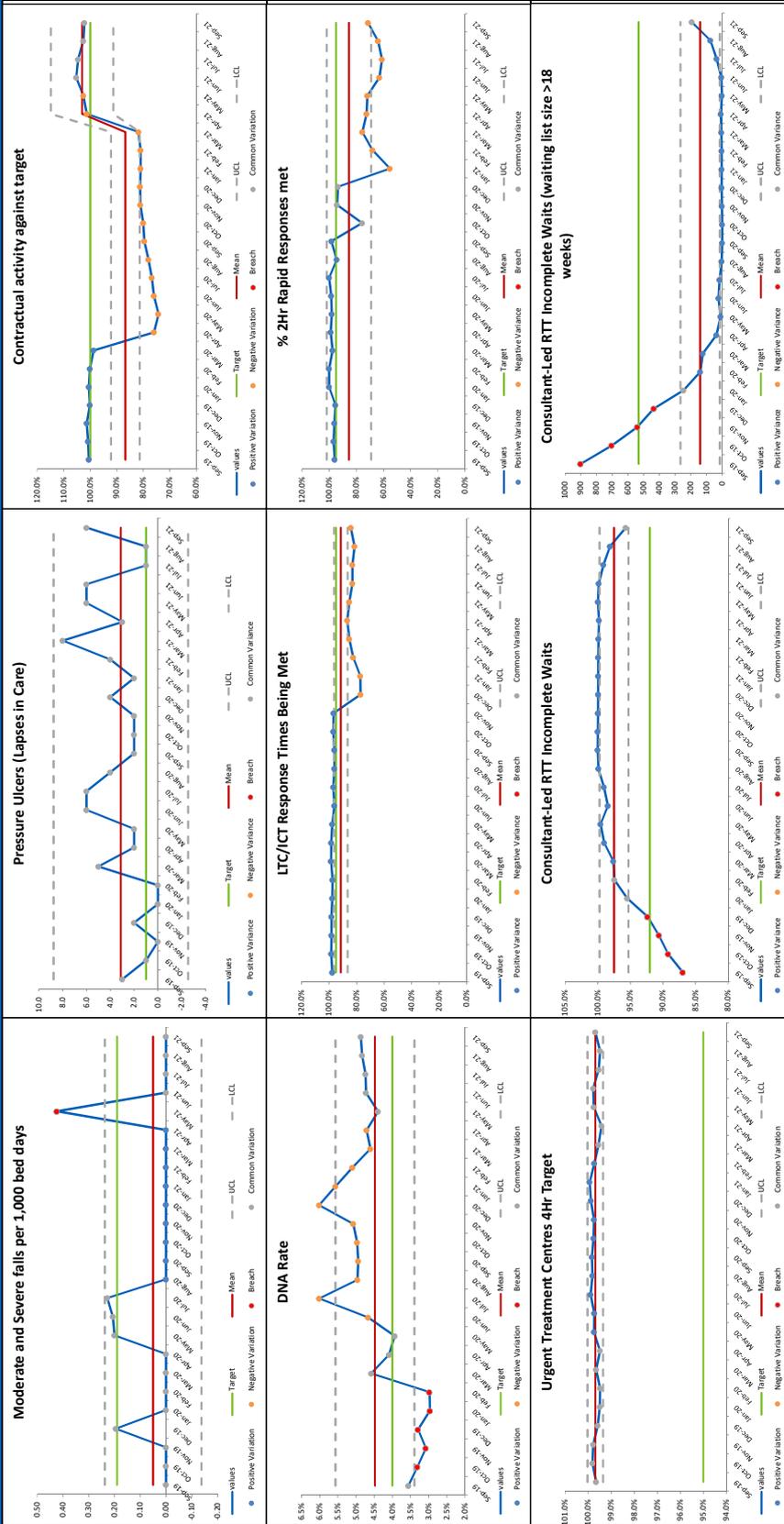


Appendix - Scorecard SPC Charts

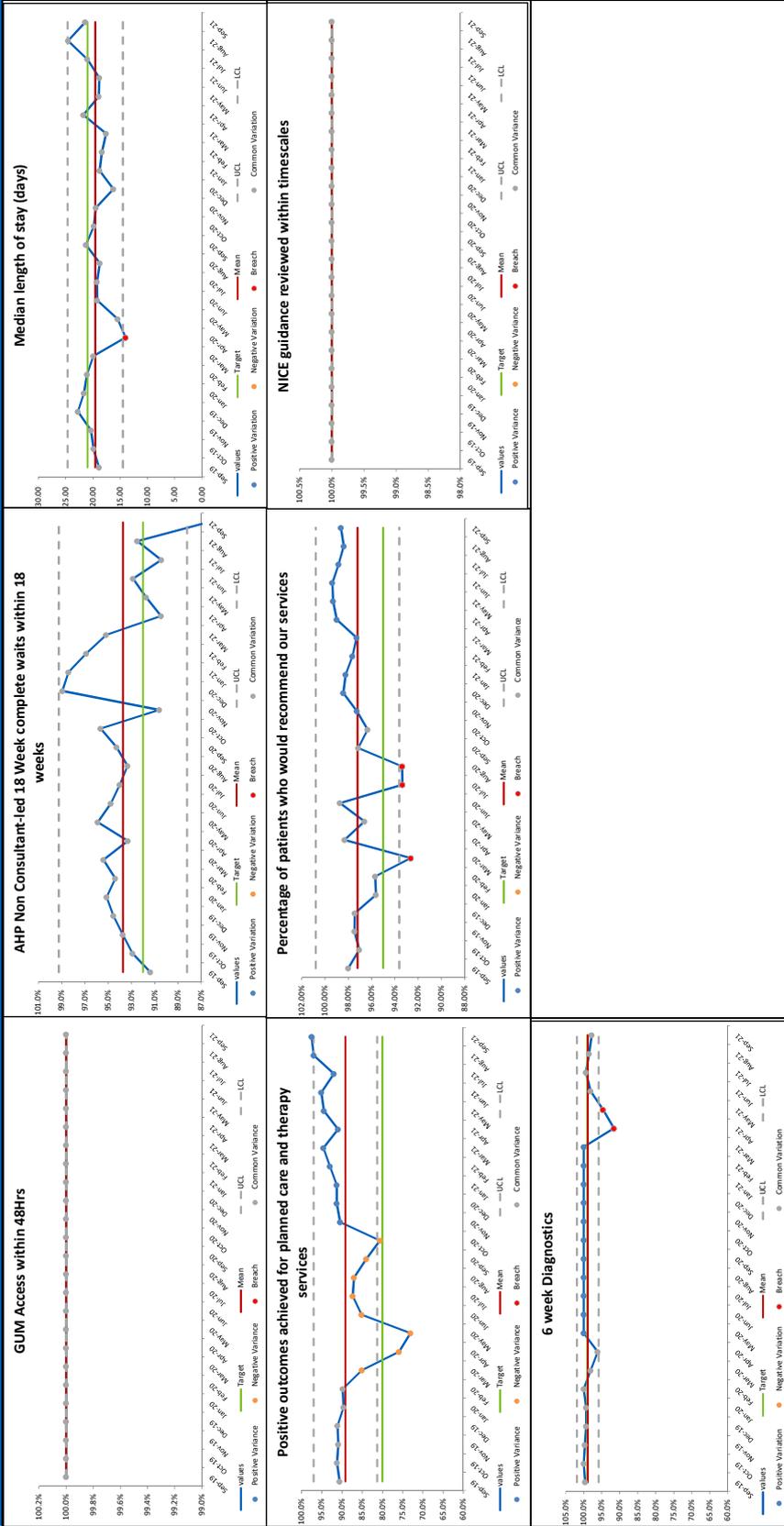
1. Prevent Ill Health



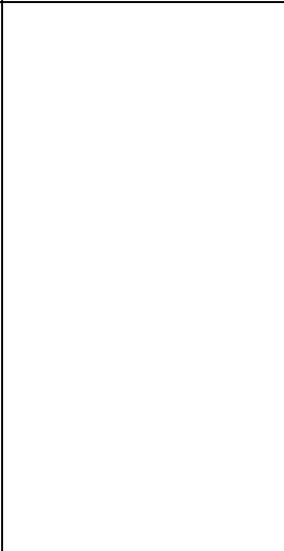
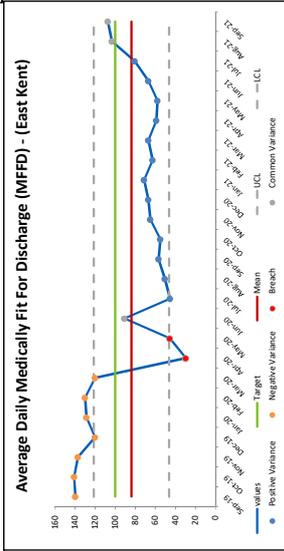
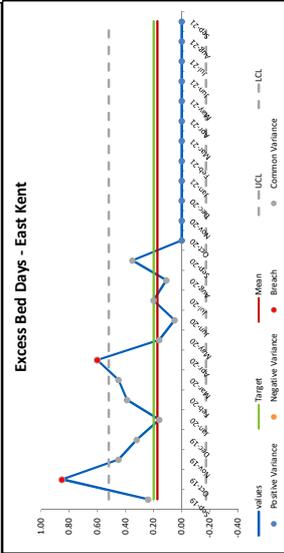
