Kent Community Health
NHS Foundation Trust

Agenda and Papers

for the

Formal meeting of the

Kent Community Health NHS Foundation Trust Board

In Public

to be held at 9am

on Wednesday 9 February 2022

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

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

Kent Community Health
NHS Foundation Trust

Meeting of the Kent Community Health NHS Foundation Trust Board
to be held at 9am
on Wednesday 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 Live Event

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 11 November 2021	Trust Chair	
1.5	Matters Arising from the Kent Community Health NHS Foundation Trust Board meeting held on 11 November 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 • Appointment of non-executive directors and associate non-executive director	Trust Chair	Verbal
1.8	Acting Chief Executive's Report	Acting Chief Executive	
2.	**BOARD ASSURANCE**		
2.1	Board Assurance Framework	Director of Corporate Services	
2.2	Infection Prevention and Control Board Assurance Framework	Chief Nurse	
2.3	Audit and Risk Committee Chair's Assurance Report	Deputy Chair, Audit and Risk Committee	

2.4	Charitable Funds Committee Chair's Assurance Report • 2020/21 Annual Report and Accounts • Confirmed Minutes of the Charitable Funds Committee meetings of 14 July and 17 November 2021	Charitable Funds Committee Member
2.5	Finance, Business and Investment Committee Chair's Assurance Report	Chair of Finance, Business and Investment Committee
2.6	Quality Committee Chair's Assurance Report	Chair of Quality Committee
2.7	Strategic Workforce Committee Chair's Assurance Report	Chair of Strategic Workforce Committee
2.8	Learning From Deaths Report	Medical Director

3. PERFORMANCE 2021/22

3.1	Integrated Performance Report	Acting Director of Finance Executive Directors

4. ANY OTHER BUSINESS

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

5. 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 25 May 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.

NHS
Kent Community Health
NHS Foundation Trust

UNCONFIRMED Minutes
of the Kent Community Health NHS Foundation Trust (KCHFT) Board Meeting held on Thursday 11 November 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 Peter Conway, Non-Executive Director Prof. Francis Drobniewski, Non-Executive Director Gordon Flack, Deputy Chief Executive/Director of Finance Dr Sarah Phillips, Medical Director Claire Poole, Deputy Chief Operating Officer (representing Pauline Butterworth, Chief Operating Officer) Victoria Robinson-Collins, Director of People and Organisational Development Gerard Sammon, Director of Strategy and Partnerships Dr Mercia Spare, Chief Nurse Nigel Turner, Non-Executive Director
In Attendance:	Gina Baines, Committee Secretary (minute-taker) Natalie Davies, Director of Corporate Services

11/11/01 Introduction by Trust Chair

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

11/11/02 Apologies for Absence

Apologies were received from Sola Afuape, Non-Executive Director; Pauline Butterworth, Chief Operating Officer and Bridget Skelton, Non-Executive Director.

The meeting was quorate.

11/11/03 Declarations of Interest

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

11/11/04 Minutes of the Kent Community Health NHS Foundation Trust Board meeting held on 9 September 2021

The minutes were read for accuracy.

The Board **AGREED** the Minutes.

11/11/05 Matters arising from the Kent Community Health NHS Foundation Trust Board meeting held on 9 September 2021

The Board **RECEIVED** the Matters Arising.

11/11/06 Patient/Service Impact Story - Annie's story and the Expert Patient Programme

This was not broadcast due to a technical issue. It was agreed that it would be brought to the next Public Board meeting in February 2022.
Action – Dr Spare

11/11/07 Trust Chair's Report

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

Mr Goulston had previously presented his report at the Council of Governors meeting on 3 November 2021.

It was noted that the Mr Cedi Frederick had been appointed as the substantive chair of the Kent and Medway integrated care system (ICS) from 1 November. Mr Goulston would be stepping down from his role as interim chair of the ICS at the end of November following a handover period to Mr Frederick. The appointment of the Kent and Medway ICS Chief Executive was underway and an announcement would be made shortly. The Kent and Medway Integrated Partnership Board (ICP) had ratified the second draft submission of the proposed governance and architecture framework for the ICS. The Trust Board would have the opportunity to review and comment on it in the new year and Mr Goulston proposed that it should come to a Board meeting in January or February.
Action – Mr Goulston

The final version of the framework along with the ICS constitution had to be submitted to NHS England/Improvement (NHSE/I) at the beginning of March 2022 in order that it could be approved by the end of that month.

Mr Goulston had also undertaken two We Care visits to Trust services. He had visited the Looked After Children service whose work had increased significantly because of the increasing number of asylum-seeking children

entering Kent. He had also visited the East Sussex School Nursing Service.

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

11/11/08 Chief Executive's Report

Mr Bentley presented the report to the Board for information.

In response to a comment from Ms Barber on the Trust's successful programme to vaccinate children and young people aged 12 to 15 against COVID-19, Ms Poole responded that she was pleased with how the programme had been delivered at pace and it was on track to conclude on 10 December. There had been concern about the capacity of the Immunisation Team to deliver the children's flu vaccination programme in parallel but this had gone well and again would conclude on time. She also wished to celebrate how well the Immunisation Team had supported the special schools with vaccinating children with vulnerabilities and special needs.

In response to Ms Barber's comment on the Trust's recent Quality Improvement conference which she had attended, Dr Phillips agreed that she would circulate to the Board a recording of the keynote speech by Hugh McCaughey, NHS Director for Improvement. She also confirmed that she would be arranging a further Board seminar on Quality Improvement in the near future.
Actions – Dr Phillips

In response to a question from Mr Turner as to when the Board would have the opportunity to meet Mr Frederick, Mr Goulston confirmed that he would be extending an invitation to him and the new chief executive of the Kent and Medway ICS to attend a Board meeting in the New Year.
Action – Mr Goulston

Mr Flack reported that the Trust had been shortlisted for two national awards. One award related to staff engagement in health and well-being and the second was around partnership working in the ICP in Medway and Swale. The winners would be announced on 18 November.

Mr Goulston commented on the recent announcement that all frontline NHS staff would need to be fully vaccinated against COVID-19 by spring 2022, and it was agreed that the Board would be updated on progress at its Public Board meeting in February.
Action – Mr Bentley

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

11/11/09 Board Assurance Framework (BAF)

Ms Davies presented the report to the Board for assurance.

With regards to the actions for risk 113 (the vaccination programme) although these had been completed they would be revisited as the programme was still live. It was noted that the actions that had been owned by Ms Louise Norris, the outgoing Director of Workforce, Organisational Development and Communications would be transferred to Ms Robinson-Collins.

In response to a question from Mr Conway regarding risk 110 (partner working) and the position with Kent County Council (KCC) funding and social care partnership pathways, Ms Poole reflected that it was an ongoing, live dynamic conversation with system partners including the local authority and the clinical commissioning group on a weekly basis. KCC had an action plan in place to drive up domiciliary care provision and there had been confirmation of funding to resource a KCC winter team task force to enable this across Kent and Medway. The CCG had also received additional monies in the H2 funding announced earlier in the week to support additional capacity in social care. All stakeholders agreed that the provision of domiciliary care was the biggest risk this winter.

In response to a question from Mr Conway as to the direction that the operational metrics were taking and what that meant for the Trust and the wider economy, Ms Poole confirmed that delays in discharge were fluctuating but stable. The system had been on a heightened status for several weeks which put pressure on teams. Domiciliary care provision was a challenge both locally and nationally.

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

11/11/10 Finance, Business and Investment Committee Chair's Assurance Report

Mr Butler presented the report to the Board for assurance.

Mr Flack confirmed that the Business Development Strategy would be discussed at the Leadership Forum at the end of November and then by the Board at a future meeting.
Mr Goulston confirmed that a new date for the Board meeting in March 2022 was being considered to approve the 2022/23 budget.

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

11/11/11 Quality Committee Chair's Assurance Report

Ms Barber presented the report to the Board for assurance.

In response to a question from Mr Conway regarding the Dental Service waiting times performance particularly in London, Ms Poole responded that overall waiting times were improving. The Inner North East London service was a marginal outlier but it was improving too. The Quality Committee would receive a full report at its meeting in December. She had some

concerns that dental service waiting times might plateau and had therefore requested a forward trajectory from the service.
In response to a comment from Mr Conway about reports that children's dental/oral health had deteriorated due to the restricted availability of dental services generally, Ms Poole responded that the Dental Service had been triaging all patient requests to ensure that all urgent care was scheduled as a priority.

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

11/11/12 Strategic Workforce Committee Chair's Assurance Report

Mr Turner presented the report to the Board for assurance.

In response to a question from Ms Barber as to what progress was being made with safer staffing in community services and whether there was a plan for them, Dr Spare confirmed that the Trust was progressing with a number of initiatives. This included participating in an NHSE/I programme looking at acuity and dependency safer staffing which would be ready to be piloted shortly in the Trust. There would be opportunities to learn from the pilot and identify what actions should be taken. The executive had also agreed to the next phase of funding for international recruitment which would focus on community services rather than the community hospitals. The Strategic Workforce Committee would monitor its progress.

In response to a question from Mr Sammon regarding why staff were not getting involved in environmental projects at work, Ms Davies confirmed that there was a lot of work going on and clear enthusiasm amongst staff, but energies were currently focused on the immediate pressures around healthcare delivery rather than declaring champion status. Despite this, the Sustainability Team continued to encourage and support staff to get involved in whatever way they could.

In response to a question from Mr Conway regarding the high turnover rate, Ms Robinson Collins reflected that there was no doubt about the psychological impact of the pandemic on the workforce. The organisational development business partners were analysing the exit data to identify the drivers for staff leaving the Trust and where the hotspots were. Many trusts were starting to see a similar trend. The key work for the Trust was to engage with its workforce to support them in their work. There were a large number of well-being resources in place but it was important to continue to reach out to staff to raise awareness of these resources and encourage staff to use them to keep them well.

In response to a question from Mr Conway as to whether people were leaving the NHS, Ms Robinson Collins indicated that further work needed to be undertaken to encourage staff to remain in the NHS but also for the Trust to engage actively with its vaccination bank staff who would like to continue to work for the NHS. Mr Bentley added that turnover levels and patterns are variable within the Trust depending on the team and its pandemic experience. It was agreed that a report would be brought to the

Strategic Workforce Committee and the Board on the outlook for the Trust over the next six months**.**
Action – Ms Robinson Collins

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

11/11/13 Equality, Diversity and Inclusion Strategy

Ms Robinson-Collins presented the report to the Board for approval.

In response to a question from Ms Barber as to whether the staff networks would have a role in the oversight of the effectiveness of the strategy, Ms Robinson Collins indicated that they would. The implementation of the strategy itself would be assured by the Strategic Workforce Committee. Mr Bentley added that the networks played a specific role and key role in the organisation as a critical friend. It was too early to say what role they would play in overseeing the strategy but he suggested that part of it would be in challenging the Trust to be an even better employer. Mr Turner reflected that the Board needed to agree its role in delivering the strategy and would spend time listening to the networks and mapping out the specific role of the Board as exemplars. Mr Bentley clarified that it was for the organisation, including the Board in its leadership to deliver the strategy and the staff networks to be part of the solution. It would be delivered at pace and in an inclusive way.

In response to a question from Mr Flack as to the timescale for introducing the mentoring programme, Ms Robinson Collins explained that this would be starting in the near future now that national funding which had been on hold due to the pandemic was being released. Dr Spare commented that despite the lack of funding the Trust could push forward the mentoring of senior staff by colleagues from a Black or Minority Ethnic background.

Mr Turner highlighted that there was an interplay in the strategy reflecting equality both for staff as well as patients and suggested that both elements required scrutiny. Mr Goulston agreed that the Strategic Workforce Committee would monitor the staff element while the Quality Committee would monitor progress with addressing health inequalities in the community. It was confirmed that the Board should receive a report on both aspects through the Board Committee Assurance Reports.
Action – Ms Robinson-Collins / Dr Spare

The Board **APPROVED** the Equality, Diversity and Inclusion Strategy.

[Post-meeting action: Mr Goulston would take the strategy to the Council of Governors meeting in January 2022 for noting]

11/11/14 Winter Plan

Ms Poole presented the report to the Board for information.

The Winter Plan had been approved by the Board at its October Board meeting.

Additional system level funding had been confirmed and the Trust was waiting for clarification as to whether it would be recurrent or for winter only.

In response to a question from Mr Butler about the integrated management meeting (IMM), Ms Poole explained that it currently met twice a week where it reviewed the sitreps. These could also be reviewed on a daily basis by members and if there were any concerns, they could contact the relevant lead or trigger an IMM to be escalated. She anticipated that the IMM would operate daily over the winter.

In response to a request from Mr Butler that the Board should be alerted to any operational 'shocks' to the Trust in between Board meetings, Mr Bentley agreed to define the threshold which would trigger an escalation by exception to the Board and put a process in place.
Action – Mr Bentley

Ms Barber confirmed that the Quality Committee had oversight of the social and domiciliary care risk and the numbers of delayed discharges from the community hospitals on the BAF. However, the Board was not so well sighted on the discharges from the Rapid Response Service and asked that this information be made available to Board members. Mr Goulston commented that he had recently visited the Rapid Response Service in east Kent which was managing pathway three. Team members had highlighted that demand on their service significantly exceeded the national expectation. Ms Poole confirmed the Trust had received additional funding to give greater oversight of patients on pathway three beds both in east and west Kent. Mr Goulston suggested that the integrated performance report could include this data and that the Quality Committee would look at it in detail.
Action – Mr Flack/Ms Butterworth

Ms Barber highlighted that the non-executive directors (NEDs) had been invited to attend an IMM as a one off to see the meeting in progress and asked that invitations were circulated to them. She also suggested that she and other NEDs would be interested to visit some of the winter plan schemes if that was possible.
Actions - Ms Butterworth/Ms Poole

The Board **NOTED** the Winter Plan.

11/11/15 Integrated Performance Report

Mr Flack presented the report to the Board for assurance.

In response to a question from Ms Barber that the report had highlighted how avoidable falls incidents had been related to a lack of staffing to facilitate one-to-one enhanced observations, Dr Spare explained that there

had been an increase in health care assistant vacancies and in sickness rates in some teams. However, work had been done to support the remaining healthcare assistants. Ms Robinson Collins added that additional healthcare assistants were being recruited from the vaccination programme.

In response to a comment from Mr Turner regarding workforce turnover, Ms Robinson-Collins responded that further work needed to be done to understand and to respond to why colleagues were leaving the Trust or the NHS.

Mr Conway remarked that less experienced staff were replacing more experienced staff in some services. Ms Barber agreed that this was a risk. She and Mr Goulston had observed this when they had visited some services and she asked what was being put in place to upskill those staff in a timely manner and at pace. In response, Dr Spare highlighted that the formal "safer staffing" reports only related to nursing. At the community hospitals, there were other registrants as well such as senior therapists, specialist nurses and clinical managers. The Trust priority was to keep both patients and the site safe. Mr Turner added that the Strategic Workforce Committee and Quality Committee were monitoring this closely. It had been identified that in some services the turnover of staff was amongst those who had recently joined the Trust rather than senior clinical staff. This provided some stability for teams. Dr Spare highlighted that the nurses that were joining the Trust from overseas were highly trained. Although, they would be new to working in a UK community hospital, they brought many years' nursing experience to their teams.

In response to a question from Prof. Drobniewski regarding rotating experienced staff between community hospitals, Dr Spare confirmed that staff were rotated between sites based on the acuity of patients, staffing levels and the competency of the registered nurse. Some staff were happy to be peripatetic while others found it more difficult.

Following a summary of the operational performance by Ms Poole, it was agreed that the Quality Committee would be updated on musculo-skeletal physiotherapy waiting times and the two-hour rapid response times at its meeting in December and January.
Action – Ms Poole

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

11/11/16 Kent Community Health NHS Foundation Trust Board appointment – Executive Directors

Ms Davies presented the report to the Board for assurance.

It was agreed that the report would be presented to the Council of Governors meeting on 26 January 2022 for noting.
Action – Ms Davies

The Board **RECEIVED** the Kent Community Health NHS Foundation Trust Board appointment – Executive Directors.

11/11/17 Any Other Business

There was no other business to report.

11/11/18 Questions from members of the public relating to the agenda

There were no questions from the public.

The meeting ended at 10.55am.

Date and Venue of the Next Meeting

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

Kent Community Health
NHS Foundation Trust

MATTERS ARISING FROM THE BOARD MEETING OF 11 NOVEMBER 2021 (PART ONE)

Minute number	Agenda Item	Action	Action Owner	Status
11/11/06	Patient/Service Impact Story - Annie's story and the Expert Patient Programme	To bring the patient story to the February Public Board meeting.	Dr Spare	Agenda item.
11/11/07	Trust Chair's Report	To bring the Kent and Medway Integrated Care System governance and architecture framework to the January or February Board meeting for review and comment.	Mr Goulston	This has been delayed to Spring 2022 with the delay to the Integrated Care Boards and Integrated Care Partnerships to 1 July 2022.
11/11/08	Chief Executive's Report	To arrange a Board Seminar on Quality Improvement.	Dr Phillips	This is an item on the February Board Part Two agenda.
11/11/08	Chief Executive's Report	To invite Mr Cedi Frederick, incoming Chair of the Kent and Medway Integrated Care System and its new chief executive to attend a Board meeting in the New Year.	Mr Goulston	Dates are being finalised.

Minute number	Agenda Item	Action	Action Owner	Status
11/11/08	Chief Executive's Report	To update the Board at its February Public Board meeting on progress with ensuring that all frontline NHS staff were fully vaccinated against COVID-19 by spring 2022.	~~Mr Bentley~~ Mr Flack	This is covered in the Chief Executive's Report.
11/11/12	Strategic Workforce Committee Chair's Assurance Report	To bring a report to the Board on the outlook for the Trust over the next six months in relation to turnover.	Ms Robinson-Collins	This will be reported through the Committee Chair's Assurance Report.
11/11/13	Equality, Diversity and Inclusion Strategy	For the Board to be updated on progress with the staff element of the strategy and progress with addressing health inequalities in the community. This to be done through the chairs' assurance reports from the Strategic Workforce Committee and the Quality Committee respectively.	Ms Skelton Ms Barber	The Strategic Workforce Committee receives an update on Equality, Diversity and Inclusion at each meeting. A longer report is received twice yearly on the achievement and associated issues with the strategy, WRES and WDES.
11/11/13	Equality, Diversity and Inclusion Strategy	To take the strategy to the January Council of Governors meeting for noting.	Mr Goulston	The strategy will be presented at the April Council of Governors meeting.
11/11/14	Winter Plan	To define the threshold which would trigger an escalation by exception to the Board and put a process in place.	~~Mr Bentley~~ Mr Flack	The non-executive director weekly situation report will continue in between Board meetings. We will us the Trust trend on OPEL status as a trigger for reporting more frequently.

Minute number	Agenda Item	Action	Action Owner	Status
11/11/14	Winter Plan	To include performance data on discharges from the Rapid Response Service in the integrated performance report and for the Quality Committee to scrutinise the detail.	~~Mr Flack~~ Ms Jacobs Ms Butterworth	This will be included in the next integrated performance report in March. Action closed.
11/11/14	Winter Plan	To invite the non-executive directors (NEDs) to the integrated management meeting (IMM) and arrange for the NEDs to visit some of the winter plan schemes.	Ms Butterworth Ms Poole	MS Poole will liaise with the NEDs to arrange a suitable date to attend.
11/11/15	Integrated Performance Report	To update the Quality Committee on musculoskeletal physiotherapy waiting times and the two-hour rapid response times at its meetings in December and January.	Ms Poole Ms Butterworth	Action complete. Action closed.
11/11/16	Kent Community Health NHS Foundation Trust Board appointment – Executive Directors	To present the report to the January Council of Governors meeting for noting.	Ms Davies	Mr Flack provided an update on leadership changes to the Council of Governors as part of his Trust Quarterly Report.

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	1.6
Agenda Item Title:	Patient/Service Impact Story
Presenting Officer:	Dr Mercia Spare, Chief Nurse
Action – this paper is for:	☐ Decision ☒ Information ☐ Assurance

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

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

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

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	1.7
Agenda Item Title:	Trust Chair's Report
Presenting Officer:	John Goulston, Trust Chair
Action – this paper is for:	☐ Decision X Information ☐ Assurance

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

Summary of key points

We congratulate Paul Bentley on his appointment as designate Chief Executive Officer (CEO) of the Kent and Medway Integrated Care Board. Paul commenced his post on 17 January 2022 and we welcome Gordon Flack as our Acting Chief Executive and Gill Jacobs as Acting Director of Finance. The Trust is using the support of an executive search firm for the recruitment of the new chief executive of the Trust.

The Council of Governors approved the attached report on 8 December 2021. We welcome the following Non-Executive Directors and Associate Non-Executive Director to the Board from 1 February 2022;

- Karen Taylor – Non-Executive Director
- Kim Lowe – Non-Executive Director
- Razia Shariff - Associate Non-Executive Director (non-voting member of the Board)

The report contains summary biographies of the new appointees to the Board.

Two Non-Executives ended their terms of office since the last board meeting; Prof. Francis Drobniewski and Sola Afuape and one other Non-Executive's term of office is due to end on 31 March; Bridget Skelton. Pippa Barber replaces Sola Afuape as the Non-Executive Freedom to Speak Up Champion.

Proposal and/or recommendation to the Committee or Board

The Board is asked to note the changes to the Board. The Chair will present a report to both the next part one meeting of the Board and Council of Governors

meeting on the leadership and membership of the Board committees and on the non-executive leadership and champion roles.

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

Name:	John Goulston	Job title:	Trust Chair
Telephone number:	01622 211900	Email	j.goulston@nhs.net

Kent Community Health
NHS Foundation Trust

APPOINTMENT OF NON-EXECUTIVE DIRECTORS AND ASSOCIATE NON-EXECUTIVE DIRECTOR

1. Executive Summary

This report advises the Council of Governors of the process undertaken to appoint two new Non-Executive Directors (NED) and recommends the appointment of Karen Taylor and Kim Lowe. The report also recommends the appointment of Razia Shariff as an Associate Non-Executive Director.

2. Introduction

The appointment of Non-Executive Directors is one of the statutory duties of the Council of Governors.

The Council of Governors gave their approval to the Nominations Committee to proceed with the recruitment of two NED and an associate NED position on 3 November 2021. The Committee met several times during the recruitment process and agreed the job description, process and timetable for the recruitment.

The Committee appointed external consultants Alumni Harvey Nash who have a track record in the appointment of Non-Executive Director appointments to support them with this recruitment. In addition, the Nominations Committee agreed in accordance with the Trust Constitution that an appointment panel would undertake the selection process. The panel was John Goulston (Chair), David Price (Governor), Miles Lemon (Governor), Jan Allen (Governor), Bridget Skelton (NED and Senior Independent Director).

3. Detail of the report

Shortlist

66 applications were received from which 17 were longlisted shortlisted, whose CV's demonstrated the experience and skills sought for the appointment of the Non-Executive Director. The Committee held a shortlisting meeting and short listed six candidates for the stakeholder event and the panel interview.

Stakeholder event

All shortlisted applicants attended a stakeholder event consisting of Governors and members of the Board. The view of stakeholders on the six candidates was provided to the interview panel.

Interviews

Interviews took place on Tuesday 30th November 2021.

4. **Recommendation**

The Interview Panel came to an agreement by a unanimous decision that, Karen Taylor and Kim Lowe be recommended for appointment as Non-Executive Director. In addition, that Razia Shariff be appointed as an associate Non-Executive Director

Karen is the Research Director of the Centre for Health Solutions at Deloitte. She supports the Healthcare and Life Sciences practice by driving independent and objective population health research and analysis into key industry challenges. Prior to joining Deloitte, she gained over 30 years of experience across various central Government departments as an employee of the National Audit Office. More recently, between 2011 and 2021, Karen was also a Non-Executive Board Director at Dartford and Gravesham NHS Trust, where she chaired the Board's Quality and Safety Committee for six years.

Kim is currently a Non-Executive Director on the Board of Kent and Medway NHS Social Care Partnership Trust. Alongside this, Kim is also a NED at Central Surrey Health (until 31 December 2021), Joint Chair at University of Kent Academies Trust, and Lay Member of the Council at the University of Kent. She spent 12 years as an Elected Main Board Director for the John Lewis Partnership, and held leadership roles in the partnership including as Managing Director of John Lewis Bluewater.

Razia has been CEO of Kent Refugee Action Network since July 2016, working to support asylum seekers and refugees at Folkestone and Canterbury. She was previously Head, Knowledge Exchange Team at the Economic and Social Research Council based at the University of Birmingham. Razia has extensive voluntary and community experience, including at Network Director for Wandsworth Community Empowerment Network and Policy Advisor for Bangladesh Women Chamber of Commerce.

3. **Summary and Recommendation**

The interview panel unanimously recommend to the Council of Governors the appointment of Karen Taylor and Kim Lowe as Non-Executive Directors for a period of 3 years in the first instance. In addition, that Razia Shariff be appointed as an associate Non-Executive Director for a period of 2 years.

John Goulston
Trust Chair
January 2022

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	1.8
Agenda Item Title:	Chief Executive's Report
Presenting Officer:	Gordon Flack, Acting Chief Executive Officer
Action – this paper is for:	☐ Decision ☒ Information ☐ Assurance

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

Proposal and/or recommendation

Not applicable.

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

Highlights relating to protected characteristics in paper

Name:	Gordon Flack	Job title:	Acting Chief Executive

Telephone number:	01622 211902	Email	Gordon.flack@nhs.net

Kent Community Health
NHS Foundation Trust

CHIEF EXECUTIVE'S REPORT
February 2022

Since the last time the board met in public (November 2021) Paul Bentley left the organisation on 14 January 2022 to take up the post of Chief Executive Designate for the Kent and Medway Integrated Care Board, I am sure all the Board would join me in wishing him good luck in his role. Therefore, this is my first chief executive report to the Board as Acting Chief Executive and I am honoured to be appointed as the Acting Chief Executive until a substantive Chief Executive has been appointed.

I 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. **Winter escalation beds**

Winter escalation beds at Westview and Westbrook were successfully opened on 10th January 2022 to assist with Kent system seasonal winter and Covid demand.

A robust procurement process was followed and a contract awarded for a managed service to staff the units for 15 beds per unit; with KCHFT providing senior clinical matron oversight to both units.

KCHFT is also providing stroke expertise therapy input to the escalation beds at Westbrook; this has enabled cohorting of patients suitable for stroke rehabilitation in a community hospital facility in East Kent. The 30 escalation beds are fully utilised and will be funded until the end of March.

1. Medway looked after children service

Medway Looked After Children Service will be provided by Kent Community Health NHS Foundation Trust from 1 April.

Kent and Medway Clinical Commissioning Group has agreed the transfer from Medway Community Healthcare (MCH), to ensure a robust regional offer across the area.

The service is led by registered nurses and provides health assessments and specialist advice to support children placed in care in Medway.

We understand just how vulnerable these children are. We are working closely together to make sure there is a smooth transition for all children, their families or carers. Nurses will TUPE and therefore children should continue to see the nurse they are familiar with, where appropriate.

As MCH has done, KCHFT will provide:

- initial health assessments (IHA) within 28 days of a child being placed in care
- review health assessments (RHA) every six months for children under five and once a year for children over five, up to age of 19 years
- medical provision and nursing
- health action plans and health histories.

2. HMP Swaleside CQC Inspection

HMP Swaleside CQC inspection was undertaken in October 2021 - initial feedback appears positive for the dental service with improved wait times and clean facilities. The report will be published in due course and will be able update further once the report is available.

Our People

1. Mandatory vaccination pause for health and social care

The Government announced the decision to pause the mandate on vaccinations for health and social care staff on 31 January.

All NHS trusts received a letter from NHS England and NHS Improvement advising the law is now under review and the policy is being reconsidered. While the consultation is going on, they have asked us to pause any formal employment discussions.

The Government's decision is subject to the usual parliamentary process and will need consultation and a new vote to be passed into legislation.

At the 1st February the Trust had evidence of 95% of staff were vaccinated or exempt.

Alongside professional bodies, we have been asked to continue to urge anyone who is still unvaccinated to book their vaccine.

2. Staffing

We continue to see COVID sickness amongst staff which is creating pressure in some teams. This is being mitigated by moving staff between teams, temporarily reducing bed numbers and the addition of our qualified overseas recruits who are now out working in the community hospital teams. Staffing is monitored twice a week to ensure we are agile in ensuring there is no impact on the quality of care.

Despite the pressures the care and compassion of our staff shines through and our quality and feedback from patients remains exemplary.

3. Staff flu vaccination uptake

Staff flu vaccine uptake is currently at 60%. The programme will run until the 28th February however, it is unlikely that we will get a significant increase. The driver for lower uptake appears to be the continued focus on COVID vaccination for all healthcare workers and the acceleration of this for the community, limiting the number of staff who were available to support the flu programme.

4. Further International recruitment

In quarter 3 2021/22, the Trust submitted a bid to NHSE/I for some funding to support the recruitment of 100 international band 5 registered nurses. Shortly before Christmas this was agreed and as such we have been awarded £300k in funds to support the recruitment project. The Trust has established an international recruitment steering group to oversee this exciting on-going recruitment project.

5. Chief Executive recruitment update

The advertisement for the Chief Executive vacancy closes on 31st January 2022 and early indications from Odgers Berntdsen are positive in relation to the candidate pool. Longlisting and shortlisting is scheduled to take place in early February with the Stakeholder event taking place on Friday 11th March 2022. Final panel interviews are scheduled to take place Wednesday 16th March 2022. Colleagues from the Kent & Medway system, Board members, Governors and members of the Integrated Management Meeting (IMM) will all participate in the Stakeholder event. The BAME network lead is also participating in the final panel interview.

Partnerships

1. 2022/23 planning

Planning guidance has been issued for 22/23 with a draft plan to be submitted on 17th March and a final plan by 28th April. These plans will be for the system as well as the trust and close working at system level will be essential.

Revenue and capital allocations for 22/23 (and extending to 24/25 for capital allocations) have been issued to systems and the Kent and Medway ICS is now working with providers to agree the distribution of the allocation. The provider

revenue allocations will be based on funding for the second half of 21/22 (multiplied by 2) adjusted for non-recurrent items, plus growth of c. 3.2% less an efficiency of c. 2.5%.

The provider baseline capital allocations in each year will be at a similar level to 21/22. In addition, there are specific allocations for primary care, elective recovery targeted investment fund (TIF), endoscopy, community diagnostic centres, levelling up digital maturity, front line digitisation and critical cybersecurity infrastructure risks yet to be allocated. The Trust will work with the system partners in agreeing collective plans.

Gordon Flack
Acting Chief Executive
February 2022

NHS
Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	2.1
Agenda Item Title:	Board Assurance Framework
Presenting Officer:	Natalie Davies, Director of Corporate Services
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

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

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

Summary of key points

Since the BAF was last presented all risks and actions have been reviewed and updated.

Proposal and/or recommendation

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

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis (EA) for this paper? *National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.* *You can find out more about EAs here on flo* **If not describe any equality and diversity issues that may be relevant.**	☐ Yes *(please attach)* ☒ No

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

Name:	Ben Norton	Job title:	Head of Risk & incident Management
Telephone number:	01233667700	Email	Ben.norton@nhs.net

Appendix 1

NHS
Kent Community Health
NHS Foundation Trust

Definitions:

Initial Rating = The risk rating at the time of identification

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

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

Action status key:

Actions completed	G
On track but not yet delivered	A

ID	Opened	Board Level Risk	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	C	L	Rating	Planned Actions and Milestones	Owner	Target Completion (end)	Status	Confidence Assess.	C	L	Rating	Target Date (end)
Prevent ill health																				
122	Jan-22	Victoria Robinson-Collins	Risk that the impact of the mandate to implement Covid-19 vaccination as a condition of deployment for Healthcare Workers, and subsequent pause, will result in workforce gaps, shortages, impact on staff engagement/ morale and legal claims Board Committee Lead on Assurance: **Strategic Workforce Committee**	4	4	16	National and Regional Task and Finish groups; Internal Task and Finish Group; Efforts to manage vaccine hesitancy and encourage uptake; Efforts to source alternative duties where possible. Use of locally designed evidence based system to provide accurate data to inform areas of risk to target support conversations. Support for staff to access vaccination in supportive setting at vaccination centres	Internal and External Reporting Executive sit-reporting daily using internal evidence based data Operational KPIs	4	4	16	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Medium	3	3	9	**March 2022**
												Evidence based data to inform targeted conversations to drive uptake	Victoria Robinson-Collins	February 2022	A					
												Ongoing 121 discussions with vaccine hesitant staff, videos to inform and reassure staff, communications collateral, webinars	Victoria Robinson-Collins	February 2022	A					
												Formal consultation process	Victoria Robinson-Collins	March 2022	A					
												Assessment of risk areas and potential impact for operational delivery	Victoria Robinson-Collins	February 2022	A					
												Assessment on likely impact on quality and safety of care	Victoria Robinson-Collins	February 2022	A					
108	March 2020	Victoria Robinson-Collins	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. Board Committee Lead on Assurance: **Board**	5	4	20	Covid 19 Response Plan Operational Response SRO appointed Incident Team appointed Membership of LHRP Established Battle rhythm reporting and communications plan	Internal and External Reporting Executive sit-reporting daily Department of Health Response confirmation Operational KPIs LRF area ratings nationwide and local Trust 121 template	5	3	15	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Medium	3	3	9	**March 2022**
												Local oversight of the delivery of quality matrix and escalation via PSCRG as indicated	Mercia Spare	March 2022	A					
												Continue additional staff support and wellbeing mechanisms	Pauline Butterworth Victoria Robinson-Collins	March 2022	A					
												Launch of seven campaigns during 21/22 to support physical and mental health.	Victoria Robinson-Collins	March 2022	A					
110	July 2020	Pauline Butterworth	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	15	System led winter, surge and recovery plans monitoring across the system. Weekly COO collaborative meeting in place to ensure providers are working in a joined-up way. K&M system combined winter plan being developed utilising provider plans. Winter plans to be presented at AE delivery boards at ICP level. Daily Sitrep 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**	**Owner**	**Target Completion** (end)	**Status**	Medium	3	4	12	**March 2022**
												Working with KCC and CCG to agree the demand for pathway 1 services across K&M	Pauline Butterworth	March 2022	A					
												Collective work with KCC and CCG to agree social care pathways and associated funding for handover to KCC	Pauline Butterworth	March 2022	A					
												Collective work with KCC and CCG to agree social care pathways in east Kent and associated funding	Pauline Butterworth	March 2022	A					
115	February 2021	Mercia Spare	Risk that the on-going pressure and staff shortages as a result of growing vacancies, high acuity of patients and staff absence may result in unacceptable demands on staff and impact on safer staffing levels, a poorer service to patients and/or the need to shut services with the resultant impact on the system. Board Committee Lead on Assurance: **Strategic Workforce Committee**	5	3	15	Active recruitment campaign Weekly staff rota review and escalation paths Patient Safety & Clinical Risk Group IMM meeting - redeployed staff Bank system in place	Daily Sit rep IMM report to executive Growing vacancy rate Oversight of recruitment of workforce metrics by quality committee & board Monthly quality report Twice weekly safer staffing review	5	3	15	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Low	2	3	6	**March 2022**
												Safer staffing reviews for community hospitals and hot spot areas weekly	Mercia Spare	March 2022	A					
												Develop safer staffing model framework for community Nursing	Mercia Spare	March 2022	A					
												Report safer staffing to execs monthly	Mercia Spare	March 2022	A					
												On-going recruitment of staff	Victoria Robinson-Collins	March 2022	A					

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

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

ID	Opened	Board Level Risk	Risk Description (Simple Explanation of the Risk)	C	L	Rating	Controls Description	Top Five Assurances	C	L	Rating	Planned Actions and Milestones				Confidence Assess.	C	L	Rating	Target Date (end)
117	November 2021	Pauline Butterworth	Risk that the organisation's services may suffer significant challenges as result of the impact of winter pressures in combination with COVID.	4	3	12H	Implement staff & patient Flu vaccination Programme An established reginal Emergency Pressures Panel has been established to identify levels of system risk and recommend responses Understanding of COVID/non COVID demand profiles Established daily sit rep to manage response	Staff flu vaccination programme for KCHFT staff. Winter Pressure Plans. Actions have been identified in order to reduce the gap in controls relating to this risk. Improved visibility of other community provider's metrics and reporting at system level.	4	3	12H	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Medium	2	3	6	**March 2022**
												Monitor Winter Pressure Plans through Governance structures	Pauline Butterworth	December 2021	G					
												Implementation & full delivery of Staff flu Vaccination Programme - 100% offer/85% uptake	Mercia Spare	February 2022						
												Implementation & delivery of Covid boosters	Pauline Butterworth	March 2022	A					
												Continuation and option to increase frequency of IMM calls to agree daily actions	Pauline Butterworth	March 2022	A					
												Active monitoring of wait times in services which may increase due to system pressures	Pauline Butterworth	Feb-22	A					
118	November 2020	Pauline Butterworth	Low uptake of the Covid-19 vaccination programme in 12-15 year olds with within secondary schools and the greater uptake of 2nd dose delivery in the new year means further catch-up clinics and school visits will be needed with limited workforce availability and may impact the stability in the team. Board Committee Lead on Assurance: **Board**	4	3	12H	Governance structure including programme board and work streams SRO appointed – Chief Operating Officer Membership of local, regional and national fora Understanding of Covid demand profiles, model of demand and capacity based on uptake and national guidance Weekly sit rep to manage system vaccine delivery and develop forward plan Task and finish group has been established and will oversee implementation	Daily Sit rep National oversight and performance monitoring Collaboration with Covid partners. Task and finish group Executive oversight via SRO	4	3	12H	**Actions to reduce risk**	**Owner**	**Target Completion (end)**	**Status**	Medium	2	3	6	**March 22**
												Revision & implementation of schools wider immunisation delivery plan utilising experience of Imms team including clinical protocols, staffing model, consent process, logistics	Pauline Butterworth	January 2022	G					
												Task and finish group to liaise with CCG, schools, staff and system partners to develop a sustainable workforce model and approach for all vaccinations. Implement	Pauline Butterworth	March 2022	A					
												Source local estate for pop up/adhoc clinics in low uptake areas	Pauline Butterworth	March 2022	A					
119	December 2021	Victoria Robinson-Collins	Increased risk of significant impact on the system due to the requirement to accelerate the COVID Vaccination booster programme in response to the emergence of the Omicron Covid19 variant. Additional temporary vaccination workers will need to be sourced to meet increased booster vaccination demand. This could negatively impact on temporary staffing fill rates; and may result in an inability to deliver services to an acceptable standard either in coverage or quality. Board Committee Lead on Assurance: **Board**	5	4	20	Senior operational participation in K&M; regional and national COVID Vaccination planning calls. Daily sitrep. Additional Covid Bank workers sourced to meet booster demand. Proactive work with KCHFT staff bank to attract workers to core KCHFT services KCHFT considering continuing to act as the lead employer for the K&M system vaccination Programme KCHFT providing dedicated vaccination sites KCHFT providing Bank workers to support LVS Sites in delivery of booster programme.	Internal and External Reporting Executive situation-reporting daily Executive oversight via Exec SRO Active involvement in K&M system OCC Active engagement with K&M system Covid Vacc group KCHFT as Lead employer Working with system partners & commissioners as lead employer to shape longer term covid vaccination model.	5	3	15	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Medium	3	3	9	**March 2022**
												KCHFT will identify and resource adequate longer term staffing to fulfil our responsibilities as lead employer for COVID	Victoria Robinson-Collins	January 2022	A					
												KCHFT will put a robust infrastructure in place to effectively fulfil role as lead employer to system partners.	Victoria Robinson-Collins	January 2022	A					
												Active engagement with COVID bank workers to re activate previous workers to support Booster acceleration programme	Victoria Robinson-Collins	February 2022	A					
												Review of capacity and ability to continue to provide lead employer function	Victoria Robinson-Collins	February 2022	A					
												Active monitoring of KCHFT bank fill rates to identify any at risk areas where Bank workers choose to work for Vaccine programme instead of KCHFT core service.	Victoria Robinson-Collins	February 2022	A					
Deliver High Quality Care at Home and in the Community																				
103	January 2019	Gerard Sammon	Within the context of a heightened level of activity and seasonal pressures, the ICS discussions and establishment could impact on the system ability to provide clarity and focus. Board Committee Lead on Assurance: **Board**	4	3	12H	Programme •Board TORs and membership TORs for: ICP forums, Local Care Boards; Frailty Group; Chief Executives Forum KCHFT Chief Executive as SIRO for East HCB KCHFT Chair is Chair for West Kent ICP System transformation governance structure Involvement and promote mature development of ICS Continue to deliver outstanding healthcare NED presence and role in the system to be pursued and enhanced. Active in ICPs	Local Care Investment received for both east and west Kent - Hospital at Home and Rapid Transfer of Care scheme. Community Care Funding increase in financial settlement Chief Exec report to the board Regular Strategic development update to the board Membership of the STP board. Director of strategy report to the Leadership forum	4	3	12H	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Low	3	3	9	**March 2022**
												Ensure consistent and co ordinated response to Kent and Medway ICS end state proposals	Gerard Sammon	March 2022	A					
												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	Pauline Butterworth	January 2022	G					
												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.	Paul Bentley	January 2022	G					
												Contribute to the production of the ICS system governance that includes composition of the Integrated Care Board (ICB) and its new constitution and BAF	Paul Bentley	March 2022	A					
116	May 2021	Gordon Flack	After a decade of savings of around £700m KCC have a £1.2bn current budget of which 80% is social care and a shortfall of £40-£60m has been identified for 22-23. The financial pressures within local authority put at risk integrated working in KCHFT discharge pathways, public health services LD and autism services. Board Committee Lead on Assurance: **Finance Business and Investment Committee**	4	3	12H	A single ICS senior level Strategic Leadership Body of equal partners across the local authority, CCG, user and carer voice and system provider being developed. Formal public health partnership agreement in place until 2025 between KCHFT& KCC. LD & autism system alliance agreement. KCHFT COO engagement with system level discharge planning meetings and governance Funding agreed for H2	Monitoring delivery against PH and discharge IPR targets Contract agreed LD&A Delivery Partnership, delegated to deliver and micro commission all LDA health and social care support agreed. KCC public health partnership agreement and governance structure.	4	3	12H	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Medium	4	2	6	**March 2022**
												Collective work with KCC and KMPT to develop lead provider framework and LD&A commitments	Paul Bentley	December 2021	G					
												Establish Executive leadership group, meetings, ToR and programme of work for discharge pathways	Pauline Butterworth	December 2021	G					
												Work with partners on integrated pathways and agree efficiencies	Pauline Butterworth	March 2022	A					
												Reset the executive partnership relationship KCC/KCHFT	Gordon Flack	March 2022	A					
121	Dec 2021	John Goulston	Transition in the Board at a time of significant system and organisational pressure may impact the boards leadership of the organisation and the ability to respond effectively and in a focused way to the challenges impacting on organisational operation. Board Committee Lead on Assurance: **Board**	4	3	12H	Confirmation of Interim CEO Recruitment process commenced for new CEO Confirmation of interim arrangements to be approved by RemCom	Organisational response e.g.IPR reporting	4	3	12H	**Actions to reduce risk**	**Owner**	**Target Completion** (end)	**Status**	Medium	4	2	6	**March 2022**
												Confirmation of interim arrangements to be approved by RemCom	John Goulston	March 2022	G					
												Swift, detailed and effective Induction process for new NEDs	John Goulston	March 2022	A					
												Continuation of board and exec development programme in collaboration with our OD partners to uphold positive culture and team working.	Victoria Robinson-Collins	March 2022	A					

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	2.2
Agenda Item Title:	Infection Prevention and Control Board Assurance Framework
Presenting Officer:	Dr Mercia Spare, Chief Nurse
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

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

COVID-19 Board Assurance Framework (BAF) is presented to provide assurance to the Committee on compliance with Health and Social Care Act (2008) Code of Practice on the prevention and control of infections and other related guidance.

Amendments to the previous submission have been highlighted in purple font.

Summary of key points

The Trust remains compliant with the regulatory requirements of the Health and Social Care Act (2008) Code of Practice on the prevention and control of infections and other related guidance.

There continues to be a daily focus on the key actions that will provide the biggest impact on management and prevention of nosocomial infection including

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

Key changes in guidance, actions and mitigation since the last review is highlighted in purple.

A refreshed IP&C BAF was published on 24 December 2021 and main changes are highlighted in Yellow.

Proposal and/or recommendation to the Committee or Board

To note the report.

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

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

Infection prevention and control board assurance framework

24 December 2021 Version 1.8

Updates from version 1.6 are highlighted in yellow.

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have further developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with UKHSA Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022and other related infection prevention and control guidance to identify risks associated with COVID-19 and other seasonal respiratory viral infections The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors, and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

Ruth May

Ruth May
Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, guidance on the required infection prevention and control measures has been published, this has now been updated and refined to reflect the learning from the SARS-CoV-2 and to acknowledge the threat from other respiratory viruses. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users, and staff.

This framework has been developed and updated following updates in the guidance to help providers assess themselves as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors, and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Health and Safety at Work Act 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self -employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. Local risk assessments should be based on the measures as prioritised in the hierarchy of controls. In the context of SARs-CoV-2 and other seasonal respiratory viruses, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed, and mitigated effectively.

Infection prevention and control board assurance framework

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure that: • a respiratory season/winter plan is in place: ○ that includes point of care testing (POCT) methods for seasonal respiratory viruses to support patient triage/placement and safe management according to local needs, prevalence, and care services ○ to enable appropriate segregation of cases depending on the pathogen. ○ plan for and manage increasing case numbers where they occur. ○ a multidisciplinary team approach is adopted with hospital leadership, estates & facilities, IPC Teams and clinical staff to assess and plan for creation of adequate isolation rooms/units as part of the Trusts winter plan. • health and care settings continue to apply COVID-19 secure workplace requirements as far as practicable, and that any workplace risk(s) are mitigated for everyone. • Organisational /employers risk assessments in the context of managing seasonal respiratory infectious agents are: ○ based on the measures as prioritised in the hierarchy of controls. including evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new variants of concern in the local area. ○ applied in order and include elimination; substitution, engineering, administration and PPE/RPE. ○ communicated to staff. • safe systems of working; including managing the risk associated with infectious agents through the completion of risk assessments have been approved through local governance procedures, for example Integrated Care Systems. • if the organisation has adopted practices that differ from those recommended/stated in the national guidance a risk assessment has been	• A task and finish group is in place to complete a seasonal virus risk assessment (respiratory and enteric). This will form a management plan for the incidence of multiple virus'. • Lateral flow testing in place, staff testing twice per week, and three times a week if not vaccinated; electronic system in place to monitor, and results uploaded to PHE POCT centre. • Additionally, where outbreaks identified, contact tracing using PCR tests • Symptomatic patient testing now includes COVID, influenza A, B and RSV. • Point of care testing (PoCT) and lateral		

completed and it has been approved through local governance procedures, for example Integrated Care Systems. • risk assessments are carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with respiratory infectious agents. • if an unacceptable risk of transmission remains following the risk assessment, the extended use of Respiratory Protective Equipment (RPE) for patient care in specific situations should be considered. • ensure that patients are not transferred unnecessarily between care areas unless, there is a change in their infectious status, clinical need, or availability of services. • the Trust Chief Executive, the Medical Director or the Chief Nurse has oversight of daily sitrep.in relation to COVID-19, other seasonal respiratory infections, and hospital onset cases • there are check and challenge opportunities by the executive/senior leadership teams of IPC practice in both clinical and non-clinical areas. • resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors). • the application of IPC practices within this guidance is monitored, eg: ○ hand hygiene. ○ PPE donning and doffing training. ○ cleaning and decontamination. • the IPC Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board. • the Trust Board has oversight of ongoing outbreaks and action plans. • the Trust is not reliant on a particular mask type and ensure that a range of predominantly UK Make FFP3 masks are available to users as required.	flow testing for patients explored with peer providers however: ○ PoCT infrastructure requirements are not suitable for disparate community setting. ○ Due to minimal direct referral in to community hospitals, requirement for Lateral flow testing for patients is limited. All patients are routinely screened on admission and if indicated, isolated until results known. • Patients are isolated/cohorted according to results. • MDT approach is in place with estates and facilities. This includes discussions regarding isolation facilities where indicated. • As part of the guidance review of September 2021, the team have reviewed the requirement for the hierarchy of controls against		

	current working practice and are assured that the current risk assessment encompasses the 5 domains of the hierarchy of controls. • Operational capacity to care for patients are considered as part of the admission criteria and the weekly safer staffing reviews, this includes acuity monitoring. • The DIPC and IPC team receive the daily PHE communicable disease reports for Kent Surrey and Sussex which details variant related outbreak activity. We also participate in system networks • When unacceptable risk of transmission is identified further risk assessment is undertaken to consider any alternative/extended RPE equipment required. A trigger and escalation tool is in development in		

	response to recent guidance for the implementation of RPE. • All outpatient departments & MIU/UTC assess prior to admission (UTC's utilising 111 appointments). Patients assessed again on arrival – flow charts for these processes. Domiciliary – assessed via phone, and in person before entering. • Staff risk assessments in place to support management of staff which was developed as a system. • National guidance has been implemented as published. • Patients only moved if deteriorate and require admission to Acute OR if their infectious status changes • Director level approval of COVID-19 sitreps in place. • The Board and		

	Governors are visible in operational and infrastructure services and are able to challenge as necessary. • There is a monthly audit of performance with IP&C guidance and facilities management. • The IP&C BAF is presented at the quality committee which is reported to each Board meeting. • The Quality Committee receives updates on outbreaks and reports to the board. • Inpatients are screened on admission, day 3 and day 6. Screening also if patients have onset of symptoms and day 3 of symptoms, isolated/cohorted until 2 negative results received (flow chart on intranet – and IPC team daily records of all swabs. • Where cohorting is		

	required, all IPC measures implemented, and when 'stepped down' terminal cleans undertaken – evidenced on deep clean checklist • Discharge letters include information on patient results and length of isolation requirements if positive or exposed. All patients screened 48/72 hours prior to discharge if going to care home / vulnerable people at home • IPC team supporting teams, inpatient visits – checklists and monitoring and audits • Reviewed by IPC team on visits – team leads reviewing • Periodic checks by H&S teams through safer space champions. • Mandatory training programme – current compliance 94.4%		

	• Training in place for donning and doffing PPE and COVID information pages on flo • Back to basic focused comms campaign targets hand hygiene, equipment cleaning, spacing and PPE and links to national resources and posters for local print and display • IPC training provided both electronic and face to face where required. Full PPE info on Flo, and posters available • Fit-testing training programme in place on multiple masks for all staff that perform AGPs or work in areas where AGPs are performed. • All guidance reviewed, discussed at IMM, and changes implemented where required, through internal cascade system, as well as on internal intranet. • Risks highlighted		

	on Datix and discussed through IMM, any high risks, on Trust BAF • All IPC policies remain in date and reviewed within agreed timescales. • Director level approval of COVID-19 sitreps in place. • Outbreak management team is minuted and common themes reported to DIPC and bimonthly to IPCAS. • Overarching data provided to performance team daily, presented through IPCAS and in daily exec sitrep. Reported to Quality committee and to board. • IP&C audit programme in place. Evidence of compliance assessed twice per month • Chief Nurse hosts weekly calls with Matrons. • Ward huddles and key focus areas include PPE awareness and key risk information.		

	• Comms remains live to changes in guidance for NHS staff and reiteration of expectations for all work-related activity		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**

Systems and processes are in place to ensure that:
• the Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at board level.
• the organisation has systems and processes in place to identify and communicate changes in the functionality of areas/rooms
• cleaning standards and frequencies are monitored in clinical and non-clinical areas with actions in place to resolve issues in maintaining a clean environment.
• increased frequency of cleaning should be incorporated into the environmental decontamination schedules for patient isolation rooms and cohort areas.
• Where patients with respiratory infections are cared for: cleaning and decontamination are carried out with neutral detergent or a combined solution followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance.
• if an alternative disinfectant is used, the local infection prevention and control team (IPCT) are consulted on this to ensure that this is effective against enveloped viruses.
• manufacturers' guidance and recommended product 'contact time' is followed for all cleaning/disinfectant solutions/products.
• a minimum of twice daily cleaning of:
  ○ patient isolation rooms.
  ○ cohort areas.
	• IPC training updated to incorporate COVID-19 information, donning and doffing, viral swabbing, and face to face fit test training including donning and doffing. Domestic staff have received training, and where appropriate have been fit tested.
	• Non COVID-19 areas cleaned and visited prior to COVID-19 areas.
	• Patient information available and the offer of masks for patients is risk assessed.
	• Terminal clean checklists - utilising Chlorine 1000 ppm in place
	• Implemented – daily cleaning sheets in place and undertaken twice daily if outbreaks are declared.
	• Chlorclean/titan		

○ Donning & doffing areas ○ 'Frequently touched' surfaces eg, door/toilet handles, patient call bells, over bed tables and bed rails. ○ where there may be higher environmental contamination rates, including: ▪ toilets/commodes particularly if patients have diarrhoea. • A terminal/deep clean of inpatient rooms is carried out: ○ following resolutions of symptoms and removal of precautions. ○ when vacated following discharge or transfer (this includes removal and disposal/or laundering of all curtains and bed screens); ○ following an AGP **if room vacated** (clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room). • reusable non-invasive care equipment is decontaminated: ○ between each use. ○ after blood and/or body fluid contamination ○ at regular predefined intervals as part of an equipment cleaning protocol ○ before inspection, servicing, or repair equipment. • Compliance with regular cleaning regimes is monitored including that of reusable patient care equipment. • As part of the Hierarchy of controls assessment: ventilation systems, particularly in, patient care areas (natural or mechanical) meet national recommendations for minimum air changes refer to country specific guidance. In patient Care Health Building Note 04-01: Adult in-patient facilities. • the assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer. • a systematic review of ventilation and risk assessment is undertaken to support location of patient care areas for respiratory pathways • where possible air is diluted by natural ventilation by opening windows and doors where appropriate • where a clinical space has very low air changes and it is not possible to increase dilution effectively, alternative technologies are considered with Estates/ventilation group.	chlorine-based cleaning solutions are in place • National cleaning standards are measured and audited in all areas. • Revised National cleaning standards published in April 2021. Working group in place to identify any required amendments from current processes. • Frequent touch areas cleaned as part of daily schedules and in addition when visibly contaminated. • Ward checklist for daily equipment - evidenced on IPC team checklist • Linen and laundry handled in line with national guidance and checked on all observational audits • Where possible equipment is single use • Equipment cleaning protocols in place – evidenced on checklists by IPC team • Monthly audits by facilities and presented at IPCAS • Mechanical ventilation, air flow and air change		

• when considering screens/partitions in reception/ waiting areas, consult with estates/facilities teams, to ensure that air flow is not affected, and cleaning schedules are in place.	compliance has been reviewed and is currently subject to discussions with landlords for any remedial works. • Currently no specialist ventilation is in place across the estate. Window opening regime in place. • Policy and protocols in place for decontamination of all equipment which includes the elements outlines. Checks lists are located on all clinical units and IPC check these as part of their checklist. As part of the safer space programme staff are required to clean all IT equipment and desk spaces before and after use. • New cleaning standards for 2021 being reviewed via a task and finish group to identify any changes required to current audit and reporting regimen.		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**

Systems and process are in place to ensure that:
• arrangements for antimicrobial stewardship are maintained
• previous antimicrobial history is considered
• the use of antimicrobials is managed and monitored:
  ○ to reduce inappropriate prescribing.
  ○ to ensure patients with infections are treated promptly with correct antibiotic.
• mandatory reporting requirements are adhered to, and boards continue to maintain oversight.
• risk assessments and mitigations are in place to avoid unintended consequences from other pathogens.
	• IPCAS held bimonthly, antimicrobials Task and Finish group for antimicrobial stewardship in place.
	• PGD audit programme in place undertaken by pharmacy.
	• Pharmacy techs on wards weekly support prudent prescribing.
		• Currently audit of antimicrobial prescribing in inpatient wards only completed annually.	• Prescribing data presented to IPCAS bimonthly for discussion and action.
			• Board oversight of antimicrobial stewardship will be through quality committee quarterly updates.

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure that: • visits from patient's relatives and/or carers (formal/informal) should be encouraged and supported whilst maintaining the safety and wellbeing of patients, staff and visitors • national guidance on visiting patients in a care setting is implemented. • restrictive visiting may be considered appropriate during outbreaks within inpatient areas This is an organisational decision following a risk assessment. • there is clearly displayed, written information available to prompt patients' visitors and staff to comply with handwashing, wearing of facemask/face covering and physical distancing. • if visitors are attending a care area with infectious patients, they should be made aware of any infection risks and offered appropriate PPE. This would routinely be an FRSM. • visitors with respiratory symptoms should not be permitted to enter a care area. However, if the visit is considered essential for compassionate (end of life) or other care reasons (eg, parent/child) a risk assessment may be	• Guidance on Intranet, reflect national guidance. This has been updated on flo in response to recent updated in guidance in January 2022. • All patients in inpatient units cohorted or in side-rooms as per IP&C guidance. In non-inpatient areas, specific rooms / streaming in place for segregation of potential symptomatic / non-symptomatic patients, and SOP's in local services for this • Available on Internet and Intranet – easy		

undertaken, and mitigations put in place to support visiting wherever possible. • visitors are not present during AGPs on infectious patients unless they are considered essential following a risk assessment eg, carer/parent/guardian. Implementation of the Supporting excellence in infection prevention and control behaviors Implementation Toolkit has been adopted C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	read version in process for most information • Patients and visitors accessing our buildings are currently required to wear face coverings/masks and PPE where indicated. • Discharge and transfer information identifies COVID-19 status and date of swab. • Patient information leaflets for patients able to read, visual posters from PHE for those who are unable to. • There is a programme in place in pre-work considerations against the tool kit has been done planned rollout in 2022.		
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure that: • signage is displayed prior to and on entry to all health and care settings instructing patients with respiratory symptoms to inform receiving reception staff, immediately on their arrival. • infection status of the patient is communicated to the receiving organisation, department or transferring services, when a possible or confirmed seasonal respiratory infection needs to be transferred. • staff are aware of agreed template for screening questions to ask. • screening for COVID-19 is undertaken prior to attendance wherever possible	• All services have triage questions and SOPs in place • In wave 1 joint work implemented between primary care and KCHFT to identify vulnerable patients. KCHFT assessments and flow charts identify the appropriate	• Signage is being confirmed across all locations to ensure consistent.	

to enable early recognition and to clinically assess patients prior to any patient attending a healthcareenvironment. • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19/ other respiratory infection symptoms and segregation of cases to minimise the risk of cross-infection as per national guidance. • triage is undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible. • there is evidence of compliance with routine patient testing protocols in line with trust approved hierarchies of control risk assessment and approved. • patients with suspected or confirmed respiratory infection are provided with a surgical facemask (Type II or Type IIR) to be worn in multi-bedded bays and communal areas if this can be tolerated. • patients with respiratory symptoms are assessed in a segregated area, ideally a single room, and away from other patients pending their test result. • patients with excessive cough and sputum production are prioritised for placement in single rooms whilst awaiting testing. • patients at risk of severe outcomes of respiratory infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare eg, priority for single room isolation and risk for their families and carers accompanying them for treatments/procedures must be considered. • where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes. • face masks/coverings are worn by staff and patients in all health and care facilities. • where infectious respiratory patients are cared for physical distancing remains at 2 metres distance. • patients, visitors, and staff can maintain 1 metre or greater social & physical distancing in all patient care areas; ideally segregation should be with separate spaces, but there is potential to use screens, eg, to protect reception staff. • patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly.	pathways for these patients (e.g. home visit, clinic or virtual assessment). • Triage questions at entrance to hospitals / services / prior to domiciliary visits • Services have own questions – based on national triage form • Initial triage for allocation of waiting room etc. undertaken by receptionist – clinical staff triage in MIU/UTC as appropriate • All staff has an individual COVID risk assessment completed. This is updated when any changes occur for the individual or / and annually. • Staff wear TIIR masks in all buildings. • Patients are encouraged by staff to wear face masks when mobilising around the ward. • All patients are requested to wear masks when unable to socially distance, and when not detrimental to health or care. Posters and leaflets available to encourage		

• isolation, testing and instigation of contact tracing is achieved for all patients with new-onset symptoms, until proven negative. • patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately.	this. • Mandatory face coverings, all comms ask patients and visitors to comply. • Patient information leaflet (for those that can read) Poster visual prompts • All receptions have Perspex screens, high risk patient in urgent care settings do not wait –they are escorted to identified rooms for immediate assessment • Inpatients are screened on admission, day 3 and 6 and at onset of symptoms, isolated / cohorted until 2 negative results received (flow chart on intranet – and IPC team daily records of all swabs. • Where direct admission occurs lateral flow testing could be considered if patient assessed as high risk. • Isolated at assessment as required • Monthly audit of compliance to screening		

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
• appropriate infection prevention education is provided for staff, patients, and visitors. • training in IPC measures is provided to all staff, including: the correct use of PPE including an initial face fit test/and fit check each time when wearing a filtering face piece (FFP3) respirator and the correct technique for putting on and removing (donning/doffing) PPE safely. • all staff providing patient care and working within the clinical environment are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it; • adherence to national guidance on the use of PPE is regularly audited with actions in place to mitigate any identified risk. • gloves are worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with SICP's and TBP's. • the use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance. • staff maintaining physical and social distancing of 1 metre or greater wherever possible in the workplace • staff understand the requirements for uniform laundering where this is not provided for onsite. • all staff understand the symptoms of COVID-19 and take appropriate action if they or a member of their household display any of the symptoms (even if experiencing mild symptoms) in line with national guidance. • to monitor compliance and reporting for asymptomatic staff testing • there is a rapid and continued response to ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals). • positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive	• All services have SOP's in place, some include one-way systems, processes for waiting in cars, waiting rooms physically distances, and queueing systems, some security support in UTC's • Full guidance on Flo, shared through communication channels. • In community services car sharing is not always avoidable due to students or high dependency of some patients etc., therefore clear guidance provided to staff to reduce risk. • IPC training continues, Fit-testing continues, records held centrally by EWD and reported biweekly to IPC team • Dedicated fit tester in place who maintains compliance on multiple masks.		

	cases linked in time and place trigger an outbreak investigation and are reported.	• PPE not re-used unless re-usable or sessional • Decontamination options available (visors) • COVID-19 Datix reporting in place • IPC team visit wards and complete feedback and checklists twice per month • 6 steps hand hygiene posters, respiratory hygiene posters. PPE poster prompts in place • 2 Metre floor signage in place • Documented cleaning checked in IPC audits / checklists • Clear guidance on intranet, posters and through Trust comms • Hand Hygiene assessments formally reported monthly through IPC team for inpatient areas, non-inpatient service report locally and report issues and risks to IPCAS twice per year • Hand air-dryers in non-clinical areas (offices) have these, none in clinical settings		

	• Posters / soap dispensers have hand hygiene technique in toilets and bathrooms • Staff guidance on intranet and policy for uniform laundering • Staff testing available through national tier 1, and symptoms displayed throughout comms and intranet, updated when nationally updated • COVID-19 undergoes daily review of cases internally, daily regional information shared, weekly IPC CCG and NHSI/E IPC team meet. RCA's for single cases >15-day acquisitions, outbreaks for 2 cases. • Outbreak policy in place and updated since COVID – alongside updated protocols, incorporating reporting arrangements		
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure: • that clear advice is provided, and monitoring is carried out of inpatients compliance with wearing face masks (particularly when moving around the ward or healthcare facility) providing it can be tolerated and is not	• Confirmed COVID-19 bays / rooms on inpatients units identified by isolation posters. MIU's UTC's	• Limited single rooms in some settings • Formal compliance with patient use of	• Non COVID-19 areas cleaned and visited prior to COVID-19 areas.

detrimental to their (physical or mental) care needs. • separation in space and/or time is maintained between patients with and without suspected respiratory infection by appointment or clinic scheduling to reduce waiting times in reception areas and avoid mixing of infectious and non-infectious patients. • patients who are known or suspected to be positive with a respiratory pathogen including COVID-19 where their treatment cannot be deferred, their care is provided from services able to operate in a way which minimise the risk of spread of the virus to other patients/individuals. • patients are appropriately placed ie, infectious patients in isolation or cohorts. • ongoing regular assessments of physical distancing and bed spacing, considering potential increases in staff to patient ratios and equipment needs (dependent on clinical care requirements). • standard infection control precautions (SIPC's) are used at point of care for patients who have been screened, triaged, and tested and have a negative result • the principles of SICPs and TBPs continued to be applied when caring for the deceased	identified 'Hot' rooms and routes through which patients enter • Cohorts / rooms in inpatient wards, in out-patients areas zoning as appropriate with identified rooms for COVID-19 positive or symptomatic people • Bays have 2 metre bed spacing – curtains drawn (when safe and appropriate to do so) between beds space, and patients asked not to enter other bed spaces (where they are able to comply) • IPC team review placement daily with clinical staff • Policy for caring for the deceased in place and available on flo which includes COVID positive patients.	facemasks being developed.	• Lateral flow testing in place for staff twice weekly. • Zoning, identified hot rooms, SOP's for flow SOP's for cleaning if high risk patients attend. Identified processes for waiting externally (as appropriate) and escorted in buildings • Single rooms prioritised, and cohorting of patients implemented. • IP&C team observational audit when visiting clinical areas.
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individuals. • patient testing for all respiratory viruses testing is undertaken promptly and in line with national guidance; • staff testing protocols are in place	• All patients screened on admission and processed by external laboratories. Turnaround times outside of our control but there are no		

• there is regular monitoring and reporting of the testing turnaround times, with focus on the time taken from the patient to time result is available. • there is regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data). • screening for other potential infections takes place. • that all emergency patients are tested for COVID-19 and other respiratory infections as appropriate on admission. • that those inpatients who go on to develop symptoms of respiratory infection/COVID-19 after admission are retested at the point symptoms arise. • that all emergency admissions who test negative on admission are retested for COVID-19 on day 3 of admission, and again between 5-7 days post admission. • that sites with high nosocomial rates should consider testing COVID-19 negative patients daily. • that those being discharged to a care home are tested for COVID-19, 48 hours prior to discharge (unless they have tested positive within the previous 90 days), and result is communicated to receiving organisation prior to discharge. • those patients being discharged to a care facility within their 14-day isolation period are discharged to a designated care setting, where they should complete their remaining isolation as per national guidance • there is an assessment of the need for a negative PCR and 3 days self-isolation before certain elective procedures on selected low risk patients who are fully vaccinated, asymptomatic, and not a contact of case suspected/confirmed case of COVID-19 within the last 10 days. Instead, these patients can take a lateral flow test (LFT) on the day of the procedure as per national guidance.	delays in results. • Staff shown and given instructions how to swab • Lateral flow testing in place and if positive PCR testing • Daily reporting of staff positive cases via IMM and for executive sitrep. • MRSA, CDI and UTI/CAUTI protocols in place. • All screening protocols implemented, and audited outbreak screening discussed at outbreak meetings • Swabs taken, and results chased and checked 3 times daily by IPC team • IPC team review results, and chase labs if delays of > 48 hours. • Specialist clinical advice is available from both Acute trusts via clinical microbiologists/virologists. • Point of care testing (PoCT) and lateral flow testing for patients explored with peer providers however:		