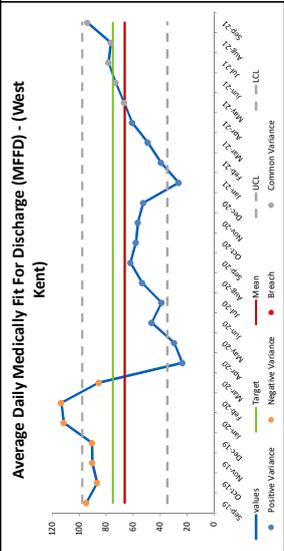
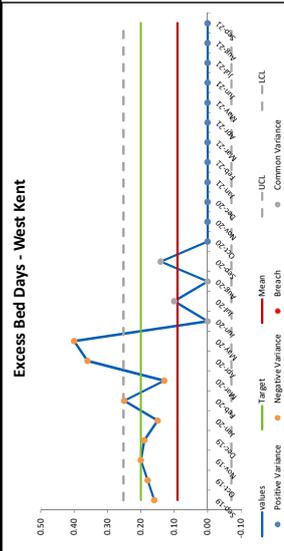
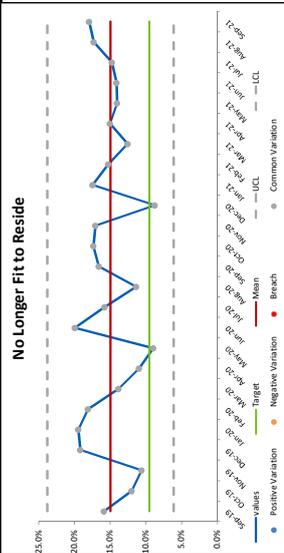
2. Deliver high-quality care at home and in the community



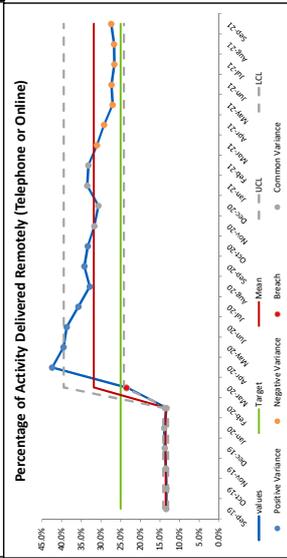