	○ PoCT infrastructure requirements are not suitable for disparate community setting. ○ Due to minimal direct referral in to community hospitals, requirement for Lateral flow testing for patients is limited. All patients are routinely screened on admission and if indicated, isolated until results known. • Discharge letters include information on patient results and length of isolation requirements if positive or exposed. All patients screened 48/72 hours prior to discharge if going to care home / vulnerable people at home • Elective Podiatric surgery only Low risk pathway – separate entrances and flow. • Updated guidance for green pathways published on 27/09/2021.Following review all patients now screened prior to surgery using Lateral flow tests as opposed to PCR.		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure that • the application of IPC practices are monitored and that resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors). • staff are supported in adhering to all IPC policies, including those for other alert organisms. • safe spaces for staff break areas/changing facilities are provided. • robust policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of an outbreak. • all clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance. • PPE stock is appropriately stored and accessible to staff who require it.	• Checklist and audit by IPC team, data reporting for alert organisms • All Guidance reviewed daily, and updated when national changes occur within 24-48 hours. Immediate risks are communicated vis Flo • Dedicated PPE team in place to manage stock and logistics. • Stocks of correct PPE available, information on stock levels reported via Flo for staff. Stored within multiple locations/hubs for ease of access. • Waste audit in place compliant with national guidance. • Linen and laundry handled in line with national guidance and checked on all observational audits		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**

Systems and processes are in place to ensure that: • staff seek advice when required from their IPCT/occupational health department/GP or employer as per their local policy. • bank, agency, and locum staff follow the same deployment advice as permanent staff. • staff who are fully vaccinated against COVID-19 and are a close contact of a case of COVID-19 are enabled to return to work without the need to self-isolate (see Staff isolation: approach following updated government guidance) • staff understand and are adequately trained in safe systems of working, including donning, and doffing of PPE. • a fit testing programme is in place for those who may need to wear respiratory protection. • where there has been a breach in infection control procedures staff are reviewed by occupational health. Who will: • lead on the implementation of systems to monitor for illness and absence. o facilitate access of staff to antiviral treatment where necessary and implement a vaccination programme for the healthcare workforce o lead on the implementation of systems to monitor staff illness, absence and vaccination against seasonal influenza and COVID-19 o encourage staff vaccine uptake. • staff who have had and recovered from or have received vaccination for a specific respiratory pathogen continue to follow the infection control precautions, including PPE, as outlined in national guidance. • a risk assessment is carried for health and social care staff including pregnant and specific ethnic minority groups who may be at high risk of complications from respiratory infections such as influenza and severe illness from COVID-19. o A discussion is had with employees who are in the at-risk groups, including those who are pregnant and specific ethnic minority groups; o that advice is available to all health and social care staff, including specific advice to those at risk from complications. o Bank, agency, and locum staff who fall into these categories should follow the same deployment advice as permanent staff. o A risk assessment is required for health and social care staff at high risk of complications, including pregnant staff.	• Managerial support, OH only for management referrals, not routine OH monitoring, contact tracing for COVID-19 or COVID vaccination. • Individual risk assessments completed for ALL staff, including those in at risk groups • Risk assessments undertaken and completed for ALL BAME and pregnant staff. Updated guidance communicated to managers via Infrastructure divisional meeting. • Fit-testing in place – recorded through EWD • Trained dedicated fit-testers through fit-test programme utilising approved resources and competency assessments. • Portacount training by company rep and Fit – to – FIT company completed and two machines purchased. • Fit-test results reported and recorded locally and centrally. • Since Nov 2020 all staff trained on		

• vaccination and testing policies are in place as advised by occupational health/public health. • staff required to wear FFP3 reusable respirators undergo training that is compliant with HSE guidance and a record of this training is maintained and held centrally/ESR records. • staff who carry out fit test training are trained and competent to do so. • all staff required to wear an FFP3 respirator have been fit tested for the model being used and this should be repeated each time a different model is used. • all staff required to wear an FFP3 respirator should be fit tested to use at least two different masks • a record of the fit test and result is given to and kept by the trainee and centrally within the organisation. • those who fail a fit test, there is a record given to and held by employee and centrally within the organisation of repeated testing on alternative respirators and hoods. • that where fit testing fails, suitable alternative equipment is provided. Reusable respirators can be used by individuals if they comply with HSE recommendations and should be decontaminated and maintained according to the manufacturer's instructions. • members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm. • a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health. • boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board. • consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance. • health and care settings are COVID-19 secure workplaces as far as practical,	multiple masks, as per resilience principles, to enable choice and responsiveness to changes in push stock. • HR processes in place ensure risk assessments are acted upon to limit occupational exposure to COVID-19. • Voluntary staff vaccination programme in place for COVID and Flu with uptake reported to Board and committees. • Mandatory COVID vaccination programme in development in line with phase 1 guidance. • IPC team report numbers of staff fit-tested in PSCRG report monthly • Guidance information on Flo, shared internally, implemented through SOP's and challenged on IPC team walkabouts, and H&S walkabouts • Face-mask SOP's in place and evidenced. Each building has a safe space champion and an SOP which		

that is, that any workplace risk(s) are mitigated maximally for everyone. • staff absence and well-being are monitored and staff who are self -isolating are supported and able to access testing. • staff who test positive have adequate information and support to aid their recovery and return to work.	identifies use of building and maximum capacity. • E-roster reporting tool in place. HR policy on Flo for testing through national portal • Lateral flow testing in place for staff twice weekly.		

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	2.3
Agenda Item Title:	Audit and Risk Committee Chair's Assurance Report
Presenting Officer:	Pippa Barber, Deputy Chair of Audit and Risk Committee
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

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

The report summarises the Audit and Risk Committee meeting held on 17 November 2021 and provides assurance to the Board. A verbal update will also be given on the Committee meeting held on 7 February 2022.

Summary of key points

The November meeting covered a range of topics including the Board Assurance Framework, the report from the Corporate Assurance and Risk Management Committee, the annual data integrity report, and a deep dive into the risks surrounding environmental sustainability management and reporting in the Trust going forward.

Proposal and/or recommendation to the Committee or Board

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

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper? *National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.* *You can find out more about EAs here on flo* **If not, describe any equality and diversity issues that may be relevant.**	☐ Yes *(please attach)* ☒ No *(please provide a summary of the*

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

Name:	Peter Conway	Job title:	Non-Executive Director
Telephone number:	01622 211906	Email	

Kent Community Health
NHS Foundation Trust

AUDIT AND RISK COMMITTEE CHAIR'S ASSURANCE REPORT

Audit and Risk Committee (ARAC) meeting on 17 November 2021

Area	Assurance	Items for Board's consideration and/or next steps
Risk Management	1)Board Assurance Framework (BAF): substantial assurance. Very good refresh recently undertaken. 2)Corporate Assurance and Risk Management (CARM) Committee: reasonable assurance across a wide range of items. Hot spots include fire training, Rio availability in West Kent, information	1)new risk to be added reflecting the overall system and winter pressures. Quality Committee to meet every month December to March and Strategic Workforce Committee (SWC) to have a special meeting in January. Some system-wide key performance indicators (KPIs) covering winter pressures could be included in the integrated performance report (IPR). The BAF is now considered at monthly community services directors (CSD) meetings (which supports Pauline Butterworth, Chief Operating Officer as owner of the majority of actions) 2)CARM and Quality Committee to undertake further assessment. Good progress on policies with numbers reduced to 166 from 200 and a further 46 to be addressed in the next quarter

Area	Assurance	Items for Board's consideration and/or next steps
	governance incidents and Freedom of Information/Subject Access Requests (FOI/SARs) volumes 3)Risk Deep Dive - Sustainability: reasonable assurance with responsibilities, reporting and SMART targets all in place	3)Mandatory reporting of sustainability issues will increase including the climate's impact on the Trust's activities, not just the Trust's progress towards net zero. Four areas under active consideration and data gathering - flooding, workplace temperatures, air quality and water leaks. In parallel, Estates will treat the highest risks in these areas as part of business as usual.
Assurance (3rd party)	1)Internal Audit: Work plan on track with two reports at draft stage, two in fieldwork and four in planning. No overdue actions 2)Anti-Crime Specialists: reasonable assurance. The Committee discussed the proposed scope of three areas under focus (mobile phones, expenses and reimbursements for travel using own car). 3)External Audit (EA): substantial assurance	3)EA recommends that Trust reporting going forward should distinguish between those decisions that can be taken at Trust level and those taken at system level. Recommendation accepted by Management
Assurance	1)Data Integrity: substantial assurance	1)Two areas rated as two-stars need a little more analysis: Excel spreadsheets and TAPS – The Committee to follow up. Quality Committee will follow up on crisis response times where there appear to be performance and/or reporting issues

Area	Assurance	Items for Board's consideration and/or next steps
Financial Reporting and Controls	1)Single Tender Waivers and Requisitions: previous adverse trends have improved 2)Losses and Special Payments: noted	
Governance	1)Committee Effectiveness Review: substantial assurance	1)Two themes going forwards - Committee to widen its radar and consider more system/national issues; auditors to focus their reports more and bring forward insights and intelligence they glean from other Trusts

Peter Conway
Chair, Audit and Risk Committee
November 2021

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	2.4
Agenda Item Title:	Charitable Funds Committee Chair's Assurance Report, Minutes and 2020/21 Annual Report and Accounts
Presenting Officer:	Pippa Barber, Member of Charitable Funds Committee
Action – this paper is for:	☐ Decision ☒ Information ☒ Assurance

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

The papers summarise the Charitable Funds Committee meetings held on 17 November 2021 and 20 January 2022 and include the confirmed minutes of the meetings held on 14 July and 17 November 2021. The 2020/21 Annual Report and Accounts are also included for information.

Summary of key points

Proposal and/or recommendation to the Committee or Board
The Board is asked to receive the Charitable Funds Committee Chair's Assurance Report, the approved minutes and the 2020/21 Annual Report and Accounts.

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper? *National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.* *You can find out more about EAs here on flo* **If not, describe any equality and diversity issues that may be relevant.**	☐ Yes *(please attach)* ☒ No *(please provide a summary of the*

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

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

Kent Community Health
NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on 17 November 2021.

Agenda item	Assurance and key points to note	Further actions and follow up
Minutes and matters arising from the meeting of the 17 November 2021	Minutes agreed subject to minor corrections. Matters arising table agreed with proposed closure confirmed for most issues. The Committee noted the Board Assurance Framework (5 November 2021) and the role that the Committee could have in supporting both staff retention and sustainability without further comment. Other issues below	Extraordinary Committee meeting in December to agree additional spending for staff and patients. Mermikides Fund - planned work to start on the ward refurbishment in April 2022. Plan B needed in case of postponement - suggestions of therapy equipment, prefab office/meeting room
Relevant feedback from other committees	Nil from other committees.	
2020/21 Annual Charity accounts statement	Draft Annual Report and Charity Accounts (2020/21) presented for assurance by Head of Financial Accounting - no issues of note raised by Committee; now to external auditor and Chair to sign off. 2020/21. Total Funds at 31 March 2021 were £706k - (£556k Restricted funds; £150k Unrestricted Funds; Total income for year £182k (donations of £58k, no legacies and investment interest of £2k). In year total expenditure was £142k (an increase over the £69k in 2019/20). Examples of funding: Expenditure of £78k on staff and £46k on patients' welfare: vouchers for staff,	Noted Reserves Policy, system and hierarchy of spending controls ensures good fraud control and prevention. Concern expressed re ability to spend funds quickly enough. Reminder re restricted funds aim to spend as quickly as possible in line with wishes of donor (see later re key specific funds) and guidance of Charities Commission in general on what should be NHS spending and what would be appropriate for charitable spending.

Agenda item	Assurance and key points to note	Further actions and follow up
	children's packs for staff children; Omni vista interactive table projector; specialist chairs for day room including two riser/recliner ones; medical equipment; sleeper chairs for East Kent community hospital/Westbrook and West View for patients in the day and relatives of patients at night; Christmas gifts.	
2020/21 Quarter 2 Finance Update including update on COVID-19 Well-being fund	Q2 statement and spending plans presented by Assistant Financial Accountant together with Marketing Report from Head of Campaigns and Digital. Total income in Q2 was £6.5k; total expenditure was £13k (mostly for protective screens and medical equipment for self-care at Bow Road)	Bow Road Fund - complete automatic doors; Practice will make up amount to final cost and this will close out fund. Coxheath Sensory Fund - final items to be purchased and this will close out fund.
Charitable Funds Marketing Report: Annual marketing objectives and plan; annual marketing review	Staff Health and Wellbeing Fund (as at 10 November 2021) (Fund 107) plus residual NHS Charities Together (Fund 605) have approx. £30k left to spend. Discussion re spending of sum: desire to target those who would most need it - hardship fund (rejected as difficult to administer); foodbank (to be followed up-right); supermarket vouchers for all; supermarket vouchers for those staff with children; budget for sustainability lead proposed to pump prime initiatives (agreed). Committee overall felt it would be difficult to identify all in need at Trust.	Agreed that Chair would discuss the food bank idea with Victoria Robinson-Collins, Director of People and Organisational Development who had proposed it. Post-meeting note: Chair subsequently met - agreed that the foodbank idea although very beneficial would be difficult to organise at all sites and that supermarket vouchers would be the best way of providing the same concept. Chair and Victoria Robinson-Collins discussed the benefits of vouchers for all (£5) versus higher value to all staff who earned less than £40k per annum or some comparable figure that would fit with a voucher of £10 approximately. To be finalised at Extraordinary Meeting Friday 10 December.

Agenda item	Assurance and key points to note	Further actions and follow up
NHS Charities Together	Wave 2 expenditure: project-based applications: two KCHFT proposed projects were thought likely to be funded: End of Life children's nursing support and Oncology Closer to Home with CLIC Sargent but did not meet all the required criteria. Expansion of an excellent pilot project to cover Kent (see right) endorsed.	An alternative project for the Homeless (Rough Sleepers) (currently a pilot) would be put forward for funding to expand the programme across Kent, Endorsed by Committee as an excellent alternative. Medway NHS Foundation Trust is leading on the application and if successful an additional £300k will be used to expand the current pilot
Spending plans/actions open	See above for staff. For patients' chair proposed purchase of four Omni Vista Table/Floor projectors (approx. £8.5k each including two-year warranty) assuming Tonbridge Cottage Hospital had found them useful for dementia/stroke patients. Restricted funds at Tonbridge, Deal and Heron Ward (Mermikides) would support the purchase of 1,1,1 and 2 systems). Systems carry own software (no internet, IT needed), portable so can be used e.g. Heron and Queen Victoria Memorial Hospital, Herne Bay for learning disabled patients, etc	Chair to write to Dr Mercia Spare to ask her to seek support/agreement from community hospital Matrons at their regular meeting. (Chair has written to her requesting this)
Forward Plan and review	Standard items agreed. Forward plan approved. Review comments noted	Carol Coleman, Public Governor Dover and Deal announced that she would be stepping down this year as the Governor representative on the Committee. The Chair and Committee thanked her for her long and very helpful and committed service to the Committee.
Next meeting	10 December 2021	

Prof. Francis Drobniewski
Chair, Charitable Funds Committee
22 November 2021

Kent Community Health
NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Charitable Funds Committee meeting held on 20 January 2022.

Agenda item	Assurance and Key points to note	Further actions and follow up
Minutes meeting 17 November 2021 and matters arising from the meeting	The minutes were agreed subject to minor corrections. Ms Carol Coleman, Public Governor Dover and Deal was not present but the Chair (and Committee) thanked her and Ms Sola Afuape, non-executive director for their very helpful and committed service to the Committee. The matters arising table was agreed with proposed closure confirmed for most issues. The Committee agreed to purchase three OmiVista tables (feedback from Tonbridge Community Hospital which has one was that it was very useful. Restricted funds at Tonbridge, Deal and Heron Ward (Mermikides) would support the purchase of three to four systems). The systems carry their own software (no internet, IT needed); they are portable so they can be used e.g. Heron Ward and Queen Victoria Memorial Hospital, Herne Bay for learning disabled patients, etc. The Matrons are putting together a	The Extraordinary Committee meeting in December to agree additional spending for staff and patients was cancelled (see below). Mermikides Fund - planned work to start on the ward refurbishment in April 2022. Plan B needed in case of postponement; suggestions of therapy equipment, prefab office/meeting room from staff. An additional Committee meeting would be held in April specifically to monitor the go ahead regarding the Mermikides fund and the Heron Ward refurbishment.

Agenda item	Assurance and Key points to note	Further actions and follow up
	business case. The Chair had written to Dr Spare, Chief Nurse who had discussed this with the Matrons.	
2020/21 Annual Charity Accounts Statement	The Draft Annual Report and Charity Accounts (2020/21) were re-presented for assurance by Carl Williams. There were no issues of note raised by the external auditor. They would be sent to the Chair to sign off. 2020/21. Total funds at 31/3/2021 were £706k-(£556k restricted funds; £150k unrestricted funds. Total income for year £182k (donations of £58k, no legacies and investment interest of £2k). In year total expenditure was £142k (an increase over the £69k in 2019/20). Examples of funding: expenditure of £78k on staff and £46k on patient's welfare: vouchers for staff, children's packs for staff children; OmiVista interactive table projector; specialist chairs for a day room including two riser/recliner ones; medical equipment; sleeper chairs for east Kent community hospital/Westbrook Centre and West View ICC, Tenterden for patients in the day and relatives of patients at night; Christmas gifts.	Noted Reserves Policy, system and hierarchy of spending controls ensures good fraud control and prevention. Concern was expressed regarding the ability to spend funds quickly enough.

Agenda item	Assurance and Key points to note	Further actions and follow up
Charitable Funds Marketing Report: Annual marketing objectives and plan; annual Marketing Review	Staff Health and Wellbeing Funds (as at 10/11/2021) (Fund 107) plus residual NHS Charities Together (Fund 605) have approximately £30k left to spend. Discussion regarding spending of sum: desire to target those who would most need it - hardship fund (rejected as difficult to administer); foodbank (to be followed up-right); budget for Sustainability Lead agreed before and pump priming equipment agreed. The Committee overall felt it would be difficult to identify all in need at the Trust. It was thought that most of the NHS staff spending would be spent in any case by planned commitment.	The Chair discussed the food bank idea with the Director of Organisational Development and People who had proposed it. NB. The Chair subsequently met – and agreed that the foodbank idea although very beneficial would be difficult to organise at all sites and that supermarket vouchers would be the best way of providing the same concept. The Chair and Director of Organisational Development and People discussed the benefits of vouchers for all (£5) versus higher value to all staff who earned less than £40k p.a. or some comparable figure that would fit with a voucher of £10 approximately. This was not finalised at the Extraordinary meeting on Friday 10 December as it was cancelled.
Next meeting	April 2022 extra meeting, then July 2022.	

Prof. Francis Drobniewski
Chair, Charitable Funds Committee
23 January 2022

Kent Community Health NHS Foundation Trust

CONFIRMED Minutes of the Charitable Funds Committee meeting held on Thursday 14 July 2021

Virtual meeting on MS Teams

Present:	Prof. Francis Drobniewski, Non-Executive Director (Chair) Sola Afuape, Non-Executive Director Pippa Barber, Non-Executive Director Carol Coleman, Public Governor, Dover and Deal Gordon Flack, Director of Finance / Deputy Chief Executive (representing Dr Mercia Spare)
In Attendance:	Gina Baines, Committee Secretary (minute-taker) Jo Bing, Assistant Financial Accountant (agenda items 2.1 and 2.4) Fleur Cromarty, Head of Estates Capital Projects (agenda item 1.4) Jo Treharne, Head of Campaigns (agenda items 2.2) Carl Williams, Head of Financial Accounting (agenda item 2.5) Dan Wright, Sustainability Lead (agenda item 2.3)
Observer:	Kwasi Owusu, Graduate Trainee, Finance

012/21 Welcome and apologies for absence

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

Apologies were received from Victoria Cover, Head of Clinical Services Urgent Care and Hospitals (West Kent); Dawn Levett, Strategic Delivery Manager Urgent Care (East Kent); Claire Poole, Deputy Chief Operating Officer; and Dr Mercia Spare, Chief Nurse.

The meeting was quorate.

013/21 Declarations of interest

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

014/21 Minutes of the previous meeting held on 7 January 2021

The minutes were read for accuracy.

The Minutes were **AGREED**.

015/21 Matters Arising of the meeting of 7 January 2021

034/2020 Mermikides Fund Update (iPads) – With regards to contacting Apple to negotiate a price for a bulk order of iPads, Jo Bing reported that she had not had any bids in for this kind of purchase.
Gordon Flack confirmed that the Trust had bought some iPads for use in the community hospitals but that they had been purchased using specific Covid funding. Sola Afuape suggested that charitable funds could be used to provide support to patients such as providing reasonable adjustments if that was not already being done. It was agreed that Jo Bing would make internal enquiries and that Carol Coleman would contact Currys to find out whether it would be able to offer the Trust a suitable package of equipment and add ons.
Action – Jo Bing
Action – Carol Coleman

In response to a question from Pippa Barber as to whether supporting patients through digital means was part of the Trust's digital strategy, Gordon Flack commented that the strategy was being presented at the July Finance, Business and Investment Committee meeting. The aim of the strategy was to have an inclusion agenda and Sola Afuape suggested that she would bring her questions to that committee.

The Matters Arising Table Actions Closed was agreed.

The outstanding actions were discussed and updated as follows:

023/19 Forward Plan (Sensory Room appeal) – A late bid had been received at the end of March 2021. A wish list of items had been drawn up and it was anticipated that there would be sufficient funds available to purchase the items. Once these had been purchased the fund would be closed. Action closed.
020/2020 2020/21 Quarter One Finance Update (Amazon wish list) – It had been heavily promoted at Christmas. The list would remain on Amazon and re-promoted when required. Action closed.
025/2020 eTapestry Essential Business Proposal – It was agreed to close the action and bring the item back to the Committee should it be decided that it could add value. Action closed.
027/2020 Any other business (Liberty Pay) – The system was not appropriate for use in the community hospitals. Charitable giving was accessible through the Just Giving page and by texting donations. Pippa Barber suggested that some funds should be kept back in case it was decided in the future that Liberty Pay would be helpful in collecting donations. Action closed.

034/2020 (Update on project costs) – Fleur Cromarty joined the meeting to provide an update to the Committee on the Mermikides fund project. A summary of the current position was provided. Because of the impact of the pandemic on community hospital capacity, the service leads had agreed to release the tender in January 2022 with a view to the work starting in April 2022. The majority of the work would be funded out of the Trust's capital plan but the full amount from the charitable fund would be included in the project's costs. Francis Drobniewski was concerned that there should be evidence of some practical spending of the fund in the meantime in line with the wishes of the donor. In response to a question from Carol Coleman as to whether the recent inflationary pressures on construction costs would have an impact on the project, Fleur Cromarty confirmed that there would be a refresh of the financials but she believed the impact would be limited.

In response to a question from Pippa Barber as to whether there could be some pockets of work done which were patient focussed if the main work package did not proceed as planned, Fleur Cromarty indicated her team could identify some smaller elements of work that benefitted the patient and service delivery.

In response to a question from Sola Afuape as to whether there was any family or legal representative whose expectations were being managed in relation to the fund, Jo Treharne responded that the Trust had tried to contact the family through the solicitor but nothing had been forthcoming. The Committee discussed whether there should be further spend of the fund in the interim before the main refurbishment project began. Fleur Cromarty confirmed the items on the scoping list of internal upgrades which included a design for the internal courtyard gardens. It was suggested that it would be helpful to liaise with the League of Friends at Queen Victoria Memorial Hospital, Herne Bay to understand what funds they had and what they were planning to spend them on. Action open.

006/21 2019/2020 Charity Report and Accounts (Administrative charge) – Carl Williams confirmed that this would be finalised as part of the 2021/22 accounts. Action closed.

All other actions were closed.

016/21 Relevant Feedback from Other Committees

There was nothing to report from the other committee meetings.

017/21 Quarterly Statement Charitable Funds and Accounts and Spending Plans

Jo Bing presented the report to the Committee for assurance.

There had been issues with the charitable funds ledger during the first quarter which meant that a written report was not available for the Committee at that time. A summary of the financials was presented but the spend for the first quarter was omitted. Income had increased through the Just Giving page particularly for the HIV/AIDS fund which had recently received a donation in excess of £1k. the General Fund has also received donations to the value of £1k through the Just Giving page. Bids were being received from services. Work was underway with the Comms Team to make sure that the funds were being spent.

The Committee **NOTED** the Quarterly Statement Charitable Funds and Accounts and Spending Plans.

018/21 Annual Financial Statement

Jo Bing presented the report to the Committee for assurance.

Income had been received to the value of £182k; £122k of which had come from the NHS Charities together. £58k of individual donations had been received which was an increase on the previous year. The funds had also received interest from their bank accounts. There had been £142k of spending; the main areas being around health and well-being. £53k had been spent on vouchers for staff. The main spend on purchases for patients had been by the Tonbridge Community Hospital for a dementia table. Specialist chairs had been bought for the Faversham Cottage Hospital and Deal Hospital. Sleeper chairs had also been purchased for all east Kent community hospitals. The Bow Road Fund (Wateringbury) had provided funds towards the surgery car parking as previously supported by the Committee and also home testing for patients.

In response to a question from Pippa Barber as to whether charitable funds could support the purchase of more dementia tables if it was concluded that they met the needs of the patients, it was agreed the other community hospitals would be approached to see if they were evaluating them and to make them aware of the funding stream.
Action – Jo Bing

Pippa Barber commented that there might be a need for sleeper chairs in west Kent as well as east Kent. Gordon Flack requested that the figures for Quarter One be circulated as soon as they were ready. He added that the adult services were being reorganised under one management structure which might make it easier for unifying demand for purchases across all the hospitals in future.
Action – Jo Bing

Jo Bing confirmed that Jane Kendal would be transferring her fund manager responsibilities to Dr Clare Thomas, the new Community Services Director.

Francis Drobniewksi suggested that there could be a comms piece issued on the purchase of the dementia table, etc. He also requested that the recent governor survey on charitable funds spending should be circulated to the Committee. Gina Baines would speak to Joy Fuller to arrange this.
Action – Gina Baines

In response to a question from Carol Coleman as to whether the Children Therapies Service knew that any items still outstanding on the Amazon wish list could be purchased through a bid for charitable funds, Jo Treharne agreed to highlight this to the service.
Action – Jo Treharne

The Committee **NOTED** the Annual Financial Statement.

019/21 **Board Assurance Framework**

Gordon Flack presented the report to the Committee for assurance.

With regards to the risks 103, 107 and 110, Francis Drobniewski suggested that they did not have a major impact on the Committee and should have a positive benefit to staff. Gordon Flack suggested that as the integrated care partnerships began to function there would be more opportunities to work with partners.

The Committee **NOTED** the Board Assurance Framework.

020/21 **Charitable Funds Marketing Report including the annual marketing review, plan and objectives**

Jo Treharne presented the report to the Committee for assurance.

The paper had been circulated late to the Committee.

Sola Afuape thanked Steve Bamford on behalf of the Committee for his fundraising appeal and donation to the HIV/AIDs fund. She also highlighted that it would be worthwhile liaising with Kim Novis, Equality, Diversity and Inclusion Lead to improve the papers that came to the Committee. Jo Treharne agreed to contact Steve Bamford with the Committee's message and to speak to Kim Novis as well.
Action – Jo Treharne

Carol Coleman expressed interest in the Talking Together peer support group which the Sexual Health Service had set up and asked if a member of it would come to the Governor group to present. Gina Baines agreed to ask Joy Fuller to liaise with Carol Coleman and make the necessary arrangements.
Action – Gina Baines

It was reported that more work needed to be done on spending on outdoor furniture. Fleur Cromarty confirmed that Bryan Knope, Head of Estates Operations was reviewing all the requests that had been submitted to confirm which could and could not be done from an estates point of view

The Committee **NOTED** the Charitable Funds Marketing Report including the annual marketing review, plan and objective.

021/21 Sustainability Lead Presentation

Dan Wright joined the meeting to present the report to the Committee for information.

Charitable funds were an invaluable income stream to support the Trust's sustainability strategy as mainstream funding was not always available for what the Trust wanted to do, particularly around biodiversity and wildlife projects.

The Committee agreed that it would support the Hawkhurst Community Hospital's bid for a new shed when it was submitted. It would also support bids for garden furniture if services experienced bottlenecks in funding elsewhere. There would also be support for the funding of green space development at QVMH, Herne Bay which tied in with the Mermikides Fund.

In response to a question from Sola Afuape as to how much of the sustainability work was proactive and how much was opportunistic, Dan Wright explained that his approach was to build and support on the passion shown by staff on the ground. For example, there was a community hospital vegetable garden being piloted at Hawkhurst Community Hospital. If it was successful, then it would be rolled out to other interested community hospitals.

In response to a further question from Sola Afuape as to whether charitable funds could support more resource intensive aspects of engaging with communities, Dan Wright commented that he was acutely aware that projects often fell apart because the funding ceased or key individuals left. He would welcome the charitable funds support in this area. The Committee agreed that the funds were unable to fund a post but could provide other resources.

In response to a question from Carol Coleman regarding Deal Hospital, Dan Wright confirmed that he had made contact with them but had been unable to identify a named individual. Carol Coleman agreed to follow this up for him.
Action – Carol Coleman

The Committee **NOTED** the Sustainability Lead Presentation.

022/21 **Reserves Policy**

Carl Williams presented the report to the Committee for approval.

The Committee **APPROVED** the Reserves Policy

023/21 **Forward Plan**

Francis Drobniewski presented the report to the Committee for approval.

The Committee **AGREED** the Forward Plan.

024/21 **Committee Effectiveness**

Francis Drobniewski presented the report to the Committee for approval.

It was agreed that the template would be used. It would be circulated to the members and those who attended regularly. The feedback would be discussed at the meeting in November.
Action – Gina Baines

The Committee **APPROVED** the Committee Effectiveness.

025/21 **Any Other Business**

In response to a question from Carol Coleman as to whether Jo Bing had received a bid from Kim Novis for sunflower lanyards, Jo Bing confirmed she had not. Carol Coleman would speak to Kim Novis and suggest that she should make a request for funds.
Action – Carol Coleman

The meeting ended at 2pm.

Date and time of next meeting
17 November 2021 at 11.30am in The Boardroom at The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT

Kent Community Health NHS Foundation Trust

CONFIRMED Minutes of the Charitable Funds Committee meeting held on Wednesday 17 November 2021

in the Boardroom, The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT and on MS Teams

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

026/21 Welcome and apologies for absence

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

Apologies were received from Dawn Levett, Strategic Delivery Manager Urgent Care (East Kent); Claire Poole, Deputy Chief Operating Officer; Dr Mercia Spare, Chief Nurse and Jane Thackwray, Community Services Manager, Adult Clinical Services.

The meeting was quorate.

Carol Coleman announced that she would be standing down from the Committee. A new governor would be nominated to become a member. Francis Drobniewski thanked her for all the work she had done during her time as a member of the Committee.

027/21 Declarations of interest

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

028/21 Minutes of the previous meeting held on 14 July 2021

The minutes were read for accuracy.

The Minutes were **AGREED**.

029/21 Matters Arising of the meeting of 14 July 2021

The Matters Arising Table Actions Closed was agreed.

The outstanding actions were discussed and updated as follows:

034/2020 Mermikides Fund Update (purchase of digital devices) - Action open.

034/2020 Mermikides Fund Update (update on project costs) - Agenda item at the January Committee meeting. Fleur Cromarty, Head of Estates Capital Projects would be invited to attend. Action open.

020/21 Charitable Funds Marketing Report including the annual marketing review, plan and objectives (Governor action) – Action open.

021/21 Sustainability Lead Presentation – Action open.

025/21 Any Other Business – Jo Bing reported that she had not received any bids for this. Carol Coleman would email Kim Novis again and copy Jo Bing into the email. It was agreed to close the action.

All other actions were closed.

030/21 Relevant Feedback from Other Committees

There was nothing to report from the other committee meetings.

031/21 Board Assurance Framework

Francis Drobniewski presented the report to the Committee for assurance.

The Committee **NOTED** the Board Assurance Framework.

032/21 Draft 2020/21 Charity Report and Accounts for review and comment

Carl Williams presented the report to the Committee for information and assurance.

The committee was asked for its comment and feedback. The auditors were currently undertaking their independent examination of the accounts. Any specific comments from the committee would

be fed back to them and vice versa. The annual report and accounts would come to the Committee for approval in January 2022.

In response to a comment from Francis Drobniewski regarding the purchasing of Christmas gifts for the patients in the community hospitals, Jo Bing explained that the purchasing of presents had changed this year. Previously the Trust had funded the purchase of presents for patients in the east Kent community hospitals. In West Kent, this was funded by the community hospital League of Friends. This year the Trust's charitable fund had received a bid for all the community hospitals across Kent.

It was suggested that the amount of money spent on a Christmas gift for each patient in the community hospitals should be stated in the report.
Action – Jo Bing

In response to a question from Pippa Barber about the timescales for the approval of the accounts, Gina Baines confirmed that the Committee would approve the accounts at its meeting in January 2022. The annual report and accounts would then be included on the agenda for the February Public Board meeting for information. Carl Williams confirmed that once the annual report and accounts had been approved, they would be submitted to the Charities Commission by the end of January 2022. In the interim, if the auditors made any further changes, the Committee would be informed by email.

The Committee **NOTED** the Draft 2020/21 Charity Report and Accounts for review and comment

033/21 Quarterly Statement Charitable Funds and Accounts

Jo Bing presented the report to the Committee for assurance.

With regards to the NHS Charities Together Stage Two grant for the Rough Sleepers project, Carl Williams clarified that if the Trust was successful with its application for £300k of funding, the money would not come to the charitable fund but rather to the Trust. Pippa Barber asked if the outstanding £49k in the NHS Charities Together fund could contribute to the project. Carl Williams explained that these were two distinct funds and projects, and therefore the outstanding money in the fund would not be able to contribute to the project.

Carol Coleman highlighted that Dover had been selected for a nationwide project and that the One You Service would be the engine room of the project. She suggested that if funding could be

made available it could enhance the services given to the cohort of patients in the project. It was agreed that Jo Bing would contact Rebecca Hansell, One You Service Dover to discuss how fund 602 could support the service.
Action – Jo Bing

The Committee **NOTED** the Quarterly Statement Charitable Funds and Accounts.

034/21 Update on the COVID-19 Health and Well-being Fund

Jo Bing presented the report to the Committee for assurance and information.

Carol Coleman commented that she had received feedback from some staff that because they had found the Team Treat funding difficult to access they had given up on arranging anything. Jo Bing responded that the process had been clear on flo. She had received a few queries about how to raise a requisition or setting up a new supplier but these had been resolved. Staff had had two options either to submit a requisition or to claim the costs on their expenses. Pippa Barber reported that Louise Norris, Director of Workforce, Organisational Development and Communications had agreed with the Board to follow up on those teams who had not taken up their Team Treats. Pippa Barber and Francis Drobniewski would follow that up with the Board.

In response to a question from Sola Afuape as to whether those teams who had self-funded could be compensated, Carl Williams indicated that he would need to capture why they had self-funded and it was not clear who would do that.

Francis Drobniewski asked the Committee for suggestions as to how the residual amount of circa £26k could be spent. The Committee could take a top down approach by suggesting the funding of food banks and vouchers for staff, or targeting particularly groups. Sola Afuape cautioned that the Committee be clear about its rationale for any such funding and how this might be perceived by staff.

Carol Coleman was wary of Jo Treharne's suggestion of creating a hardship fund that staff could apply to. Pippa Barber was also uncomfortable with this proposal and suggested that it would be for the executive to reach out to those staff who had not yet had their Team Treat. Vouchers would also be more equitable. Francis Drobniewski was not confident that the Trust would have the resource available to administer a hardship fund. Pippa Barber suggested that the money could go towards the next staff awards to cover the cost of tickets.

Carl Williams wondered what other organisations were using their funding for. He had read in a recent blog from NHS Charities Together, which had outlined how funds had been spent, that health and well-being for mental health resources had been highlighted.

The Committee decided that it would not support a hardship fund at the current time and it was agreed that Victoria Robison-Collins, Director of People and Organisational Development would be asked to research how a food bank would be set up and the options for delivering it. Her findings would be considered by the Committee at its next meeting.
Action – Victoria Robinson-Collins

The Committee identified a number of options. The money could be spent on vouchers for all staff with no targeting, although Jo Bing indicated that this would not be possible. There was support for the concept of a food bank but this would need further discussion. Pippa Barber supported the suggestion around funding more health and well-being for mental health resources. It was agreed to ask Victoria Robinson-Collins to work up a proposal for supporting staff and bring it to the January Committee meeting.
Action – Victoria Robinson-Collins

Sola Afuape questioned whether funds could be used to support the staff networks if they required investment as part of the Equality, Diversity and Inclusion Strategy. It was agreed that Victoria Robinson -Collins would be asked whether this would be possible.
Action – Jo Bing

The Committee **NOTED** the Update on the COVID-19 Health and Well-being fund.

035/21 Charitable Funds Marketing Report

Jo Treharne presented the Charitable Funds Marketing Report to the Committee for assurance.

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

036/21 Spending Plans

Francis Drobniewski pointed out that there were a number of funds that were stubbornly underspent and suggested that a top down approach should be taken with fund managers to direct them towards what they could spend their funds on. He suggested the following items could be included on the list - Christmas presents for patients, iPads where retailers were able to offer a cheap deal,

and a budget for sustainability items. He also suggested that four Omi Mobii Magic Tables for dementia patients could be purchased; one for Tonbridge Cottage Hospital, one for Victoria Hospital, Deal and two for Queen Victoria Memorial Hospital, Herne Bay, of which one would be funded from the Mermikides Fund.

With regards to the Omi Mobii Magic Table, Carol Coleman asked that the after sales support should be reviewed. Sola Afuape highlighted that the product should be checked for IT interoperability and also its warranty. Francis Drobniewski confirmed that he had no interest in the company that sold the product. Pippa Barber added that it would be useful to hear from the dementia nurse at Tonbridge Community Hospital who had knowledge of the product. It was agreed to share the product video with Dr Mercia Spare, Chief Nurse and ask her to share the video with the community hospital matrons for their view as to whether they would wish to purchase one for their wards. Pippa Barber was concerned that they might not be used and suggested that to avoid this, the Tonbridge Cottage Hospital Matron should explain the benefits to her colleagues. It was agreed to ask Dr Mercia Spare that the review of the table include feedback from patients and to share that with the Matrons. As Francis Drobniewski stressed that this product could only be bought from restricted funds, Carol Coleman suggested that the local League of Friends could be approached to provide funding where necessary.
Actions – Francis Drobniewski

Jo Bing confirmed that Dan Wright, Head of Sustainability would be submitting bids for funding and it was agreed to ask him to submit his bids in time for the January Committee meeting.
Action – Jo Bing

Sola Afuape left the meeting.

With regards to the purchase of iPads, Pippa Barber was uncomfortable with this suggestion and it was agreed to ask Dr Mercia Spare to ask the community hospital matrons whether they would like to purchase some for use by the patients on their wards.
Action – Mercia Spare

With regards to the Mermikides Fund, Francis Drobniewski was looking for a plan B. He suggested whether staff of Heron Ward, Queen Victoria Memorial Hospital, Herne Bay would like an office-type room for patients, similar to the summer house. Space had been identified in the central courtyard. Carol Coleman suggested whether new beds or equivalent could be purchased in advance of the refurbishment. Pippa Barber would be happy to support that; she also asked for confirmation that the build would be going ahead

in April 2022. It was agreed that this would be discussed with Fleur Cromarty when she attended the January meeting.

The Committee **NOTED** the Spending Plans report.

037/21 Forward Plan

Francis Drobniewski presented the report to the Committee for approval.

The Committee **AGREED** the Forward Plan.

038/21 Committee Effectiveness

Francis Drobniewski presented the report to the Committee for approval.

Francis Drobniewski proposed that the Committee met for an extraordinary meeting to finalise the expenditure. It was agreed that a hold would be put in everyone's diary for 10 December at 12.30 but this would be dependent on whether feedback on spending plans had been progressed.
Action – Gina Baines

The Committee **APPROVED** the Committee Effectiveness.

039/21 Any Other Business

The meeting ended at 1.05pm.

Date and time of next meeting
20 January 2022 at 12 noon in The Boardroom at The Oast, Hermitage Court, Hermitage Lane, Barming, Maidstone ME16 9NT

Kent Community Health Charitable Fund

Annual Report and Accounts for the Year Ended 31 March 2021

Registered Charity Number: 1139134

Contents

Kent Community Health Charitable Fund

Report of the Trustee for the year ended 31 March 2021

Foreword

The Trustee presents their annual report and the audited financial statements for the period ended 31 March 2021.

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

Reference and Administrative Details

Name and address of Charity: Kent Community Health Charitable Fund
Trust HQ, The Oast,
Unit D, Hermitage Court,
Hermitage Lane,
Barming,
Kent, ME16 9NT Tel: 01622 939747

Registered Charity Number: 1139134

Other Name Used by Charity: i care

Trustee Arrangements:

Kent Community Health NHS Foundation Trust is the Corporate Trustee of the Charity. The Board of Directors (Voting Board Members) who served Kent Community Health NHS Foundation Trust during the year to 31 March 2021 were as follows:

Name	Position on Trust Board	*Additional Info.
John Goulston	Chairman	
Paul Bentley	Chief Executive Officer	
Pauline Butterworth	Chief Operating Officer	
Gordon Flack	Director of Finance/Deputy CEO	
Mercia Spare	Chief Nurse	
Dr Sarah Phillips	Medical Director	
Louise Norris	Director of Workforce, OD & Communications	
Gerard Sammon	Director of Strategy and Partnerships	
Peter Conway	Vice Chairman, Non Executive Director	
Sola Afuape	Non Executive Director	
Pippa Barber	Non Executive Director	
Paul Butler	Non Executive Director	
Bridget Skelton	Non Executive Director	
Francis Drobniewski	Non Executive Director	
Nigel Turner	Non Executive Director	

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

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

Bankers:	Natwest Bank, Corporate & Institutional Banking, 9th Floor, 280 Bishopsgate, London, EC2M 4RB
Independent Examiner:	Grant Thornton UK LLP, 30 Finsbury Square, London, EC2A 1AG

Structure, Governance and Management of the Charitable Funds

The charity was created by Trust Deed and is registered with the Charities Commission as Kent Community Health Charitable Fund (Registered Charity No. 1139134). The primary object of the charity, as stated in its governing document, requires the Trustee to 'hold the trust fund upon trust to apply income, and at its discretion, so far as may be permissible, the capital, for the general purpose of Kent Community Health NHS Foundation Trust'.

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

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

The board of Kent Community Health NHS Foundation Trust, on behalf of the Corporate Trustee, has delegated to the Charitable Funds Committee (CFC) the responsibility to ensure charitable funds held are being managed and accounted for in accordance with the terms of NHS Charities Guidance and Charities Law. Membership of the Committee includes 2 non-executive directors and the Director of Finance/Deputy Chief Executive and the Chief Operating Officer. The Chair of the Charitable Funds Committee for 2020-21 was Francis Drobniewski (Non-Executive Director). All members of the CFC have regard to the principles outlined in the Charities Commission's guidance on public benefit and annual bids/spending plans are requested to ensure the most effective use of resources.

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

Kent Community Health Charitable Fund

Financial Review

The net assets of the charity as at 31 March 2021 were £706k (2019-20 £666k).

Income Generation

Income during the year totalled £182k (2019-20 £172k) and includes income from donations, grants received from NHS Charities Together and interest earned from bank accounts.

The total value of grants received from NHS Charities Together in 2020-21 totalled £122k and is further analysed in the following table:

Grant Description	Date Received	Amount Received
NHS Charities Together (Initial Award) Stage 1 of the Covid-19 Urgent Appeal Scheme - To be spent on enhancing the well-being of NHS staff, volunteers and patients impacted by Covid-19	08/04/2020	35,000
NHS Charities Together (Second Award) Stage 1 of the Covid-19 Urgent Appeal Scheme - To be spent on enhancing the well-being of NHS staff, volunteers and patients impacted by Covid-19	01/05/2020	35,000
NHS Charities Together (Starbucks Christmas Grant) - To support our ongoing response to the Covid-19 crisis	16/12/2020	2,100
NHS Charities Together (Second Wave Grant) - To be spent on enhancing the wellbeing of NHS staff, patients & volunteers impacted by the second wave of Covid-19	02/02/2021	50,000
	Total	**122,100**

Income from donations totalled £58k (2019-20 £28k). The reported increase in the main was due to the impact of the Covid-19 pandemic and the resultant increase in donations from individuals and campaigns run through the Charity's Just Giving page.

Nil income was received from legacies in 2020-21 (2019-20 £140k).

2020-21 has been a year like no other and the Trustee would like to thank all donors who have made contributions to the charity during the year and is very grateful for the donations received and the impact these donations have had.

Resources Expended

Expenditure during the period totalled £142k (2019-20 £69k), of which £78k was expended on staff welfare and amenities and £46k on patients' welfare and amenities. Headline expenditure values for 2020-21 were as follows:

- Vouchers for staff health & wellbeing £37k*
- Pin badges and supporting materials for staff £8k*
- Health & Wellbeing magazine & thank you letter £8k*
- Children's packs for staff children & grandchildren £3k*
- Omni Vista interactive table projector £9k
- Specialist chairs for the day room at Faversham Cottage Hospital £5k
- Sleeper chairs for all East Kent Community hospitals and for Westbrook & Westview £3k
- Car park extension & lighting for Wateringbury surgery £15k
- Medical equipment to assist asthma diagnosis, blood pressure monitoring & spirometry testing at home £5k

**all funded from grants received from NHS Charities Together during 2020-21*

Investment powers, policy and performance

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

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

Non NHS Grant making policy

Grants are made, at the discretion of the Trustee, where the spending meets the objects of the charity. No grants were made to Non-NHS organisations during the 2020-21 financial period (2019-20 Nil).

Reserves Policy

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

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

Risk Management

At the time of approval of the accounts the Trustee has reviewed the major strategic, business and operational risks (including those relating to the Covid-19 pandemic and response) to which the charity is exposed.

The evident growth in public support for the NHS has been demonstrated through increased donations during 2020-21 and the strong governance structure in place ensures continued effective stewardship and achievement of the charity's objectives.

Trustee Responsibilities

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

In preparing those accounts the Trustee is required to:

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

The Trustee is also responsible for:

Kent Community Health Charitable Fund

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

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

2020-21 Key Highlights

COVID-19

The public's overwhelming support of the NHS was demonstrated through increased donations during the Covid-19 pandemic, particularly the national emergency appeal managed by NHS Charities Together. The 2020-21 financial year saw grants totalling £122k received from NHS Charities Together to support the health and wellbeing of our staff, volunteers and patients through the pandemic and £35k resulting from individuals' fundraising and donations.

Donations arrived from all areas of the community, mainly in response to the national support for NHS workers.

NHS Community Heroes Fund

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

NHS Charities Together

Who can forget the incredible Sir Captain Tom Moore and the millions he raised for NHS charities. i care was one of dozens of charities throughout the NHS to receive funding to support staff through the pandemic.

With this funding we were able to:

- deliver a campaign that saw Trust staff claim a £10 voucher to support their health and wellbeing. Vouchers from various shops, restaurants, garden centres etc were offered for Trust staff to claim and spend on themselves and their families.
- provide a 'Together' badge for Trust staff members to wear with pride and recognition of their efforts along with a thank you card.
- send out colouring packs for the children of Trust staff to say thank you for supporting their parents and loved ones as they worked tirelessly through

the pandemic. This was seen as a real morale boost and thank you to the families of staff members for all the sacrifice and adjustments that they had made during the pandemic.

- distribute a dedicated health and wellbeing booklet for all staff members with a thank you letter from the Chief Executive. The booklet provided detail of goods and services available to staff members to promote their health and wellbeing, with a message to reassert support to staff in saying “it is ok not to be ok” and to request help if required.

Future plans for this funding include purchasing outdoor furniture for some of the Trust’s sites for staff and patients to enjoy. To reward Trust staff for their inspirational and courageous response to Covid-19, the monies will also be used to fund a “Team Treat” (an activity, outing or purchase of items) to support the staff’s health and wellbeing.

Bow Road Property Fund

Funding enabled the car park at Wateringbury surgery to be expanded allowing for additional spaces and to action repairs.

Medical equipment was also purchased from allocated funds to allow asthma diagnosis, blood pressure monitoring and spirometry testing within the home environment for patients who are housebound.

Community Hospitals

The purchase of an Omni Vista Interactive projector table was funded at Tonbridge Cottage Hospital. The equipment supports the role of the therapeutic worker, dementia link workers and the physio team by using interactive activities to support patients requiring physio and also helping those with limited mobility to improve movement. The equipment also supports patients with dementia by improving their hospital stay by providing exercises that will remind them of happy memories which in turn aids their well-being and reduces their anxiety whilst being in a different environment.

Sleeper chairs for all of the East Kent Community hospitals and units at Westview and Westbrook were procured. These chairs can be used by patients during the day and can also offer a comfortable place for relatives to sleep whilst a family member is in hospital.

A number of chairs were purchased at Faversham Cottage Hospital and Deal Victoria Hospital to enhance the comfort of patients and visitors. These included 2 riser recliner chairs to assist patients and multiple armchairs to be located outside every patient bay and side room.

Kent Community Health Charitable Fund

Staff Wellness

The staff football team was funded for another season with additional kit purchased along with the funding for a training venue. The team trains once a week and current players have commented on the benefits being part of the team brings to them from both a physical and mental perspective. The team has helped the standing of the Trust in the community with matches being played against teams from various other organisations.

Donation methods

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

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

Charity Mission Statement

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

A big thank you

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

By order of the Trustee

Signed: 

Francis Drobniewski, Chair of the Charitable Funds Committee

Date: 20 January 2022

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

I report on the accounts of **Kent Community Health Charitable Fund** for the year ended 31 March 2021, which are set out on pages 13 to 23.

Independent examiner's statement

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

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

  have not been met, or

- to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Basis of independent examiner's statement

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

Respective responsibilities of trustees and examiner

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

It is my responsibility to:

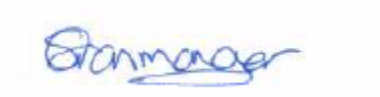
- examine the accounts under section 145 of the Charities Act 2011;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the Charities Act 2011; and
- to state whether particular matters have come to my attention.

Your attention is drawn to the fact that the charity's trustees have prepared the charity's accounts in accordance with the Statement of Recommended Practice 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) effective 1 January 2019) issued October 2019 in preference to the Statement of Recommended Practice 'Accounting and Reporting by Charities: Statement of Recommended Practice (revised 2005)' issued in April 2005 which is referred to in the Charities (Accounts and Reports) Regulations 2008 but has been withdrawn. I understand that the charity's trustees have done this in order for the charity's accounts to give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2019.

Kent Community Health Charitable Fund

Use of this report

This report is in respect of an examination carried out under section 145 of the Charities Act 2011. This report is made solely to the charity's corporate trustee, as a body, in accordance with the regulations made under section 154 of the Charities Act 2011. My work has been undertaken so that I might state to the charity's trustees those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustee, as a body, for my work, for this report or for the opinions I have formed.



Sarah Ironmonger, FCPFA

Grant Thornton UK LLP

Chartered Accountants

London

27/01/2022

Kent Community Health Charitable Fund

Annual Accounts for the year ended 31 March 2021

Kent Community Health Charitable Fund

Statement of Financial Activities for the year ending 31 March 2021

		2020-21			2019-20
Statement of Financial Activities for the year ended 31 March 2021	**Note**	**Unrestricted Funds £000s**	**Restricted Funds £000s**	**Total Funds £000s**	**Total Funds £000s**
Income from:					
Donations and Legacies	2.1	58	122	180	168
Investment - Bank Interest	2.2	0	2	2	4
Total Income		**58**	**124**	**182**	**172**
Expenditure on:					
Charitable Activities	3.1	11	131	142	69
Total Expenditure		**11**	**131**	**142**	**69**
Net Income/(Expenditure)		**47**	**(7)**	**40**	**103**
Other Recognised Gains/(Losses)		0	0	0	0
Net Movement in funds		**47**	**(7)**	**40**	**103**
Reconciliation of funds					
Total funds brought forward		**103**	**563**	**666**	**563**
Total funds carried forward		**150**	**556**	**706**	**666**

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

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

Balance Sheet as at 31 March 2021

		2020-21			2019-20
Balance Sheet as at 31 March 2021	Note	Unrestricted Funds £000s	Restricted Funds £000s	Total Funds £000s	Total Funds £000s
Total Fixed Assets		**0**	**0**	**0**	**0**
Current Assets:					
Debtors	8	0	1	1	1
Cash and cash equivalents	10	157	583	740	668
Total Current Assets		**157**	**584**	**741**	**669**
Liabilities:					
Creditors: Amounts falling due within one year	9	7	28	35	3
Total Net Assets		**150**	**556**	**706**	**666**
Funds of the Charity:	11				
Restricted Income Funds		**0**	**556**	**556**	**563**
Unrestricted Income Funds		**150**	**0**	**150**	**103**
Total Funds of the Charity		**150**	**556**	**706**	**666**

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

The financial statements on pages 13 to 15 were approved and authorised for issue by the Trustee on 20 January 2022.

Signed: 

Name: Francis Drobniewski, Chair of the Charitable Funds Committee

Date: 20 January 2022

Statement of Cash Flows for the year ended 31 March 2021

Reconciliation of net income/(expenditure) to net cash flow from operating activities	2020-21 £000s	2019-20 £000s
Net income/(expenditure) for the reporting period (as per the Statement of Financial Activities)	**40**	**103**
Adjustments for:		
Dividends, interest and rents from investments	(2)	(4)
(Increase)/decrease in debtors	0	(1)
Increase/(decrease) in creditors	32	1
Net cash provided by (used in) operating activities	**70**	**99**

Statement of Cash Flows	2020-21 Total Funds £000s	2019-20 Total Funds £000s
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	**70**	**99**
Cash flows from investing activities:		
Dividends, interest and rents from investments	2	4
Net cash provided by (used in) investing activities	**2**	**4**

Change in cash and cash equivalents in the reporting period	**72**	**103**
Cash and cash equivalents at the beginning of the reporting period	**668**	**565**
Cash and cash equivalents at the end of the reporting period	**740**	**668**

Analysis of cash and cash equivalents	2020-21 £000s	2019-20 £000s
Cash at bank and in hand	439	367
Notice deposits (less than 3 months)	301	301
Total cash and cash equivalents	**740**	**668**

Notes to the Accounts

1 Accounting Policies

1.1 Basis of preparation

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

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

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

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

The Trustee considers that there are no material uncertainties that exist with the Kent Community Health Charitable Fund's ability to continue as a going concern. This assessment also considers the impact of the Covid-19 pandemic and response.

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

1.2 Income Recognition

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

- Measurement – the monetary value or amount of the income can be measured reliably and the costs incurred for the transaction and the costs to complete the transaction can be measured reliably.

b) Income from donations is recognised when there is evidence of entitlement to the gift, the receipt is probable and its amount can be measured reliably.

c) Receipt of a legacy is recognised as an incoming resource when it is probable that the legacy will be received. Receipt is normally probable when:
   - there has been grant of probate;
   - the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy; and
   - any conditions attached to the legacy are either within the control of the charity or have been met.

d) Gifts in kind, such as food and care packages are not accounted for when they are accepted and immediately distributed unless a single donation is material.

1.3 Expenditure Recognition

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

- Obligation – a present legal or constructive obligation exists at the reporting date as a result of a past event.
- Probable – it is more likely than not that a transfer of economic benefits, often cash, will be required in settlement.
- Measurement – the amount of the obligation can be measured or estimated reliably.

a) Grants payable are payments made to third parties (including NHS bodies) in furtherance of the charity's charitable objectives. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive a grant. This includes grants paid to NHS bodies.

b) Charitable activities expenditure comprise of all costs incurred in the pursuit of the objectives of the charity. These costs include direct costs and an apportionment of overhead and support costs as reflected in note 4 to the financial statements.

c) Raising funds includes the costs attributed to generating income for the charity.

d) Support costs are those costs which do not relate directly to a single activity. Support costs include costs associated with finance, governance and other central costs which support or relate to more than one area of activity. These costs are allocated to charitable activities and raising funds on the basis of their proportion of total resource expended.

e) Irrecoverable VAT is charged to the category of resources expended for which it was incurred.

1.4 Structure of Funds

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

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

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds is charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements on page 22 (note 11.2).

1.5 Tangible and Intangible Fixed Assets

The Charitable Fund had no tangible or intangible fixed assets for 2020-21 (2019-20 Nil).

1.6 Fixed Asset Investments

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

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

The Charitable Fund had no fixed asset investments for 2020-21 (2019-20 Nil).

1.7 Realised and Unrealised Gains/Losses

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

1.8 Cash and cash equivalents

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

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

1.9 Stocks and Work in Progress

The Charitable Fund had no stocks or work in progress for 2020-21 (2019-20 Nil).

1.10 Transfers between funds

Transfers between funds are made at the discretion of the Trustee. There were no transfers between funds during the reporting period 2020-21 (2019-20 Nil).

2. Analysis of Income

2.1 Donations and Legacies

	2020-21			2019-20
Donations and Legacies	**Unrestricted Funds £000s**	**Restricted Funds £000s**	**Total Funds £000s**	**Total Funds £000s**
Donations from individuals and groups	48	0	48	28
Corporate donations	10	0	10	0
Grants	0	122	122	0
Legacies	0	0	0	140
Total Donations and Legacies	**58**	**122**	**180**	**168**

In 2020-21, the Charity received grants from NHS Charities Together totalling £122k.

2.2 Gross Income from Investments

	2020-21			2019-20
Income from Investments and Cash on Deposit	**Unrestricted Funds £000s**	**Restricted Funds £000s**	**Total Funds £000s**	**Total Funds £000s**
Bank and Building Society Interest	0	2	2	4
Total Income from Investments and Cash on Deposit	**0**	**2**	**2**	**4**

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

3. Analysis of Expenditure – Grants payable to NHS Bodies

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

3.1 Expenditure on Charitable Activities

	2020-21	2019-20
Charitable Activities	**Total Funds £000s**	**Total Funds £000s**
Patients welfare and amenities	46	34
Staff welfare and amenities	78	17
Support costs	18	18
Total Charitable Activities	**142**	**69**

4. Allocation of Support Costs and Overheads

	2020-21			2019-20
Support Costs and Overheads	**Charitable Activities £000s**	**Raising Funds £000s**	**Total Support Costs and Overheads £000s**	**Total Support Costs and Overheads £000s**
Independent Examination - External Audit	2	0	2	2
Administration - Finance	15	0	15	15
Other	1	0	1	1
Total Support Costs and Overheads	**18**	**0**	**18**	**18**

5. Trustee Remuneration, Benefits and Expenses

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

6. Analysis of Staff Costs

The charity had no employees for the reporting period 2020-21 (2019-20 Nil) and therefore does not pay any salaries, national insurance and pension contributions direct. Costs for staff incurred by Kent Community Health NHS Foundation Trust are recharged to the Charitable Fund in the form of an administration fee. The administration fee for 2020-21 was a total of £15k (2019-20 £15k).

7. Auditor's Remuneration

External Auditor's remuneration of £2k including VAT (2019-20 £2k including VAT) relates solely to the agreed Independent Examination fee for the 2020-21 Charitable Funds annual report and accounts.

8. Debtors Analysis

	31 March 2021	31 March 2020
Debtors: amounts falling due within one year	**Total £000s**	**Total £000s**
Prepayments	1	1
Total Charitable Activities	**1**	**1**

9. Creditors: amounts falling due within one year

	31 March 2021	31 March 2020
Creditors: amounts falling due within one year	**Total £000s**	**Total £000s**
Other Creditors	35	3
Total Creditors	**35**	**3**

10. Cash and cash equivalents

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

11. Funds of the Charity

11.1 Analysis of Charitable Funds held

	Balance at 1 April 2020	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2021
Restricted Funds	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Community Hospitals Restricted	243	1	(28)	-	-	216
Deal Hospital	43	-	(1)	-	-	42
Bow Road Property	44	-	(21)	-	-	23
Sensory Room appeal	3	-	(2)	-	-	1
Mermikides - Heron Ward	200	1	(5)	-	-	196
Covid19 - NHS Charities Together	-	122	(73)	-	-	49
NHS Services in Dover	30	-	(1)	-	-	29
Total Restricted Funds	**563**	**124**	**(131)**	**-**	**-**	**556**

	Balance at 1 April 2020	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2021
Unrestricted Funds	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Unrestricted Funds	103	58	(11)	-	-	150
Total Unrestricted Funds	**103**	**58**	**(11)**	**-**	**-**	**150**

	Balance at 1 April 2020	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance at 31 March 2021
Total Funds	**666**	**182**	**(142)**	**-**	**-**	**706**

11.2 Restricted Funds detail

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

12. Analysis of Net Assets between Funds

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

	Tangible Fixed Assets	Fixed Asset Investments	Net Current Assets/(Liabilities	Long Term Liabilities	2020-21 Total	2019-20 Total
Fund Classification	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Restricted Funds	-	-	556	-	556	563
Unrestricted Funds	-	-	150	-	150	103
Total Restricted Funds	**-**	**-**	**706**	**-**	**706**	**666**

13. Related Party Transactions

Board members of Kent Community Health NHS Foundation Trust which is the Corporate Trustee of the charity are also members of the committee which is

empowered by the Trustee to act on its behalf in the day to day administration of all funds held on trust, which is the Charitable Funds Committee (CFC).

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

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

The charity made revenue payments to the Kent Community Health NHS Foundation Trust to the value of £142k as detailed in note 3. As at 31 March 2021 £35k (2019-20 £3k) was owed to the Kent Community Health NHS Foundation Trust.

14. Commitments

The charity has commitments totalling £11k at 31 March 2021 (2019-20 £20k) arising from approved bids and requisitions placed for which the relevant goods and services have not been received.

15. Events after the end of the reporting period

There are no events after the reporting period. The continued response to the Covid-19 pandemic after 31 March 2021 has not been deemed to impact the 2020-21 annual accounts presented.

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	2.5
Agenda Item Title:	Finance, Business and Investment Committee Chair's Assurance Report
Presenting Officer:	Paul Butler, Chair of Finance, Business and Investment Committee
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the Committee or Board?
(include reference to any prior board or committee review) Has the paper been to any other committee?
The papers summarise the Finance, Business and Investment Committee meetings held on 22 November and 21 December 2021 and provides assurance to the Board. A verbal update will be given on the meeting held on 3 February 2022.

Summary of key points

The November meeting covered a range of topics including the estates strategy as well as a deep dive into the Estates cost improvement programme (CIP) schemes. There was a review of the capital plan and forecast.

An additional Committee meeting was arranged for 21 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.* *You can find out more about EAs here on flo* **If not, describe any equality and diversity issues that may be relevant.**	☐ Yes *(please attach)* ☒ No *(please provide a summary of the*

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

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

Kent Community Health
NHS Foundation Trust

FINANCE, BUSINESS AND INVESTMENT COMMITTEE CHAIR'S ASSURANCE REPORT

This report is based on the Finance, Business and Investment Committee meeting held on Monday 22 November 2021.

Issue	Committee review and assurance	Matters for Board awareness and/or action
Estates draft strategy	A draft Estates strategy was presented to the Committee. An extensive discussion was held and many suggestions for development of the strategy were offered to the Executive. The Committee noted this draft and looked forward to receiving the next iteration in due course	
Board Assurance Framework (BAF)	Latest reported was presented and noted	
Business development and service improvement item	Latest report was presented and noted. Discussion regarding primary care network (PCN) activity. It was agreed that a presentation would be made to future FBI Committee meeting.	
Finance report including service line and cost improvement programme (7/12)	Latest report was presented and noted by the Committee. The Committee was briefed on current H2 operational planning and financial arrangements.	

Issue	Committee review and assurance	Matters for Board awareness and/or action
Cost Improvement Programme (CIP) Deep Dive - Estates	A report was presented and the Committee noted that good progress was being made. No further update this financial year required.	
Capital plan review and forecast	A paper was presented on 2021/2 ytd spend and full year forecast. Full year spend forecast at £7.8m against full year original budget of £12.7m but this is combined with £4.9m ring fenced funding for the Kent and Medway system which has now been allocated and released. As such, KCHFT forecast 'own' spend will be in line with 'own' budget.	
Forward plan	The report was presented to the Committee. It was agreed that time would be allocated at the March 2022 meeting for further discussion on the future agenda of Committee meetings.	

Paul Butler
Chair of Finance, Business, and Investment Committee
21 December 2021

Kent Community Health
NHS Foundation Trust

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

This report is based on the extraordinary meeting of the Finance, Business and Investment Committee meeting held on Tuesday 21 December 2021.

Issue	Committee review and assurance	Matters for Board awareness and/or action
NHS Property Services transfer of assets	A paper was presented giving details of due diligence undertaken in advance of the transfer of a further two properties from the list approved by the Department of Health and Social Care (DHSC) on 27 October 2021. The Committee approved the NHS Property Services transfer of assets which are expected to occur in early January 2022.	
Edenbridge procurement update	The Committee received a paper and presentation regarding the development of a new site in Edenbridge. Good progress was being made but several key issues remained to be negotiated/completed. It was agreed that an update on progress would be given by the Executive to the FBI Committee Chair early in the	

Issue	Committee review and assurance	Matters for Board awareness and/or action
	New Year, so that the timing of a further presentation and potential of approval by the Board could be appropriately scheduled. The FBI Committee supported the work completed to date.	

Paul Butler
Chair of Finance, Business and Investment Committee
21 December 2021

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	2.6
Agenda Item Title:	Quality Committee Chair's Assurance Report
Presenting Officer:	Pippa Barber, Chair of Quality Committee
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the Committee or Board?
(include reference to any prior board or committee review) Has the paper been to any other committee?
The report summarises the Quality Committee meetings held on 10 December 2021 and 18 January 2022 which provides assurance to the Board.