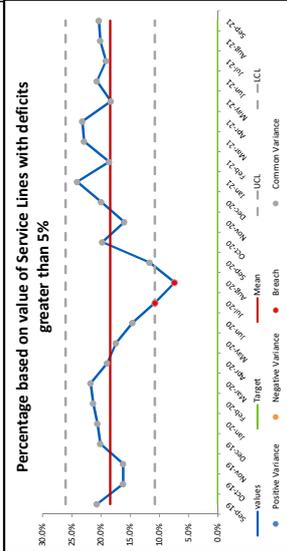
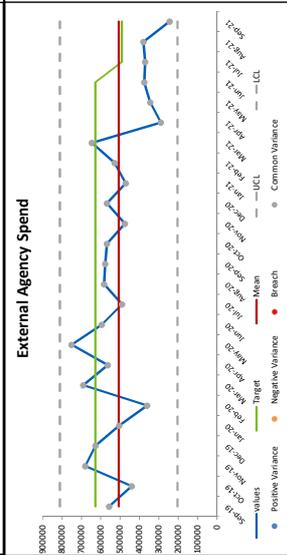
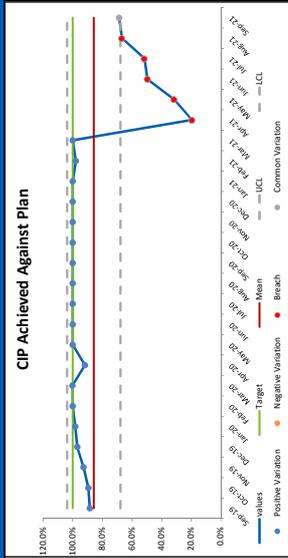
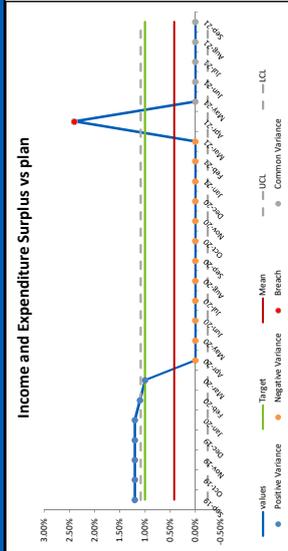
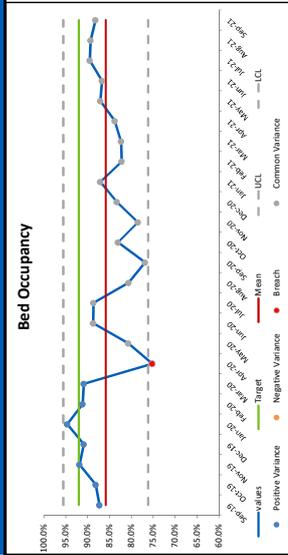
2. Deliver high-quality care at home and in the community