Summary of key points

The meetings covered a range of topics including reports on the infection prevention and control board assurance framework; the Learning from Deaths Report; the staff flu vaccination programme; operational performance such as MSK referral to treatment waiting times, the rapid response service two hour waiting times and No Longer Fit To Reside performance; the Trust-wide pressure ulcer improvement plan, and the public sector equality duty.

Proposal and/or recommendation to the Committee or Board

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

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper? *National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.* *You can find out more about EAs here on flo* **If not, describe any equality and diversity issues that may be relevant.** *Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy*	☐ Yes *(please attach)* ☒ No *(please provide a summary of the protected*

and maternity, race, religion or belief, sex and sexual orientation.	*characteristic highlights in your paper)*
Highlights relating to protected characteristics in paper	
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	

Kent Community Health
NHS Foundation Trust

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report follows the Quality Committee meeting held on 10 December 2021 (November meeting).

Agenda item	Assurance and key points to note	Further actions and follow up
Feedback from other committees/service visits. Legislation changes/updates.	Reports from a number of non-executive director (NED) deep dives of cost improvement programme (CIP) schemes were considered. CIP was achieved in all (although for some due to current pressures, changes had been made). Quality was maintained on all. One had collated further data subsequent to the visit to enable this to be assured at the Quality Committee. Recommendations have been made to the teams and will be followed through operationally and by the Quality Team. NED deep dive follow-up on the Special Education Needs and Disability (SEND) offer was also considered. An improvement programme across Kent and Medway is in place and a number of improvements made as part of the overall system offer. However, risks remain in achievement of the KCHFT part of the offer of a six-week response time for health professionals to provide	Key performance indicators (KPIs) from quality impact assessments (QIAs) will be considered quarterly as part of the executive performance reviews (EPR).

Agenda item	Assurance and key points to note	Further actions and follow up
	information on Education health and care plans, currently at 44 per cent. This is driven by therapy availability. In addition, access to speech and language therapists is also a risk and service redesign is underway in conjunction with commissioners.	Achievement of the six-week target of completion of Education Health and Care Plans (EHCP) is to be added to Board integrated performance report (IPR) for oversight.
Infection Prevention and Control Board Assurance Framework (IPC BAF)	Assurance received on the updates to the IPC BAF. Some changes following updated national guidance but no new gaps identified. Staff flu vaccinations currently at 41 per cent with a range of measures to support and improve take up.	
Monthly Quality Report August, September and October data.	In August 78 per cent of hospitals had a registered nurse (RN) day fill rate of less than 90 percent and in September this decreased to 66 per cent. During August and September 2021, there were two incidents reported when only one registered nurse was recorded as being on duty. Both incidents resulted in no harm caused to the patient. The number of medicines incidents causing low harm is decreasing and is below the control limits. 98 per cent of patients that had a NEWS 2 score of higher than two were assessed by a registered health care professional. l00 per cent of podiatric surgery patients were screened for MRSA for August and September. In August in community Hospital 91 per cent compliance. There had been four nosocomial COVID-19 infections	

Agenda item	Assurance and key points to note	Further actions and follow up
	reported in September constituting a COVID-19 outbreak being declared at Deal Hospital. These are the first acquisitions since 25 March 2021. Assurance received that transfers from acute trusts are treated as positive until results are known. Good progress with end of life care (EoLC), not quite achieving targets set but good progress/improvement. Staffing remains a challenge in community hospitals, a number of actions in place including international recruitment. Assurance on orientation and support to this new group was given. An update on the We Care visits to teams provided good assurance with majority of services attended with either a Good rating and a few outstanding. The thematic areas for the five services reviewed in August and September included: Quality Improvement There was evidence of services engaging in initiatives; however, benchmarking and measurement to demonstrate improvement and sharing of learning needs development. Incident reporting, knowledge of the type of incidents which should be reported on Datix should be refreshed. Patient experience and co-design: there are lower than expected volumes of patient experience. Where feedback is being sought, the voice of the patient should be used as a lever for improvement. Research opportunities should be encouraged to increase the	Learning from the incident at Deal Hospital to be shared with the Committee. To provide assurance that all transfers are treated as positive until a negative result is obtained. The Strategic Workforce Committee oversight on a range of actions in relation to recruitment, retention and hotspots.

Agenda item	Assurance and key points to note	Further actions and follow up
	volume of services actively engaging in projects. Assurance received that services produce improvement plans in response to the recommendations contained within the visit report. These are followed up by the Quality Team and operationally.	
Operational performance update	Updates provided on prison waits for chronic pain: waits are within 18 weeks, currently 10 weeks and 8 weeks for Elmley and Swaleside. However, issues remain with access to prisoners at times for a variety of reasons. Musculoskeletal (MSK) adult physiotherapy waits remain a risk with vacancies in the service. The model of delivery is being considered to include skill mix and increased use of patient initiated follow ups. The number of unbooked patients is falling with blitz clinics and clinical prioritisation of patients in place to maintain patient safety.	January Quality Committee will receive deep dives into two-hour rapid response achievement, no longer fit to reside, and a follow up on MSK actions and waits.
Patient Safety and Clinical Risk Group chair's assurance report	Assurance given on the risk associated with delays in DoLS reviews by Kent County Council (KCC). Mitigations in place. New national guidance, Liberty Protection Safeguards is being considered by the Trust.	
Clinical Effectiveness Group chair's assurance report	Good progress being made, in EoLC, innovation and wound care. Discussion took place on the national concern with effectiveness of pulse oximeters when used	The Medical Director to further update the Committee on how awareness within the Trust is being considered following review

Agenda item	Assurance and key points to note	Further actions and follow up
	with patients from a black, Asian and minority ethnic background. This is being considered by the Trust.	of external guidance/and consideration by the respiratory network
Patient and Carer Council chair's assurance report	Good progress is being made with a range of objectives overseen by the group. Service user involvement is becoming embedded into the Public Health Division with different methodologies utilised. The progress against the 2018-2020 equality objectives has been agreed and finalised. The summary report has been published on the public website and submitted to NHS England in order to be featured on the national EDS2 dashboard. An update was provided on the significant work and subsequent gap analysis identified in the work underway to improve the effectiveness and use of the equality impact assessment (EqIA) tool. Training is being rolled out on the revised process. This will enable a more effective and robust method of evaluation of equality risks. Assurance was also received on the promotion of the Expert Patients Programme in order to increase referrals to the programme, and on the People's Network and Council who now have significant involvement in the co - design of the final version of the new Volunteer Policy.	As the EqIA process is Trust and all Committee wide not just the Quality Committee, the Chair of the Committee will discuss with the Audit and Risk Committee the possibility of oversight /audit of the EqIA process, in due course when it has been embedded. This is also part of the existing Trust work plan so timing will be important to ensure no overlap and that shared learning and best practice is being used to improve use and outcomes from the tool.
Trust-wide pressure ulcer improvement plan	There has been a recorded reduction in pressure ulcer serious incidents reported from April to October 2020 where eight pressure ulcer Serious Incidents (SIs) were reported and for the same period this year, April – October 2021 only four pressure ulcer SI's have been	Consideration is being given to how a NED deep dive into this work could be undertaken.

Agenda item	Assurance and key points to note	Further actions and follow up
	reported. 81 per cent of patients admitted or acquiring pressure damage were reported on the incident reporting system within two working days of identification and a further 9.5 per cent were reported within three working days. The pressure ulcer innovation network meeting (PUIN) has restarted to review local learning and enable discussions about challenges facing teams caring for patients with skin damage and real time solutions.	
Public Sector Equality Duty	The Committee was pleased to provide oversight to this following its approval by the Executive Team. Significant work on the objectives for the coming years were set out. It was recognised the focused leadership in this area has contributed to the development of the plan. The Committee in addition to the good work in the plan has requested to be sighted on the work of the Healthy Communities work and how that will contribute to the planned outcomes. Good work to date and recognition more work to do.	

Pippa Barber
Chair, Quality Committee
December 2021

Kent Community Health
NHS Foundation Trust

QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT

This report follows the Quality Committee meeting held on 18 January 18 2022.

Agenda item	Assurance and key points to note	Further actions and follow up
Feedback from other committees/service visits. Legislation changes/updates	The final two reports from non-executive director (NED) deep dives of cost improvement programme (CIP) schemes were considered. No concerns identified, good assurance received.	
Infection Prevention and Control Board Assurance Framework (IP&C BAF)	Assurance received on the updates to the IP&C BAF. A number of changes following updated national guidance. Assurance was sought and received on potential gaps. Significant work in place and risk being managed.	Updates will be included on the compliance with environment for the two new wards at West View Hospital and Westbrook House. Previous compliance checks had been undertaken last year on these areas. These will be checked and wards will form part of existing IPC assurance processes.
Monthly Quality Report December data	Further update on staffing at community hospitals was provided. Risk remains at Edenbridge and District War Memorial Hospital, with mitigating actions in place.	

Agenda item	Assurance and key points to note	Further actions and follow up
	11 nosocomial infections were identified at Edenbridge as part of an outbreak. No patient deaths. All patients concerned had not had their Covid booster. Learning identified the need to reduce sharing of equipment as a potential source of infection. More equipment has been ordered. Assurance received that the Duty of Candour has been completed for 10 of the 11 nosocomial Serious Incidents. The progress and scores of We Care visits were discussed. The overall score of the Children's Hearing Service to be reconsidered in view of domain scores. The value of these visits was discussed. The ratings are important but emphasis also needs to be placed on the learning and improvements undertaken or that need to be undertaken to make it a learning and improving process.	Discussion to take place with Executive team on the provision of booster jabs to patients in in-patient wards who have not yet had them. The need to strengthen the recording of next of kin information is being taken forward by the Trust with actions in place. The March meeting will receive an update on the plans for We Care for the coming year.
Operational performance update	Three areas considered. **MSK**; Delivery of performance targets is being impacted by vacancies in the team and a small period of redeployment of staff to support the vaccine offer. Staff are now back in the service and patients are being	

Agenda item	Assurance and key points to note	Further actions and follow up
	prioritised clinically. The service is being asked to look at its model of offer for the less clinically severe patients and how skill mix is used. Discussion took place on workforce plans for physiotherapists, and how many our academy is training. It was recognised the importance of considering this as whole system, with a considerable private offer for physios. Performance in this area may take time to improve but progress was being made. **2-hour rapid response**. Data collection is improving but more work to do. An important element of this is ensuring the correct triaging of patients and subsequence response time. Assurance provided that systems are in place to reach the 70 per cent target by the required date of quarter three. **No longer fit to reside**. This remains a concern for inpatient and RR, ART and HWS teams, working with Kent County Council (KCC) to consider their offer. Updates on pathways changes to expedite acute discharges to the community hospitals the Board has been sighted on. Availability of domiciliary care remains a significant risk.	
Learning from Deaths quarterly report Quarter two	Assurance received on quarter two data. Full paper is with the Board. Key areas of learning continue to be picked up by the End of Life Care (EoLC) steering group. No deaths more likely than not due to problems in care.	Further assurance to be provided on complaints and coroners data for this quarter. Data on learning themes to be reviewed to see if a longer-term trend can

Agenda item	Assurance and key points to note	Further actions and follow up
	Learning Disability (LD) reviews did not identify any specific learning for KCHFT this quarter.	be presented. LD section to provide further information on KCHFT specific learning in future reports.
Trust-wide Pressure Ulcer Improvement Plan	A more detailed report on progress and risks to the pressure ulcer key outcome deliverables was considered. Progress is being made with only one specific area, the use /documentation of purpose T, currently red rated. Work is ongoing working with teams on this specific intervention and may partly be due to documentation being recorded in different parts of electronic record.	A further update on progress will be provided in the quality report in March.
Terms of Reference of Clinical Effectiveness Group	The yearly review of the sub group's terms of reference were approved by the Committee.	

Pippa Barber
Chair, Quality Committee
January 2022

NHS
Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	2.7
Agenda Item Title:	Strategic Workforce Committee Chair's Assurance Report
Presenting Officer:	Bridget Skelton, Chair of Strategic Workforce Committee
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the Committee or Board?
(include reference to any prior board or committee review) Has the paper been to any other committee?
The report summarises the Strategic Workforce Committee meetings held on 22 November 2021 and 10 January 2022 and provides assurance to the Board.

Summary of key points

A range of topics was discussed at both meetings including the relevant risks on the Board Assurance Framework, Operational Workforce report, People Strategy update, digital HR bots and digital implications on workforce, Equality Diversity and Inclusion Strategy Update, Health and Wellbeing report and the transformation of the workforce. Topics covered at the extraordinary meeting included information regarding the Paterson Enquiry, an update on turnover and sickness levels and staff vaccination status.

Proposal and/or recommendation to the Committee or Board

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

If this paper relates to a proposed change linked to any of the below, have you completed an equality analysis for this paper? *National guidance or legislative change, organisational or system redesign, a significant impact to patients, local policy or procedural change, local impacts (service or system) or a procurement process.* *You can find out more about EAs here on flo*	☐ Yes *(please attach)*

If not, describe any equality and diversity issues that may be relevant. *Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.*	☒ No *(please provide a summary of the protected characteristic highlights in your paper)*
Highlights relating to protected characteristics in the paper	

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

Kent Community Health
NHS Foundation Trust

STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Strategic Workforce Committee meeting held on 22 November 2021.

Agenda item	Assurance and Key points to note	Further actions and follow up
Workforce Report including Board Assurance Framework (BAF) assurance	Update on national legislation/guidance with the launch of NHS England and NHS Improvement (NHSEI) Future of HR and OD in the NHS. Publication offers opportunity for us to examine what we need to evolve further and what we are already doing, the pending guidelines on the mandated vaccine programme and consultation on changes to the pension scheme including potentially changing the threshold for contribution levels. Importantly, with the end of the Coronavirus Act in March 2022, the pension abatement will conclude, ending the retire/return COVID initiative. Turnover and stability data as well as absence and stress data are all going in the wrong direction, albeit this was anticipated post the pandemic. Organisation development business partners (ODBPs) are being asked to provide insights into further understanding the issues behind identified hotspots, as well as detailed work being undertaken on safer staffing numbers and establishment control. Achieving strong survey response (63%) with a final push before closing date. 9/19 international nurses have arrived and made a good start to settling. Executives have approved a bid for regional	Provide further insight to the Board including system and national benchmarks when they become available.

Agenda item	Assurance and Key points to note	Further actions and follow up
	monies topped up by Trust funding to support sustaining recruitment for a further 100 international nurses over the next 12 months. The BAF was reviewed and assurance given, recognising further scrutiny will be required as we continue to address winter pressures.	
Operational Workforce Report	The Committee was provided with clarification of the winter resilience schemes, the support required and the additional funding to date secured. There is strong governance in place with senior leads meeting regularly, with an active oversight group and better system wide working. Additional resource is being sought from the bank team ahead of roster gaps, and attention being given to building resilience in the team thought winter. 60 clinical staff have transferred from the COVID Bank to the KCHFT Bank; 39 in a support capacity as well as some admin staff. Safer care modelling and acuity dependency modelling are all informing the challenging forward plan.	
Significant Employee Relations Report	No new expulsions or exclusions. Although there has been a spike in ER activity with a trend from probation so work is being done to see how that period of employment can become a more positive one. Overall costs are increasing.	
People Strategy update	Good progress is being made on delivering the People Strategy, with 14/47 items completed, all others progressing with tight	

Agenda item	Assurance and Key points to note	Further actions and follow up
	tracking and follow up. Disciplined reviews are in place to highlight issues and encourage progress.	
People Plan (Workforce Plan)	Workforce planning numbers were submitted into the system on 5 November. Working together in the integrated care system (ICS) on pay and bank staff to ensure the actions of one part do not destabilise another.	
GDPR Compliance	Actions are all in place and checked for completion whilst we remain non-compliant to ensure robust mitigations are in place to manage the residual risk. Business case for electronic filing is created but not a priority.	
Digital HR bots and digital implications on workforce	A lot of positive progress exploring potential applications, as well as increase of resource to accelerate this work. Preparing to become a centre of excellence for the system. Return on investment (ROI) on initial work has produced a saving of £206k or 7FTE that can now be used on more value adding strategic work rather than removal of headcount at this stage. Further automation of recruitment is imminent.	
Equality, Diversity, and Inclusion (ED and I) Strategy Update	ED and I Strategy “No one left behind’ having been seen by the Board has now been communicated, is on the website and actions from it being progressed and tracked. Work for EDS2 compliance has seen five new objectives developed – two patient orientated and three staff wellbeing and development. We have benchmarked well against national WDES data which is reassuring, although there is always more work to do.	Benchmark against national WRES data for assurance and identification of areas requiring greater attention.
Health and Wellbeing report	Achieved Gold status in Kent and Medway Workplace Wellbeing Awards which is a huge external validation for the great work done by the team over the last 24 months. They are now aiming for	Margaret Daly (Deputy HR Director)/Victoria Robinson-Collins (Director of People and

Agenda item	Assurance and Key points to note	Further actions and follow up
	Platinum which required further success on existing data and a greater involvement influencing externally through education and implementation. The focus for 2022 will be to ensure greater consistency across the Trust, work on mental wellbeing including financial wellbeing, boosting the work of Time to Change Champions and looking at working with the Charitable Funds Committee to introduce food-banks. Further work is underway to gather evidence on the impact of wellbeing indicatives which is challenging but has proved possible with musculoskeletal physiotherapy (MSK) support and counselling.	Organisational Development) to explore with Prof. Francis Drobniewski, Chair of the Charitable Funds Committee the potential support available from the Charitable Funds Committee to help introduce food banks to staff.
Transformation of workforce	ODBPs job description review to achieve consistency across the Trust complete, consultation to ensure parity and consistency of resource across directorates/ divisions is underway with completion intended if possible before Christmas. It will also allow a resetting of the role within the leadership of services and their relationship with HR. Schwartz Rounds – conversations with staff about the emotional impact of their work have been massively successful with larger virtual attendances of 50+ people. We now have eight facilitators trained and are broadening it across the community. NHSEI has invited us to share the success nationally and talk how these can work despite their virtual nature. First impressions: - Impressed with HR team, the excellent work taking place in the Trust and staff stories in the services, could better promote the excellent work done	Provide Nigel Turner, Non-Executive Director with background information to the ODBP review.

Agenda item	Assurance and Key points to note	Further actions and follow up
	- ODBPs impact in the field could be more consistent and strategic as well as inform insights on the hot spot data so the timing of the review is opportune - A joint approach to programme management would be beneficial to capture all the deep dives and workstreams, as well as maximise value creation from the numerous HR initiatives.	
Medical Appraisal and Revalidation Policy	Approved the Medical and Revalidation Policy.	Ensure the six-month progress against the medical and revalidation compliance is part of the forward plan.
Extra January 2022 Meeting	Due to the corporate calendar for 2022 causing a 2-month gap in meetings rather one, and the scale of workforce challenges in the winter pressure programme it has been decided to hold and extra meeting in January – Monday 10 January.	Agenda and papers to be prepared covering workforce data, BAF, an operations report and verbal update on work to address executive succession.

Bridget Skelton
Chair, Strategic Workforce Committee
November 2021

Kent Community Health
NHS Foundation Trust

EXTRAORDINARY STRATEGIC WORKFORCE COMMITTEE CHAIR'S ASSURANCE REPORT

This report is founded on the Extraordinary Strategic Workforce Committee meeting held on 10 January 2022.

Agenda item	Assurance and key points to note	Further actions and follow up
Feedback from Other Committees.	Positive progress on Equality Impact Assessments (EqIA) – template in all policy documents and full engagement programme to embed good practice.	
Legislation update - impact	Government has issued its response to the Paterson Enquiry. Work is underway to ensure we are not in breach of any workforce or quality findings. Revisit data to ensure staff are able and encouraged to challenge and speak up.	Report will come back to either the Quality or Strategic Workforce Committees dependent on relevance, followed by committee triangulation.
Workforce Update	Turnover and sickness continue to rise. Work is underway by organisational development business partners (ODPBs) to look at strengthening onboarding and retention initiatives including task and finish group to drive delivery. Covid related sickness is being carefully tracked (w/c 3 January numbers between 72 – 140 daily) and enhanced well-being activities introduced including 'fill you cup' and avoiding burnout sessions. More people are exploring retirement options and regional monies available to support providers. Recruitment processes including automation have been	Benchmarking request to test whether despite numbers increasing they are holding well in comparison to local and national figures.

Agenda item	Assurance and key points to note	Further actions and follow up
	further enhanced with positive feedback. International recruitment of 17 nurses progressing well, Budget approval gained for another 100 over the next 12 months with work underway.	
Operational update	Mitigation for hot spot sickness has involved redeployment, safer staffing management and temporary help like “helping hands”. 30 beds opened this week commencing 10 January with staggered plan for patient arrival. Daily system calls help mitigate issue areas. Joint working with EKUFT on Nightingale plan with potential redeployment of therapists to help, not look after beds. Attempting to get vaccination programme back to business as usual in terms of governance, decision making and funding.	
Staff Vaccination status	53 per cent patient-facing staff currently taken up flu vaccination. Colleagues continue to encourage increased uptake until end of February. COVID-19 vaccination mandate implementation by beginning April. Agenda is challenging with national guidance on scope and messaging impacting on timescales to deliver. Technology solution to offer automated data relating to compliance is delayed so working with an ‘upload process’ locally - to date collected over 1600 evidenced based records (1/3). Volunteered data suggests 94 per cent vaccinated leaving c. 420 to be persuaded with genuine hesitancy for some ethnic groups, pregnant women, etc. A targeted approach is underway but time consuming and messaging challenging given a move from choice to mandatory and working in such difficult times. Risk areas highlighted based on volunteered data includes Health Visiting, London Dental Services and certain areas of Public Health.	

Agenda item	Assurance and key points to note	Further actions and follow up
Succession verbal update	Tricordant (OD consultancy) have produced a report with recommended actions that need to be reviewed and prioritised later in the year, including establishment of a task and finish group including members of SMT. Exploring options including Shadow Boards, opportunity to shadow committees/senior meetings and collaborating with KMPT initiatives including making succession planning part of Board development.	
Critical aspects to support	The implications for staff on changing message that vaccination is moving from choice to mandatory, and the need to help reenergise the passion in a job which is being tested due to tireless working for an extended period.	Non-executive directors (NEDs) to be available to support in a listening and engaging manner to all executives as they rehearse and/or think through sensitive and important workforce matters.

Bridget Skelton
Chair Strategic Workforce Committee
10 January 2022

Kent Community Health
NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	2.8
Agenda Item Title:	Learning from Deaths Quarterly Report
Presenting Officer:	Dr Sarah Phillips, Medical Director
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

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

In line with national guidance on learning from deaths, since April 2021, KCHFT has collected and published mortality data quarterly via a paper to Quality Committee and Public Board, which must include mortality data and learning points. Guidance states this data should include the total number of the Trust's inpatient deaths and those deaths that the Trust has subjected to case record review. Of those deaths reviewed, the Trust must report how many deaths were judged more likely than not to have been due to problems in care. The Committee is asked to note Quarter 2's data and learning points described in this report, for assurance. Following submission to the Quality Committee, the report is published on the Trust's public website.

Summary of key points

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

This report reminds the Quality Committee of the evolution of these processes and presents learning and actions from mortality reviews carried out in Quarter 2. Areas for improvement emerging from reviews include advance care planning and missed opportunities to identify end of life, medicines issues, and general documentation and team communication. The age, gender and ethnicity of all patients dying with COVID-19 are now collected and this quarter's data is included in the report although this data set is not of sufficient size or breadth to be statistically significant on its own. All our mortality and ethnicity data feeds into larger national and regional data sets.

All Trust HCAI COVID-19 inpatient deaths will be reviewed in line with national guidance with a focus on generating insights to underpin effective and sustainable improvements in care to reduce future risks to patients and engagement of duty of candour. There have been no nosocomial cases resulting in death during Quarter 2.

Proposal and/or recommendation to the Committee or Board
To note the report for assurance.

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

Name:	Dr Sarah Phillips	Job title:	Medical Director
Telephone number:	07391 861077	Email	sarahphillips4@nhs.net

Kent Community Health
NHS Foundation Trust

Learning from Deaths Report Quarter 2
July – September 2021

1. Introduction

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

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

During Q2 2021-2022, eight deaths were reported at community inpatient sites. In the previous quarter, Q1 2021-2022, eight deaths were reported.

Total Number of Comminity Hospital Inpatient Deaths Reviewed - Inclunding Deaths Occuring <28 days post Transfer of Care (ToC) July – September 2021								
Total Number of Inpatient Community Hosptials Deaths			Inpatient Community Hosptials Deaths Reviewed			Total Number of deaths considered more likely than not due to problems in care		
Sept.	August	July	Sept.	August	July	Sept.	August	July
4	**4**	**0**	**4**	**0**	**5**	**0**	**0**	**0**
Quarter 2	Prev. Quarter (Q1)	2021–2022 (YTD*)	Quarter 2	Prev. Quarter (Q1)	2021–2022 (YTD)	Quarter 2	Prev. Quarter (Q1)	2021-2022 (YTD)
8	**8**	**17**	**9**	**21**	**68**	**0**	**0**	**0**
This Year (YTD)		Last Year	This Year (YTD)		Last Year	This Year (YTD)		Last Year
17		**179**	**26**		**177**	**0**		**0**

*(YTD) Year To date

Number of Community Hospital deaths reported	Q2 2021-2022	YTD
East - Deal	2	5
East – Faversham Cottage Hospital	1	1
East - Westview	1	1
East – Whitstable and Tankerton	4	7
East – Queen Victoria Memorial Hospital (Dover)	0	1
West - Edenbridge	0	0
West - Hawkhurst	0	0
West - Sevenoaks	0	0
West - Tonbridge	0	1
Total	**8**	**17**

Community Hospital Inpatient Mortality Data	
Deaths reviewed by SJR (%)	100%
Gender (%) Female Male	62.5 37.5
Age range (years)	77-97
Mean Age (years)	87.87
Ethnicity (%) White British Not Stated	75% 25%
Length of stay range (days)	13-53
Length of stay mean (days)	23.13
Number of cases where resuscitation documentation not in place at time of death	0
COVID-19 deaths recorded	1
Cause of Deaths including Frailty and Advanced Frailty	5

The coroner was consulted for one death with respect to a pathological fracture following a fall prior to admission for which the outcome is outstanding.

The Medical examiner process was introduced for all community hospitals in East Kent in May 2021. Since implementation, the Medical Examiner has not made a recommendation for further review of any inpatient death. However, all inpatient deaths have been continued to be reviewed by the Structured Judgement Review (SJR) process in accordance with Trust policy.

Causes of death included Ischaemic Heart Disease, Acute Myocardial Infarction and Coronary Artery Disease, Bilateral Infected Leg Ulcers and Peripheral Vascular Disease, Urinary Tract Infection and Frailty.

No deaths in Q2 were judged to be potentially avoidable due to problems in care and there was no evidence that any patient death was contributed to by unsafe practice arising from mismanagement or misuse of controlled drugs.

One case in Q2 was judged as poor for ongoing care due to lack of review of Do Not Attempt Resuscitation (DNACPR) documentation and delayed implantable cardioverter- defibrillator deactivation prior to death. Two cases; one from Westview

and one from Whitstable and Tankerton hospital received scores of excellent across all phases of care with five cases judged excellent for end of life care.

Spread of Scores Awarded for the Phases of Care of The Community Hospital Deaths in Q2					
Phase of care	Grading				
	Very Poor	Poor	Adequate	Good	Excellent
Admission & Initial Care Phase	0	0	1	5	2
Ongoing Care Phase	0	1	1	4	2
End of Life (EoL) Care Phase	0	0	1	2	5
Overall Care Phase	0	0	2	4	2
Patient record quality	0	0	3	3	2

3. Evidence of Good Practice recognised in Community Hospital reviews

49 elements of good practice have been recorded from the reviews from deaths in Q2, the majority relating to good and excellent care given during the end of life phase. Feedback included; extensive assessment was completed by the Physiotherapist, thoughtful holistic personal care given team member sitting with the patient and music playing in the back ground, fantastic communication throughout with patient's daughter, good evidence of family involvement and communication, evidence of good response to discomfort of the patient and measures that were able to settle the patient. Four compliments from community hospital patients' relatives have been received via the Medical Examiner route. Recognition of good care was received from Coroner's Inquest for the Edenbridge Community Hospital Staff relating to a community death in Q1.

4. Learning from Mortality Reviews for Community Hospital Deaths

None of the deaths reported in Q2 2021/22 were considered more likely than not due to problems in care.

Themes Identified for Learning from Deaths Q2 2021/22	
Themes Identified for learning	**Comments and actions**
1. Problems in assessment, investigation of diagnosis Including assessment of pressure ulcer risk, Ventricular Tachycardia (VT) risk, history of falls	
Nothing to Report	
2. Problems with medication including administration of oxygen	
Use of a symptom assessment chart recommended to capture and monitor for pattern and effectiveness of treatment.	
Lack of evidence on Electronic Patient Record (EPR) of use of symptom control chart to track and monitor effectiveness of interventions.	
3. Problems related to treatment and management plan	
Lack of up to date DNACPR and not evident in documentation if Next of Kin (NoK) had been involved in decisions as capacity concerns noted. Emphasis that DNACRP documentation should be viewed as a continuous ongoing conversation.	RiO template has been updated to include flag for Implantable Cardioverter-Defibrillators (ICDs). Wider project on pathway for planned ICD deactivation remains on End of Life Care Steering Group (EoLCSG) action log.
Themes Identified for Learning from Deaths Q2 2021/22	

Themes Identified for learning	Comments and actions
3. Problems related to treatment and management plan	
Patient could have benefited from syringe driver for Just in Case (JIC) medication.	Good practice to have syringe driver medication prescribed and ready to go just in case patient rapidly deteriorates and these are needed quickly. However, in this case the clinicians did a good job in balancing the family and patients wishes and concerns of possible related drowsiness. Patient's pain was regularly reviewed and assessed.
Lack of pro-active management regarding patients ICD as delay in device being made inactive. Other avenues for disabling the device i.e. with magnets should have been pursued. The use of a magnet is advocated for any patient who has an active ICD at end of life. Although a patient does not receive a shock from the device at end of life, this cannot be guaranteed. The aim of the magnet would be to prevent an inappropriate shock.	All hospitals have received magnets as back up should this situation arise in the future. Cardiology nurse specialist team have been tasked with developing a staff information video.
A review of DNACPR should have taken place. Emphasis that DNACRP documentation should be viewed as a continuous ongoing conversation.	
4. Problems with infection management	
To ensure that admission is not delayed due to waiting for Covid 19 swab results - by documenting evidence of discussions and/or consideration of side room availability and suitability against patients needs.	
5. Problems related to invasive procedure	
Nothing to Report	
6. Problems in clinical monitoring	
Earlier recognition of lack of progress, and updating/changing plans could have improved patient care.	
Use of a symptom assessment chart recommended to capture and monitor for pattern and effectiveness of treatment.	
Highly recommend RiO documentation as a priority rather than paper notes. An Anticipatory Care Plan (ACP) template started and autosaved without being completed. To utilise Symptom assessment charts to evidence that symptoms were responded too.	
7 problems in resuscitation following cardiac or respiratory arrest	
Northing to Report	
8. Problems of any other type not fitting other categories	
All documentation including medication charts to be available for viewing on patients RiO record.	
Themes Identified for Learning from Deaths Q2 2021/22	

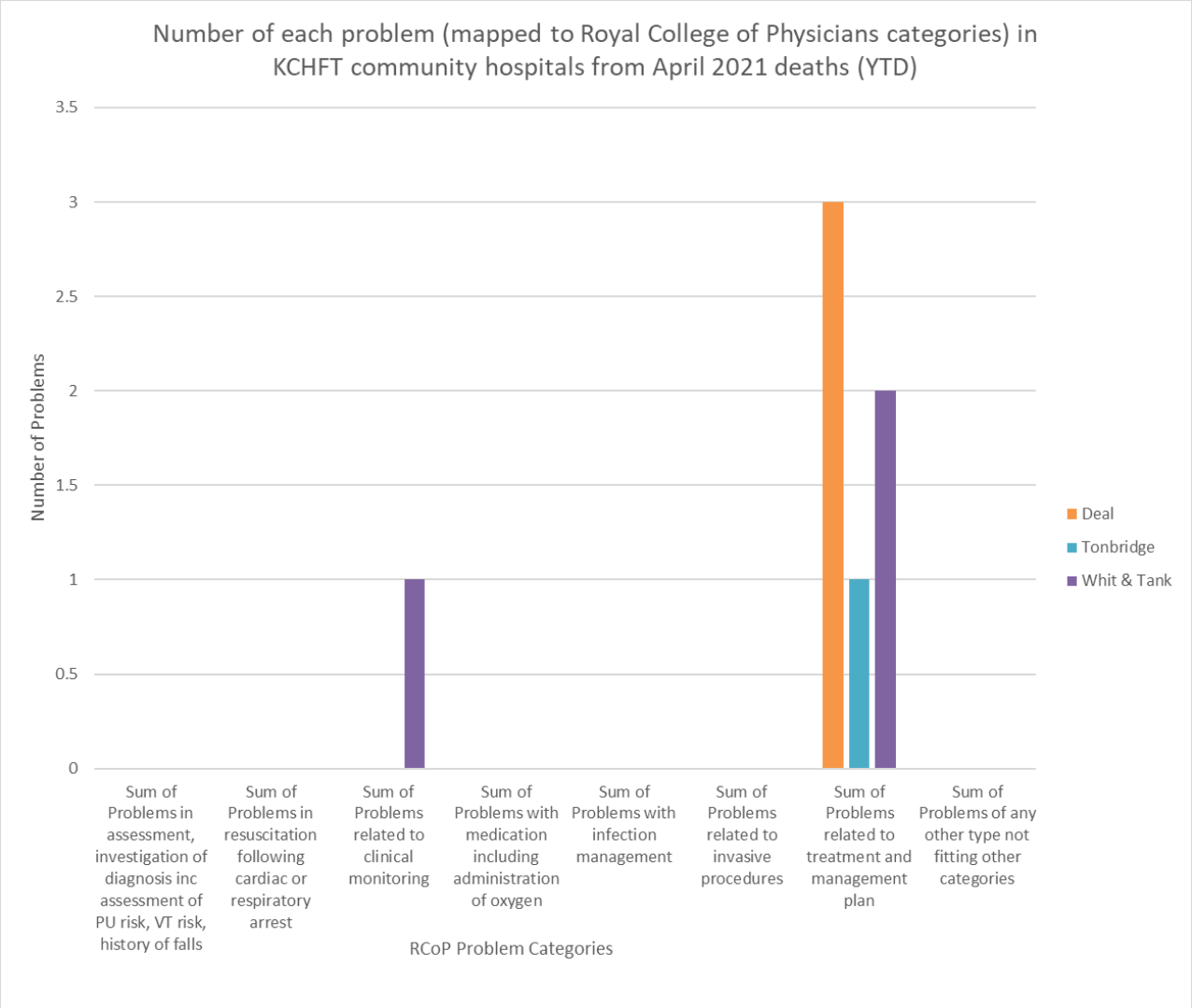
Themes Identified for learning	Comments and actions
8. Problems of any other type not fitting other categories	
Staff to be empowered to challenge conflicting care management plans as in this case the conflict of DNACPR and active ICD.	Improved communication needed regarding patient at EoL care – specifically highlighting patient approaching end of life with an active defibrillator (ICD) arranging with cardiology department the most appropriate time and method for deactivating the device, with consent of the patient. Case discussed at the Transfer of Care Meeting for sharing of feedback.
The use of section one of the last days of life assessment and care plan using the priorities of care, could have been used to pull all the actions taken and recorded in the progress notes together.	
To upload all revised ACP documents. Updated Treatment Escalation Plan (TEP) and DNACPR decision form not uploaded to EPR to review.	

A total of 20 areas of improvement were identified from the eight community hospital inpatient deaths during Q2 that have been collated and reviews closed. No cases in Q2 were judged to be potentially avoidable due to problems in care and there was no evidence that any patient death was contributed to by unsafe practice arising from mismanagement or misuse of controlled drugs.

Number of themes identified from mortality reviews of deaths occurring in each month (in line with Royal College Physicians categories)				
Areas of Improvement Categories	**Jul-21**	**Aug-21**	**Sep-21**	**Total YTD**
Problems in assessment, investigation of diagnosis including assessment of pressure ulcer (PU) risk, Ventricular tachycardia (VT) risk, history of falls				**6**
Ineffective recognition of end of life	0	0	0	**4**
Issues relating to physical needs	0	1	0	**2**
Total number of above leading to harm	0	0	0	**0**
Problems with medication including administration of oxygen				**8**
Issues relating to medications and/or symptom control	0	3	0	**8**
Total number of above leading to harm	0	0	0	**0**
Problems related to treatment and management plan				**23**
Lack of involvement in care decisions	0	1	0	**2**
Lack of respect of patient and family wishes in decision making	0	0	0	**0**
Lack of documentation around capacity and best interests	0	1	0	**2**
Issues relating to Personalised Care Plans and other documentation	0	1	8	**17**
Issues relating to Fast Track and palliative care support	0	0	2	**2**
Number of themes identified from mortality reviews of deaths occurring in each month (in line with RCP categories)				

Areas of Improvement Categories	Jul-21	Aug-21	Sep-21	Total YTD
Total number of above leading to harm	0	0	0	**1**
Problems with infection management	0	1	0	**1**
Total number of above leading to harm	0	0	0	**0**
Problems related to invasive procedures	0	0	0	**0**
Total number of above leading to harm	0	0	0	**0**
Problems related to clinical monitoring				**1**
Reversible causes of deterioration not considered/excluded and/or documented	0	0	0	**1**
Issues relating to nutrition and hydration	0	0	0	**0**
Total number of above leading to harm	0	0	0	**0**
Problems in resuscitation following cardiac or respiratory arrest	0	0	0	**0**
Total number of above leading to harm	0	0	0	**0**
Problems of any other type not fitting other categories				**11**
Issues relating to emotional, psychological, social, spiritual, cultural and religious needs	0	0	0	**1**
Issues relating to support of families and those important to the dying person	0	0	0	**4**
Patient related communication issues	0	0	0	**1**
Team related communication issues	0	2	0	**5**
Total number of above leading to harm	0	0	0	**0**
Number of deaths with completed reviews	0	4	4	**17**
Total number of issues arising	**0**	**10**	**10**	**50**

Each problem is mapped to Royal College of Physicians problem categories and recorded against each hospital. The problem data for the year to date being displayed in the chart below.



5. Community Deaths Mortality Data Q2 2021/22

Community Mortality Data		
Number of	**Q2**	**Q1**
Community Deaths reported via Datix	18	13
Community Deaths referred for full SJR	10	2
Complaints	7	2
Patient Safety Raised SIs	2	2
Referred to Coroner	6	1

6. Feedback and Lessons learned from Community Deaths Completed in Q2.

A total of 52 areas of improvement were identified from the eight community deaths during Q2 that have been collated and reviews closed at the time of report. No cases in Q2 were judged to be potentially avoidable due to problems in care and there was no evidence that any patient death was contributed to by unsafe practice arising from mismanagement or misuse of controlled drugs.

Number of themes identified from mortality reviews (including Datix investigations, After Action Reviews (AARs) and Coroner Inquests) of deaths occurring in each month in line with Royal College of Physicians categories				
Areas of Improvement Categories	**Jul-21**	**Aug-21**	**Sep-21**	**Total YTD**
Problems in assessment, investigation of diagnosis including assessment of PU risk, VT risk, history of falls				**12**
Ineffective recognition of end of life	2	4	2	**8**
Issues relating to physical needs	1	0	2	**4**
Total number of above leading to harm	0	0	0	**1**
Problems with medication including administration of oxygen				**10**
Issues relating to medications and/or symptom control	1	5	2	**10**
Total number of above leading to harm	0	0	0	**1**
Problems related to treatment and management plan				**32**
Lack of involvement in care decisions	0	0	0	**3**
Lack of respect of patient and family wishes in decision making	0	0	0	**0**
Lack of documentation around capacity and best interests	0	1	2	**3**
Issues relating to Personalised Care Plans and other documentation	1	10	6	**26**
Issues relating to Fast Track and palliative care support	0	0	0	**0**
Total number of above leading to harm	0	0	0	**1**
Problems with infection management	0	1	0	**1**
Total number of above leading to harm	0	0	0	**0**
Problems related to invasive procedures	0	0	0	**1**
Total number of above leading to harm	0	0	0	**0**
Problems related to clinical monitoring				**4**
Reversible causes of deterioration not considered/excluded and/or documented	1	2	0	**4**
Issues relating to nutrition and hydration	0	0	0	**0**
Total number of above leading to harm	0	0	0	**1**
Problems in resuscitation following cardiac or respiratory arrest	0	0	0	**0**
Total number of above leading to harm	0	0	0	**0**
Problems of any other type not fitting other categories				**21**
Issues relating to emotional, psychological, social, spiritual, cultural and religious needs	0	0	0	**0**
Issues relating to support of families and those important to the dying person	1	1	2	**6**
Patient related communication issues	0	1	0	**2**
Team related communication issues	3	1	0	**13**
Total number of above leading to harm	0	0	0	**0**
Number of deaths this month with completed reviews	2	4	2	**Total YTD**
Total number of issues arising	**10**	**26**	**16**	**81**

Actions taken as a result of mortality feedback

Problems related to treatment and management plan
Consider reviewing the referral form to add specific questions relating to end of life care to ensure a clear handover of patient care, enabling continuation of care.
The implementation of the Medical examiner service in East Kent for deaths in the community will support increased communication and discussion of when death certification is required for a person receiving care from other providers.
Problems in clinical monitoring
Evaluate and adjust current system for identifying patients not seen in the last 28 days - Action: more robust system implemented (Weekly EoL patient reviews by District Nursing (DN) team now instigated with spreadsheet available on the K-drive to share information about patients across teams to improve collaborative working.)
To liaise with Consultant Nurse for EoL to discuss if other roles would have capacity to engage in EoL training this could help staff to more effectively identify the dying phases approaching therefore using the sudden death pathway/protocol only when justified.
Problems of any other type not fitting other categories
Support offered with how to effectively record progress notes especially when referring to and the phrasing of conversations containing conflicting views from involved parties trust record keeping policy and standards will be shared with community staff via quality leads to individual teams, manager's meeting and local LCRMs. TAPs have an e-learning course named - Record Keeping: Documentation and The Law e-learning which teams can use as a support tool for putting the policy into practice.

7. Learning Disability (LD) Mortality Reviews Report

LeDeR Q2 report.docx.pdf

Dr Lisa Scobbie, Deputy Medical Director
Tatum Mallard, Mortality Review Project Lead
December 2021

LeDeR Review Programme
Quarter 2 Report

July - September 2021
(reporting on deaths Jan-Mar 21)

Written By

Mandy Setterfield – Senior Reviewer

Renée Fenton – LeDeR Business Administrator

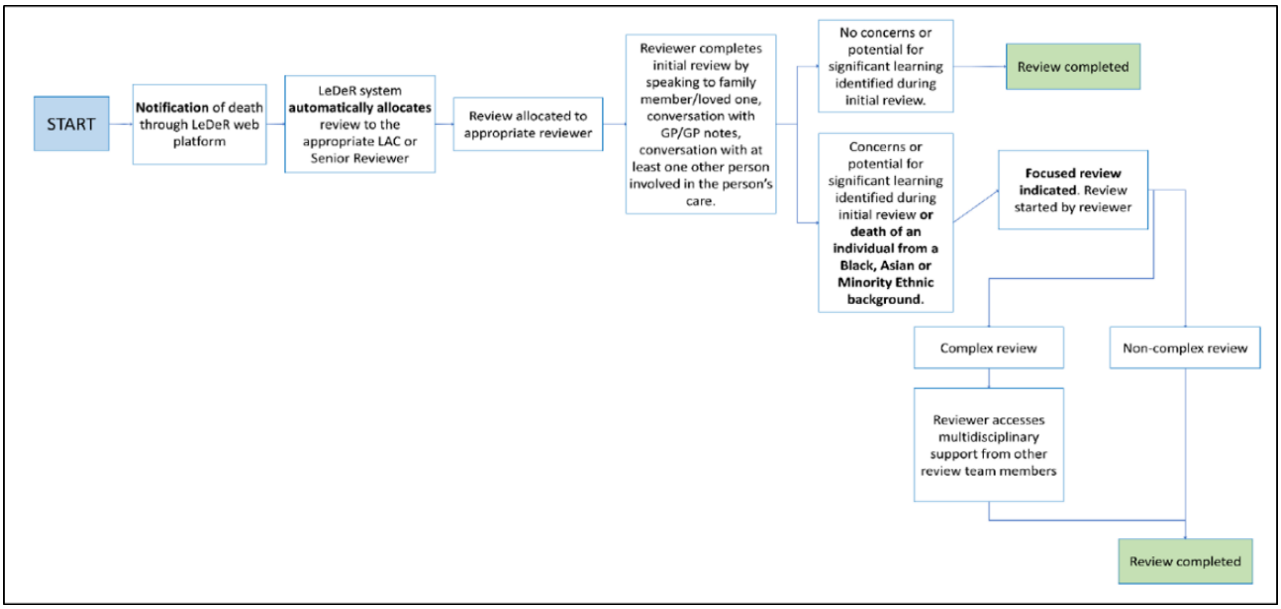
Contents

1. Quarterly Update

The LeDeR platform was updated and went live on 1st July 2021 with all the reviewers being fully trained and had access by end of July 2021.

There were some initial system errors which caused delay in submitting some reviews however, this did not cause any to be in breach within their 6-month period.

Below is a flow chart which demonstrates the new LeDeR Review process that has been in place since July 2021;



2. Completion of Reviews

To date we have completed a total of 113 reviews for the time frame July 2020 – September 2021, 52 of these were in Q2 (deaths recorded in Jan-March 21) with a staff capacity of 100% and the trajectory being overachieved every month. There is an exception of 2 reviews; one August 21 review is in breach due to awaiting a coroner's request – this has been agreed with Claire Axon-Peters, and one September 21 breach due to awaiting Hospital notes (end of October).

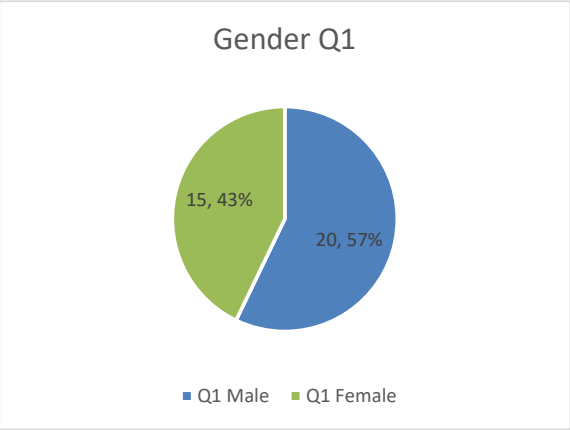
Below, the table shows the number of reviews completed for Quarter 2, deaths recorded Jan-Mar 2021. There was an increase in the number of deaths for January, at 27 deaths compared to the average of 10 per month.

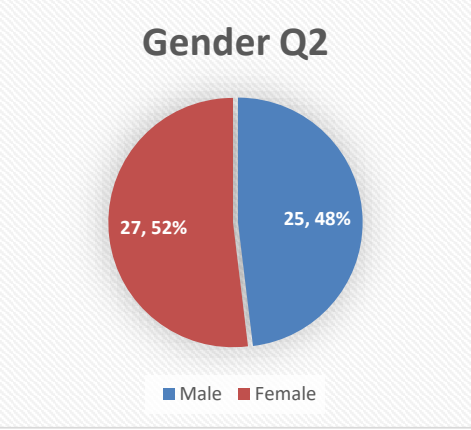
Jan-21	Feb-21	Mar-21
27	**14**	**12**
27	13	9
0	0	1
0	0	0
0	1	1
0	0	1
0	**1**	**1**
Jul-21	**Aug-21**	**Sep-21**

3. Personal Demographic Trends

Gender

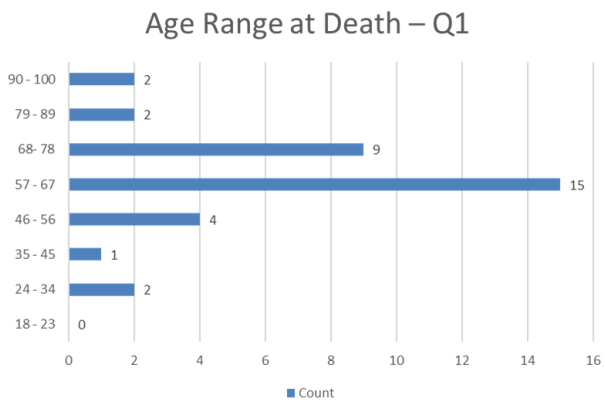
The table below shows that there were more Female to Male deaths in Q2, unlike Q1 where there were more Male deaths than Female.

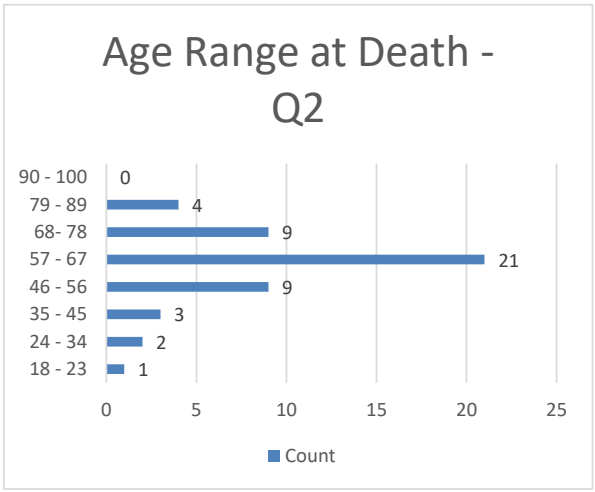




Age

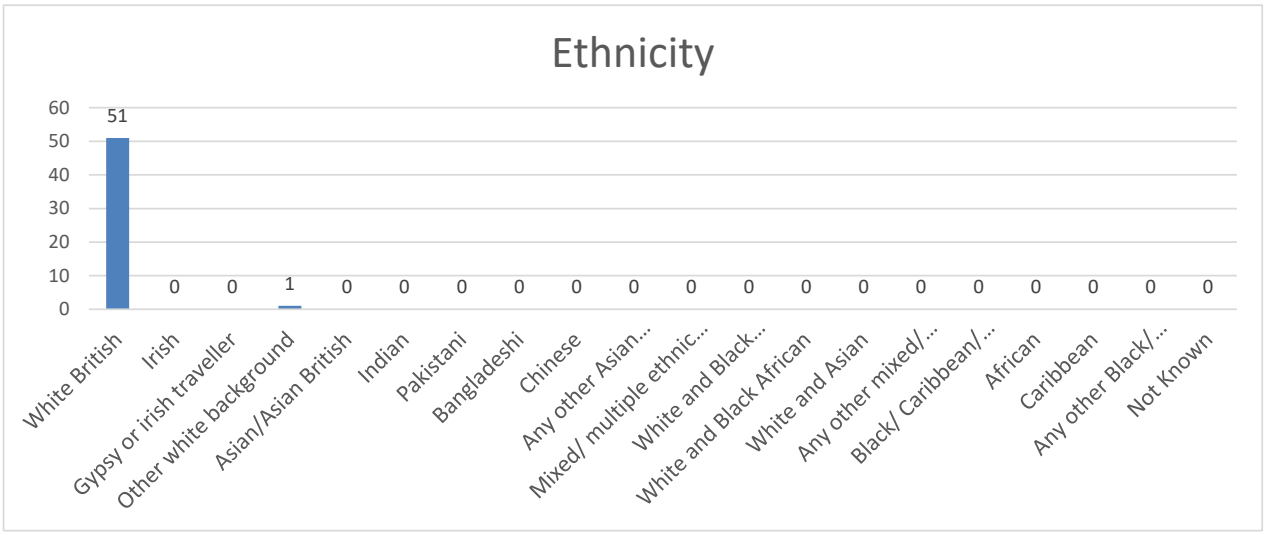
The average age at death for Q2, based on deaths in Jan-March 21 combined was 57-67 years old, the same as Q1 (Oct – Dec 20 deaths)





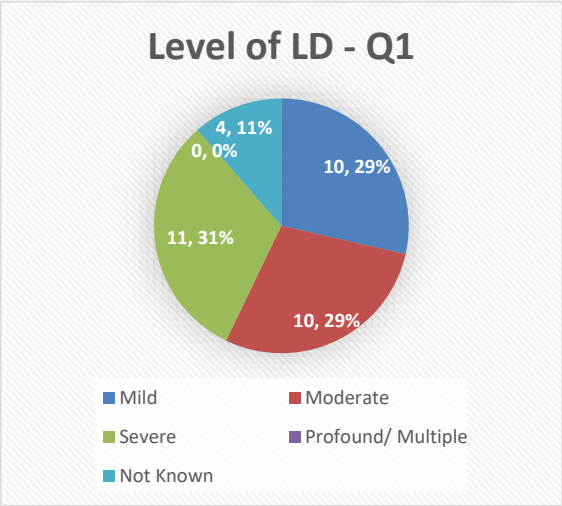
Ethnicity

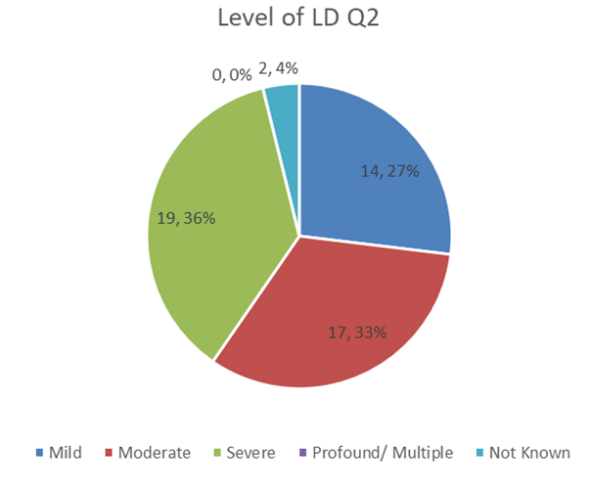
Out of the 52 reviews completed in Q2, there were 51 recorded as White British.



Severity of LD

In Q2, the highest level of LD was 'Severe' with 19, much like Q1 with 11 deaths recorded as having a 'Severe' LD.



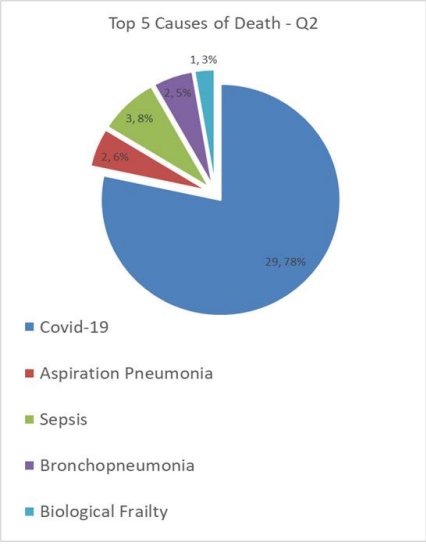


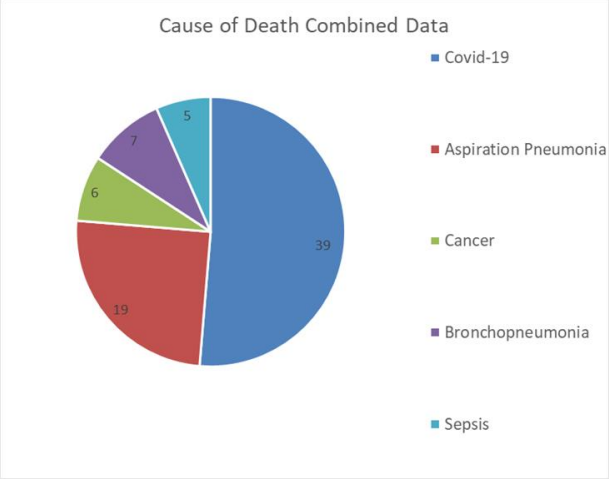
4. Causes of Deaths

The graphs show data for Q2 and for data combined Oct 20 – Live.

The 5 main causes of death for Q2 (deaths in Jan-March 21) were Covid-19 with 29 deaths recorded, Pneumonia (both Aspiration and Bronchopneumonia) were at 4, Sepsis at 3 and Biological Frailty at 1.

For data combined, the top cause of death was Covid-19, following that it was Pneumonia (both Aspiration and Bronchopneumonia), then Sepsis and Cancer.



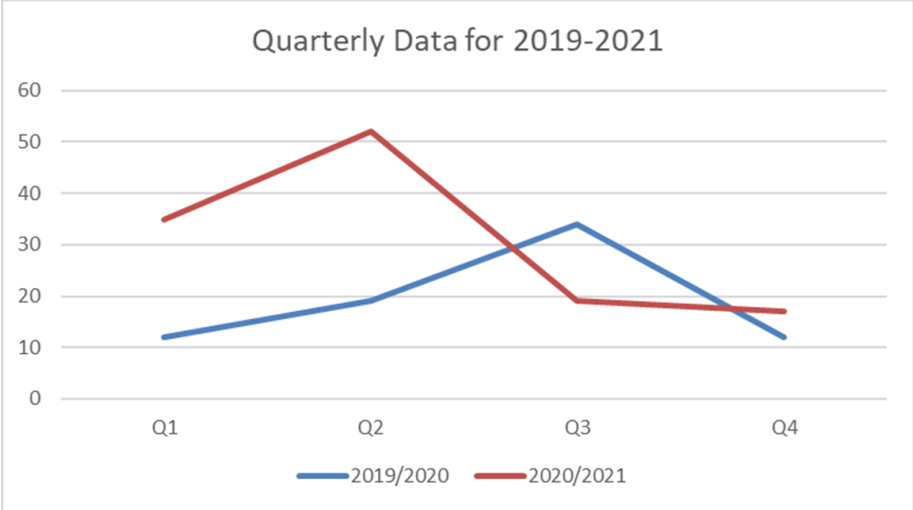


Quarterly Comparison

The graph below shows the annual number of deaths across each quarter.

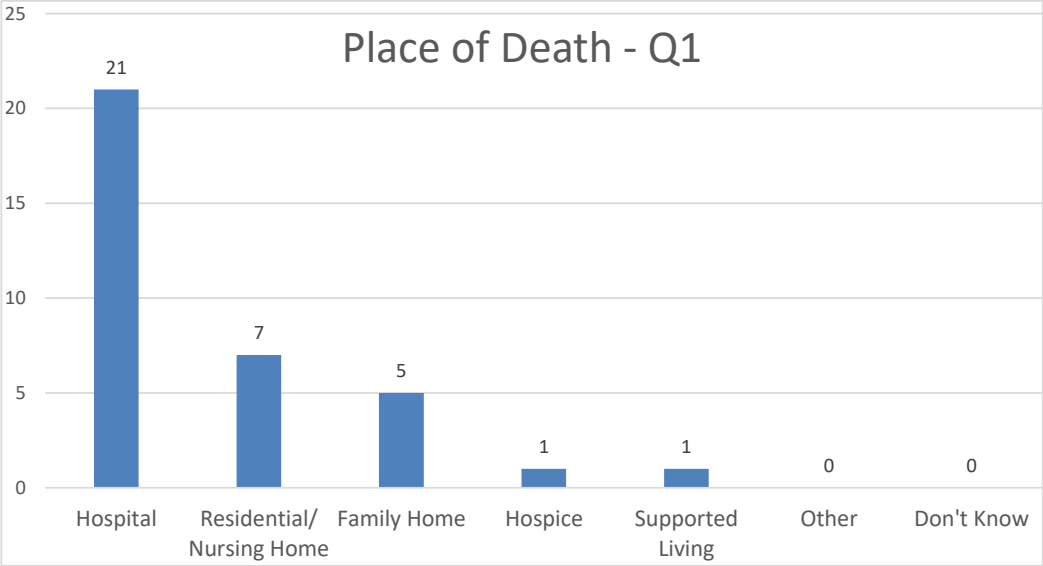
2019-2020 displays from Oct 19 – Sept 2020 deaths

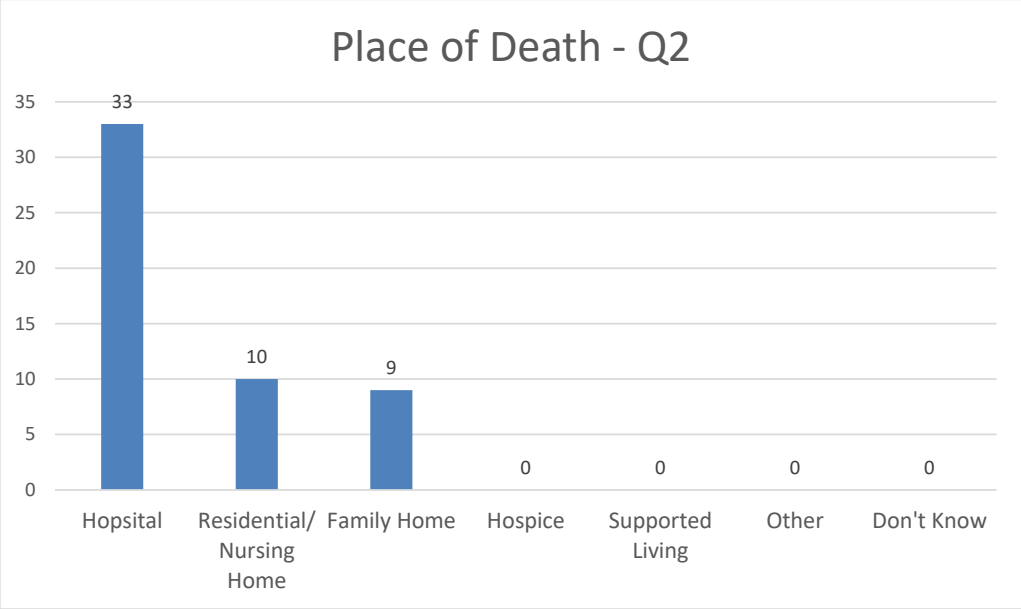
2020-2021 displays from Oct 20 – Sept 2021 deaths



5. Place of Death

The most common place of death for Q2 was in Hospital with 33 recorded out of 52 deaths, Q1 also had Hospital as the highest place of death with 21 out of 35 deaths.





6. Best Practice

There continues to be an increase in the use of TEP. Reviewers have reported positive practice around advanced care planning and EOL plans.

The reviewers identified good multi-disciplinary working which has led to continuity of care for the person.

There is an increase in reasonable adjustments for people while inpatients in hospital. E.g. side rooms offered to ease persons anxiety and this also enabled family and carers to visit.

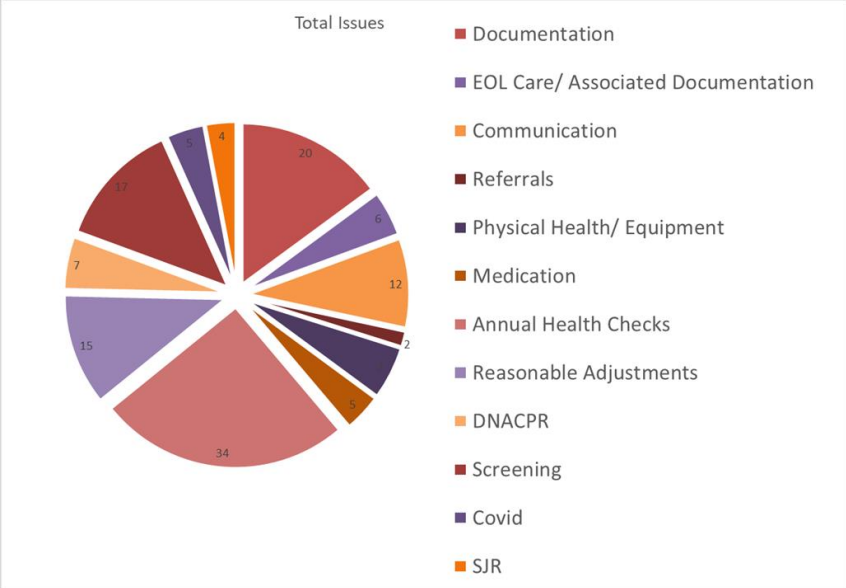
There continues to be an increase in the uptake of Annual Health Checks.

7. Issues Reported

Below is an overview of the area of issues reported for Q2. There was a total of 134 issues recorded for the 52 deaths.

The main issues seen were:

- Annual Health Checks
- Documentation
- Screening



Top 3 Issues – Deep Dive

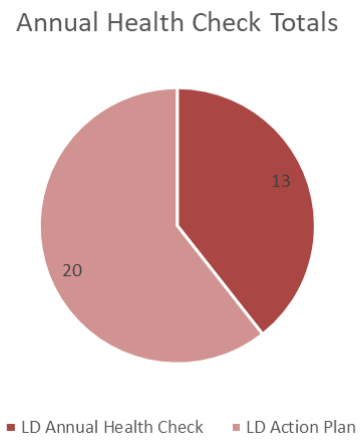
Annual Health Checks

The most common issue was around Annual Health Checks. Here is a breakdown of each issue and a total in each category.

There were **14** recorded issues around Annual Health Checks out of 52 deaths; **7** of which state where the client was not invited.

There were **20** cases where there were issues around an LD Action Plan; **12** of these were where the Action Plan was not formulated and **7** where they hadn't been completed.

Annual Health Checks	
LD Annual Health Check	**14**
Client not been invited	7
Not attending	0
Not completed in last 12 months/ delayed	5
Quality of AHC is poor	1
Other	1
LD Action Plan	**20**
Action plan not formulated	12
Action plan not completed	7
Poor quality action plan	0
Not shared/ provided with the patient	0
Other	1



Annual Health Checks – Combined Data (Oct 20 – Live)

Out of 95 completed reviews on the Dashboard, 79 had issues around Annual Health Checks or Health Action Plans.

32 of these issues were between Oct-Dec 2020

- 5 in October out of 5 deaths
- 9 in November out of 8 deaths
- 18 in December out of 22 deaths

34 issues were between Jan-March 2021

- 18 in January out of 27 deaths
- 7 in February out of 14 deaths

- 9 in March out of 11 deaths

13 issues were between Apr-Jun 2021

- 11 in April out of 11 deaths
- None in May and 2 in June

Here is the breakdown and number of each issue.