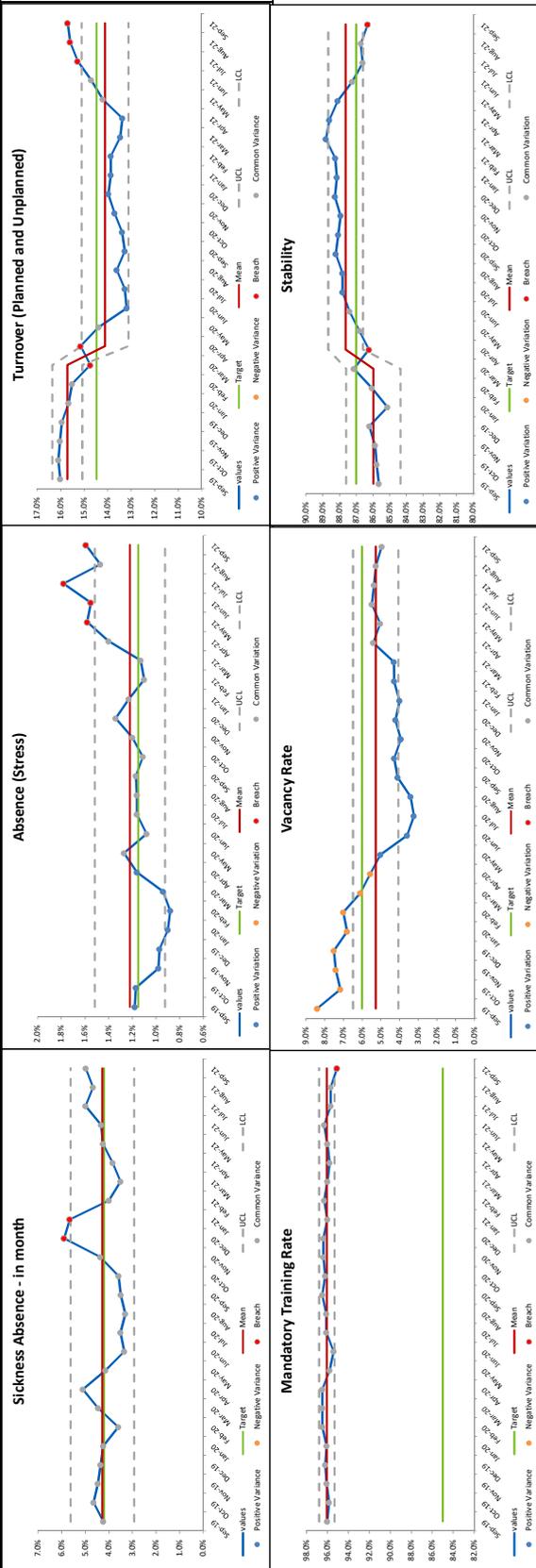
3. Integrate Services



4. Develop sustainable services



5. Be The Best Employer



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| | <i>highlights in your paper)</i> |
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| Highlights relating to protected characteristics in paper |
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|-------------------|----------------|------------|--------------------------------|
| Name: | Natalie Davies | Job title: | Director of Corporate Services |
| Telephone number: | 01622 211900 | Email | Natalie.davies1@nhs.net |

BOARD APPOINTMENT – EXECUTIVE DIRECTORS

Section 7 of the Trust's constitution sets out the membership of the Board of Directors.

As Board members will be aware, the Board is constituted by:

- a Non-Executive Director Chair; and
- up to a maximum of 7 other Non-Executive Directors; and
- up to a maximum of 7 Executive Directors.

These positions are the individuals with voting rights on the Board,

The Board has a Chair and the maximum number of 7 Non-Executive Directors allowed in the constitution. In addition, the Board has Executive Directors as follows:

- Chief Executive
- Executive Director of Finance and Deputy Chief Executive
- Medical Director
- Chief Nurse
- Chief Operating Officer
- Director of Strategy and Partnerships

The seventh voting position has been held by Louise Norris, the Director of Workforce, Organisational Development and Communications who will be retiring on 23 December 2021. With the goal of ensuring a smooth transition, Ms Norris has stepped down from her Board position with effect from the 18 October 2021.

The new Director of People and Organisational Development, Victoria Robinson-Collins assumed Board responsibilities, including voting rights on the Board from midnight on 18 October 2021.

Natalie Davies
Director of Corporate Services
4 November 2021