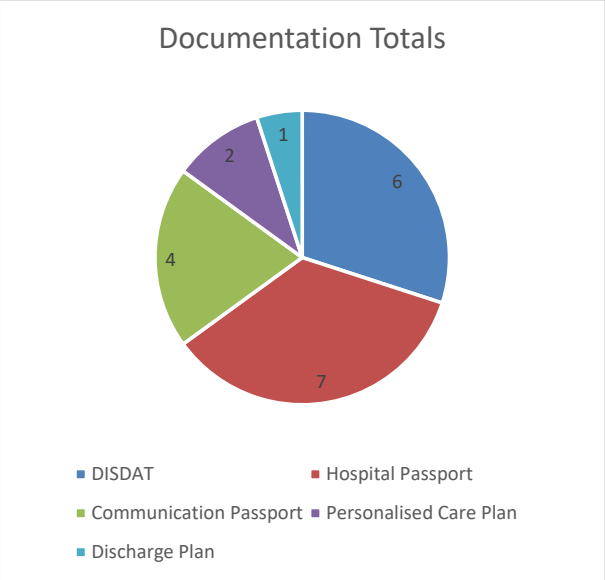
19 out of the **36** Annual Health Check issues did not have an Annual Health Check completed in the last 12 months and **12** had not been invited.

Out of **43** issues around LD Action Plans, **24** had not been formulated from the Annual Health Check and **18** had not been completed at all.

Annual Health Checks	
LD Annual Health Check	**36**
Client not been invited	12
Not attending	1
Not completed in last 12 months/ delayed	19
Quality of AHC is poor	3
Other	1
LD Action Plan	**43**
Action plan not formulated	24
Action plan not completed	18
Poor quality action plan	0
Not shared/ provided with the patient	0
Other	1

Documentation

The second most common issue was around documentation. This includes Hospital and Communication Passports. There were 6 DISDAT issues recorded where all deaths recorded had no DISDAT's in place. 7 Hospital Passport related issues and 5 of these were recorded as having none in place. Below is the issue breakdown.



Documentation Breakdown	
DISDAT	**6**
No DISDAT	6
DISDAT out of date	0
DISDAT not being shared	0
Other	0
Hospital Passport	**7**
No Hospital Passport	5
Hospital Passport out of date	2
HP not read/ shared with team	0
Other	0

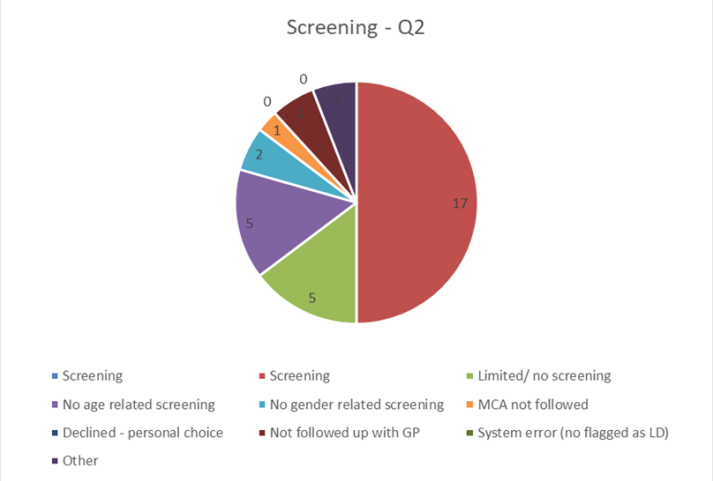
Communication Passport	**4**
No Communication Passport	3
CP out of date	0
CP not read/ shared with team	1
Other	0
Personalised Care Plan	**2**
No Personalised Care Plan	1
No Individualised Care Plan supported by provider	0
Other	1
Discharge Plan	**1**
Discharge plan not completed	0
Lack of communcation regarding discharge plan	0
Other	1

Screening

The third most common issue for Q2 was around Screening with **17** issues out of the 52 deaths recorded. **5** of these had no age-related screening carried out and **5** with no/ limited screening.

There were also issues recorded around GP's not following up after screening, gender related screening not being carried out and MCA's (Mental Capacity Assessments) not being followed.

Below is the issue breakdown.



Screening	
Screening	**17**
Limited/ no screening	5
No age related screening	5
No gender related screening	2
MCA not followed	1
Declined - personal choice	0
Not followed up with GP	2
System error (no flagged as LD)	0
Other	2

GP Surgeries – Deep Dive

The below table shows the top 4 GP Surgeries that had the most issues and the total number of deaths from Oct 20 – Live. These issues include anything around Annual Health Checks and LD Action Plans, Screening, DNACPR and not receiving their Covid patient shielding letter.

PCN	GP Surgery	Total Issues per Surgery	Number of completed reviews per death
Dover Town	**Pencester Surgery**	**13**	**4**
Malling	**Snodland Medical Practice**	**11**	**3**
Sevenoaks	**Amherst Medical Practice**	**9**	**5**
The Marsh	**Martello Health Centre**	**7**	**3**

The GP Surgeries breakdown of issues can be found below:

GP Surgery	TOTAL ISSUES	AHC Not completed in last 12 months/delayed	AHC - Poor quality	Action plan not completed	Action plan not formulated from AHC	DNACPR - Other	Limited/ no screening	No age related screening	Declined - personal choice	No patient sheilding letter sent
Pencester Surgery	13	2	1	2	2	1	1	1	1	2

GP Surgery	TOTAL ISSUES	Number of Deaths	Not invited	Action plan not formulated from AHC	DNACPR inappropriately completed	No age related screening	No patient sheilding letter sent
Snodland Medical Practice	11	3	3	3	1	3	1

GP Surgery	TOTAL ISSUES	Number of Deaths	AHC Not completed in last 12 months/delayed	Action plan not completed	DNACPR paperwork not able to be found	Care provider not consulted	No age related screening	No gender related screening	Not followed up with GP	No patient sheilding letter sent
Amherst Medical Practice	9	5	1	2	1	1	1	1	1	1

GP Surgery	TOTAL ISSUES	Number of Deaths	AHC - Poor quality	Action plan not completed	Action plan not formulated from AHC	Care provider not consulted	No gender related screening	Other	No patient sheilding letter sent	Other
Martello Health Centre	7	4	1	2	1	1	1	1	0	0

8. Learning

With creating a new Learning Dashboard with quarterly breakdowns, we can clearly find local learning and common issues. We are now able to identify the specific issues relating to each subject, i.e. Documentation issues – whether the issue was with not having a Hospital Passport, or it not being followed. Having this allows us to address these issues more efficiently and what actions we can put in place to resolve them.

9. 3 Year Plan

Below shows the Kent & Medway LD and Autism 3-year system development plan

Year: 2021 - 2022				
LTP Commitment	**Objective(s)**	**How and What will be delivered**	**Timelines & Lead**	**Update**
Maintain Timely LeDeR reviews	The LeDeR model has been adopted and implemented in	The LeDeR reviews in Kent and Medway have been commissioned	LeDeR steering group	

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

	policy. Develop plan for new quality assurance structures and processes by 30/09/21 and fully operation by 01/02/22	with lived experience • Review and agree reporting and governance structures so LeDeR governance sits within mainstream ICS quality surveillance and governance arrangements. • A named executive lead as SRO with accountability for LeDeR from across the ICS • Agree data metric and baseline measurements to capture outcomes from LeDeR focused on • Positive experiences of process for bereaved families • Decreasing numbers of preventable deaths • Greater use of reasonable adjustments in health and care services • Better outcomes as a result of local service improvement projects • Increased awareness of the main causes of death amongst health and care staff Improved data – themes/trends of life and death experiences with specific focus on BAME		

Developing LeDeR	Assess the inclusion of autistic service users in the LeDeR program and the potential learning from this Cohort See attached action plan for details and associated timelines for completion of actions	Inclusion of autistic people in LeDeR – data mapping to be undertaken in Q2-Q3 2021/22 to understand likely demand against LeDeR team capacity and possible options for inclusion of this cohort of these deaths from Q4 2021/22 - 2022/23	LeDeR steering group	
Reducing inequalities in LeDeR	Focussed reviews for BAME and autistic people to be implemented	Introduction of 'focused reviews' from 01/06/21 – will be undertaken as part of normal practice for all BAME individuals and for autistic people.	LeDeR steering group	
LeDeR monitoring	Reporting process for LeDeR has been agreed for the program in collaboration with NHSE.	Annual reporting process agreed and 2020/21 report completed and circulated to all relevant parties including NHSE by 31/06/21	LeDeR steering group	
Year: 2022 - 2023				
Reducing inequalities in LeDeR	Increased reporting of deaths from people from relevant Black, Asian and Minority Ethnic communities within the ICS proportionate and relative to the communities living within that geography	Data will be pulled through the LEDER programme through to Public Health who will in collaboration with system develop an action plan to focus interventions in the BAME community	LeDeR Steering Group Q1/22	
LeDeR monitoring	Senior ICS leaders, including local authority partners are involved in governance meetings where issues found in local reviews are discussed and actions agreed collaboratively, to support joined-up actions to improve services, reduce health inequalities	Detailed data will form part of contract compliance and contract levers processes in 2022	KMCCG Associate Director for LD&A Programme Q1/22	

	and reduce premature mortality.			

Kent Community Health NHS Foundation Trust

Committee / Meeting Title:	Board Meeting - Part 1 (Public)
Date of Meeting:	09 February 2022
Agenda Number:	3.1
Agenda Item Title:	Integrated Performance Report
Presenting Officer:	Gill Jacobs, Acting Director of Finance
Action – this paper is for:	☐ Decision ☐ Information ☒ Assurance

What is the purpose of the paper and the ask of the Committee or Board?
(include reference to any prior board or committee review) Has the paper been to any other committee?
The Integrated Performance Report is produced to give an overview of performance against a number of national, contractual and internal key performance indicators. This report is presented with the use of Statistical Process Control (SPC) charts. It should be noted that the full Finance, Workforce and Quality reports are presented at their respective committees. The report has been produced in collaboration with the Executive Team and their support teams.

Summary of key points

There are 10 KPIs (26.3%) moving favourable in month and 16 (42.1%) moving unfavourably whilst 12 (31.6%) are in normal variation.

There are 4 KPIs consistently failing target (target outside of control limits) which are:

- KPI 2.9 LTC/ICT Response Times Met
- KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times
- KPI 4.2 Income & Expenditure - Surplus (%)
- KPI 4.5 Percentage based on value of Service Lines with deficits greater than 5%.

Of the 7 indicators not measured by SPC charts, 100% (7) are achieving target

Quality

- 11 lapses in care during December, with a further 1 meeting the SI criteria. (negative variation).
- During December 2021, there was one avoidable incident that resulted in low harm to the patient
- 55 reported medication incidents were considered avoidable to KCHFT during December 2021 compared to 40 incidents in November and 56 in October

2021.

Workforce

- Turnover in December 2021 has increased to 16.82% and the highest rate for the last 24 months. This is the seventh consecutive month that this metric is reported above the target.
- At 5.7% the in-month sickness absence rate for December 2021 continues the upward trend from March 2021 and now at the sickness absence levels experienced in December 2020 and January 2021, remaining above the mean and the target.
- From June 2021 the Vacancy rate has continued to decrease, in December 2021 we have reported a decrease to 4.5% this is the lowest vacancy rate since March 2021. The Vacancy rate continues to remain below the revised target of 6% and now the mean

Finance

- The Trust is in a breakeven position to the end of December. The cumulative financial performance is comprised an overspend on pay of £5,010k (including £6,934k on the covid vaccination programme) offset by underspends for non-pay and depreciation/interest of £108k and £266k respectively and an over-recovery on income of £4,636k.
- The Trust achieved CIPs of £2,674k to the end of December against a risk rated plan of £3,311k which is £637k (19.2%) behind target.
- Capital spend to December was £3,221k, against a YTD plan of £6,271k (51% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes. As at M9, the full year forecast is £8,687k, with £4,933k being internally funded and £3,753k being funded by PDC. The Trust expects to utilise the forecast in full with a number of o/s projects or new schemes being completed in the final quarter. The full year variance of £4,011k is the net effect of the redistribution of the £4,924k ring-fenced funding held on behalf of the K&M system for system priorities plus the additional spend forecast (£251k) for the KMCR project and new external funding applications totalling forecast spend of £661k. The £3,753k PDC funding represents the approved external funding applications for the Kent & Medway Care Record project (£3,092k), Electronic Prescribing and Medicines Administration system (£319k), Robotic Process Automation (£130k), WoundMatrix (Digital Health Partnership) (£130k) and Video Consultation (TIF Funding) (£82k).
- Temporary staff costs for December were £2,109k, representing 12.8% of the pay bill. Of the temporary staffing usage in December, £427k related to external agency and locums, representing 2.6% of the pay bill. Contracted WTE increased by 10 to 4,333 in post in December which includes 15 posts funded by capital projects. Vacancies remained constant at 205 in December which was 4.5% of the budgeted establishment.

Kent Community Health NHS Foundation Trust

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 marginally below trajectory (98%) with a quit rate of over 55%. Waiting list remains at 0.
- The Health Visiting new birth visit performance is experiencing normal variation with positive performance (92.6%) above target and the mean.
- During Month 9 (December 2021) KCHFT carried out 153,882 clinical contacts. For the year to December 2021 KCHFT are 2% above plan for all services (some services have contractual targets, some are against an internal plan). The only negative variance is within Dental and Planned Care Services (-12.5%).
- 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 9 position being at 100%, with only 120 patients (3.6%) out of 3,319 currently waiting longer than 12 weeks.
- Diagnostics waits (6 week target) for paediatric audiology has failed the 99% target for M9 which was expected due to staffing challenges. This is not expected to be a sustained position.
- 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. As part of this, an improved process for exclusions (inappropriate requests for a 2-hour response) is now in place and performance should see an improvement. This is reliant on both timely and accurate completion of a form on RiO named GENAD. Support from the business managers is in place to support the teams with a target of January 2022 (M10) data being accurate to performance levels.
- 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 worsened position at M9 of 26.8%.
- 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%, although were down to 85.1% in month 9 as part of increasing step down capacity through winter planning.

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 777 854	Email	nick.plummer@nhs.net

Kent Community Health
NHS Foundation Trust

Integrated Performance Report 2021/22

February 2022 report

we care

Kent Community Health
NHS Foundation Trust

Contents

we care

Kent Community Health
NHS Foundation Trust

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

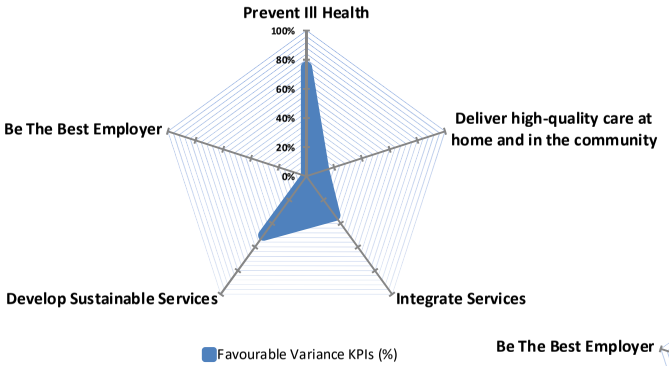
CQUIN – Commissioning for Quality and Innovation

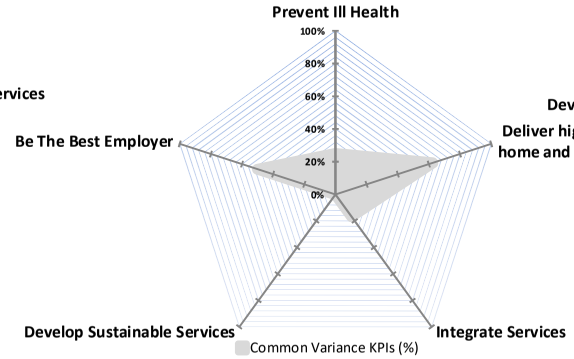
MTW – Maidstone and Tonbridge Wells NHS Trust

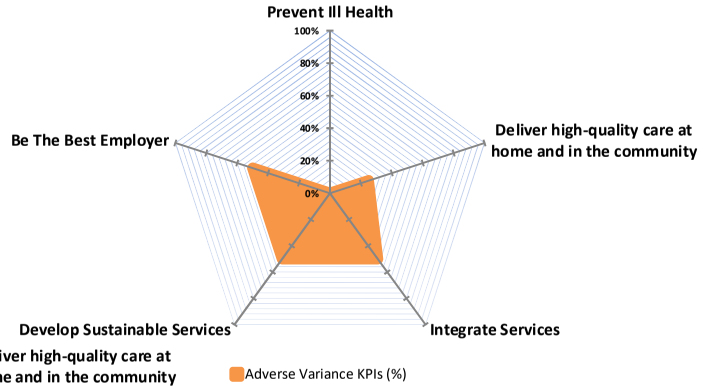
WTE – Whole Time Equivalent

we care

1.0 Assurance on Strategic Goals



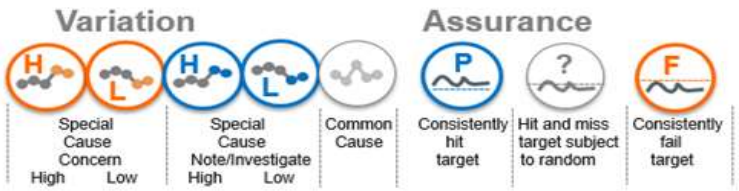


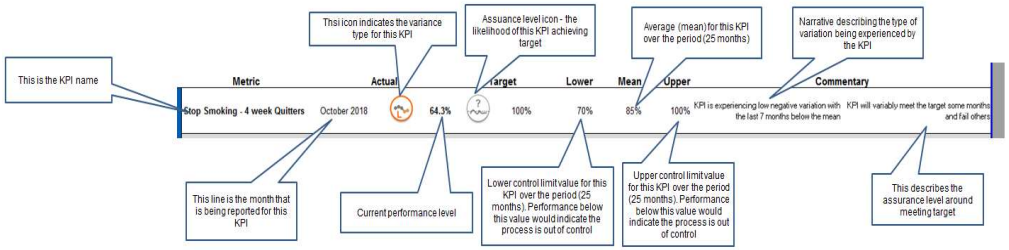


Overall, of the 38 indicators that we are able to plot on a statistical process control (SPC) chart, **26.3% are experiencing favourable in-month variation (10, KPIs 1.1, 1.2, 1.5, 2.18, 2.19, 3.2, 3.4 4.1, 4.4 and 4.5), 34.2% are showing in-month adverse variance (13, KPIs 2.9, 2.10, 2.11, 2.14, 3.3, 3.5, 3.6, 4.2, 4.3, 4.6, 5.2, 5.3 and 5.6)** and the remaining **39.5% (15) 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),**
10.5% (4, KPIs 2.9, 2.14, 4.2 and 4.5) are consistently **failing (i.e. target outside control limits negatively),**
with the remaining **71.1% are variably achieving target** with no trend of consistent achievement/failure.

Of the 7 indicators where an SPC chart is not currently appropriate, **100% (7) have achieved the in-month target.**





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

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

Non-SPC KPI on target Non-SPC KPI performance under review Non-SPC KPI off target

Kent Community Health NHS Foundation Trust - Corporate Scorecard

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

	Metric	Actual			Target		Lower	Mean	Upper	Commentary
1. Prevent Ill Health	KPI 1.1 Stop Smoking - 4 week Quitters	October 2021	H	101.5%	?	100%	60%	89%	117%	Continued strong performance ahead of trajectory. Waiting list remains at 0
	KPI 1.2 Health Checks Carried Out	November 2021	H	210.7%	?	100%	48%	97%	146%	Much improved 21/22 performance continues. Both KCHFT core checks and third party checks currently far exceeding trajectory
	KPI 1.3 Health Visiting - New Birth Visits Undertaken by 14 days	November 2021		94.3%	?	90%	89%	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	November 2021		0.0%		90% (year end)				The 21/22 programme is due to begin shortly
	KPI 1.5 Admissions Avoidance (2 Hour Crisis Responses)	November 2021	H	557	?	326	195	292	389	Metric has been reworked and shows demand for 2 hour crisis responses. Currently experiencing special cause variation, with sustained performance above the mean

	Metric	Actual			Target		21/22 YTD Actual	21/22 YTD Target	Commentary
2. Deliver high-quality care at home and in the community	KPI 2.1 Number of Teams with an Amber or Red Quality Scorecard Rating	November 2021		0		1	1	8	Target achieved for the month
	KPI 2.2 (N) Never Events	November 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	November 2021		0		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	November 2021		0		0	0	0	Target achieved for the month. 0 cases recorded this year to date

Kent Community Health NHS Foundation Trust - Corporate Scorecard

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

	Metric	Actual		Target	Lower	Mean	Upper	Commentary
2. Deliver high-quality care at home and in the community	KPI 2.5 Inpatient Falls (Moderate and Severe Harm) per 1000 Occupied Bed Days	November 2021	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	November 2021	5	1	-2.1	3.1	8.3	The data is within common cause variation, with 5 lapses in care during November, with a further 1 meeting the SI criteria.
	KPI 2.7 Community Activity: YTD as % of YTD Plan	November 2021	102.8%	100.0%	93.7%	104.1%	114.5%	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	November 2021	4.7%	4.0%	3.5%	4.6%	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, now stable at a lower level and within normal variation.
	KPI 2.9 LTC/ICT Response Times Met (%) (required time varies by patient)	November 2021	75.2%	95.0%	83.1%	88.5%	93.9%	Metric currently showing negative variation with a period below the mean as a result of some data quality challenges. Exepected to be a truer reflection of the actual performance from january 2022 following staff education and improved data accuracy
	KPI 2.10 (N) Percentage of Rapid Response Consultations started within 2hrs of referral acceptance	November 2021	60.3%	95.0%	66.3%	83.6%	100.9%	Metric currently showing negative variation with a period below the mean as a result of some data quality challenges. Exepected to be a truer reflection of the actual performance from january 2022 following staff education and improved data accuracy
	KPI 2.11 (N) Total Time in MIUs: Less than 4 hours	November 2021	99.2%	95.0%	99.3%	99.7%	100.0%	Metric currently performing with negative variation marginally below the lower control limit. However no current risk to failing target
	KPI 2.12 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Incomplete Pathways	November 2021	100.0%	92.0%	96.2%	98.5%	100.7%	In normal variation with no current 18+ weeks waits.
	KPI 2.13 (N) Consultant Led 18 Week Referral to Treatment (RTT) - Waiting List Size (>18 weeks)	November 2021	0	532	-30	77	184	In normal variation with no current 18+ weeks waits.
	KPI 2.14 AHP (Non-Consultant Led) Access Waiting Times (12 week target)	November 2021	66.5%	92.0%	73.5%	82.8%	92.0%	Continued negative performance this month due to revised reporting. Now measured as access waiting times (month end waiting list within 12 weeks) rather than completed 18 week pathway.
	KPI 2.15 (N) Access to GUM: within 48 hours	November 2021	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)	November 2021	25.3	21.0	14.7	20.0	25.3	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)	October 2021	1971	300				Despite Redeployment of most of the team and a pause on all but one study in Q1, recruitment has siginificantly over-achieved against the annual target for 2020/21

Kent Community Health NHS Foundation Trust - Corporate Scorecard

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

	Metric	Actual			Target	Lower	Mean	Upper	Commentary
2. Deliver high-quality care at home and in the community	KPI 2.18 Percentage of patient goals achieved upon discharge for planned and therapy services	November 2021	H	94.7%	P	80.0%	80.6%	89.4%	98.1%	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 KCHFT	November 2021	H	97.9%	?	95.0%	93.7%	97.3%	100.8%	Sustained performance above the mean, currently meeting target
	KPI 2.20 (N) NICE Technical Appraisals reviewed by required time scales following review	November 2021		100.0%	P	100.0%	100.0%	100.0%	100.0%	Metric currently showing normal variation and consistently achieving the target
	KPI 2.21 (N) 6 Week Diagnostics	November 2021		99.1%	?	99.0%	95.7%	98.8%	101.9%	Metric currently showing normal variation and mostly meeting target (as expected).

	Metric	Actual			Target	Lower	Mean	Upper	Commentary
3. Integrate Services	KPI 3.1 No Longer Fit to Reside in a Community Hospital bed as a % of Occupied Bed Days	November 2021		17.8%	?	9.5%	5.9%	15.5%	25.0%	Still within control limits and therefore normal variation and above target in-month, however a marginal improvement this 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)	November 2021	L	0.00	?	0.20	-0.08	0.08	0.23	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)	November 2021	H	86	?	75	35	66	97	Metric now in special cause variation with levels showing an increasing trend above the mean.
	KPI 3.4 Rapid Transfer impact - reduction in average excess bed days (East Kent)	November 2021	L	0.00	?	0.20	-0.10	0.13	0.36	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)	November 2021	H	145	?	100	42	83	124	Metric now in special cause variation with levels showing an increasing trend above the mean.
	KPI 3.6 East Kent Rapid Transfer Service - Average Commissioned Discharges per day	November 2021	L	26.1	?	30	24.8	30.0	35.2	Below the target and the mean for Month 8, with a sustained period below the mean resulting in movement to special cause variation.

* Note

Kent Community Health NHS Foundation Trust - Corporate Scorecard

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

	Metric	Actual			Target		Lower	Mean	Upper	Commentary
4. Develop sustainable services	KPI 4.1 Bed Occupancy: Occupied Bed Days as a % of available bed days	November 2021	H	87.3%	?	92.0%	76.2%	85.9%	95.7%	Position has moved to positive variation as performing above the mean level for a sustained period and remains within the target range of 87-92%.
	KPI 4.2 Income & Expenditure - Surplus (%)	November 2021	L	0.0%	F	1.0%	-0.34%	0.3%	1.0%	The Trust is in a breakeven position to the end of Nov-21. The cumulative financial performance is comprised overspends on pay of £4,297k (including £6,323k on the covid vaccination programme) offset by underspends for non-pay and depreciation/interest of £276k and £198k respectively and an over-recovery on income of £3,824k.
	KPI 4.3 Cost Improvement Plans (CIP) Achieved against Plan (%)	November 2021	L	80.5%	?	100.0%	65.9%	84.8%	103.6%	The Trust achieved CIPs of £2,369k to the end of November against a risk rated plan of £2,943k which is £574k (19.5%) behind target.
	KPI 4.4 External Agency spend against Trajectory (£000s)	November 2021	L	£316,228	?	£491,250	£216,433	£493,643	£770,853	Currently showing positive variation with performance sustained below the mean and below target for M8. Agency costs were £316k for November against a target of £491k
	KPI 4.5 Percentage based on value of Service Lines with deficits greater than 5%	November 2021	L	9.0%	F	0%	9.4%	18.2%	27.0%	Positive variation below the lower control limit. This has been caused by a change in the structure in the ledger which has moved income and costs around.
	KPI 4.6 Percentage of Activity Delivered Remotely (Telephone or Online)	November 2021	L	27.2%	?	25.0%	24.8%	31.7%	38.6%	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.
	KPI 4.7 Estates Statutory Compliance (All properties)	November 2021		95.0%		95%				New Metric with data available from May 2021 so SPC not yet possible to calculate

	Metric	Actual			Target		Lower	Mean	Upper	Commentary
5. Be The Best Employer	KPI 5.1 Sickness Rate	November 2021		5.30%	?	4.20%	3.02%	4.34%	5.66%	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)	November 2021	H	1.57%	?	1.15%	0.98%	1.25%	1.53%	Continues to be marginally above the upper control limit level. Target around the mean level so likely to continue to achieve target some months and fail others.
	KPI 5.3 Turnover (planned and unplanned)	November 2021	H	16.70%	?	14.47%	13.33%	14.36%	15.40%	Showing negative variation with performance now above the upper control limit, suggesting a shift in performance
	KPI 5.4 Mandatory Training: Combined Compliance Rate	November 2021		95.5%	P	85.0%	95.3%	96.0%	96.8%	Back above the lower control limit (recent dip as a result of national guidance change with Safeguarding training). Failure to achieve 85% remains highly unlikely.
	KPI 5.5 Gross Vacancy Factor (% of the budgeted WTE unfilled by permanent workforce)	November 2021		4.5%	?	6.0%	3.9%	5.0%	6.1%	Continues to be in normal variation following a small 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)	November 2021	L	85.4%	?	87.0%	86.4%	87.4%	88.5%	Showing negative variation with performance dipping below the lower control limit

2.0 Finance Report:

2.1 Key Messages

Surplus: The Trust is in a breakeven position to the end of December. The cumulative financial performance is comprised an overspend on pay of £5,010k (including £6,934k on the covid vaccination programme which was not budgeted in line with the planning guidance) offset by underspends for non-pay and depreciation/interest of £108k and £266k respectively and an over-recovery on income of £4,636k.

Continuity of Services Risk Rating: The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M9 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 £2,674k to the end of December against a risk rated plan of £3,311k which is £637k (19.2%) behind target.

Cash and Cash Equivalents: The cash and cash equivalents balance was £37,562k, equivalent to 54 days expenditure. The Trust recorded the following YTD public sector payment statistics: 82% for volume and 82% for value.

Capital: Spend to December was £3,221k, against a YTD plan of £6,271k (51% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes.

As at M9, the full year forecast is £8,687k, with £4,933k being internally funded and £3,753k being funded by PDC. The Trust expects to utilise the forecast in full with a number of o/s projects or new schemes being completed in the final quarter.

The full year variance of £4,011k is the net effect of the redistribution of the £4,924k ring-fenced funding held on behalf of the K&M system for system priorities plus the additional spend forecast (£251k) for the KMCR project and new external funding applications totalling forecast spend of £661k.

The £3,753k PDC funding represents the approved external funding applications for the Kent & Medway Care Record project (£3,092k), Electronic Prescribing and Medicines Administration system (£319k), Robotic Process

Automation (£130k), WoundMatrix (Digital Health Partnership) (£130k) and Video Consultation (TIF Funding) (£82k).

Staff: Temporary staff costs for December were £2,109k, representing 12.8% of the pay bill. Of the temporary staffing usage in December, £427k related to external agency and locums, representing 2.6% of the pay bill. Contracted WTE increased by 10 to 4,333 in post in December which includes 15 posts funded by capital projects. Vacancies remained constant at 205 in December which was 4.5% of the budgeted establishment.

2.2 Dashboard

Surplus — Rag rating: Green

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

The Trust is in a breakeven position to the end of December.

YTD pay has overspent by £5,010k offset by underspends on non-pay and depreciation/interest of £108k and £286k respectively and an over-recovery on income of £4,636k.

Use of Resource Rating — Rag rating: Green

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

The Trust has scored overall the maximum 1 rating against the Use of Resource rating metrics for M9 2021-2022. The YTD I&E margin % has returned a rating of 2 as a result of the current break-even regime.

CIP — Rag rating: Amber

	Actual	Plan	Variance
Year to Date £k	2,674	3,311	-637
Year End Forecast £k	4,415	4,415	0

The Trust achieved CIPs of £2,674k to the end of December against a risk rated plan of £3,311k and so CIP is £637k behind plan to date.

82.5% of the total annual CIP target has been removed from budgets at month nine.

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

Cash and Cash Equivalents — Rag rating: Green

	Actual	Forecast	Variance
Year to Date £k	37,562	40,154	-2,592
Year End Forecast £k		41,671	

Cash and Cash Equivalents as at M9 close stands at £37,562k equivalent to 54 days operating expenditure.
The Trust recorded the following YTD public sector payment statistics 82% for volume and 82% for value.

Capital Expenditure — Rag rating: Amber

	Actual/Forecast	Plan	Variance
YTD Expenditure £k	3,221	6,271	3,050
Year End Forecast £k	8,687	12,698	4,011

Spend to December was £3,221k, against a YTD plan of £6,271k (51% achieved). The reported year to date underspend is primarily due to the delayed commencement of Estates and ITs chemes.
As at M9, the full year forecast is £8,687k, with £4,933k being internally funded and £3,753k being funded by PDC.
The Trust expects to utilise the forecast in full with a number of o/s projects or new schemes being completed in the final quarter.
The full year variance of £4,011k is the net effect of the redistribution of the £4,924k ring-fenced funding held on behalf of the K&M system for system priorities plus the additional spend forecast (£251k) for the KMCR project and new external funding applications.
The £3,753k PDC funding represents the approved external funding applications for the Kent & Medway Care Record project (£3,092k), Electronic Prescribing and Medicines Administration system (£319k), Robotic Process Automation (£130k), WoundMatrix (Digital Health Partnership) (£130k) and Video Consultation (TIF Funding) (£82k).

Agency Targets — Rag rating: Green

	M9			YTD		
	Actual £k	Target £k	Variance £k	Actual £k	Target £k	Variance £k
External Agency Excluding Covid-19 Expenditure £k	359	491	132	2,912	4,421	1,509
External Agency Including Covid-19 Expenditure £k	427	491	64	3,087	4,421	1,334

External agency and locums excluding Covid-19 expenditure was £359k against £491k target in December. (YTD £2,912k against £4,421k target). Figures include the hospital discharge programme.
External agency and locums including Covid-19 expenditure was £427k against £491k target in December. (YTD £427k against £3,087k target).

2.3 Income and Expenditure Position

There was a breakeven position in-month and for the year to date. The December performance comprised overspends on pay and non-pay of £713k and £168k respectively offset by an underspend on depreciation/interest of £68k and an over-recovery on income of £813k. The summary income and expenditure statement is shown in the table below:

	DEC ACTUAL £'000	DEC BUDGET £'000	DEC VARIANCE £'000	% VARIANCE	YTD ACTUAL £'000	YTD BUDGET £'000	YTD VARIANCE £'000	% VARIANCE
Charitable and Other Contributions to Expenditure	3	4	0	-6.2%	15	32	-17	-52.1%
Clinical Commissioning Groups	13,720	13,812	-92	-0.7%	122,789	124,311	-1,522	-1.2%
Department of Health	0	0	0	0.0%	0	0	0	0.0%
Education and Training	221	157	64	40.4%	1,403	1,416	-14	-1.0%
Injury Cost Recovery Scheme	22	32	-10	-31.6%	182	286	-104	-36.4%
Income in respect of employee benefits accounted on a gross basis	200	66	133	201.3%	1,010	627	384	61.3%
Local Authorities	3,834	3,918	-84	-2.1%	33,193	35,265	-2,073	-5.9%
NHS England	2,232	2,160	72	3.3%	18,219	18,092	127	0.7%
NHS England - Covid-19 Vaccinations Income	623	0	623	0.0%	8,461	0	8,461	0.0%
NHS Foundation Trusts	183	186	-3	-1.7%	1,741	1,677	64	3.8%
NHS Trusts	410	462	-52	-11.3%	3,710	4,157	-447	-10.8%
Non NHS: Other	193	196	-3	-1.5%	1,831	1,754	77	4.4%
Non NHS: Private Patients	5	14	-9	-63.0%	43	129	-85	-66.2%
Non-Patient Care Services to Other Bodies	286	187	98	52.5%	1,667	1,686	-20	-1.2%
Other	83	61	22	36.5%	500	549	-49	-8.9%
Rental revenue from operating leases	102	39	63	164.8%	311	347	-35	-10.2%
Research and Development	16	19	-3	-14.9%	120	171	-51	-29.8%
CIP Savings - Income	0	7	-7	-100.0%	0	59	-59	-100.0%
INCOME Total	**22,134**	**21,322**	**813**	**3.8%**	**195,196**	**190,559**	**4,636**	**2.4%**
Allied Health Professionals	2,453	2,469	16	0.7%	21,852	22,173	321	1.4%
Apprenticeship Levy	65	65	0	0.0%	581	587	6	1.1%
Chairman & Non-Executive Directors	14	14	0	3.5%	149	128	-21	-16.4%
Consultants	251	291	39	13.5%	2,352	2,616	264	10.1%
Heath Care Scientist	58	60	2	3.0%	562	536	-26	-4.8%
Medical Career/Staff Grades	579	645	66	10.3%	4,987	5,781	794	13.7%
Medical Trainee Grades	21	20	-1	-4.9%	155	176	22	12.4%
NHS Infrastructure Support	4,329	3,938	-391	-9.9%	37,487	35,397	-2,090	-5.9%
Non-Executive Directors	0	0	0	0.0%	0	0	0	0.0%
Other Scientific, Therapeutic and Technical Staff	608	622	14	2.3%	5,513	5,583	70	1.2%
Registered Nursing, Midwifery and Health Visiting Staff	5,205	5,168	-37	-0.7%	46,971	46,934	-38	-0.1%
Support to Allied Health Professionals	445	444	-1	-0.3%	3,967	3,984	17	0.4%
Support to Nursing Staff	2,145	1,822	-323	-17.7%	19,758	16,265	-3,493	-21.5%
Support to Other Clinical Staff	347	368	21	5.6%	3,024	3,305	281	8.5%
Redundancy Costs	0	0	0	100.0%	46	0	-46	-100.0%
Salary Sacrifice	0	-12	-12	-100.0%	0	-108	-108	-100.0%
CIP Holding Account - Pay	0	8	8	100.0%	0	69	69	100.0%
CIP Savings - Pay	0	-94	-94	-100.0%	0	-844	-844	-100.0%
Contract Savings - Pay	0	-21	-21	-100.0%	0	-189	-189	-100.0%
PAY Total	**16,520**	**15,807**	**-713**	**-4.5%**	**147,404**	**142,393**	**-5,010**	**-3.5%**
Audit Fees Payable to the External Auditor	6	5	-1	-29.3%	56	44	-13	-29.3%
Clinical Negligence - Amounts Payable to NHS Resolution	83	83	0	0.0%	749	749	0	0.0%
Consultancy	142	32	-110	-347.1%	426	286	-141	-49.2%
Drugs Costs	503	394	-109	-27.8%	3,301	3,303	2	0.1%
Education and Training - Non-Staff	92	144	52	36.2%	870	1,296	426	32.8%
Establishment	699	728	29	4.0%	5,871	5,289	-582	-11.0%
Increase/(Decrease) in Impairment of Receivables	0	0	0	0.0%	0	0	0	-100.0%
Operating Lease Expenditure	816	755	-61	-8.1%	7,205	6,794	-411	-6.0%
Operating Lease Expenditure (net)	0	0	0	0.0%	0	0	0	0.0%
Other	121	104	-17	-16.8%	970	933	-38	-4.1%
Premises - Business Rates Payable to Local Authorities	19	71	53	73.9%	738	640	-98	-15.3%
Premises - Other	436	465	29	6.3%	3,893	4,187	294	7.0%
Research and Development - Non-Staff	0	0	0	0.0%	0	0	0	0.0%
Supplies and Services – Clinical (excluding drugs costs)	1,825	1,891	67	3.5%	15,637	17,119	1,482	8.7%
Supplies and Services - General	155	118	-37	-31.2%	1,607	1,065	-541	-50.8%
Transport	308	466	158	33.8%	2,495	4,192	1,697	40.5%
CIP Savings - Non Pay	0	-218	-218	-100.0%	0	-1,958	-1,958	-100.0%
CIP Holding Account - Non Pay	0	0	0	0.0%	0	0	0	0.0%
Contract Savings - Non Pay	0	-1	-1	-100.0%	0	-11	-11	-100.0%
NONPAY Total	**5,205**	**5,038**	**-168**	**-3.3%**	**43,819**	**43,927**	**108**	**0.2%**
EBITDA	409	477	-68	-14.2%	3,973	4,239	-266	-6.3%
EBITDA %	1.8%	2.2%	0.4%		2.0%	2.2%	-5.7%	
Amortisation	54	35	-19	-54.8%	322	298	-23	-7.7%
Depreciation	383	405	21	5.2%	3,375	3,603	228	6.3%
Finance Income	3	0	3	0.0%	3	0	3	100.0%
Interest on Late Payment of Commercial Debt	0	0	0	-100.0%	6	0	-6	-100.0%
Losses on Disposal of Property, Plant and Equipment	0	0	0	0.0%	0	0	0	0.0%
PDC Dividend Charge	-26	38	64	169.3%	273	338	65	19.1%
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%	

2.4 Trust Wide variance against baseline budget in month and YTD

Statement of Financial Position and Capital

	At 31 Mar 21 £000s	At 30 Nov 21 £000s	At 31 Dec 21 £000s	Variance Analysis Commentary
NON CURRENT ASSETS:				
Intangible assets	1,453	1,432	1,397	
Property, Plant & Equipment	24,650	29,089	29,076	**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
Other debtors	167	294	288	NHS Property Services as of 1 April 2021.
TOTAL NON CURRENT ASSETS	**26,340**	**30,886**	**30,832**	
CURRENT ASSETS:				
NHS & Non NHS - Invoiced Debtors (net of bad debt provision)	10,375	7,639	12,907	**NHS & Non NHS - Invoiced Debtors (net of bad debt provision)**
NHS Accrued Debtors	3,442	4,751	5,031	The in-month increase follows invoices being raised to KCC for M8 HV SLA and NHS orgs
Other debtors	3,948	6,348	2,719	for Q3 21-22 income previously accrued.
Total Debtors	**17,766**	**18,738**	**20,657**	**Other Debtors**
Cash at bank in GBS accounts	42,824	39,972	37,527	The in-month decrease in the main follows the raising of invoices to KCC in M9 for previously
Other cash at bank and in hand	35	75	35	accrued income.
Deposit with the National Loan Fund (Liquid Investment)	0	0	0	
Total Cash and Cash Equivalents	**42,859**	**40,047**	**37,562**	
TOTAL CURRENT ASSETS	**60,625**	**58,785**	**58,219**	
CREDITORS:				
NHS & Non NHS - Invoiced Creditors falling due within 1 year	-602	-1,245	-938	
NHS - accrued creditors falling due within 1 year	-7,850	-6,606	-5,310	
Non NHS - accrued creditors falling due within 1 year	-14,844	-14,019	-12,209	**Non NHS - accrued creditors falling due within 1 year**
Other creditors	-13,172	-12,572	-13,207	The in-month decrease is in the main due to additional payment runs being actioned in M9
Total amounts falling due within one year	**-36,468**	**-34,442**	**-31,664**	due to an extended reporting timetable.
NET CURRENT ASSETS	**24,156**	**24,343**	**26,555**	
TOTAL ASSETS LESS CURRENT LIABILITIES	**50,497**	**55,229**	**57,387**	
Total amounts falling due after more than one year	**0**	**0**	**0**	
PROVISION FOR LIABILITIES AND CHARGES	-1,085	-971	-970	
TOTAL ASSETS EMPLOYED	49,412	54,258	56,417	
FINANCED BY TAXPAYERS EQUITY:				**Public dividend capital**
Public dividend capital	-6,587	-6,587	-8,746	The in-month increase follows receipt of £2.2m external funding for the KMCR capital project
Income and expenditure reserve	-41,658	-43,952	-43,952	**Income and expenditure reserve / Revaluation Reserve**
Revaluation Reserve	-1,166	-3,719	-3,719	The year to date movement includes the net increase following the transfer of Deal Victoria
TOTAL TAXPAYERS EQUITY	- 49,412	- 54,258	- 56,417	Hospital

2.5 Cash and Equivalents

Cash and Cash equivalents totalled £37,562k as at M9 close, equivalent to 54 days expenditure:

Total Cash and Cash Equivalents as at period end:

	£000's
Cash with the Government Banking Service	37,527
Cash at Commercial Banks and in hand	35
Deposits with the National Loan Fund	0
Total Cash and Cash Equivalents as at period end	37,562

All figures £000's	Dec 21 Actual	Jan 22 F/cast	Feb 22 F/cast	Mar 22 F/cast	Apr 22 F/cast	May 22 F/cast	Jun 22 F/cast	Jul 22 F/cast	Aug 22 F/cast	Sept 22 F/cast	Oct 22 F/cast	Nov 22 F/cast
Opening Balance	40,047	37,562	40,667	41,396	41,671	40,744	40,301	39,488	39,110	39,047	38,921	38,950
SLA	15,840	18,752	17,187	17,188	17,188	17,188	17,188	17,188	17,188	17,188	17,188	17,188
NHS Debtors	1,322	1,620	3,616	2,524	2,413	2,287	2,147	2,093	2,203	2,187	2,060	2,060
Non NHS	2,701	2,325	2,067	1,994	1,950	1,950	1,950	1,950	1,950	1,950	1,950	1,950
PDC	2,159	0	440	1,154	0	0	0	0	0	0	0	0
VAT Refund	432	299	190	190	190	190	190	190	190	190	190	190
Interest Receivable	0	3	0	0	0	0	0	0	0	0	0	0
Total receipts	22,454	22,999	23,500	23,050	21,741	21,615	21,475	21,421	21,531	21,515	21,388	21,388
Net Payroll	10,179	9,503	9,503	9,503	9,503	9,503	9,503	9,503	9,503	9,503	9,503	9,503
Pensions	2,661	2,672	2,672	2,672	2,672	2,672	2,672	2,672	2,672	2,672	2,672	2,672
Tax.&NI	3,617	3,605	3,600	3,600	3,600	3,600	3,600	3,600	3,600	3,600	3,600	3,600
Payment Runs	8,060	3,368	4,850	4,602	5,589	5,413	5,768	5,454	5,186	5,000	5,000	5,000
PDC Dividends	0	0	0	139	0	0	0	0	0	0	0	0
Other	174	120	120	120	120	120	120	120	120	120	120	120
Capital	248	626	2,026	2,139	1,184	750	625	450	513	746	464	525
Total payments	24,939	19,894	22,771	22,775	22,668	22,058	22,288	21,799	21,594	21,641	21,359	21,420
Closing Cash Balance	37,562	40,667	41,396	41,671	40,744	40,301	39,488	39,110	39,047	38,921	38,950	38,918

2.6 Capital

The table below shows the Trust's total expenditure on capital projects for the year to date 2021-22 and reflects a £3,050k underspend in terms of the year to date plan. The reported year to date underspend is primarily due to the delayed commencement of Estates and IT schemes.

As at M9, the full year forecast is £8,687k, with £4,933k being internally funded and £3,753k being funded by PDC. The current forecast has undertaken scrutiny from the Capital Steering Group and it has been confirmed the Trust expects to utilise the revised forecast in full.

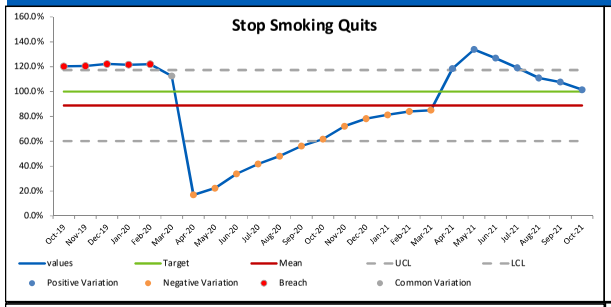
The £3,753k PDC funding represents the approved external funding applications for the Kent & Medway Care Record project (£3,092k), Electronic Prescribing and Medicines Administration system (£319k), Robotic Process Automation (£130k), WoundMatrix (Digital Health Partnership) (£130k) and Video Consultation (TIF Funding) (£82k)..

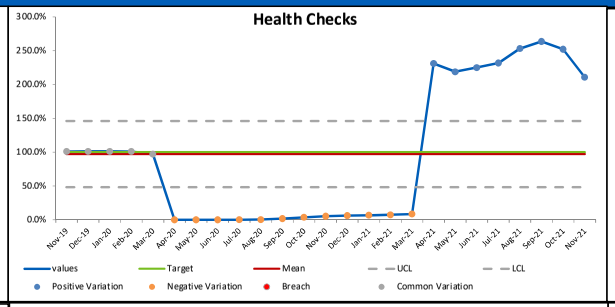
			£000s					
Planned Funding Method	Plan Area	Plan Reference	YTD Plan	YTD Actual	YTD Variance	FY Plan	Adjusted Plan	Forecast Outturn
Internally Funded	All	All	6,271	867	5,404	12,698	4,933	4,933
PDC	IT	Various	-	2,354	- 2,354	-	-	3,753
		Total 2021-22 Capital Expenditure	**6,271**	**3,221**	**3,050**	**12,698**	**4,933**	**8,687**

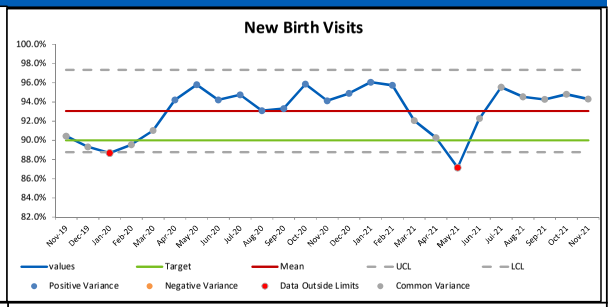
			£000s					
Planned Funding Method	Plan Area	Plan Reference	YTD Plan	YTD Actual	YTD Variance	FY Plan	Adjusted Plan	Forecast Outturn
Internally Funded	Estates	Backlog Maintenance incl. Health, Safety & Security Compliance Measures	442	6	436	487	487	248
Internally Funded	Estates	Energy Efficiency	260	8	252	260	260	377
Internally Funded	Estates	Capitalisable Responsive Maintenance incl. Leasehold Improvements	137	- 8	145	137	137	146
Internally Funded	Estates	Estates Developments - CIP Enabling	345	43	302	360	360	267
Internally Funded	Estates	Estates Developments	100	132	- 32	100	100	289
		Estates - Total	**1,284**	**180**	**1,104**	**1,344**	**1,344**	**1,327**
Internally Funded	IT	K&M Digital Priority Scheme - Kent & Medway Care Record	2,257	-	2,257	2,841	-	-
Internally Funded	IT	IT Developments - Innovation and Strategy	290	172	118	347	347	349
Internally Funded	IT	IT Rolling Replacement - Hardware	972	207	765	997	997	1,110
Internally Funded	IT	IT Infrastructure and Networks	680	232	448	708	708	546
Internally Funded	IT	IT Developments - Clinical Systems	313	9	304	337	337	129
Internally Funded	IT	IT Developments - EPMA System	200	-	200	800	800	-
		IT - Total	**4,712**	**619**	**4,093**	**6,030**	**3,189**	**2,135**
Internally Funded	Dental	Dental Services	100	46	54	150	150	76
		Dental - Total	**100**	**46**	**54**	**150**	**150**	**76**
Internally Funded	Other	Other Minor Schemes & Equipment Purchases	175	21	154	250	250	322
Internally Funded	Other	K&M Capital - Ring-fenced for K&M System Priorities	-	-	-	4,924	-	-
		Other - Total	**175**	**21**	**154**	**5,174**	**250**	**322**
Internally Funded	All	Contingency	-	-	-	-	-	1,073
		Total 2021-22 Internally Funded Capital Expenditure	**6,271**	**867**	**5,404**	**12,698**	**4,933**	**4,933**

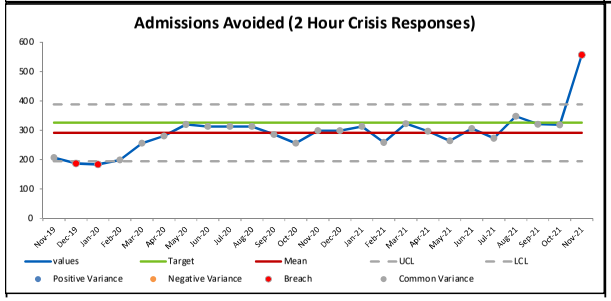
Appendix - Scorecard SPC Charts

1. Prevent Ill Health



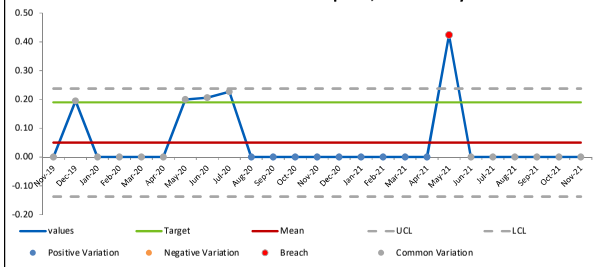




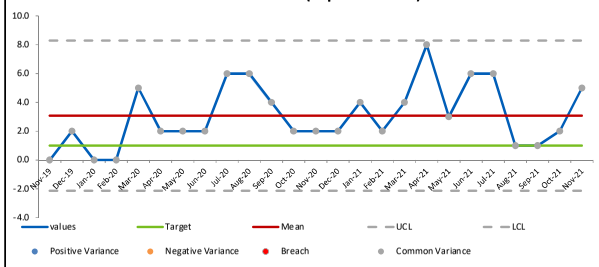


2. Deliver high-quality care at home and in the community

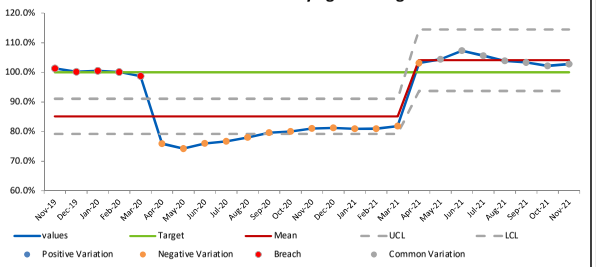
Moderate and Severe falls per 1,000 bed days



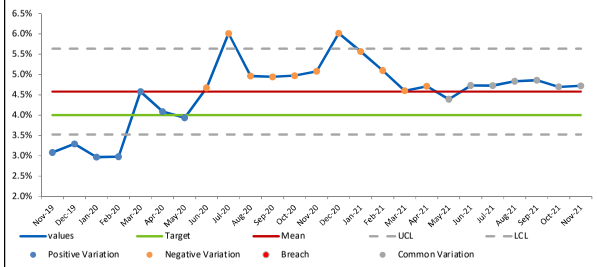
Pressure Ulcers (Lapses in Care)



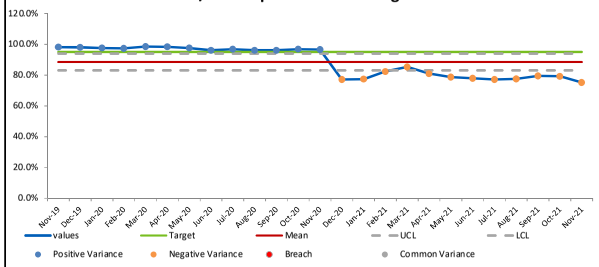
Contractual activity against target



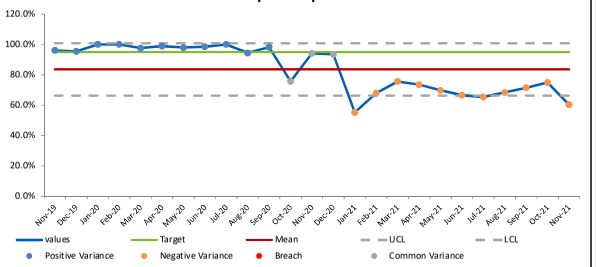
DNA Rate



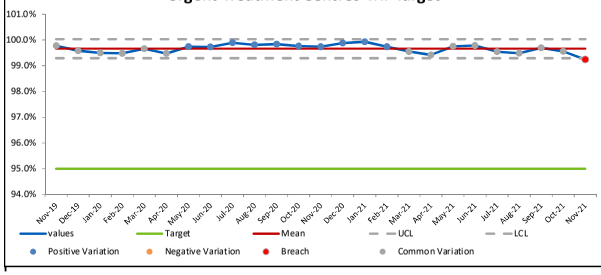
LTC/ICT Response Times Being Met



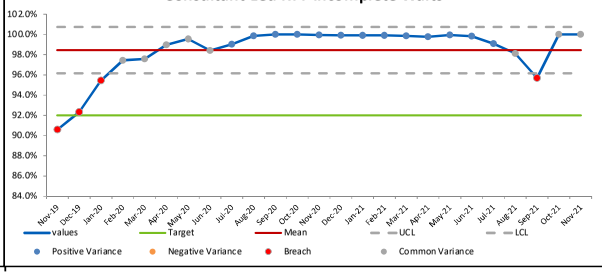
% 2Hr Rapid Responses met



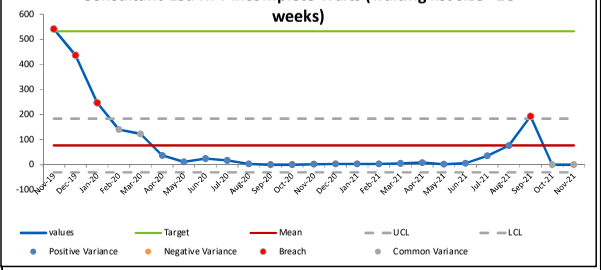
Urgent Treatment Centres 4Hr Target



Consultant-Led RTT Incomplete Waits

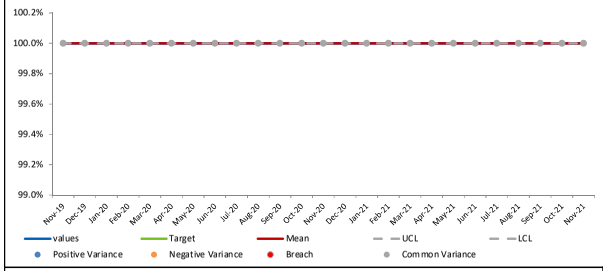


Consultant-Led RTT Incomplete Waits (waiting list size >18 weeks)

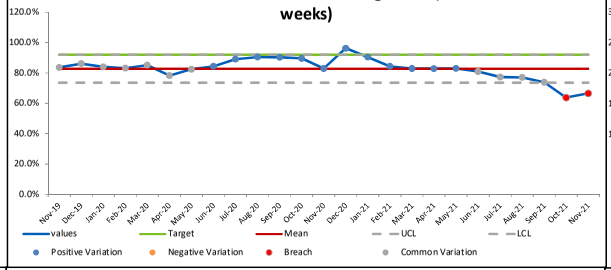


2. Deliver high-quality care at home and in the community

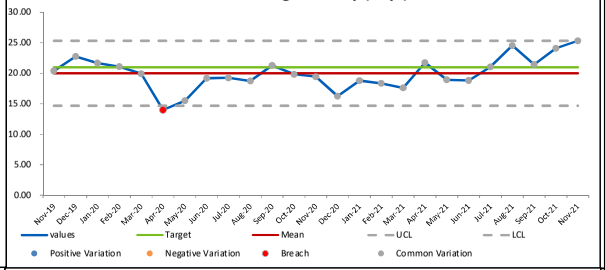
GUM Access within 48Hrs



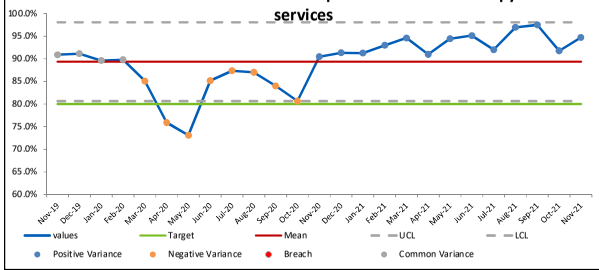
AHP Non Consultant-led Access Waiting Times (% within 12 weeks)



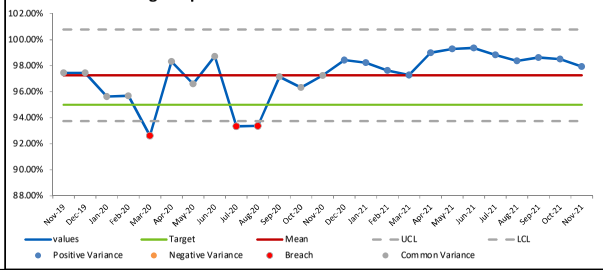
Median length of stay (days)



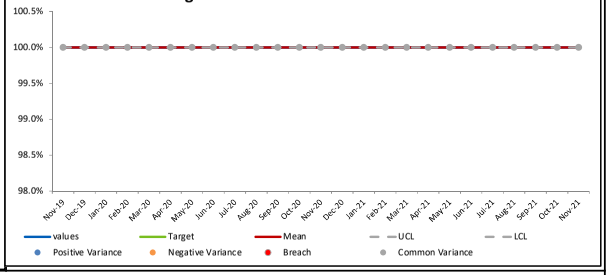
Positive outcomes achieved for planned care and therapy services



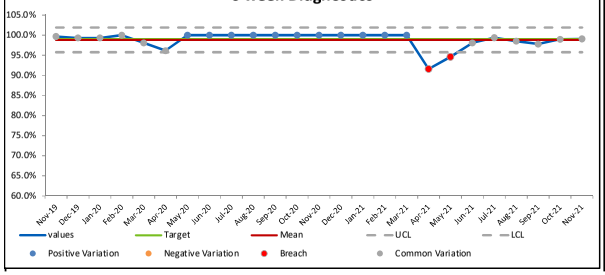
Percentage of patients who would recommend our services



NICE guidance reviewed within timescales

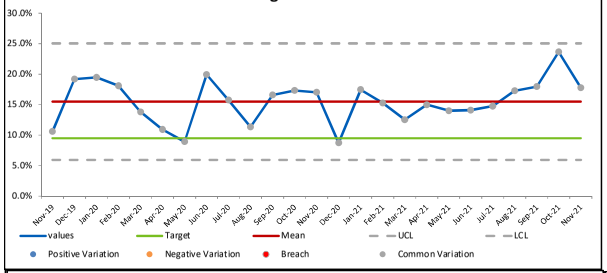


6 week Diagnostics

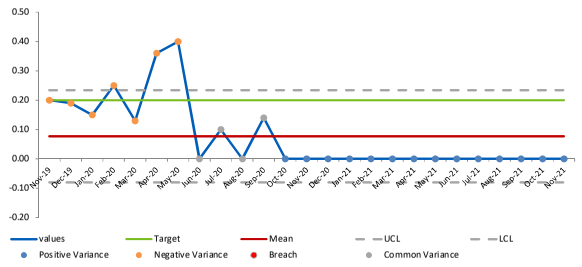


3. Integrate Services

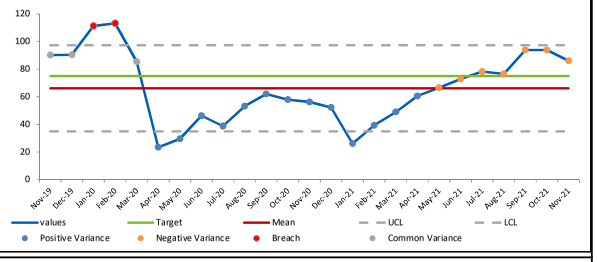
No Longer Fit to Reside



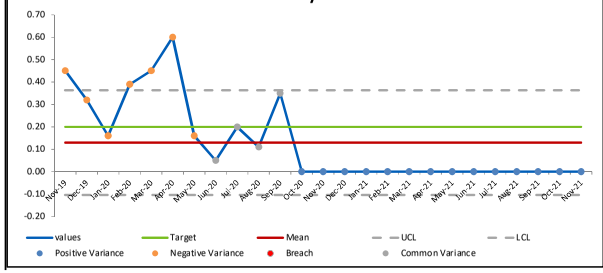
Excess Bed Days - West Kent



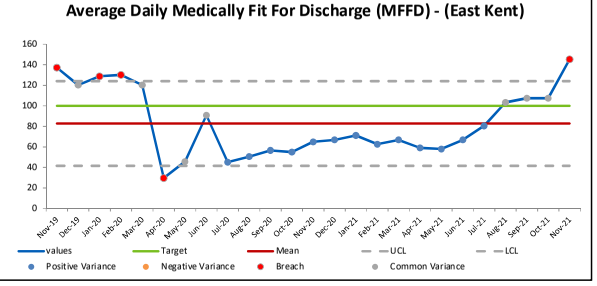
Average Daily Medically Fit For Discharge (MFFD) - (West Kent)



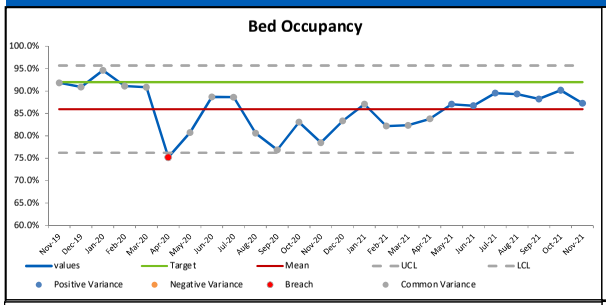
Excess Bed Days - East Kent

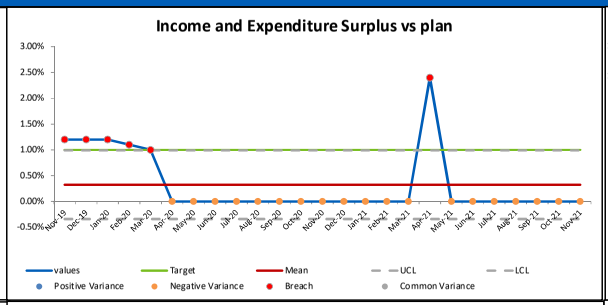


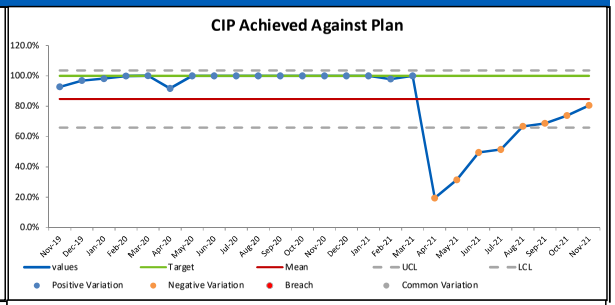
Average Daily Medically Fit For Discharge (MFFD) - (East Kent)

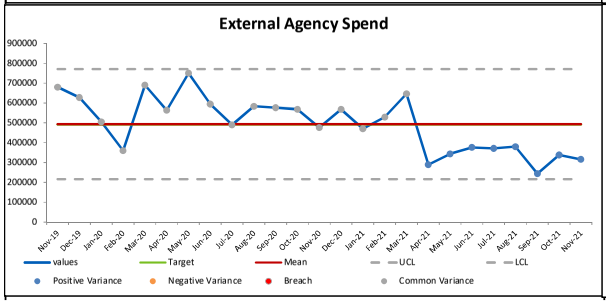


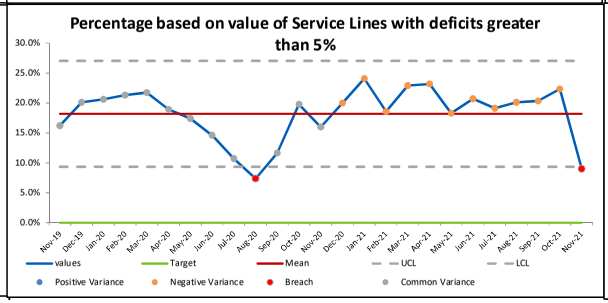
4. Develop sustainable services

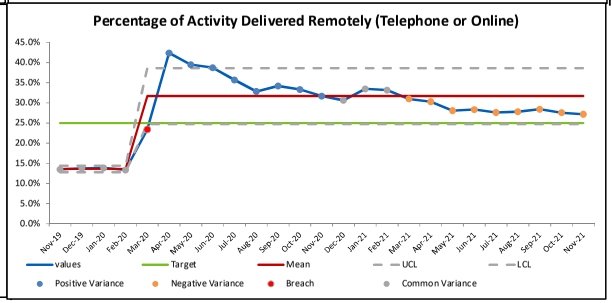












5. Be The Best Employer